

Midwife of the Month

FOUNDING
BC MIDWIVES
SERIES

Maggie
Ramsey



celebrating
**20 YEARS OF
REGISTERED
MIDWIVES**
in BC



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA



1978 Family Place photo shows Salt Spring Midwife & Sharon Tolagson (3rd from left in white shirt) and apprentice, Maggie Ramsey age 21! (4th from left in big glasses and flowered dress). Photo from the Gulf Islands Driftwood.

MABC: In a few months it will be one year since you retired. How is retirement going for you so far?

MR: It's been really great, actually. I've enjoyed it very much.

MABC: How has it been disconnecting from the work of a midwife?

MR: In the summer it was great. People said, "What are you going to do?" I said, "Vacation in the Gulf Islands."

I did all this stuff that I did not have time to do when I was working: gardening, visiting people, going to the beach; it was great.

The winter was awful. I thought, "Oh my god, what have I gotten myself into?" I felt very unoccupied but I am pulling through that. I am focusing on continuing to do some teaching. Life is looking pretty good.

MABC: Are you teaching related to midwifery?

MR: Yes. I am doing mostly NRP. It has been really great to say, "Sure I can do it," rather than, "Well, let's see what happens with my call schedule."

I have been teaching mostly on Vancouver Island with a little foray up to Squamish and down to Vancouver last year

where it was really nice to see people. And I do a little bit of continuing education for nursing and

My first child was born in 1976. It was a very traumatic experience with a very premature baby. I kept thinking, "Where is the person who is supposed to be helping me?" I wanted to be the person who was missing for me as a scared, young, new mom.

so on.

MABC: When did you first know you wanted to become a midwife?

My first child was born in 1976. It was a very

traumatic experience with a very premature baby. I kept thinking, "Where is the person who is supposed to be helping me?" I wanted to be the person who was missing for me as a scared, young, new mom. I just started reading more about who that person might be and decided it was a midwife. I was 20-years old.

MABC: At that time we did not have regulated midwifery in BC. Can you talk a bit about advocating for regulation?

MR: At first the whole concept of regulation did not even occur to me. Midwifery was very much part of this 'back to the land' movement. I and a few others apprenticed with a midwife who had apprenticed with Raven

Lang in California. It was part of a movement of ideas and culture up the coast.

After about a year or so it was like, "Okay,

there's a little more to this than reading "Spiritual Midwifery" and hanging around and waiting for the baby to come out."

We did a lot of studying and

training but it became really clear to me that we needed to look at more education and more formalized training.

I got involved in midwifery politics after the Labour of Love conference in Vancouver (in 1981). That was the beginning of the political movement of BC midwifery. I jumped in feet first and was involved lobbying and networking and so on for years. It was exciting and it was scary and it was very much outside the formal framework that we know now.



Susan Eyres, Maggie Ramsey & Sharon Tolagson in 2018.

Anybody working as a midwife then was really putting themselves on the line personally. If you had any kind of legal trouble there was certainly no insurance. You were risking your livelihood or your home. If you had any other professional association (I was a Registered Nurse) you were risking your professional designation as well.

It was a different time in so many other ways — lots of young people challenging the status quo and exploring radical ideas that in a way, practicing illegal midwifery didn't seem so radical at all.

Looking back, I am slightly horrified by what I was putting my parents through. As a parent and grandmother I try to put myself in their shoes and

Anybody working as a midwife then was really putting themselves on the line personally. If you had any kind of legal trouble there was certainly no insurance. You were risking your livelihood or your home. If you had any other professional association (I was a Registered Nurse) you were risking your professional designation as well.

I think, “Oh, my goodness, that was a bit much.”

At the time midwifery just seemed like the right thing to be doing; it seemed so logical. Midwifery worked in every

other country in the world and why not here? It was a women's rights and social justice issue. But it was also a social justice issue for women who were or wanted to be midwives.

I had a number of friends who were the prototype of the ‘Call the Midwife’ show who rode their bicycles around in Ireland or England providing midwifery care. When they came to Canada, they had to work as obstetric nurses in hospitals. They basically had to grit their teeth and teach the new doctors and new nurses how to be with women in birth. It did not seem right to me that those women,

the midwives themselves, were marginalized and not able to work in their full scope of practice.

That was the whole genesis of the process for me, first of all personal and then political. But personal is political, as they say.

I worked as a registered midwife before BC got its act together in Quebec. Up in Nunavik in Puvirnituk a little fly in town on Hudson's Bay. After I did that it was a huge confirmation that regulated midwifery was the only way to go. I love it that my first midwifery job was as a “sage femme”.

I was on the MABC Board for 5-years or so, including the transition to regulatory midwifery and that was



interesting to be part of. This was also the time of transition to establishing a midwifery educational program.

MABC: Do you have any memories around that critical time in the transition to regulation?

MR: There were so many different layers. If you think about the women who chose that route to midwifery, we were quite a feisty bunch, quite a lot of alpha women. There was a lot of rigorous debate and disagreement, all that and a lot of passion.

When you look at the first year of regulation and the group of “entry level midwives”, we weren’t your typical brand of new grads. I was a bit of a junior with 20-years of experience. It was an interesting cohort of women to descend upon the health care system.

As far as being a board member, I had a lot of naivety at the beginning. I remember thinking, “Maybe I’ll be the treasurer because that is easy and I can do that from home.” The association was transitioning from a volunteer group (I don’t know if we even had any employees, maybe there was one) with a small budget to a regulated profession. The new financial responsibility was huge and the reg-

When [midwives] came to Canada [from the UK], they had to work as obstetric nurses in hospitals. They basically had to grit their teeth and teach the new doctors and new nurses how to be with women in birth. It did not seem right to me that those women, the midwives themselves, were marginalized and not able to work in their full scope of practice.

ulatory authority complex. I remember thinking “Oh my gosh, what have I got myself into?”

It was quite an amazing trip to be on with some wonderful memories and some memories I look back on a little red-faced in terms of how, at times, we didn’t behave very well with each other, but pri-

midwifery.

One of the advantages we had was that Ontario had gone first so we had a pretty good idea what the scope of practice was going to be and what the competencies were.

I remember looking at the list of competencies and thinking, “I’m going to tick

1.” My time in Quebec really helped with that.

As a midwife on Salt Spring, I was a part of the Victoria Department of Midwives, an incredibly organized group of women and we had our hospital privileges January 1, 1998. That was a huge accomplishment, as some communities took months to get hospital privileges for their midwives.

It was quite something to be part of this amazing group of women who argued and battled with each other and everybody else to achieve the model of midwifery that has been my career.



Maggie and Susan Eyres — another founding midwife of the VGH Department of Midwifery and Maggie’s midwifery partner for the last 6 years of Susan’s career.

marily it was really, really vindicating to be part of the first wave of regulated

off every box on this list and I’m coming out on Main Street on January

Seeing the first UBC Midwifery graduating class, was really huge for me.



And as a mentor, the shift from the excitement of shepherding or accompanying one woman through her birth experience to seeing a student through her process was very satisfying. I love the math of working with students: the influence of being a mentor and educator is extrapolated and intensified and multiplied and that is intensely satisfying.

MABC: Were you an instructor at UBC?

MR: Well, right from the beginning I was taking UBC students. I was also an instructor in the first Bridging Program.

I had so many conditional registrants at the beginning. I had 13 or 14 who came through my practice in that first year for various bits and stuff that they had to finish off. And that was really fun too, to get to know those midwives

and help them to get up and running.

I've supported midwifery education for a long time and our practice was also a site for nurse practitioner students doing their maternal

It was quite something to be part of this amazing group of women who argued and battled with each other and everybody else to achieve the model of midwifery that has been my career.



Maggie's kids put this announcement in the local paper 20 years ago when she got registered.

newborn component. That was a fun connection to make with the University of Victoria. You make those connections with

people and you stay connected to some degree over the years.

MABC: Were you

working in Victoria at that time or were you on Salt Spring?

MR: When we first

started in 1998, I was with the Victoria Department and we had hospital privileges at Saanich Peninsula Hospital, Lady Minto Hospital on Salt Spring and at Victoria General. You could accompany clients to those sites if you were able to. In the first couple of years we did that, but as I got busier and busier it was too hard to maintain and I decided to stay in just one primary facility.

As a department we had a commitment to each other that midwifery clients coming in from other communities into Victoria

would be supported by the department. That was really great for rural midwives in the region who had to send high risk patients onward. They were met by midwives and it was an excellent set up.

MABC: Is that still the case today?

MR: Things have really shifted over the last couple years with Island Health; they have re-organized themselves and I am not entirely sure about all the details any more, which I am very grateful of.

MABC: What parts of the job do you not miss?

MR: The bureaucracy and the details. I won't miss filling out another birth report or anything like that.

I don't mind charting for the birth - that is a way to keep from bothering a mother. But all of the absolutely necessary bureaucratic stuff, I am glad to be done with that. I can do without all the administration.

I really like not having to get up in the middle of the night any more. It took me almost 9-months to get used to and develop a normal day/night rhythm.

MABC: Do you notice





Maggie Ramsey and daughter/client Megan Coupland and sons, Jacob & Charlie on the outside with William still on the inside!

any impacts on your health now that you sleep regularly?

MR: I am in the best health that I have been in ever. And I was probably in the worst health ever when I retired which is part of the reason I retired when I did.

Now I have time to exercise; I have time to visit my friends; I have time to do frivolous things. I miss the camaraderie and connection you have with colleagues but I maintain that with teaching NRP and I still hear from former students and do some mentoring and trouble shooting informally. Developing my own life after being on call for

forty years is an interesting work in progress.

I know I was not ready to hear it as a young midwife, but I think that retirement is a big adjustment; there is not a lot written for women retiring from dynamic careers. It is like, "You can knit and look after your grandkids." To go from making a difference in somebody's life everyday and then not doing that is quite an adjustment.

My reaction to my retirement after the initial relief was actually, quite frankly, rage. The rage was primarily from all this stuff that I had bottled up over the years. There is so much BS you take from

working within an institution and working with people who do not necessarily respect or honour what you do. Sometimes the best you can do is to bite your tongue in order to facilitate the best care for the women in your care.

The health care system can be quite abusive. Just like in a typical abusive relationship, you go along, you go along, go along and whoa, there is a flare up. And then the flowers come.

If it was constant it would probably be easier to handle. It is the episodic nature of abuse of power and horizontal violence that is hard. Women in general are marginalized in our society and if you are working as a woman with women in the health care system, which is the last gasp of the patriarchy, at times you have to put yourself aside in order to advocate for another person. I was just astonished by how much of that there was to process after retirement.

I am quite happy telling people how I feel. Because I can now.

I spent a fair amount of time being 'rage-y' and then I realized I couldn't do that forever and I went on to more productive pursuits.

Swimming, for me, three times a week

is like a meditation and helps me to release a lot of that negative energy and now it has basically evaporated. If you have a career that permits it, it is probably more helpful to

There is not a lot written for women retiring from dynamic careers. It is like, "You can knit and look after your grandkids." To go from making a difference in somebody's life everyday and then not doing that is quite an adjustment.



release this kind of stuff as you go along!

MABC: How do you feel the profession has evolved over the course of your career?

MR: Generally in the right direction. We need to be watchful of assimilation and we need to be respectful of our traditions and our uniqueness and look for the balance between all of those things.

MABC: How did you maintain your energy for midwifery? What kept you motivated?

MR: You have to do it for love. I love my community and I love the women and their families in my care. It is an incredible honour to be trusted and respected to have that role in a small community or any community. What you give to your community comes back to you and that is what sustains you.

I have been loved and I have been sustained.

MABC: Is there something unique to being in a rural setting?

MR: The boundaries are pretty defined when you have water all around you and access is at times limited. We need to be able to rely on each other. You have to care about each other and you have

So I went on to the next house and this young fellow came out and said, "Oh what are you doing here?" "Oh," I said, "I have done something stupid and run out of gas and I'm just wondering if you have

And he said, "Oh, didn't you deliver my nephews?" And I said, "Well, yes as it happens," and he said, "Sure, no problem." And he filled up my gas tank and off I went.



Heather Nelson & Lorna McRae VGH Dept of Midwifery RMs and good friends of Maggie's helping out at her retirement party.

This is not a big deal. That is an everyday occurrence for me. I know that I am in walking distance of somebody I can rely on, someone that I have a connection with anywhere in my community.

It can be claustrophobic at times which is why it is nice to travel.

MABC: Do you have advice for midwives entering the profession today?

MR: Call me and we'll talk.

to care for each other and that in itself becomes the sustainable blueprint.

For example, I ran out of gas the other day, which I never do, but I drive a really old car that does not beep when you run low on gas. I thought, "Oh, I'll just roll down the hill and pull in here because I know these people." I walked up to the farm and the dogs barked at me and the woman I delivered two babies with wasn't home.

any extra gas for your tractor that you could lend me?"

My reaction to my retirement after the initial relief was actually, quite frankly, rage. The rage was primarily from all this stuff that I had bottled up over the years. There is so much BS you take from working within an institution and working with people who do not necessarily respect or honour what you do. Sometimes the best you can do is to bite your tongue in order to facilitate the best care for the women in your care.



We midwives work too hard and we really shouldn't. You need your own life to sustain you through such a demanding profession. You need to create refuge – places you can go, and people you can be with. Connect with people that you can be honest with, happy with or cry with. Connections keep you going.

If you are doing it for the money or the prestige you have to turn around and run. You have to do this for yourself and your heart and the women that you care for. It is a very personal type of work to do and in my view it has to come from a strong core of wanting to give. But you can't give unless you give to yourself.

As you ask these questions it brings up many memories that are fun to think of.

I had a really great crew: the midwives, the nurses and physicians, the ambulance and the water taxi people, the ferry crew, the fire department – thanks for getting me out in the snow...they are all just amazing. We have had so many hard times and



Maggie's whole family greeting William when he was an hour old in the summer of 2017. William is Maggie's 5th grand baby and his birth was the inspiration for her retirement.

some sad times but we've had so many amazing times and so many laughs.

MABC: How did your family react to your retirement?

MR: It was at my last grandson's birth, which was just so incredibly perfect.

After five perfect family births I was thinking, "Well, it is never going to get any better than this, so why not leave on a high note?" They have

been with me every step of the way, especially my husband. They are glad to have a little bit more of me back although I think they are sometimes a little surprised that I actually have got some of my own stuff going on.

It is so nice to say, "Sure I can do that," rather than have a million maybes. It is nice that you can sit through Christmas dinner or birthdays and know that we will all be there until it is time to be going home.

I can have sleepovers with my grandkids. Not that much sleeping happens but it is just great.

I have four generations of family that live in my community and it is so wonderful to be able to spend more time with them.

It has been such a journey. There are so many people that have made the journey on the same timeline. It has been interesting watching

my colleagues retire and my colleagues continue to work and diversify and see how they have managed this time of life. We are having a few get-togethers and sharing a few fun stories we have been laughing at and with each other and the stories and we will remain connected in the spirit (and hopefully in the flesh).

BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.

