Midwife of the Month
Jody Medernach

FOR OUTSTANDING WORK IN POLICY DEVELOPMENT AND MIDWIFERY REPRESENTATION AT THE PROVINCIAL GOVERNMENT LEVEL

MIDWIVES ASSOCIATION *of* BRITISH COLUMBIA

Jody Medernach and her client Anna Murphey's baby Ronan.

Jody calls me from a café for our late afternoon interview. She can drink coffee at any and all hours and still manage to sleep, a skill she's honed in her 7.5 years of midwifery practice. Before she became an RM Medernach spent 8 years working for the provincial government and is well versed in the language of policy and government making her an ideal choice for MABC's Vice President and contract negotiations team. When Jody's off call from practice at The Midwives Collective in Downtown Victoria you can catch her around Victoria eating a kale salad out of a mason jar (like the locals), walking by the ocean with her family and their dog, or further developing her coffee drinking skills.

MABC: What brought you to the profession of midwifery?

JM: The desire to serve families in a closer way than I could when I worked in government. I had a vision when I was younger of doing something meaningful with my life. I wasn't feeling that I was achieving that working with a big government bureaucracy.

I had my first baby with a midwife and I felt very supported as a client. The work seemed incredibly rewarding.

Then I met some doula friends and had my second baby with a midwife and applied to UBC from there. I was accepted that year and didn't look back.

MABC: Did you go to school before you started doing government policy work? What was your background before working for the government?

JM: I did my undergrad in Political Science and I moved to Victoria in 1998 to do my Masters in Public Administration. I wrote my thesis in 2004 while I was pregnant with my second child.

During that study period I was a paid co-op student and I got to work in different jobs with the government while studying.

After my first co-op job I was offered a permanent job and started working in Human Resources, specifically pensions and retirement. Then I started working in policy with the Ministry of Children and Family Development.

The majority of my work was around policy in Human Resources, especially in legislation. It's a bit removed from the day-to-day world of babies.

MABC: Wow, that's a lot of higher education.

JM: It's a lot, yes. I was lucky that I didn't have any student loans until midwifery school because I was able to work while I got the other degrees.

I did a co-op program while completing my master's degree and it made a big difference. I was studying and learning while working.
When I called Elaine Carty (founding director of the UBC midwifery program) and asked if there was a co-op program for midwifery, she just laughed.

MABC: How do you find your previous work with government informs the work that you're doing with policy as Vice President of the MABC?

JM: I can see different points of

Jody, Ilana Stanger-Ross, RM and her baby Avi and Julia Stolk, RM.

view at the higher stakeholder levels than perhaps other people can who haven't had as much experience with government. I think in some ways there is a language in policy and government that I'm able to understand and as a result communicate what they need to hear, and hopefully what their stakeholders will want to hear too.

The main skills I bring to my VP role is the ability to direct policy and put together written arguments in a concise way.

Jody and one of the Darcy's from team Darcy! She and her best friend Darcy had babies days apart with The Midwives Collective.

MABC: Having that insider language and having experienced working on either side must be a huge advantage.

JM: Yes. It's not just in government you see it in Health Authorities, too. It's a level of bureaucracy that we as midwives just don't see in our clinical practice.

MABC: Can you list for me the committees and groups you are involved with in addition to your work as a midwife?

- UBC Health Professionals Advisory Council
- Quality assurance (GP services)
- MABC Finance Committee
- MABC Rural Support Program Committee
- MABC Rural Remote Locum Review
- Contract Negotiations Team
- Vice President, MABC
- CAM Board Member (as Alix Bacon moves into the role of VP of CAM)

It can be fairly manageable unless you get a clump of births, which fortunately I haven't had as many as can happen sometimes.

MABC: Why do you feel it is important that midwives have a seat at the table with government?

There's a recent trend towards client-centered care. Midwives have led the way in client-centered care for the last 20-years. It's something that we bring to the table in terms of a real-life-knowledge-based skill set that not every provider has.

JM: I think that if we are not there to speak for our clients and represent their point of view, midwives and perhaps more importantly, the point of view of our clients is left out.

Doctors have had a seat at the table since the inception of Medical Services and so the language that is spoken and the direction it has taken in a lot of those tables is based around a long history with physicians.

It's really important that midwives have a seat both at the provincial level and the Health Authority level.

It is important to the governance structure because we have such a unique point of view. There's a recent trend towards client-centered care. Midwives have led the way in client-centered care for the last 20-years. It's something that we bring to the table in terms of a real-life-knowledge-based skill set that not every provider has.

Not only do we know about client-centered care but we can provide guidance to other healthcare providers on the topic.

Interprofessional collaboration is another example of a skill that midwives do all the time — it is the nature of our work. A lot of physicians are just starting to think about interprofessional collaboration and it is another new trend that the Ministry of Health (MoH) is now starting to promote. It's interesting that

midwives, who don't often sit at these tables, work intercollaboratively every day, we consult OB's, paediatricians and/or doulas. Our ability to work collaboratively and provide client-centred care are great examples of how midwives work effectively within the health-care system.

MABC: Throughout your time as an RM have you seen any changes that stand out in the realm of policy development that you could share?

JM: Yes. I am pleased with the direction of our relationship with the MoH right now. There is some very meaningful dialogue happening between us.
I believe that people are starting to realize that not having midwives involved in various committees or associations is actually a detriment; not only to midwives but to the larger health-care system. I think we are starting to see more inclusion of midwives.

That said, our small numbers make it easy for people to ignore us. Unfortunately because physicians are such a large group, sometimes our voices are drowned out. But it's really important for us to keep pushing for inclusion and I have certainly seen some movement.

Jody and her client Dr. Milvi Tiislar.

I hope by next year we will see even more movement as midwifery grows and numbers in the province grow. We are starting to offer new services and we're hoping to see even more expanded scope changes. Changes that will make a big difference for many rural and remote communities in particular.

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MABC: How do BC midwives compare with other primary health care providers in terms of our representation at the provincial government level?

JM: We're not necessarily in the minds of policy people not because they're trying to exclude us, but because we just don't jump to the forefront of their minds because of our numbers and perhaps a lack of experience with midwives. Many bureaucrats know that we save money, we have a lot of good outcomes and we collaborate. But a lot of what the MoH has done over the years is what we call, 'fight fires'. And fortunately midwives are not the fire they need to put out because we're doing such a good job. MABC is on the right track with advocacy and building relationships, midwives just have to keep doing what we're doing right now.

MABC: Are there any particular developments or updates related to the committees you sit on and/or the MABC contract negotiations team that you could share?

JM: There are new fee codes coming and they're not ready for publication. Unfortunatley, I can't speak to the bargaining issue just yet.

MABC: Why did you want to take on the role of the MABC Vice President?

JM: I think that I have a natural tendency to take on more work, to want to help in those policy

areas.

To me it comes naturally and it's not difficult work in many ways. I feel that it is helping the association in the short term and hopefully in the long term as well. Those are the primary reasons.

MABC: If you had the time, space and money to develop a policy for BC midwives what would it be?

JM: My primary goal would be the stablishment of more leadership roles for midwives within the health regions. Along with those roles would be an increase of clinical leadership defined by the needs of each region. Midwives need support for their clinical work in their health region. We've seen some of that happpening with more OB programs in health regions.

Jody and her colleague Tina Blaney, RM.

A lot of committee work that midwives do, they volunteer their time. Midwives sit with their physician and nurse colleagues who are being paid, which I think, is admirable. We've been doing this for more than 20-years and it's time that we have some payment infrastructure put in place.

MABC: It must be so hard for midwives to be sitting alongside their physician and nurse colleagues knowing they're being paid for their time and that midwives aren't.

JM: It is demoralizing after awhile for midwives. "We can't pay you because you aren't a physician." We hear it over and over again.

I also have a leaning towards human resources, and I feel fairly vulnerable that our midwives don't have access to short-term health or emergency coverage. I know MABC has brought this forward in the past. It is just simply very, very difficult to coordinate and it is also very expensive.

I think we are probably one of the last primary health care occupations not to have short term health and emergency coverage in place. For example, physicians often have access to short term locums.

Fortunately we have a great disability plan for midwives who need to be off work long term. But I've seen many midwives go through a lot of short-term issues too; difficulties that have been really hard on them and their families. It would be really nice to have some support in place via the government program or funding that MABC would have the ability to oversee.

We don't have the ability to do that within our current budget, not in the short term anyway.

MABC: How are you able to balance your board and committee work with a full time practice and family life?

JM: My partner Joel is very helpful although he is busy as he works at a senior level in government. Even so he takes the lead on the kid's activities and most household jobs.

My kids are at an age where I have assigned them a lot of tasks. Apparently if you look at the research on working moms their kids get assigned a lot more duties than if you have a parent at home.

My kids are very independent.

My daughter started making school lunches when she was in grade 2 and seeing herself off to school.

I've had a great practice partner for the last seven years and that relationship has worked very well in terms of supporting each other. Right now we are in a team of three and trying to reduce our caseload a little bit.

Sometimes I even go to the gym; I go to spin once in awhile. I try to eat more kale salads. Kale salad in a jar is very popular in Victoria, ha. I also drink about 3 giant cups of coffee a day if not more.

MABC: When you have free time, what do you like to spend time doing?

JM: My kids are in their teens and don't want to spend much time with me but when we do spend time together hiking and walking tend to be our primary interests. Our kids are very active in a lot of sports. So family trips tend to be around getting to meets and tournaments for speed skating or rugby in the Lower Mainland.

Jody and Joel's kids Finn and Isla at a 2011 International Day of the Midwife walk.

Hanging about our neighbourhood, we live not too far from the ocean, which is fantastic. We also have a cute dog that we walk.

If life is getting hectic we like to go out for sushi or pho together as a family.

I'll be coming over to Vancouver more in the winter. I'm taking a 6-month leave from clinical practice and will be focusing on MABC for a while. I look forward to getting more involved.

MABC: Any favourite aspects of your midwifery practice that you could share?

JM: I feel that we have a unique set up at my practice. My working relationship with my practice partners is very good. We've been very supportive of each other. If there is any kind of conflict we talk about it right away. I don't know if it is the best part of midwifery, but it is most certainly the most helpful part. I find it makes the work I'm doing more sustainable.

We're really fortunate to have such an honest and supportive relationship with one another at The Midwives Collective.

My favourite thing about being a midwife is seeing a new family created as their baby is born. And however Hallmark that sounds, it really is true; that moment is always so beautiful no matter which way a baby comes. It's the reward of seeing first time parents; after day 5 or day 6 when hopefully the fog clears a little bit, seeing how much they have grown makes it worthwhile.

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.