FOUNDING BC MIDWIVES SERIES

Midwife of the Month
Vera Berard

celebrating 20 YEARS OF REGISTERED MIDWIVES in BC

MIDWIVES ASSOCIATION *of* BRITISH COLUMBIA

Cover photo: Vera Berard in 2009 with Lori Cole's children at her youngest child's birth. Isis is now 18y/o, Evan 16y/o and Aedan 9y/o. Lori is a Shiatsu therapist and doula. Her home births occurred during Vera's first 10 years of practice. They both share fond memories of Lori's births.

MABC: Can you talk about the work that took place leading up to regulation?

VB: Looking back I recognize 3 concurrent streams of work were undertaken to establish regulated midwifery in BC and provide women choice of provider in maternity care. I would name these overlapping streams as the foundational work for establishing regulation, education and professional recognition that continue today. Many people (midwives and allies) undertook multiple roles for over two decades to accomplish the work that needed to be done.


The Aspiring Midwife

A quarterly BC-specific midwifery journal published in Langley. Click the above image to read the newsletter.

I was privileged to join them in the 90's and play a part. I think the first stream probably began in the 70's with the women's movement that included liberation of women's reproductive bodies. Women (like Cheryl Anderson, Carol Hird, Jeanne Lyons, Karen May, Lesley Page, Elaine Carty, Alison Rice, Lee Saxell, Deborah Harding, Linda Knox, Luba Lyons Richardson, Anne Barkham, Maggie Ramsey, Joanne Daviau, Deborah Koslich, Barbara Ray, Jean Cooper, Deb Little, Carol-Ann Letty, Elizabeth Ryan, Sylvia Fedyk, Kim Millar Lewis, Michele Buchmann and others*) wanted midwives recognised as experts in physiological, uncomplicated pregnancy, childbirth and breastfeeding and women to have the choice of place of birth with a midwife as their primary maternity care provider. At that time the practice of midwifery was illegal and midwives had no status.

In the early 80's a pilot midwifery project began at Grace Hospital (now known as Women's Hospital). The women in this project, with other midwives in the community, formed the Midwives Association of BC and reached out to the International Congress of Midwives for support. This connection resulted in:

1) Vancouver hosting, the first International Congress of Midwives (ICM) at Canada Place to take place in a jurisdiction where midwifery was not yet recognized. The women organising the Congress mortgaged their houses to secure the funds required by the ICM.

In 1993 the ICM was the largest event to occur at Canada Place. It was at this event that the BC government announced their intention to legalize and regulate midwifery.

Listening to the ICM announcement, I made the commitment in my heart that I would work towards establishing the profession and one day be a practicing registered BC midwife. I was so inspired by my

Then ICM President Carol Hird making closing remarks at ICM in 1993 in Vancouver.

colleagues within and outside the system that were working towards this goal. Coming from South Africa, women's rights were a value I held dear. The ICM poster hangs on my office wall, alongside my baby board (see photo below).

2) In order to help grow a recognized midwifery profession, after the Congress in 1993, the ICM board, at then ICM president Carol Hird's request, made an unprecedented move of gifting the MABC a portion of the surplus revenue made to contribute towards the cost of establishing BC's College of Midwives, and to further develop the Midwives Association of BC.

3) Reaching out to the ICM for support, also led to the formation of the BC School of Midwifery that was registered in Washington State and supported by the Seattle School of Midwifery. People like Carol Hird, Cheryl Anderson, Bernt Wittman, Andrew McNab and others were faculty*.

This school enabled graduating midwives to have recognized midwifery qualifications if they wanted to apply to register and go through the process of becoming a practicing BC midwife. Most of these graduates did international placements. I was impressed by the faculty's tenacity, passion, dedication and generosity. Study groups began in various places and midwives shared their knowledge and helped each other.

Vera's office in Quayside Village in North Vancouver. Note the ICM 1993 poster on the wall.

4) After the ICM, the BC government established the Midwifery Implementation Advisory Committee that was the group responsible for setting up the College of Midwives of BC and the Homebirth Demonstration Project.

This work led to the foundational research undertaken on the practice of BC midwifery at home and in hospital by Patti Jannsson, Michael Klein, Jude Kornelson and others post regulation. Midwives have hospital privileges, primary care maternity provider rights, no barriers to consultation and are able to move between level one, two and higher levels of care from out-of-hospital or within hospital due to the work of (MIAC). These factors enable continuity of care, safe childbirth and community services.

WOMEN'S HEALTH *Writes*

B.C.'S FIRST COLLEGE OF MIDWIVES ESTABLISHED

Announcement of midwifery regulation and the establishment of the CMBC makes the front page of the Ministry of Health newsletter. Click the above image to read the newsletter.

I think two pivotal early 1980s events were forerunners to regulation. One, was the "Midwifery as a Labor of Love" campaign that was a joint MABC and consumer group (known as the Midwifery Task Force) event that led to a joint submission to the BC government to legalise midwifery.

Women allies like Lynne Van Deurson, leader of the Midwifery Task Force, and Louise Smith, editor of the "Ovarian Connection", were key in demonstrating that women wanted safe choice in childbirth.

The second, was the growth of a hush-hush midwifery project that began as an opportunity to have woman-centered midwifery care influence obstetrical practice. The project started by midwives Alison Rice, Lesley Page, Elaine Carty and Tina Tier and an iconoclastic obstetrician

Midwives Association of BC

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Newsletter of the Midwives Association of BC, May 1995. Click the above image to read the newsletter.

Bernt Wittman when Grace Maternity Hospital moved over from VGH to the present day Women's Hospital site.

When I joined in the early 90's, the project was an established hospital program with 7 – 8 midwives providing midwifery services employed as nurses. Sheena Mavis was the midwifery program head at the time followed by Deb Little. This program was the only recognized midwifery in the province prior to legalisation and played a part in:

- The government funding midwifery.

- Midwives obtaining hospital privileges and having a midwifery department/division within the system.

- The development of the CMBC discussion, consult and transfer policy.

The 'please knock before entering' signs on labour room doors are remnants of the privacy that the midwifery project advocated for in the 1980's.

A group of family doctors (Michael Klein, Rachel Craggs, Karen Buhler, Sue Harris, Mike Farmer, Sandra Wiebe, Joan Robilliard to name a few*) that were midwifery allies undertook the legal liability of the Women's Midwifery Program. These doctors did chart review with the program midwives and were present at all births. They enabled practicing midwives to hone our skills. They also took on the primary care of women that either came into hospital with a community midwife to have a hospital birth or were transported to hospital from a homebirth.

At midnight on January 1st, 1998 this program ceased to be. Camille Bush and Jeanne Lyons became midwives of an autonomous midwifery practice that had office space in Women's Health Center.

Camille was the first registered midwife to catch a baby. Elizabeth Ryan, then head of Women's Midwifery Program, moved out of the program to practice with Patti Thompson in the community. She then became the first Women's Hospital and St. Paul's Midwifery Department head that had approximately 10 members. Today there are over 60 members. Linda Knox is the current department head.

When the College of Midwives of BC was established in the 90's, the MABC had to change its role as an advocacy group for women's reproductive rights, to become a professional association that lobbied, established and maintained the processes needed to uphold midwives' professional rights.

When I joined in the process in the early 90's, the MABC had to demonstrate to the government that safe choice for women in

Alison Rice then president of the MABC at a Special General Meeting in 1996 wearing a "Safe Birth Choice Means Funded Midwifery Care" campaign t-shirt.

childbirth meant funded midwifery care, as safety had yet to be equated with funding. Each midwife that made up MABC membership had to choose to work on behalf of the whole and allow the MABC to become the voice of BC midwifery and women's choice in maternity care.

MABC: Can you talk about your early years with MABC?

VB: In the early years, MABC membership was a combination of midwives that were practicing in the hospital system and being paid as nurses, and community midwives that provided labour support and/or homebirth services — sometimes being paid for their services, and at other times being remunerated by a bartering system.

I worked in the Women's Midwifery Program. Coming from South Africa, I was sensitive to disparity and influenced by the politics in the land of my birth and by the women's movement. Equality is a value I hold dear. My desire was that my colleagues in the community would be able to earn a reasonable and consistent living, as well as have access to benefits and to educational opportunities — as those provided to the midwives that worked in the midwifery program, and to our nursing and doctor colleagues in the system.

The first MABC contract negotiations or renumeration and benefits team: Vicki Forrester and Gayle Anderson (Ministry of Health representatives), Alison Rice, Marianne Alto, Patti Thompson, Jeanne Lyons, Vera Berard and Linda Knox.

After the ICM, some of BC's midwifery matriarchs had to take a break from the politics of midwifery and midwives were needed on the Board to continue the work, so I joined. Alison Rice (then MABC president), Patti Thompson and I were the MABC's first remuneration and benefits (R+B) committee.

The Board hired the Ontario midwives lawyer, Rick Salter, who provided guidance. He gave us workshops on principled negotiation based on the book 'Getting to Yes'.

We researched the Ontario model, researched comparable incomes and discovered that the government was committed to regulation and safe choice for women, but was not yet committed to funding. We had many meetings with the membership. Our slogan of the day became 'Safe choice for women in childbirth equals funded midwifery care'.

It took 2 years before we had an audience with the health minister and could start negotiating in earnest and another 2 years before we had BC's first midwifery contract negotiated.

Marianne Alto, who had previously worked in government, joined our R+B team as a consultant and was instrumental in helping us get the work done. We also expanded the R+B committee to include Jeanne Lyons and Linda Knox and set up an advisory committee that included Kim Campbell and others. Whatever was negotiated was brought back to the board, advisory committee and then to the membership at large for ratification.

Besides developing a funding agreement, we had to find a payment agency, develop the forms midwives could use to be paid, make a framework for how midwives could autonomously practice in hospital settings, arrange malpractice insurance, benefits and change MABC Bylaws to name a few of the processes that had to be established.

> Obtaining hospital privileges for BC midwives was one of our most historic achievements that has enabled midwives an equal voice around hospital tables and a no barrier approach to consultation.

Penny Ballem, then Women's Hospital CEO, and the hospital played an instrumental part in establishing a midwifery presence in the system.

MOH announcement of BC's first midwifery contract at Women's Hospital. Alison Rice, Luba Lyons Richardson and Minister of Health Joy MacPhail.

We had to regularly communicate to the membership via mail, telephone and have many meetings to obtain a consensus on work that we undertook. Few members had email in those early days. In addition, the MABC office had no staff, it was one room with a bathroom down the corridor. Board members that lived in Vancouver took turns listening to the answering machine, checking facsimiles and looking after the office.

Obtaining hospital privileges for BC midwives was one of our most historic achievements that has enabled midwives an equal voice around hospital tables and a no barrier approach to consultation.

Hospital privileges are key to an established practice being able to attract midwives to an area, to have assistance with work flow and to what midwifery services a midwife can offer. Midwives provide services in a different model to that of doctors or nurses. After regulation, we tried unsuccessfully to get people to look at midwifery hospital privileges and have these assigned differently.

Some challenges we are now facing as a profession are because of gaps in how our model was put into place in the beginning. Our present hospital privileging system doesn't support the work flow of smaller existing services or enable work-life balance.

We'll remove these barriers one day, in the meantime it makes practice challenging for some and quite fine for others. It depends where the luck is. If you happen to work in an area where there are many consumers, this makes a difference in what can be offered to a new midwife, what she can earn and off-call time. Rural practices have a subsidized locum program, this is yet to exist for smaller urban practices.

> Looking back, ironically it was my nursing that got me around the world and gave me the opportunity to be an advocate for women's rights and be a part of the group that brought in BC midwifery.

In the mid-90s those of us on the MABC board who wanted to continue to practice once the CMBC was established, also had to prepare for undertaking the College of Midwives registration process and to meet all the educational components that were required. I left the board in 1997 to focus on becoming a BC registered midwife. In the early days I had privileges at Women's, St Paul's, Lionsgate Hospital, Surrey Memorial and Langley hospitals.

MABC: How did you become a midwife?

VB: I did my training in South Africa. In nursing school when I had approximately 6-months left in my training, I decided that I did not want to work with sick people and that I would leave nursing. My tutors were absolutely horrified. They said, "You've got to finish; your marks are good enough, how about trying 'midda'?"

So I moved over into the integrated nursing and midwifery program and discovered working with mothers and babies. I became passionate and also liked the autonomy of midwifery practice. Unfortunately, I did not get to practice outside of the hospital, as domiciliary services were stopped due to political unrest in South Africa at the time.

It was a great disappointment when I immigrated to Vancouver in 1982 and found midwifery did not exist in British Columbia's healthcare system.

When we first arrived I worked in the Grace Hospital, while my husband worked in Los Angeles. It was at the Grace that I discovered 'women-centered' care.

When the time came to be assessed by the CMBC and register to practice in BC, my practice was deficient in home birth experience and continuity of care. This deficiency led to a year's condition on my licence to practice midwifery in BC. I mentored with Anne Barkham and become as comfortable providing midwifery services in the home setting, as I was in hospital. That year was one of the most challenging and yet best years' of my career.

Anne was an inspirational mentor and a wonderful role-model. She had obtained her midwifery licence in Australia and for many years had provided homebirth services in the community. Her practice was located in Langley, out of Cathy Carlson Rink's office. She always told me that my hospital experience enabled her to practice comfortably in a hospital setting. Cathy Carlson Rink was another wonderful mentor.

Looking back, ironically it was my nursing that got me around the world and gave me the opportunity to be an advocate for women's rights and be a part of the group that brought in BC midwifery.

MABC: South Africa has never de-regulated midwifery?

VB: As South Africa was a prior British colony, midwifery was part of advanced nursing practice. Midwives staffed the maternity services. It didn't even occur to me that midwifery would not be recognized in Canada.

We came in the 1980's and there was a recession going on. My husband was an engineer and couldn't find work here. He found work in California. I could not join him, as I had obtained my nursing license in BC and had yet to go through the California process. So after 6 months in Canada, we lived apart for a year. Our families were so worried about us, because we were newlywed. We would see each other in Seattle every 3 months, until I joined him down in Los Angeles when I received a Californian licence. I then worked as an obstetrical nurse in Orange County and UCLA. Our daughter was born there. At the end of 1989, we had opportunity to return to Vancouver and each have work in our respective fields.

During our year apart, I had the experience of the Grace Hospital. A lot of people working there were nurses with midwifery experience from overseas. These were the people the hospital were looking to hire. My colleagues were a great support to me.

It seemed everyone was involved in some way with changing things for the women we served and for ourselves. I was so impressed with Grace Hospital's women and family-centred birthing room approach that was so different from what I experienced when working in South Africa. There women labored together in a ward of 10 – 18 beds and then went to a delivery room that had 3 or 4 beds, separated by curtains to birth their babies. Afterwards they went to a postpartum ward with 10 – 18 beds. The babies went to a nursery and were brought out to the mothers to feed. In South Africa only privileged women had private rooms, most of these women used obstetrical services, rather than midwifery led services.

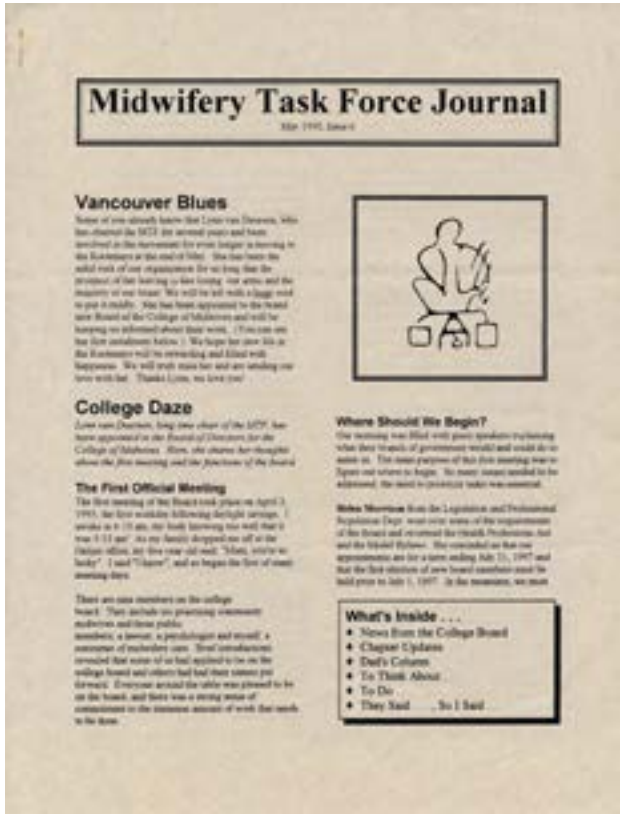
When I returned to work again in Vancouver, I discovered BC's midwifery matriarchs both in and outside of hospital. The camaraderie was absolutely second to none, as we worked toward our common goal.

MABC: What do you miss from practising prior to regulation and in those early years?

Press conference for the announcement of BC's first midwifery contract. The audience included: Linda Knox, Deanna Wildeman, Michael Klein, Camille Bush, Penny Ballum, Marianne Alto and Rachel Craggs.

It's the camaraderie between midwives and the collaboration that we had with family doctors that I miss the most. I have found that autonomous midwifery practice in BC can be lonely. Prior to legalization we met regularly and were in direct communication. I liked that we were continuously learning together, which is why I have retained Women's associate privileges and attend department meetings and rounds.

Back then, it felt like work was done in a non-hierarchal fashion. After regulation, it was sad and confusing to experience hierarchy, a competitive spirit between independent practices, including those of family doctors and a divide between midwives who had a nursing hospital background and those that did not.


Midwifery Task Force Journal

Vancouver Blues

College Daze

The First Official Meeting

Where Should We Begin?

What's Inside . . .

The Midwifery Task Force was a non-profit working since 1980 towards recognized professional midwifery in British Columbia. This is the 6th issue of their journal. Click the above image to read the journal.

MABC: Was it that midwives with a nursing degree were at an advantage?

VB: No, many were at a disadvantage and that really didn't become clear until we started going through the registration process at the College of Midwives. The first supervision plans had to be exceptionally stringent.

The College of Midwives wanted to make sure that everybody who registered understood women-centered informed decision making and that registrants were competent to practice in both the home and hospital setting. So if you didn't have home birth experience and mainly worked in hospital, not only were your skills considered somewhat deficient, but also your view of life and your understanding of informed choice and women-centered continuity of care.

We had desired and strived toward only having one BC midwife designation recognized — registered midwife. While I understood the CMBC's rationale, it was still shocking to be somewhat marginalized because of a nursing background. In my mind regardless of experience, we were all midwives, I learnt from everyone and considered each person accountable for their own practice. Together we were responsible for the midwifery services that we each delivered and to the women that wanted midwifery care.

I don't think the same divide exists today. In the last 5 or even 10 years there has been a pendulum swing that places more value onto people with previous degrees, nursing or otherwise. Now there is more value on academic experience within the midwifery system. It was hurtful that this value did not exist in the early years, as midwifery could not have been established into the system and the UBC School of Midwifery commenced in 2002, without the nursing background and academic experience of colleagues like Elaine Carty, Lesley Page, Alison Rice, Kim Campbell, Cathy Ellis and others*.

BC's midwifery profession is also indebted to the academic experience and faculty association of

our doctor allies that contributed towards regulated midwifery. Our matriarchs, like Lee Saxell, Linda Knox and others that had traditional midwifery experience and then obtained academic degrees have made a tremendous contribution towards our profession. We all played a part -- mine has been one of a worker bee, rather than a leader. It was the leaders that despite differences, inspired me to have courage, perseverance and to practice women-centered midwifery.

Photo of: Mary Sharp, Vera Berard, Deb Kozlick and Camille Bush.

After my year as a registered midwife with conditions on my licence, my next 5 years of midwifery practice were spent supervising other midwives and paying forward the opportunity that Anne Barkham gave me to meet my conditions and work as a registered midwife. I provided OSKI training for potential CMBC candidates, so that they could undertake the CMBC process and practice midwifery in BC.

I also undertook teaching midwives in Kosovo on behalf of Cathy Ellis, so that she could return to Canada and go through the BC registration process. I had been supervising Esther Aneke at the time. My going to Kosovo provided her with an opportunity to look after my practice and have Carol Hird mentor her in my absence.

My practice was initially located in West Vancouver. In 2003, I moved to live and work here at Quayside Village where this interview is taking place. I feel immensely grateful to be part of this co-housing community and to have an office in the building.

I remember assisting Uta Hearld from Vancouver Island when she was going through the CMBC process. I used to borrow OSKI dolls from the hospital to provide CMBC applicants a practice opportunity. Uta sticks out in my memory, because she was from Germany and had experience in aromatherapy. I had previously had a student midwife from Germany that spent some observation time with me. From her I learned how herbs and aromatherapy are used commonly in German practice. Uta gave me a sample of wonderful oils as a thank you gift. I was inspired to do an aromatherapy course and to include this modality into my practice and my life.

When I was involved with College exams, I used to have everybody who was waiting to go through the OSKIs take deep breaths and spray aromatherapy that I had brought along to help relax the group. I was also involved with the OSKI continuing education for midwives. I am so glad that we have moved from OSKI to the new MORE OB and NRP model. MESP is much kinder, more adult learning orientated and enjoyable for both facilitators and participants.

Practicing midwifery has been a personal growth and spiritual journey that I feel blessed to have undertaken.

MABC: Have you always been in solo practice?

VB: No. When I came to Quayside I had a number of practice situations that included having 3 midwives in the practice for approximately 18 months, while I completed a long distance master's degree from Thames Valley University, London, UK. Three midwives were necessary, so that 24hr/7d coverage could be provided to the women in my practice and we all could have an opportunity to work elsewhere. There was not enough income in the practice to meet everyone's needs. I will forever be grateful to Susi Shultz and Adrienne Chow.

Practicing midwifery has been a personal growth and spiritual journey that I feel blessed to have undertaken.

Prior to completing my graduate degree, I had the opportunity to work with Sherry McGillis who worked in my practice

part-time for a few years. We set up a midwifery group care model. Kathy McGrenera, my office assistant at the time, facilitated the groups with us. I hear that women who met in our groups are still in contact and helping each other out and their children are teenagers now.

The best four years of my career were spent sharing the practice with Brangwynne Purcell. We were providing services to 90 – 100 women a year, when she had the wonderful opportunity of moving to a 3 person practice. The beauty of a 3 person practice is that there are usually 2 midwives covering the practice, while 1 midwife is completely off. There are many times in a two person practice where a midwife has to work in a solo capacity, while the other person is off-call.

Unfortunately, the closing of LGH midwifery privileges in 2012 prevented me from replacing my practice partner. I feel like I have had solo practice imposed on me, which really wasn't my choice. One of the side effects of being placed in a solo-practice position was that I also had to discontinue the group care my practice had been providing. Creating community is one of the joys in my life. Being unable to continue group care has been a loss to me and returning clients that loved the model. At the same time, my small practice of 30 - 50 women a year has given me the opportunity to be in partnership with each woman that comes into care. I love my work and have been blessed with wonderful office assistants throughout my years of practice that have contributed toward my practice's success. Jazzmin Nagy is my current assistant. In addition, I owe a debt of gratitude to midwives that have provided locum services over the years – Grace Brinkman, Esther Aneke, Jill Freeman, Andreia Situm, Aleka Stobo and Zahra Khoddamy to name a few*.

Members of the MABC's first contract negotiations or renumeration and benefits team – Linda Knox, Alison Rice, Jeanne Lyons, Patti Thompson, Marianne Alto and Vera Berard.

Since the practice has been established, my work has also been enriched by many students (midwives, nurses and doctors) that my practice has mentored, most have been BC based and others have come from Europe. To date 944 women and their families have utilized Midwifery Care North Shore's services. Over 600 have sat in Quayside Village foyer waiting for a midwife. Quayside Village shares a 20 year anniversary with BC Midwives this year. To celebrate neighbours, a client and her baby participated in making a video for the Canadian Association of Midwives celebration of international midwives day, see links below. (Click here to view).

I was part of the group that pioneered midwifery into the system and there have been so many frontiers to cross. We did so by preserving, participating, being innovative, having compassion and grace. I feel that breaking the isolation of solo-practice that I have recently been experiencing, finding ways to keep an established service going and being able to pass the practice torch to another midwife is yet another frontier. Hospital rules suggest that a succession plan should be considered when a provider is 60 years old. I would ideally like to be able to develop a minimum 5 year succession plan. There is no guidance however, on how to make succession plans. So how to achieve this goal is yet to unfold…

MABC: There is only so much that can be negotiated for BC midwives each round. What should the top priorities be in your view?

VB: Let's be fair. The people involved in politics have a lot to accomplish. In my day, I thought I had a heavy load, but really the load is equally as much and maybe more today. It is important that we have a work-life balance. One can't concentrate on all of the issues. They have to be prioritized.

I think MABC has a focused strategic plan and that as an organization has come a long way. Negotiations for our 5th BC Midwifery contract are due to start soon.

MABC now has an approachable professional practice advisor, Illene Bell who is a wonderful sounding board.

In the earlier years I did what had to be done. Today, I also have to prioritize what issues I can work towards. Being the MABC BC Baby Friendly Network (BCBFN) representative and working with the VCH NS BFI committee has been a joy. Baby friendly and breastfeeding is another area that midwives can say we have collaboratively made a difference with lactation consultants and community health nurses.

I am grateful to have had lactation mentors such as Janice Sampson, Marianne Brophy, Francis Jones to name a few*. This year BCBFN looks forward to the unveiling of the provincial BFI plan. I trust that VCH midwives and clients will participate in VCH NS BFI annual breastfeeding celebration that takes place on Saturday, September 29 at the HoPE Center in North Vancouver, between 10am and 12pm and that midwives throughout the province will join in BFI activities during BC's World Breastfeeding Week 29 Sept – 7 Oct, 2018.

Vera on the roof of Quayside Village Co-housing where she works and lives in North Vancouver.

I know what I have contributed to the profession personally and it is something we have done together. I don't feel I can take any personal credit, because I feel there are people who have been working longer than I have that are in leadership positions. My role has been that of a worker bee. Each person regardless of their role has and is contributing to our profession and improved healthcare.

Essentially, two decades ago women did not have a choice of having a midwife as a provider or a career choice of working as a BC registered midwife. Today's women have both of these choices, due to the work that we all collectively undertook and continue to undertake. We have made history together!

The work of the homebirth demonstration project and other research that followed has collectively established that midwives are primary care experts in level one maternity care that is supporting physiological pregnancy, birth, postpartum and breastfeeding. We are also able to provide level two services and now have advanced practices that midwives can choose to qualify in. Women and their families consistently appreciate midwifery services. While there are some disparities in our funding model, all BC midwives are remunerated for their services and have access to insurance and benefits.

MABC: For a midwife who was working pre and post regulation do you feel like there are things that we have lost as a profession from those early years?

VB: I do and I don't know how we could bring it back: the non-hierarchical way of operating is quite time intensive, when there is traffic and documentation to be considered. In those days we saw each other more often. Most of today's midwives have a larger courseload than was had prior to regulation.

The membership was 1/6 of the size it is today. Many were supporting members. Only a small number of the original membership went onto become BC registered midwives. Now we have over 300 practising midwives, so it is quite different. We can count on life changing. I think when you've lived something and there is change, you have to go through the loss of what you knew and valued and come to appreciate the value in what is new.

I respect and am excited by the fact that VCH has recently established a regional midwifery department. I am always inspired by the enthusiasm and compassion that I see in today's midwives. I value the work of the MABC, CMBC and the support that administrative staff provide both organizations.

I love that UBC graduates new midwives every year and that established midwives play a part in preparing the next generation.

I am also grateful for Michael Klein's Maternity Care Discussion Group that after I left Women's Hospital became a sounding board. Discussions had with obstetricians, like Phil Hall, Murray Enkin, Andrew Kotaka*, as well as family doctors, midwives and nurses from around Canada and the globe contributed toward my graduate work and toward dealing with unusual clinical situations. These discussions also gave me courage to share ideas and actively participate in Lionsgate Hospital medical staff activities and to disseminate research findings.

I see the results of participating by the fact that delayed cord clamping and skin-to-skin have been implemented as standard practices now offered to all women. LGH maternity unit is stocked with equipment and non-pharmaceutical options to support women that desire a physiological labor, birth, breastfeeding and postpartum experience.

Mindfulness is now taught to providers, which is awesome! It's not only laboring women that must consciously breathe. While we can appreciate, learn from mistakes, value and build on the past, we need to move forward with life and live as it's happening now, doing our best with open hearts, humor and positive thoughts.

Key * if I overlooked or incorrectly included a name or misrepresented a fact, please forgive me. While I shared some of my journey, my intent is to give credit and celebrate all. Please email Mel Mundell communications@bcmidwives.com so corrections can be made.

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.