



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

2017 MEMBERS' NEWSLETTER

Photo taken at the Teddy Bear Picnic in Coquitlam in June. From left to right: Zahra Khoddamy, Lynne Cummings, Grace Yun, Tshengi Ndlovu and Manijeh Ghafourian.

I ♥ BC
MIDWIVES



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PRESIDENT'S ADDRESS

Dear Members,

The summer is here which makes time for a pause to catch our breath and some sun. I'm grateful for the long hours of sunlight which mean I'm unlikely to leave for a birth in darkness and return home in darkness wondering if there ever was a day in between, or if perhaps the world had finally stopped turning whilst I was in labourland. I'm also grateful for the produce baskets of thanks from our South Delta farmers keeping our bellies full of crisp and flavourful nutrients.

For those who didn't make the AGM we bid adieu to Courtney Broten, Stephanie Dow and Tracy Simpson with thanks for their three years of service and welcomed Judy DeFreitas. We also thanked outgoing student representative Caitlin Frame and welcomed Kathryn Ward. The membership voted in support of adopting new Bylaws which are

consistent with the November 2016 changes to the BC Societies Act and these changes have been filed with the Societies office. Treasurer Lisa Sutherland presented a summary of our financial report and VP Jody Medernach and I presented on the upcoming limited contract re-opener.

The contract re-opener is an opportunity laid out in the Midwifery Master Agreement to address areas

that we could not negotiate in 2014. The period for the re-opener is Sept 15-Dec 31, 2017 and Ganga Jolicoeur (CEO), myself and Jody Medernach (VP) will be at the table with legal counsel Dean Crawford. We will have the opportunity to review Alternative Payment Plans, Expanded Scope and Integration with the Ministry of Health. We now know we will be negotiating with a new NDP-Green coalition but the new Minister of Health has yet to be announced.

Immediately after the AGM I flew to Toronto to observe the ICM Council meetings and then participate in the ICM Conference. ICM council is an amazing experience, imagine a mini UN with two midwives from each of 113 countries seated in front of a microphone, their flag in between them, headphones chirping with rapid fire translations, electronic voting clickers in hand. I proudly sported my special edition pride converse for the vote on CAM's proposed position statement on the Midwives and the Rights of LGBTQI People

which was passed with a strong majority. On the same day Canada's Parliament adopted Bill C-16 which prohibits discrimination against trans people in federally regulated sectors based on their gender identity or gender expression. Congratulations to past CAM President Emmanuelle Hebert elected as the new ICM Board Member representing North America.

The conference was also an opportunity to celebrate the relationship building between CAM, NACM and the Minister of Health and Global Affairs Canada. CAM and NACM marked the signing of their first Memorandum of Understanding with the launch of a beautiful purple and turquoise silk scarf which blends the NACM and CAM logos. At the opening ceremonies Celina Caesar-Chavannes, Parliamentary Secretary to the Minister of International Development, spoke of CAM's partnerships with the South Sudan Nurses and Midwives Assoc and other midwife led work in Global Safe Motherhood. On day two Health Minister Jane Philpott met with CAM and NACM leadership and announced \$6 million in new funding for Indigenous midwifery. I'm so proud of CAM and NACM for their leadership in equity for LGBTQI and Indigenous Midwives and birthers and I think our influence was palpable on the global stage.

As the fall approaches we will be focusing on the contract re-opener and we will be deepening our partnership with UBC CPD and CMBC. This will include migrating MESP to UBC CPD, the hiring of a UBC CPD Midwifery Lead and development of new course offerings. Other fall endeavours include a dues review, fee codes to support midwives who offer care to a GP client in the physicians absence and updates to RMLP and MESP policy.

A handwritten signature in black ink that reads "Ali Bacon".

SUMMER EVENTS AROUND THE PROVINCE



East Kootenay
midwives at
the Baby Expo
in May.

Abby Mikkelson RM and Zahra
Khodamy RM and some of their
family at New West Pride in August.



Grace Yun RM & Tshengi
Ndlovu RM at the Teddy
Bear Picnic in Coquitlam in
June.

BC midwives marching
alongside midwives from
around the world at the ICM
Triennial Congress "March
for More Midwives" in June.



RETIRING MIDWIVES: MAGGIE RAMSAY



Maggie Ramsay

MABC: What are your plans for retirement?

MR: I plan to sleep all night and never answer the phone! In addition, I will spend more time in the garden, ride my new bike, row my boat, swim in the ocean and hang out with my grandkids. I hope to have a completely unstructured life for awhile and see what happens next.

MABC: What was your favourite/least favourite aspect of practicing midwifery?

MR: I love people's stories and getting to know them better. The honesty and vulnerability that they share is a rare and precious gift and I will miss that. I love that moment and the image after a birth when everyone is tucked into bed and it is time for me to go home. I love driving home after a birth singing to myself and feeling grateful to have been a part of the miracle. I love the smell of new babies and I love that euphoric

energy that radiates from newborns when they are nursing. I love how strong women

are. I love listening to dads call their family after the birth and how they speak of their experience. I am so grateful to have been gifted with the trust of so many families.

I will not miss the bureaucratic aspects of midwifery, hospitals and regulatory bodies (as much as I know they are needed). I will bid that aspect of life a very fond farewell.

Oh, and I also would have liked to have had a ceremonial moment when I either burned, axed, drove over or flushed my pager down the loo!

MABC: How has midwifery in BC changed since you began practicing?

Mostly it's changed for the good, there are a few things that I mourn the loss of, but everything changes, it's inevitable. I've changed and it's time to move on and let the younger generation shape the profession.

MABC: Any words of wisdom for future midwives?

MR: Having worked with many of the future midwives of Canada, I have no doubt that the profession is in very competent and caring hands. So, all I would say is: Care for your clients with the respect that you would wish for yourself.

DEBORAH LITTLE

MABC: What are your plans for retirement?

DL: To enjoy activities, culture, and travel that I never seemed to be able to do very often as a FT practicing midwife.

MABC: What was your favourite part of practicing midwifery?

DL: Being involved in the development and setting up of the profession that is benefiting so many families which has been so rewarding for me. It has also been such a great pleasure and an honour many many times to be part of one of families' most intimate transitions in life and to see how each unique birth has such a profound effect.

MABC: What was your least favourite part of practicing midwifery?

DL: I miss many aspects of midwifery since retirement but I do not miss the long hours that's for sure!

Congratulations on your retirement!

Sadie Parkin

Joanna Maddalozzo

Margaret Miskelly

Deanna Wildeman

Deborah Little

Maggie Ramsay

MABC: How has midwifery in BC changed since you began practicing?

DL: The biggest change for me that I see is that prior to regulation midwives were not a part of the maternity health care team and now we are a strong voice within the system helping to guide care in a modern maternity care system in such a positive way. I am so

grateful for this.

MABC: Any words of wisdom for future midwives?

DL: Save for retirement LOL! Don't ever let your guard down in protecting the true essence of midwifery.

UBC MIDWIFERY
CLASS OF 2017



Congratulations to all the 2017 graduates!

Midwives and families in British Columbia welcome you,
and wish you every success in your future practice.

UBC Midwifery Award for Citizenship and Fellowship – Marella Falat

UBC Midwifery Award for Service to the Division –

Emma Butt & Leah Timmermann

UBC Midwifery Award for Excellence – Marisa Ducklow

MEET BC'S NEW REGISTRANTS!



ASHLEY COURTNEY

Hello! I love to whitewater kayak, ski, hike in the mountains, camp under the stars, make all sorts of art and hang out with my partner and our fur babies. I call Nelson, BC home and have been a BC resident for the last 13 years; originally hailing from Ontario and France. It is with much joy and excitement that I'll be joining the Malachite Midwives in Kelowna, BC.

My favourite part of the job of being a midwife are the relationships we get to develop with the families in our care.

As a new UBC graduate of Midwifery, my words of advice for future grads are to #1: breathe and #2: don't take things personally (two things that are so easy to say, and yet so hard to do at 4am during a birth storm!). And remember, you've got this!! I look forward to working with you in the near future :)



CINDY STORIE-SOTH

I am from Vancouver Island and practicing at Old City Midwives Collective in Nanaimo

MABC: What is your favourite part of the job?

The prenatal education. I love to share all that I have learned with the families that I serve as I think it is super important that women understand the physiological processes of growing and giving birth to a baby so that they can revel in how truly amazing they are.

MABC: (For new graduates): Where did you attend midwifery school?
UBC

MABC: Any words of advice for future grads?

Understand that there is always something to learn from everyone

around you and that you will never feel completely ready when you graduate but that you will know enough.



JESSA MIYASHIRO

I will be working in Nanaimo, where I grew up.

I love watching siblings grow into their new roles

I graduated from UBC. My advice is: it really is so much better when you finish school! You will love it, just hang in there :)

MEET BC'S NEW REGISTRANTS!



JOAN-MARGRET
LAINE

Hi everyone, I am very excited to be returning to BC, my children were born in the northern part of the province so it's always held a special place in my heart. I've been an RM in Alberta for 12 years, practicing in both urban and rural settings. I'm also an IBCLC (20 years) and an RN (40 years).

My interest is in working with underserved and marginalized populations, utilizing my current skill set while I continue to learn from each new experience. I believe that all persons deserve care that is sensitive to their situation; I enjoy advocating for clients and find it fulfilling to witness how midwifery support can empower their experiences with pregnancy, labour, birth and their adjustment to parenting.

My goal is to do locums as I settle into practice in B.C.; rural, remote or with marginalized populations. I can be reached at JM@matronae.ca.

When I'm not working I enjoy biking, hiking and spending time outside in nature. I have recently become very involved in photography – both landscape and portraiture; and I also like to knit baby hats for the new arrivals. I look forward to meeting many of you in the coming years.



AISIA SALO

I'm thrilled to be back in BC after 8 years working in Calgary. I'm back in my hometown of Victoria and will be finishing my maternity leave and starting a locum in September at Access Midwifery, two blocks from my house. Midwifery in Calgary was great for the loads of normal birth, home and water birth, and highly motivated clients, but I am pleased to be on a new learning journey working with more diverse and complex care clients.

In my spare time I have no idea what

I like to do any more after being at home with my 1 and 3 year old girls. I think I like getting crafty, thrift store shopping, preserving foods and baking, and reading books.

What I like best about the job is developing relationships with clients and their families. It's always a journey going from the first meeting right through to the last, and the subsequent babies after that. I love the surprises that come up as you get to know someone and the privilege we enjoy of being in that intimate position of seeing someone through birth.



SARAH BJORGAN

Hi, I will be doing my new registrant year in Port Alberni with Jenn Hewko at Bellies to Babies.

I like to garden and cook from scratch, those hobbies survived Midwifery school, the others didn't.

MEET BC'S NEW REGISTRANTS!

So far, my favorite thing about Midwifery is getting to meet people from different walks of life that I wouldn't have met otherwise.....and 1 week old babies. As you all know, they are pretty awesome.



LEAH TIMMERMANN

MABC: Please tell us about yourself?

I was born and raised in a rural village in Ontario named Carp. I moved to BC to begin my studies at UBC 4 years ago and now am completely in love with the West Coast! My life is enriched by all things outdoors; I enjoy camping, canoeing, swimming in fresh water...you name it! I am also an avid pursuer of slow-paced activities: knitting, canning, cooking, reading, meditation etc.

MABC: Where are you practicing?
Abbotsford Midwifery Group

MABC: What is your favourite part of the job?

I really feel rewarded after a productive, in depth informed choice

discussion. I particularly love ICD's surrounding choice of birth place. In the same vein, I also enjoy the "lifelong learning" of working to stay abreast of particular research and evidence. It's exciting to know that Midwifery is always evolving; it keeps things fresh.

MABC: Any words of advice for future grads?

Take the time you need to reflect on the "who" you are as a clerk and 4th year student. Begin to develop and fine tune your professional identity and style. My preceptor in 4th year often reminded me that to look at a scenario through the lens of how I would envision myself practicing as a New Grad, and to work towards that approach and style, so that my care could be authentically mine.



VANESSA KAY

I grew up on Vancouver Island. I am the daughter of a fisherman. I enjoy hiking, swimming in the ocean, travelling and reading.

MABC: Where are you practicing?

Strathcona Midwifery Collective for the summer then starting a year locum in Squamish.

MABC: What is your favourite part of the job?

I really enjoy meeting different types of people and advocacy work.

MABC: (For new graduates): Where did you attend midwifery school?
Laurentian University.

MABC: Any words of advice for future grads?

The transition from midwifery school to working professionally is really expensive!!

NEW BC PRACTICES!



Suncoast Midwifery

I opened Suncoast Midwifery in January 2017 on the Sunshine Coast of BC. This is a beautiful place to call home and a rewarding place to work.

I opened Suncoast after practicing for 13yrs in high-volume settings in Vancouver and working at Pomegranate Community Midwives that I opened with RM Kat Montgomery in 2006. Suncoast is the little rural sister of Pomegranate – I actually get excellent admin and systems support from Pom so I can

function easier in my new practice. Currently I am working alongside Jules Atkins of Hello Baby! Midwifery. Together we span the coastline of the lower Sunshine Coast – Roberts Creek is where we divide our caseload – so we can provide midwifery care from Langdale to Halfmoon Bay, including Gibsons and Sechelt. I imagined that the caseload would be lighter here than the city but we have been booking some very busy times ahead

as more families move to the Coast who are looking for midwifery care!

Working within the maternity community here has been incredibly rewarding. There is a wonderful, welcoming community here of

for referrals and consultations. We are currently working through the MoreOB program and this has had a great impact on building a team. I appreciate my midwifery and medical colleagues in the city who continue to offer consultation and accept transfers of care graciously as needed. My colleagues here are also ready to offer support and discuss cases that come up.

I work from an office that my husband built on our property. It's like my very own room... It overlooks our horses grazing and I can get home in 3min for lunch or to check in on the kids. It's a world apart from my previous midwifery experience. It's quieter but still fulfilling and stimulating. I enjoy spending time with my clients and their

families in this setting. It's wonderful to have so many resources available to them, from homevisits from the Public Health nurses to mom+baby groups. The "small town" feel translates into a tight and supportive community for the families but also for the care providers as I am learning.

I'm excited to see this practice grow and am currently hiring a full-time practice partner.



SUNCOAST MIDWIFERY OWNER LEHE SPIEGELMAN WITH CLIENTS

nurses, doctors, OB's, allied health care providers, doulas and educators supporting the diverse families of the Coast. The hospital is smaller than the big city tertiary care centers, but it is well appointed, welcoming and designed for comfort. We don't have pediatrics on call on the coast so we utilize support and transfer to Vancouver/ the Lower Mainland as needed. We have an OB on call at all times and doctors rotating maternity call days

NEW BC PRACTICES!



Let's Celebrate Motherhood

We proudly serve the families of
Burnaby, New Westminster, Coquitlam, Port Moody

Tel: 604-757-9177 • info@burnabymidwife.com • 230-3355 North Rd. Burnaby BC

Burnaby Midwifery Care officially started one month ago, on August 1st, but I had been seeing clients in this location since June 2017.

I used to serve the City of Burnaby but the clinic where I worked (On the Drive Midwives) was located in Vancouver.

In fact, City of Burnaby was the only city in the Lower Mainland which did not have a midwifery practice and Burnaby mothers had to travel to other cities for midwifery care!

I went to midwifery school with the goal of introducing BC midwifery care to more immigrant and refugee mothers. I love working with this population because of my own experience giving birth in Turkey 16 years ago when I did not speak the Turkish language. I found it very stressful and hard

to be giving birth where you cannot communicate your needs with your care provider.



RM ZAHRA KHODDAMY AT A HOME VISIT WITH BABY LEITO AND HIS FAMILY

I had my second child here in BC with a midwife (Vera Berard) and fell absolutely in love with the BC midwifery model of care and had a great experience; therefore, I decided that I want to serve this population when I graduate. I graduated one year ago from UBC and in the last year I have been in contact with Immigrant Services Society of BC and MOSAIC in the city of Burnaby and they have been sending clients to me.

I already have very diverse clientele and feel delighted to work with mothers from Sudan, Eritrea, Iraq, Syria, Iran, Portugal, Mexico, China, Japan, Afghanistan, and Pakistan.

I speak Farsi, Dari and little bit of Arabic and have access to an Arabic translator in my clinic. So far, I did not even need to advertise for this clinic and my clients have been introducing me to each other or other midwifery clinics have been sending clients to me. I find working with these mothers very rewarding and feel lots of love and support from my clients.

Zahra Khoddamy, RM

NEW BC PRACTICES!



**GREENWAY MIDWIFERY PRACTICE OWNER
RM GRACE YUN WITH CLIENT'S BABY**

Greenway Midwifery Clinic in PoCo servicing families in Tricities, Pitt Meadows & Maple Ridge opened by RM Grace Yun last October.

I started Greenway so I can have a lower volume so I can spend more time with my family. Work life balance is important for me and I am able to do that while working solo because I can make my own schedule and take a lower volume of women as I need to. I speak Korean and I have a lot of



Korean women coming to see me. To be able to help out women for whom English is not their first language is something I've always wanted to do. I am happy to be able to service my community.

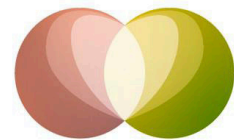
I am a volunteer distributor for baby boxes. It's a box that works as a bassinet for safe sleeping and I make it available for women in our community who are expecting even if they are not a current client."

Grace Yun, RM



**PATRICIA ROHLFS RM &
MARIE-LAURE GUILLAUME
RM WELCOMING
BABY VIOLET**

(Photo credit Jacquie Munro)



Midwife Sage-Femme

Care during Pregnancy, Birth and Postpartum in English and in French

Accompagnement pendant la Grossesse, l'Accouchement et le Postpartum en Anglais et en Français

Patricia Rohlfs started Maternity Midwives Sage-Femme solo last year and since January we are a small team of two midwives working out of South Community Program office offering service in French and English.

Marie-Laure Guillaume, RM

NEW BC PRACTICES!



Surrey Mama Midwifery



SURREY MAMA MIDWIFERY OWNER RM MOJGAN NADAFI WITH CLIENT'S BABY

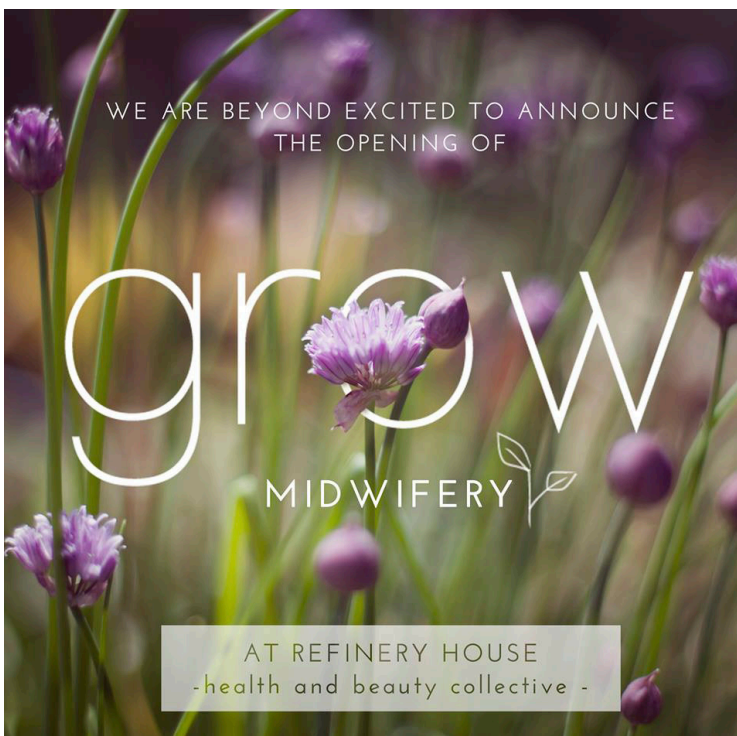
I opened Surrey Mama Midwifery in North Surrey, because it is large area and no midwifery practice in this area to serve people who need midwifery care. Also midwifery care is new to most people in this area and since I started my practice in October 2016, more people getting to know midwifery care and my

going to grow slowly but surely.

Surrey Mama Midwifery is located at Amara Women's Health Clinic, right across the Surrey Memorial Hospital which includes Midwifery care (Surrey Mama Midwifery), obstetrics & gynaecology group and prenatal family doctors and Maternal Fetal

medicine. It is very convenient, and better practice for me as a midwife to have my practice there and have a collaborative care with specialists in case I need any discussion, consult or referral.

Mojgan Nadafi, RM



Tanya Lindstrom RM and Kristi Mintz RM of Grow Midwifery

provide holistic primary healthcare to pregnant clients and their babies in the Chilliwack and Abbotsford area.

When not on call you can find us exploring the beautiful outdoors.



GROW MIDWIFERY RM TANYA LINDSTROM WITH CLIENT'S BABY

(photographer: Dori Marie Photography).



REPORT FROM MABC'S INDIGENOUS LEAD

Aaniin! Greetings, midwives!

This year was the massive International Congress of Midwives in Toronto, and three Indigenous BC midwives were in attendance. The MABC provided two bursaries, one for Lisa Delorme, RM and one for Tia Felix, midwifery student, and I was also present. In the chaos that is ICM we forgot to snap a picture of us together, though we did get to meet and sit together for a meal. Indigenous midwives attended from all over the world, and we were invited to a feast for Indigenous midwives at the Toronto Birth Centre on the summer solstice. This was a beautiful event with singing, storytelling, gifts, and lots of yummy traditional foods! After ICM there was a gathering near Algonquin Park, which was attended by Indigenous midwives from the places which are commonly called Canada, USA, Mexico, Guatemala and New Zealand. This was a profound time of sharing and coming together in ceremony and I was grateful to have been surrounded by such honesty, humility, bravery and caring. It is a big moment in history to mark the beginning of our global family of Indigenous midwives. Our little seed is sprouting, and like all vines we will reach out for what we can grab onto and grow like crazy until we have wrapped our people in the safety of having birth in our hands again.

What also came out of ICM was the announcement by the Federal Health Minister Jane Philpott that six million dollars is to be allocated for midwifery in Indigenous communities under federal jurisdiction. This followed a meeting where I got to speak with her directly about the needs of our

communities and hear back from her some strong messages that she understands that the colonial legacies surrounding the dislocation of birth and family are a root cause of our highest and most urgent community priorities such as the opioid and suicide crises. To hear a federal minister say this in such clear terms and then to hear her announce real funding to address it was extremely powerful and I can't help but hope she stays in her position forever! I am fortunate that in my position with NACM I will have some input over the funding allocation, and as usual I hope to bring the BC experience to light as part of this. The time is ripe for change!

More recently I had the joy of working alongside the brilliant Jessica St.Jean, an Indigenous UBC midwifery student and fierce advocate for our people. Her edits to the article PRIDE: A Celebration of Two Spirit and Indigenous Self Determination brought even more truth to the table. Miigwetch, huy chexw aa, Jessica for your contribution to my own personal growth and to increasing culturally safe midwifery in BC.

Once again it has been a pleasure to be in the role of Indigenous Lead for the MABC and get to know individual midwives and your work in bits and pieces. Thank you for your ongoing support for this work, and I look forward to many great things ahead.

In friendship,

Evelyn George, RM
MABC Indigenous Lead



Click the image above to read the
complete article:

"PRIDE! In Celebration of Two-Spirit and
Indigenous Self-Determination"

RURAL START UP AND SUPPORT COMMITTEE REPORT

It has been a busy few months for the Rural Start Up Program Committee. While the RSP is not a new source of funding for BC midwives looking to create practices in rural communities, this year there are new changes and guidelines. We have funding for approximately ten new startup communities across BC. This also includes funding for mentorship for New Registrants and for Advisors to applicants who require practice support, providing opportunities for new midwives to start practices in rural BC.

April 1st the RSP launched and soon after we began to see applications for rural start up funding. We are pleased to have

accepted one request for funding and Colibri Midwifery was our first successful applicant for this year.

Lisa Delorme will be providing midwifery care for the Slocan Valley. Lisa is Metis, and her commitment to working with her community to bring culturally and community based midwifery care to the Slocan Valley was inspiring to the committee. We also appreciate Tanya Momtazian for applying to be her

advisor and support her throughout the development of her practice. Congratulations to you both and we look forward to watching Colibri Midwifery grow in the Slocan Valley.

Midwives across BC are striving to grow our profession in small, possibly remote, possibly low volume communities

providers and is financial viable. We appreciate these challenges as many of us on the committee have created new rural practices and remember the stress, challenges, and primarily the passion and drive that inspires a midwife to work in rural and remote places in BC. We are available to provide support before,

during and after the application process.

The RSP committee welcomes midwives interested in learning more about the funding available to check out the documents on the MABC website. These documents outline the business plan requirements, frequently asked question and a selection criteria checklist.



A screenshot of Colibri Midwifery's website. Click the above image to see it live.

and the MABC is committed to supporting this growth. As a committee, we are looking for individuals or practice partners who have a strong commitment to collaborative care, building relationships with local First Nations communities and a vision for a sustainable future. This is not an easy feat, and often it can take years to develop a practice that meets the needs of the community, provides collaboration with the existing care

For any other question please email Shannon Greenwood momsnbabe@gmail.com or call the MABC office.

Shannon Greenwood, RM
MABC Board Member



Midwives Tracy Simpson and Rachel Rees at the Vancouver Dyke March

GENDER & SEXUALITY INCLUSIVITY WORKING GROUP UPDATE

The Gender and Sexuality Inclusivity (GASI) working group was formed in the Spring 2017 to address the ongoing need for competency amongst midwives in caring for LGBT2SQI clients, and to improve inclusivity within the MABC of the LGBT2SQI community of member midwives, clients and stakeholders.

Background context: Lesbian, gay, bisexual, trans, Two Spirit, queer and/or intersex (LGBT2SQI) people face unique barriers when accessing healthcare services and reproductive care. Identifying how best to serve LGBT2SQI clients in a midwifery care context is complex and calls for careful consideration and community expertise. The MABC strives to be inclusive to both midwives and clients who self-identify as LGBT2SQI.

Our working group advocates for and promotes anti-discrimination / inclusivity models within the MABC and midwifery community.

Activities to date:

- Board and staff training - GASI held a facilitated afternoon board and staff

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session in the Spring to meet the goal of providing education and leadership to the staff and Board to ensure the MABC is inclusive in all of its operations, services, and communications. Our guest speaker, Kristin Kali, provided an in depth and informative inclusivity training session. In this session, we worked on documents to ensure inclusive language in MABC materials. Staff and board feedback was overwhelmingly positive. The session was recorded for future staff and board members to view.

- Pride season activities – GASI created new materials for use by members in both offices and at Pride season events. This included an informational poster notifying members

of Pride events in BC communities, funding for Pride booths and materials, and the creation of a new Pride booth BC Midwives banner, a poster for use in booths, and a new “BC Midwives Care for ALL Families” handout to be used both as a poster in offices as well as given out at Pride events. We are so proud of these new materials. To order copies of the 8.5”

x 11” colour poster for your office bulletin board please contact the office.

Future Objectives:

- We are actively planning for a Fall 2017 education session for members on providing inclusive reproductive care to LGBT2SQI clients and families. We are hoping

to also provide a webcast so that members across the province can attend from the comforts of their home communities. More information to be coming soon!

- In combination with the education session, we are working on development of best practices “Tip Sheets” and Community Resources recommendations, promotional materials. These will be circulated to members around the time of the Fall 2017 education session.

- Our final goal for the 2017/2018 year is to develop an inclusivity and anti-discrimination policy for use by both member practices as well as the MABC as an association.

It's certainly been a busy 6 months since the inception of GASI, and I wish to thank all of our working group members including

midwives Cora Beitel, Lisa Wiley, and Rachel Rees, as well as our fabulous MABC staff member Mel Mundell for their tireless work on working group activities. We are pleased to welcome Kayley Redgers to GASI

BC MIDWIVES CARE FOR
all families

Did you know there are 122 ways to become a parent?

Queer and transgender clients have specific needs when it comes to pregnancy care, birthing and feeding their babies. And we believe that all people, and all families, have the right to accessible, comprehensive midwifery services.

Midwives honour the diversity of their clients and provide safe, respectful, affirming, individualized care for families created any of the 122 ways—whether through pregnancy and birth, adoption, surrogacy, multi-partner relationships, choice, blending and circumstance.

MIDWIVES ASSOCIATION of BRITISH COLUMBIA **BCMIDWIVES.COM**

this summer. We are all looking forward to getting busy again in the Fall and making the world a more inclusive place, one step at a time!

Tracy Simpson RM,
Chair, Gender and Sexuality
Inclusivity Working Group

BC BABY FRIENDLY NETWORK UPDATE: NUTURING BABIES IS WHAT MIDWIVES HELP PARENTS DO



THE A-TEAM

Many places around the world celebrate World Breastfeeding Week in August, Canada and other countries celebrate the beginning of fall. This year's annual Breastfeeding Celebration for babies, mothers and their families is on Sat 30, September, 2017 between 10am and noon (with the famous latch and wave of acknowledgement that spreads across the Province, Canada and elsewhere occurring at 11am). More information about Quintessence Challenge can be obtained [here](#). I encourage midwives and clients to become involved. On the North Shore, this year's annual event is at the Hope Center Atrium. We have symbolically chosen Hope for the venue, to remind women, their families, community and providers that mental health is a key part of women, babies and family health and that support is available in our community for parents nurturing their babies and for those experiencing emotional challenges that crop up during pregnancy, early or late postpartum and onward. I am looking forward to midwives sending MABC details of events in your area of practice via our list-serve or MABC Facebook.

In my experience, midwives celebrate

daily with each woman in our care that intends to provide her baby breastmilk. Breastfeeding is a dance that is relatively easy for most babies and women and a challenge for others. Midwives dance with all. Babies and women's experiences at birth and the first

week are key to milk production. How support is provided the first hour after birth, and onwards contributes toward timely and successful lactogenesis. Useful information to aid women and their families' understanding about milk production can be found [here](#).

There are situations when milk production is delayed and although rare, situations where milk production is not possible. Many factors can contribute toward delayed milk production. To name a few: mother - obesity, insulin production, thyroid, long labor, retained placenta, difficult birth... Baby – gestational age, sucking issues, tongue tie, poor fit between baby's jaw and shape of mother's breasts... However, as long as a woman's breasts are stimulated and the milk removed, most women have the ability to make adequate milk to meet their babies' needs. Initial engorgement between day 2 and day 5 is a time that can temporarily interfere with a baby's latch and ability to transfer milk. If this milk is not well removed from the breast, this lack of removal can contribute toward low milk supply at 2 – 3 weeks and a baby that fails to thrive. Useful current information on how to

best deal with engorgement can also be found [here](#).

I think it is important that breastfeeding difficulties are acknowledged and stories shared, in order to validate every woman's experience and to grow a community of care. And let's be honest, these circumstances challenge primary maternity care providers too. This year in honor of celebrating breastfeeding babies, women and their families, my intention is to start a MABC annual Baby Friendly story sharing and tricks of our trade that if found useful, others can contribute towards, from next year onwards.

Recently, I had a mother come to terms with her inability to exclusively breastfeed by noting that 'breastfeeding is her sunshine time with her baby'. She intended to breastfeed for 6 months exclusively and was challenged to come to terms with a different nurturing plan. Her baby was born around 35 weeks and was the most interested breastfeeding partner any mother could possibly hope for. There was no issue with latch, nutritive suckle and transfer of milk. Mother, however, only produced approximately 80 - 100mls in 24hrs. She hand expressed and pumped every 3 hours for 7 - 15mls, from the first few hours after birth, until she stopped 2-3 weeks later to simply breastfeed for joy and comfort. Besides her own expressed milk, her baby was mainly alternate milk fed, first by human donor milk and then via formula. Given this mother's family history, hypoplasia – insufficient glandular tissue was considered a likely cause. More information about hypoplastic breast tissue (a rare condition) can be obtained [here](#). Most women whose babies are unable to be the best pump at first will be able to achieve an adequate milk supply within

two weeks, if they begin hand expression followed by pumping in the first 24 hours of birth and onwards. How a partner and family support a woman after birth, also plays a part in successful milk production.

A recent example is a mother that had an emergency caesarian section whose 10 day old baby (in the photo below, used with permission from parents) is yet to sustain a latch for longer than a few minutes. During her stay in hospital neither the nurses, midwife nor lactation consultant were able to assist baby to latch for more than a suck or two. The fit between baby's jaw and the shape of this mother's breasts is considered the probable reason. A pediatrician was consulted at birth and has been consulted again to rule out other possible causes. In the meantime, the feeding plan this family implemented is that father provides expressed breastmilk (EBM) via finger feed, while mother expresses milk. Since birth, mother has provided baby lots of skin to skin and practice times at the breast before, during and after pumping. They keep the whole feeding process to an hour, so that they can take care of their self-care needs in between feeds. When mother was first hand expressing her breasts, before she pumped for extra stimulation, the finger feed was done with a dropper. Finger feeding has been done via a supplementary nursing system (SNS) from the time that her milk supply increased from 15-20mls to 40 – 90mls. Mother pumps 8

times in a 24 hour period. In the photo below, baby is only 30gms away from birth weight and has been exclusively fed expressed breastmilk via finger feed from birth. A 9.5% weight loss was noted on postpartum day 3. At first, baby received around 100mls a day (5-15mls

per feed) and is now receiving around 500mls a day (40 – 100mls per feed). In addition, around a week old, baby started latching for short periods of time. Since there has been improvement, it is our hope that at some point when latch and



Baby SNS Finger-feeding EBM

nutritive suckling can be maintained for longer periods, the SNS can be used during a breastfeed to give baby EBM, until such time that baby is adequately transferring milk from mother's breast. We have made arrangements to expand our team to also include a lactation consultant in the community. Meanwhile, father has agreed to do more SNS feeding holding baby in a breastfeeding position, rather than upright on a pillow. We share the picture below, to show how finger feeding with a SNS can be done. This family are hopeful that by the time they are discharged from care around 6 – 8 weeks postpartum, baby will be breastfeeding or they will have altered their present feeding plan. Next year, I will provide the postscript to their story.

For those interested in sharing experiences and links to useful

information, do send MABC photos (with parents' permission) and stories about how you have supported women to meet their goals and how your clients have worked through their early nurturing process to define their own success. If you have questions, send these too. As your Baby Friendly representative, these will be forwarded to me and I will do my best to find you answers.

If anyone is interested in updating breastfeeding knowledge via continuing professional education, for your information, Griffith University, in Queensland, Australia has an [Advanced Lactation and Breastfeeding](#) distance learning module that can be taken as a stand-alone course or as part of their graduate program, a Masters in Primary Maternity Care (MPMC)

I understand that the next course begins in February, 2018 and that as it is part of MPMC, it is being offered to international students at Australian domestic rates. If you intend to undertake this course (as a stand-alone continuing education course or as part of the MA program) or you are interested in taking any other lactation education, it would be useful if you could let MABC know where you are going and your experience with the process.

Vera Berard RM RN MA, UBC Midwifery Program Clinical Assistant Professor, MABC BC Baby Friendly Network Representative, VCH North Shore Baby Friendly Committee LGH Dept Obstetrics/Div Midwifery Representative.

STUDENTS FOR GLOBAL CITIZENSHIP: UGANDA

This year our UBC Global Midwifery Placement in Uganda had seven student participants and four instructors in three regional referral hospitals, and in addition, offered short refresher updates in the national referral hospital and a fourth regional referral hospital.

Our program consisted of teaching in our respective sites and attending pregnant and birthing mothers and their babies. Due to shifting of midwives to different wards in public hospitals, there were new midwives who had not received recent refresher courses on maternity topics. We taught with our two skilled Ugandan co-facilitators: Prossy Musoke and Grace Jolly, who have been co-trainers with UBC Midwifery for many years. We continue to learn from each other.

Our new placement site this year is Hoima Regional Referral Hospital, in the northwestern part of Uganda. This hospital is the referral site for many small health centers including the Kwangwali Health Center 3 (located in a refugee camp primarily for Congolese families). Mothers often deliver at home in this area, or come late to delivery care as they are not able to access services easily due to poverty, and in some cases distance. Challenges for safe delivery included many pregnancies, poor nutrition including severe anemia, high blood pressure, premature labour, and malaria. At Hoima we were able to provide continuing education for around 100 nursing, midwifery and medical



Brittany Stairs, Haley Pelton and Cathy in Ugandan maternity ward

students and staff on requested topics such as respectful childbirth and prevention of excessive bleeding in childbirth.

A shortage of supplies and materials, like in most busy public Ugandan hospitals, makes provision of good care difficult. The Hoima maternity building is on a list for infrastructure improvement and at the present time has difficulties with electricity in some rooms, water and lack of appropriate delivery beds. Our team member Dr. Mickey Rostoker worked on organizing small labour ward improvements that were requested by head nurses including installing hooks on the walls to hang the IVs, wooden stools for midwives to sit on when suturing, and steps for mothers to get onto the beds, and repair of some lighting.

Improving numbers of skilled midwifery staff is possibly one of the most important interventions in many Ugandan labour wards in order to improve care, identify and respond to emergencies. Physicians are few, and are needed for surgical cases.

The Mbale Regional Referral Hospital, where UBC Midwifery has been working for 7 summers, welcomed our instructor Angela Spencer and students to the labour

ward. This year, they were presented with challenges such as an unusually high number of severe malarial infections among pregnant mothers. Malaria in pregnancy causes many problems including abortion, uterine growth restriction and fetal death. At Mbale Hospital, UBC students and Angela attended many pregnancy complications as well as assisting mothers in childbirth.

As well as working on the wards, Angela and the midwifery students in Mbale enjoyed teaching workshops with 25 participants in a rural health center in the Mbale area. They worked with a British Pediatrician, with



Kelsey Martin with Ugandan colleagues



Ugandan twins with donated baby blankets and hats

the focus of neonatal resuscitation, and expressing and tube-feeding the infant with expressed breast milk. Angela also taught two neonatal resuscitation workshops with Ugandan students in Mbale Hospital.

Masaka Regional Referral Hospital has been our longest partner hospital in Uganda (12 years). Grace Brinkman, along with several of our students worked on the busy wards assisting local midwives with many normal and difficult cases. The number of deliveries has increased from around 10 to 15 per day when we first formed our partnership to around 35 to 40 births per day. People in the Masaka area have gained confidence in the hospital maternity staff and system.

Grace led an improvement project to the Masaka labour room consisting of repairing and replacing poles for curtains, and repair of delivery beds and mattresses. The hospital head nurses and chief obstetrician appreciated this initiative. We were told that it improved midwives' morale to work in a better looking and functioning facility. It is also more pleasant for mothers and families.

STUDENTS FOR GLOBAL CITIZENSHIP: NEPAL



Travelling by foot in remote Nepal

A small but enthusiastic team of two instructors and two students visited our Nepal partners, the 'Midwifery Society of Nepal' (MIDSON) this spring for our annual "Students for Global citizenship" work. Instructors were Dr. Mickey Rostoker and me, Cathy Ellis. We started our trip in Kathmandu where, with the help of Midwifery Society of Nepal, I applied for and received a temporary license to practice midwifery.

During our first week we met with members of another UBC Midwifery project, "Birth Planning Preparedness" project in Mugu, Western Karnali Region. Both Canadian and Nepali members were present including researchers from both countries, including a MIDSON member. We reviewed our respective roles in publishing our work to date in Mugu, Nepal, and planned a small midwifery health educational program for next spring in the remote area of Rolpa.

During our first week, our students visited the Tribhuvan University Hospital Birthing Center, and were asked to re-organize the set-up, and make a short report on ways to improve the birthing center and services. They were pleased to play a role in expanding the use of this birthing center for the 'social model of



Haley Pelton, Yu-ting Hsu with Pema Sherpa being welcomed to rural health center

care' in Nepal.

As usual, we spent most of our time in rural and remote communities of Nepal where we provide midwifery coaching and refresher courses. We are authorized on an ongoing basis, to train, coach and mentor with members of MIDSON in rural and remote areas. Our first destination was Solu (the southern part of Solukhumbu) where we were headed to the remote Primary Health Center of Sotang for coaching and mentoring with the local midwives. We travelled and worked with Pema Sherpa, a well-known local nurse-midwife.

We first flew to Phaplu with our students, and the same day took a dusty, bumpy jeep ride for several hours with our porters, training materials, supplies, donations, tents and luggage to the end of the road above the river. We ate supper and stayed in a newly built tin-roofed and tin-sided hotel that seemed to me like a 'space station.' Each cubicle had one single bed, a dirt floor and wooden door. We set out early the following morning making a short trek to the river where we boarded a bamboo raft and two groups of men pulled the raft across the river using ropes. Shortly after, we boarded another jeep for 2 hours ride up the mountain and were greeted by the jeep owner and villagers and given 'khata's' (light-weight ceremonial scarves) as welcome to Sotang village. We spent three days there learning about remote medical care and coaching 9 midwives and physicians and community health workers. During our time there, Mickey and the community health head of the facility

set up the new donated teaching computer and showed local mothers videos in Nepali language about danger signs in infants.

We left early in the morning and walked 4 hours to the river and up to the 'space

station' where we ate lunch and waited for a jeep to Phaplu. The jeep faltered on the uphill many times and we got out to walk up the hills, reaching Phaplu by nighttime.

After a day's rest, we headed by jeep to the community of Salyan, where we stayed overnight in a small village about an hour and a half walk from the Primary Health Center. We visited a new mother who had given birth a few months prior at home, her 5th child, and distributed baby clothing and blankets from our Canadian knitters. Our objective also included a visit to a partially constructed community health center where the local auxiliary nurse-midwife would soon begin to provide primary and maternal health child services. Our students prepared a short report with diagrams of the proposed layout of the center in a way that could provide privacy and ease of access to toilet and water facilities to mothers and others being seen by the nurse.

Next we travelled for our labour ward placement to Baglung at Dhaulagiri Hospital and prepared the 2- day refresher workshop for both hospital and remote nurse-midwives. We had 23 participants including 2 obstetricians, 4 rural ANM's and 4 nursing instructors. While in Baglung, the UBC students and I attended several births and observed care provided to women by both nurse-midwives and gynecologists. Our students had the opportunity to teach local students, catch babies, suture and provide newborn care.

UBC midwifery provided a new birthing ball to Baglung Hospital, new sheets, pillows and cloth for privacy screens, and a new screen to improve respectful childbirth, as well as many baby blankets, hats, and clothes. The birthing ball was helpful when a mother having her second baby was being induced and sat on it during labour pain, resulting in more comfort and a rapid birth.

Our time in Nepal finished with the May 5 'International Day of the Midwife' celebrations in Kathmandu. We spent the day in a program with our colleagues from Midwifery Society of Nepal and learned of new steps towards establishing regulated midwifery in Nepal. We appreciate our long-term relationship with our friends from the Midwifery Society of Nepal and spent time with some of these colleagues at the International Confederation of Midwives conference in Toronto.

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MIDWIFERY RISING



RM Deborah Harding, Renaissance
Celebration 2015

Entering a new chapter in life often causes one to reflect on all that has gone before. I caught my last baby a year ago and while settling into renaissance, also known as retirement, reflection about my 35+ years as a midwife led me to think about all that had transpired in the road to legalized and regulated midwifery, and all the midwives, women, nurses, doulas, physicians and other supporters that gave of their time, energy, money and expertise. This movement for midwifery was amazing and is a herstory that needs to be told

to acknowledge the contributions of the participants who achieved, what at times, seemed to be the impossible. I hope to capture the foresight, the passion and commitment that held the vision strong and true.

I have embarked on a book that describes the journey and at this point I am calling it Midwifery Rising, and the sub-title may well be Tales of Unruly Women! There were of course many supporters along the way, and certainly many of them were male, however in general it was women and women's health issues particularly in maternity care, that set the goals, steered the course and brought the ship home.

I have been interviewing midwives and other supporters who were involved in the movement from the mid-seventies to registration in 1998. I am working my way through a list of "key informants" that will direct this historical narrative. The interviews are amazing! I am filled with awe at the personal stories and sacrifices that each individual midwife gave to the birth of our profession not to mention the consumer dedication and support. I haven't contacted everyone I hope to interview yet - if you bump into a colleague that should be included in this project please let them know I am interested in hearing from them if I haven't yet been in touch, or email me their name and details. I am also sifting through archival material that helps to inform and configure the events.

I really appreciate the encouragement and support from the wonderful women at the MABC. I am also feeling well supported by the midwives and others who have generously given their time in interviews which inspires me to keep going on a task that seems a little daunting at times. If any members have anything to share, or photos or other archival information, please be in contact with me.

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