THE NEWFOUNDLAND AND LABRADOR MIDWIFERY CONSULTATION MEETING

FINAL REPORT

Hosted by the Atlantic Centre of Excellence for Women s Health

St. John s, Newfoundland and Labrador

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- To the executive members, especially Karene Tweedie, President of the Association of Midwives of Newfoundland and Labrador, and to Kelly Monaghan, Coordinator of the Friends of Midwifery Newfoundland and Labrador, for their incisive insights and advice into the issues and the meeting plans.

- Mary Ann Martell, ACEWH, for taking care of the logistics for the meeting.

- Jane Helleur for facilitating the workshop and writing a summary report. Her professionalism and expert skills were invaluable.

- Dorothy Robbins and Bonnie James, NL members of the ACEWH steering committee, for their input.

- Thanks also to those participants who provided feedback on the draft summary report.

Table of Contents

1.0 Editor s Introduction

This workshop was ACEWH s first undertaking under its midwifery initiative, which is aimed at assisting with the development of legislative and regulatory models that will facilitate the provision and accessibility of midwifery care to women in the Atlantic region.

This final report reflects a summary of the discussions at the Newfoundland and Labrador Midwifery Consultation Meeting. However, in efforts to make the document more user-friendly, the final report also includes references to websites (in square brackets) or includes information in appendices, which provides the participants with further documentation to substantiate responses provided orally. To facilitate the immediate next steps and future strategies, the document also provides a complete list of participants and contact information, as well as a complete list of those who were invited.

While this document is primarily written for those who attended the workshop, it is also for those who were invited but were unable to attend, and those who have been identified as having an interest in these issues in Newfoundland and Labrador. It will also serve as a brief reference document for people outside of the province who have an interest in these issues and ACEWH s work in this area. It will be posted on the ACEWH website and available at www.medicine.dal.ca/acewh.

Christine Saulnier, PhD
Senior Research Officer
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2.0 Introduction

The first province to legislate and regulate midwifery as an autonomous profession was Ontario in 1993. Since then, midwifery has become an accessible option for many women in Canada (see Appendix A for a brief history of the status of the profession). This is not the case, however, for women living in the four Atlantic provinces, which remain without midwifery legislation and funding. As a first step in its efforts to develop a policy research programme centred on midwifery, the Atlantic Centre of Excellence for Women s Health hosted a meeting to discuss the status of midwifery in Newfoundland and Labrador. The letter of invitation (see Appendix B) for this meeting highlighted the main reason ACEWH called it: in the interests of sharing resources and ideas regarding the introduction of a fully-funded, autonomous midwifery profession a reality for women in Atlantic Canada. This report summarizes the issues that were raised during the workshop, and includes not only the immediate next steps that were identified, but the discussion of strategies that could assist with the dismantling of the barriers to the introduction of a regulated, autonomous midwifery profession.

3.0 Workshop

3.1 Workshop Objectives

The workshop agenda and objectives were developed in a pre-consultation meeting with representatives from the Association of Midwives of Newfoundland and Labrador (AMNL) and the Friends of Midwifery of Newfoundland and Labrador. The workshop objectives were as follows:

To discuss the status and future role of midwifery in Newfoundland and Labrador (NL);
To discuss key issues that affect the legislation and regulation agenda in NL; and
To determine what actions are required to move closer to legislation and regulation.

In addition, the consultation meeting was a key element of informing a planned Atlantic region forum on midwifery scheduled for Halifax during the spring of 2004.

3.2 Workshop Participants

Twenty-six in-person stakeholders participated in the meeting while an additional five participants attended via teleconference. This meeting brought together stakeholders from various professions, as well as consumers, who have an interest in the regulation of midwifery in this province and who are knowledgeable about the status of midwifery in the province and in Canada more generally. These included members of the now disbanded provincial government s appointed Midwifery Implementation Committee (MIC), which was established in 1999 and completed its mandate in the Fall of 2001. The mandate of MIC was to provide advice on the development of legislation related to midwifery and the implementation of midwifery services in Newfoundland and Labrador.

A core group of participants were drawn from AMNL, and the Friends of Midwifery of NL. These organizations have been instrumental in the struggles to promote midwifery as an integral

part of the health care system in the province. These groups have been working on the ground to ensure that this issue is at the forefront of the government agenda. AMNL s mission statement states that it works to provide professional information for midwives, and to promote the recognition of the role of midwives, and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to legally provide research-based, total midwifery care as a choice for childbearing families in this province (for more information on AMNL see www.ucs.mun.ca/~pherbert/number2.html.) The Friends of Midwifery of NL is a consumer advocacy group that has been working to have midwifery integrated into the health system as a funded service available to women in the province.

The other participants for the workshop represented a variety of organizations including: the Provincial Perinatal Programme, the Newfoundland and Labrador Health Boards Association, Health and Community Services, the Women s Policy Office, the NL Women s Health Network, Primary Health Care, the Association of Registered Nurses of NL, the NL Medical Board, and the NL Medical Association. The complete participant list is attached as Appendix C as is a list of all those who were invited but could not attend (Appendix D).

3.3 Workshop Agenda

The Newfoundland & Labrador Midwifery Consultation Meeting
September 25, 2003
3:00 p.m. to 6:00 p.m.
Salons C & D, Fairmont Hotel
St. John s, Newfoundland and Labrador

3:00 p.m. Welcome and Meeting Purpose Review
Christine Saulnier, PhD, Senior Research Officer, Atlantic Centre of Excellence for Women s Health

Status of Midwifery in Canada
Kim Campbell, President, Canadian Association of Midwives

Role of Canadian Midwifery Regulators Consortium and Northwest Territories Update
Zoe Kende, Chair, Canadian Midwifery Regulators Consortium

Full Group Discussions:
1. Where will midwifery fit in with the current and future health system in NL?
2. What is at stake for professional groups regarding the current and future practice of midwifery?
3. What needs to occur to remove and/or reduce issues and barriers in a constructive way?

5:45 p.m. Identification of Next Steps and Wrap-Up of Consultation Meeting

3.4 Presenters Bios/ Presentation Outlines

Welcome and Meeting Purpose and Overview

Christine Saulnier
Christine Saulnier is Senior Research Officer and coordinator of the midwifery project at the Atlantic Centre of Excellence for Women s Health. She outlined the objectives for the meeting and how this initiative fits with ACEWH s current programme areas and projects. The goal of ACEWH is to support research, influence policy and promote action on the social factors that affect women's health and well-being over their life span. It supports a woman-centred approach that respects women's perspectives and experiences, and listens to the voices of women not typically heard in health research or health systems. In carrying out its work, the Centre provides analysis, advice and information on key women's health issues to government and health organizations. See www.medicine.dal.ca/acewh for more information.

Status of Midwifery in Canada
To set the stage for discussion, Kim Campbell and Zoe Kende gave brief overviews regarding the status of midwifery practice, legislation and regulation throughout Canada.

Kim Campbell
Kim Campbell is president of the Canadian Association of Midwives (CAM) and is a registered midwife working in British Columbia. CAM is a national organization representing midwives and the profession of midwifery. See the CAM website (www.canadianmidwives.org) for additional information on this organization and for up-to-date information on midwifery activities across Canada. As president of CAM, Kim Campbell was able to provide the attendees with a sense of the state of midwifery in Canada including information on issues such as the kind of care they provide, where care is available, and their remuneration. She began her presentation by reading out the WHO International Definition of Midwifery (see Appendix E).

Zoe Kende
Zoe Kende is Chair of the Canadian Midwifery Regulators Consortium (CMRC), president of the Council of the Ontario College of Midwives, and a registered midwife working in Northern Ontario. The Consortium represents all the midwifery governing bodies in Canada, composed of Alberta, British Columbia, Manitoba, Ontario and Quebec. It is to be a national representative body for regulators of midwifery in Canada. The CMRC was developed after the signing of the Mutual Recognition Agreement on Labour Mobility in Canada in March 2001. [See http://www.hrdc-drhc.gc.ca/sp-ps/lmp/mobility/mobility.shtml for general information on this agreement. See also http://www.cmbc.bc.ca/docs/reciprocity.htm for information specific to how it applies to midwifery.] Zoe Kende summarized the status of midwifery in terms of regulation and accreditation. She spoke specifically about the recent agreement to move forward with legislation in the Northwest Territories where there are only two midwives currently practicing. She answered questions about how this legislation will be implemented. [The Midwifery Profession Act (Bill 24) received royal assent in October 2003 and can be viewed at the following website: www.assembly.gov.nt.ca/HouseBusiness/Legislation/Summaries.html. See also the following site: http://members.rogers.com/canadianmidwives/canada/nwt.html].

4.0 Summary of Full Group Discussions

4.1 Current and Future Role of Midwifery in Newfoundland and Labrador

Environment for Midwives
Participants discussed the current environment for midwives in the province noting the absence of legislation and regulations and midwives inability to practice [for a history of midwifery in NL see Appendix F]. The participants from AMNL and the Friends discussed their frustration with the government s response to date to their queries about the delays in enacting legislation; while the government has stated that it is supportive of the idea, it has also stated that it was not able to move a regulatory agenda forward. One of the key reasons cited by the government is that the profession may not be able to fulfill the requirements of a self-regulated profession. The government has suggested in particular that the small number of practitioners in the province would limit the profession s ability to generate the necessary human and financial resources to support self-governance. In addition, reference is often made to the idea of introducing a kind of umbrella legislation or Canopy Act that would establish one regulatory body for a number of professions with a small number of practitioners. This idea is encompassed under the government s 1996 White Paper entitled Challenging Responses to Changing Times New Proposals for Occupational Regulation , which was restrictive for midwives [this document is available at: www.gov.nf.ca/publicat/gsl/wpaper.htm].

As was expressed by some of the midwives and their supporters at this workshop, this is a vicious circle: the number of midwives will not increase unless a proper legislative framework exists to support their practice, at the same time, it appears that legislation will not be enacted unless there are more midwives. Midwives will not come to the province because current legislation is quite outdated and prohibits midwives from attending births without the attendance of a medical practitioner [the legislation that dates back to the 1920s has not been repealed see: http://www.gov.nf.ca/hoa/statutes/m11.htm]. Furthermore, midwives currently cannot legally practice in either hospital or home-based settings, nor are public funds available for these services.

Consumer Demand
Consumer demand for midwifery was discussed and the following issues were raised:
Strong consumer and grassroots support for midwifery continues to grow in the province and there are indications that there will be increasing pressure from women for midwifery services. As more and more women are able to access midwifery services in other provinces and begin to understand the kind of services that are offered elsewhere, and as some women who have accessed these services move back to the province, the demand is certain to increase. However, without legislation to assure safe, competent midwifery practice, it was also pointed out that women will be reluctant to consider midwifery as a viable option.

Interprofessional Collaboration and Competition
Issues were raised about how midwives would fit into the health care model and what their relationship has been and should be with other professionals. Some of these issues were:

Midwives desire independence and professional autonomy, but within the context of collaborative practice and collegial relationships with other health care professionals. Of particular interest to midwives are the opportunities within the establishment of primary health care teams for midwives to be members and for providing women more choice in determining their primary health care provider.

To date, it has been difficult for midwives to gain access as legitimate partners in the formation of primary health care teams. One of the reasons for this is an absence of a common understanding of the role and scope of practice of midwives in an interdisciplinary team. Another reason is the lack of legislation to enable midwives to practice.

Concerns were raised about interprofessional collaboration and competition, which included:

Physicians concerns regarding the payment method for midwives, particularly if their services are insured and paid from the capped Fee for Service budget. In response to this concern, as one participant noted, midwives elsewhere in Canada are paid salaries based on the number of births attended and courses of care provided.

The potential impact on obstetricians ability to attend to normal low-risk deliveries at a volume to maintain their expertise concomitant with the increased use of midwives services was raised as a concern also. However, as another participant suggested, this concern does not appear to fit well within the current national context in which there are insufficient medical residents entering obstetrics to be able to replace the number of obstetricians (who do specialize in high-risk care) retiring in the next five to ten years.

At the same time, while these issues were raised about perceived scope of practice threats, a number of participants also felt that the current environment is much more conducive to collaborative practice than was the case ten years ago.

4.2 Issues and Barriers

Participants identified significant issues and barriers that are impeding progress in moving towards legislation and regulation. Chief among these barriers that were identified are:

The supply of midwives (limited by the absence of legislation) is limiting the demand for these services. The number of midwives in the province has actually declined since 1993.

The public is not sufficiently informed about the practice of midwifery.

The government has not identified a model for the regulation of midwifery, nor offered options at this time. The option of a Canopy Act has not been pursued because it is not seen to be feasible.

The current risk-adverse climate perpetuates professional and consumer concerns regarding what constitutes safe, competent care.

4.3 Strategies and Actions for Moving Forward

Participants identified a number of potential strategies and actions for moving forward with a legislation and regulation agenda. These strategies were not prioritized, nor were roles assigned to them. They are summarized as follows:

- Examine alternative provincial models of midwifery legislation, especially the Northwest Territories model where in most professions in the NWT do not have a regulatory body, but rather professionals have to be registered in a province.
- Build on the substantial positive work that was already completed under the auspices of the province s Midwifery Implementation Committee.
- Explore an Atlantic region approach to professional discipline and other issues.
- Develop a demonstration project proposal. Such a demonstration project should ensure there is thorough documentation of the process and outcomes. A demonstration project should also consider the best approaches used by other provinces to utilize midwifery services.
- Capture opportunities and lessons learned from Labrador experiences.
- Continue to work with the Newfoundland and Labrador Medical Board and the Association of Registered Nurses of Newfoundland and Labrador to change their policies prohibiting members from attending births in the community with midwives especially the Medical Board s policy regarding the attendance of medical practitioners at home births and ARNNL s home birth policy.
- Learn from other professions, which despite having only a small numbers of practitioners have been able to move forward with provincial regulation. One such profession is chiropractors.
- Ensure that advisory committees that focus, in whole or in part, on issues related to women s health include midwifery representatives.
- Rebuild grassroots consumer support for access to midwifery services.
- Work to redress the inequity that exists in this province in terms of these services compared with other provinces.
- Re-sensitize senior management of the health care system regarding the legitimacy and economic value of midwifery. Recognize in doing so that the health care system has evolved to a different place from what existed ten years ago.

4.4 Immediate Next Steps

In full recognition of the efforts of all those who have been working on this issue in various capacities for such a long time, a number of immediate next steps were identified as a means of re-energizing initiatives to move towards provincial legislation.

This group of steps would address barriers by raising the profile of these issues, ensuring that they are considered in planning, and educating the public as well as health care officials about the practice. While the following steps were directed largely to the Friends of Midwifery and the AMNL members, they need to be facilitated by participants who made these suggestions at the workshop. These steps were:

1. Set up meetings and make presentations to health board CEOs. This was to be facilitated through the NL Health Boards Association.
2. Continue to work with the Primary Health Care Office as a mechanism to facilitate linkages with regional primary health care projects.
3. Ensure that either the Friends of Midwifery or/and AMNL have representation and input on the following committees and initiatives:
    a. the Wellness Council, which is a committee appointed by the provincial government s Health and Community Services
    b. Primary Health Care initiatives, which are developed through the Regional Health and Community Services Boards
    c. The Early Childhood Development Advisory Committee, which has been established by the Northeast Avalon Strategic Social Plan Regional Planner
4. Make arrangements to eventually show the video that is being developed by the Friends of Midwifery of NL on Newfoundland Television and find other avenues for viewing for public education purposes when completed.

The following steps were directed toward ACEWH and the health care system stakeholders:

1. To facilitate the identification of appropriate models of legislation there is a need to ensure that the NL health care system stakeholders are aware of the developments that have occurred in other provinces with respect to the practice of midwifery.
2. Leverage the capacity of the Atlantic Centre of Excellence for Women s Health to support a move towards provincial legislation for midwives.

5.0 Closing

Christine Saulnier closed the meeting by thanking everyone for their participation.

Appendix A
A Summary of the Recent History of Midwifery in Canada

Prepared by Pearl Herbert, Association of Midwives of Newfoundland and Labrador

Although midwives have been practising in Canada ever since people first lived here, and then immigrants brought midwives with them to the new country, it is only recently that midwifery legislation has started to be introduced. For a long time Canada was one of nine countries which did not recognize midwifery, and still there are several jurisdictions in Canada where midwifery is not regulated. In Canada, as in most countries, the term midwife is used without any prefix. This is in keeping with the WHO/FIGO/ICM *International Definition of a Midwife*. (The USA deviated and prefixed words such as nurse). The following is only intended as a summary of the recent history of midwifery.

Midwives Associations

1973 - Western Nurse Midwives Association started (included midwives in the western provinces and in the Yukon and Northwest Territories). Disbanded in 1988 as the midwives were becoming very involved with the provincial midwives associations.

1973 - Ontario Nurse Midwives Association started. A nurse-midwifery statement was accepted by the Registered Nurses Association of Ontario.

1974 - Atlantic Nurse Midwifery Association started (included midwives in the Maritime provinces and in Newfoundland and Labrador).

197? - Quebec Nurse Midwives Association commenced.

1983 - Newfoundland and Labrador Midwives Association formed as the Maritime members of the Atlantic Nurse Midwifery Association had decreased. Now renamed the Association of Midwives of Newfoundland and Labrador.

1987 - Canadian Confederation of Midwives (CCM) formed to facilitate communication between the various provincial midwives associations. A confederation of midwives associations, not individuals.

1988 - Saskatchewan Association of Midwives formed. The Saskatchewan Association of Safe Alternatives in Childbirth was disbanded and consumers formed the Friends of the Midwives group.

1991 - March - the CCM adopted the ICM definition of midwifery, and nurse-midwife unacceptable.

2001 - The CCM became the Canadian Association of Midwives (CAM). The progress of midwifery legislation in the country resulted in more work, and the need for a national

Association.

2001 - The *Midwifery Mutual Recognition Agreement on Labour Mobility in Canada* was completed, signed and accepted under the Agreement on Internal Trade.

Midwifery Education

1943 - The University of Alberta commenced an Advanced Practical Obstetrics course, which lengthened as more knowledge and skills became available for midwives.
In 1982 it was evaluated and recognized as being equivalent to Part 1 of the British State Certified Midwife qualification.
In 1987 the undergraduate program was discontinued and a midwifery certificate was offered in conjunction with the Master s in Nursing degree. This program was discontinued when midwifery legislation was implemented in Alberta.

1962 - Laval University in collaboration with St. Sacrement Hospital, provided a 9 month midwifery course for missionary nurses. This was discontinued in 1972.

1967 - Dalhousie University School of Nursing commenced a two year Outpost Nursing Program which included an academic year of nurse-midwifery.
In 1979 this Outpost Nursing Program was revised to a 15 month program, and emphasis was shifted away from labour and delivery as mothers were now having their babies in a hospital setting.

1978 - Memorial University of Newfoundland School of Nursing commenced a two year Outpost Nursing Program which included a 10 month nurse-midwifery program in the second year. The first students were admitted in 1979, and rotation during a 6 month clinical experience included hospitals in western Newfoundland, Grenfell Regional Health Services (GRHS), and Scotland. University credits were obtained towards a bachelor of nursing degree. The GRHS requested such an Outpost Nursing Program at the 1977 Conference on Northern Medicine and Health following Dalhousie University s decision to shorten their program.

In 1981 it was evaluated by Miss Annie Grant, of the Scottish National Board, and it was considered to be the equivalent of Part 1 of the State Certified Midwifery program in Britain (prior to the revision of the program and removal of the Part 1 and Part 2).
In 1981 the program was revised so that each of the two years could be taken independently of each other. The last students graduated in 1986 as a result of university cut-backs and the need for large classes, which would have made it impossible to provide clinical experiences for all students.

1984 - Fraser Valley School of Midwifery, a branch of Seattle Midwifery School, was established to give a three year program to direct-entry midwives. As part of the Seattle Midwifery School was included in the accreditation from the State of Washington. Two classes of students graduated from the program before the School had to close because of a fire.

1986 - Innuulitsivik Hospital in Povungnituk, Quebec, commenced a midwifery program to prepare Inuit women to be community midwives , in no less than three years.

1993 - In Ontario, the first undergraduate students entered the midwifery degree program. This collaborative program is offered by a consortium of three universities: Laurentian, McMaster, and Ryerson.

2000 - The first students accepted at Université de Quebec a Trois Rivières for the four year undergraduate midwifery degree program, which is similar to the Ontario program.

2002 - The four year undergraduate midwifery degree program commenced at the the University of British Columbia.

Midwifery Projects

1981 - September, The Hands-on Clinic for Nursing Instructors started at the Vancouver General Hospital and
to transferred to the Grace Hospital when the hospitals amalgamated the maternity care units. When the program
1984 was evaluated the 61 families gave positive reports. They had received continuity of care, which was more adequate and comprehensive than physician care. Midwifery care was then instituted at the Grace Hospital, as a service and not a project.

198? - The Misericordia Hospital, Edmonton, had a project with nurses who were midwives, working as a team.

1985 - Midwifery care to low risk women at a tertiary care hospital in Hamilton, Ontario. After 2 years the care provided to 79 women was evaluated and compared to physician care. Difficulties encountered as interventions were usual in this setting, but gradually the physicians were willing for midwives to have complete control of the management of their patients.

1990 - In Quebec, *Bill 4, Bill on the Practice of Midwives in the Pilot Projects* was sanctioned. Eight pilot projects were to be funded, for a maximum of 5 years, to evaluate the effects of midwifery on premature births. The projects were to be in birthing centres but no priority given for the regions selected. In 1992 it was decided to evaluate all midwives with a rigorous simulated practical examination. In December 1997 the evaluation was released and the majority of the recommendations accepted by the Quebec Ministry of Health. The law for the pilot projects was extended until midwifery legislation was passed and implemented.

1991- Foothills Hospital, Calgary, project commenced and when funding for this ceased the
to consumer demand resulted in midwifery services being allowed to continue.
1994
1991 - Plans were made to submit a proposal for a project at the Grace Maternity Hospital,

Halifax, but the project never materialized.

1992 - The NWT Department of Health financed a community birthing pilot project in Rankin Inlet, involving both midwives who were nurses and those who were direct-entry.

1998 - The Home Birth Demonstration Project commenced in BC when midwives were licensed to practice. This was evaluated a year later, recommendations made, and home births accepted as a choice for women.

Midwifery Legislation

In the Spring of 1981, the **British Columbia** Midwifery Task Force and the Midwives Association of British Columbia organized an international conference, *Midwifery is a Labour of Love*. In 1981 the first Canadian midwife was charged with practising medicine without a license. At the 1993 International Confederation of Midwives Congress in Vancouver the BC Minister of Health announced that midwifery was to be legalised. The *Midwives Regulation* was proclaimed in March 1995, and the government appointed the first Board of Directors to the College of Midwives. The first midwives were registered to practice in BC on **January 1, 1998**, under the *Health Professions Act [RSBC 1996], Chapter 183*, which had come into force on April 21, 1997. Midwifery is an autonomous and funded profession. There were 29 registered midwives when legislation was implemented and now there are 82 registered midwives, and 70 are actively practising.

In 1989 the **Alberta** Association of Midwives applied for designation of midwives under the Health Disciplines Act. The hearings were held in January 1991. In June 1991 the Health Disciplines Board recommended the regulation of midwifery. In June 1991 the provincial court judge found a midwife not guilty of illegally practising medicine. The *Midwifery Regulation (AR 328/94), Health Disciplines Act/(Ch H-3.5)* came into force on August 1, 1995. The opening of the register for midwifery licensure occurred in **July 1998**. As there were too few midwives to form a College these functions were undertaken by the Health and Wellness, Health Workforce Planning Branch, of the Government of Alberta. Midwifery is not funded and so midwives practice privately. There were 24 registered midwives when legislation was implemented but now the number has decreased to 17 midwives practicing.

In August 1994 the **Saskatchewan** government announced the formation of a Midwifery Advisory Committee and their findings, which included autonomous midwifery, were submitted to the government in May 1996. The *Chapter M-14.1 An Act respecting Midwives*, was passed May 6, 1999 but has not come into effect, partly because there is no guarantee that midwifery will be a funded profession.

In 1992 a Working Group on Midwifery was convened in **Manitoba**. In 1994 the Government appointed a Midwifery Implementation Council. Following three readings of *Bill 7 The Midwifery and Consequential Amendments Act* the Royal Assent was given June 28, 1997. The *Midwifery Act (C.C.S.M. c. M125) Midwifery Regulation 68/2000* was registered June 2000 and midwifery legislation came into effect on **June 12, 2000**, for an autonomous, funded profession.

At implementation there were 11 registered midwives and now there are 30 registered midwives.

In **Ontario**, following the death of a baby delivered at home by midwives, there was a court case and the jury made 15 recommendation regarding the practice of midwifery. In 1986 the Government announced that it intended to establish midwifery as a recognized part of the Ontario health care system, and that midwifery would become a regulated health profession. In 1987 the Government published the *Report of the Task Force on the Implementation of Midwifery in Ontario*. In 1989 the Government of Ontario created the Interim Regulatory Council on Midwifery. *Bill 56 (Chapter 31 Statutes of Ontario, 1991) An Act respecting the regulation of the Profession of Midwifery* had three readings in 1991 and Royal Assent was given on November 25, 1991, and came into effect on **January 1, 1994**, for funded, autonomous midwifery. At implementation there were 62 registered midwives and now there are 237 registered midwives.

In **Quebec,** in 1990 *Bill 4* was passed to allow midwives assessed as being qualified, but not licensed, to practise at recognized sites for a limited time. The objective was to evaluate the effects of midwifery on premature births. The project, which commenced at seven sites in 1993 (Innuulitsivik Hospital in Povungnituk had commenced in 1986), was evaluated and the final report of the *Conseil d Evaluation des Projects-Pilots Sages-Femmes* was released in December 1997. The Quebec Ministry of Health accepted the majority of the recommendations. The law for the pilot projects was extended until midwifery legislation was passed and implemented. The new law, *Bill 28 (1999, Chapter 24) Midwives Act*, received three readings in 1999 and was adopted by the National Assembly on June 19, 1999, and came into effect on **September 24, 1999**. There are 57 registered midwives practicing in birthing centres, of which two are now located in northern Quebec.

In **New Brunswick** there is no law prohibiting the practice of midwifery, and no Midwives Act. Midwives practice privately, and as there are no hospital privileges they attend home births. The Midwives Association of NB is working with a lawyer to submit proposed legislation to the provincial government.

In **Prince Edward Island** there is no midwifery legislation. There is one practicing midwife who practices privately, and is given backup support by an Ontario midwife, who visits for home births. Without legislation there are no hospital privileges.

In **Nova Scotia** the Interdisciplinary Working Group on Midwifery Regulation submitted its report, *Recommendations for the Regulation and Implementation of Midwifery in Nova Scotia*, in June 1999. The Government took no action and midwifery is still unregulated. There are three actively practicing midwives and a growing number of mothers who are looking for midwifery care. The *Primary Health Care Renewal* report mentions midwives and has some suggestions for the profession with only a small number, such as regulation under a program of a department of government.

In 1996 the Northwest Territories government agreed to policies and regulations regarding the practice of midwifery in that territory. A birthing centre, opened in Rankin Inlet in 1992, was

evaluated as satisfactory. Rankin Inlet is now located in **Nunavut**, and the birthing centre is for the Kivaliq region. A midwife consultant is being hired to help with the development of midwifery services in Nunavut and plans for additional birth centres in Pond Inlet, Arviat and Cambridge Bay. In 2003 the **NWT** government hired an advisory consulting team, which submitted its report, and the *Midwifery Profession Act (Bill 24)* has passed. Midwives are providing community services in the Fort Smith area.

Midwifery remains unregulated in the **Yukon** Territory.

Appendix B
Letter of Invitation

Invitation to a Newfoundland and Labrador Midwifery Consultation Meeting
September 25, 2003, 3-6 pm; Salons C & D; Fairmont Hotel
St. John s, NL

You are invited to attend a meeting to discuss the status of midwifery in Newfoundland and Labrador. This meeting will bring together members of the now disbanded Midwifery Implementation Committee (MIC), as well as other parties who would have a stake in the regulation of midwifery in the province of Newfoundland and Labrador.

In the interests of sharing resources and ideas regarding the introduction of a fully-funded, autonomous midwifery profession a reality for women in Atlantic Canada, the Atlantic Centre of Excellence for Women s Health is planning a regional conference on midwifery for the Spring of 2004 in Halifax, Nova Scotia. This conference will serve as an opportunity to deliberate on the key lessons that have been learned in other regions of Canada where midwifery is legislated and regulated. Our aim is to model best practices from these experiences. We also plan to consider what resources can be shared regionally, while taking into consideration the particular local and provincial needs and resources. The meeting in St. John s would ensure that the agenda for the regional conference is responsive to and inclusive of the needs of each province. To this end, the meeting would provide an opportunity to develop research questions that could be answered at the regional conference. The following questions will guide this meeting:

5. What is the current status of midwifery in NL?
6. What current issues affect midwifery in the province? Two issues that should be discussed include Primary Health Care Renewal and the new proposed occupational regulation act (which can be found at: http://www.gov.nf.ca/publicat/gsl/wpaper.htm)
7. What concrete actions would move us a step closer to regulating midwifery in NL?
8. What research would help answer these questions and should be included in the regional conference?

Please find attached a list of people who are invited to the meeting. Please RSVP by **September 11th** if you are in the St. John s area or if you are located outside of the St. John's area and can be available to be included via a teleconference call.

I welcome your questions and comments and look forward to meeting with you in September.

Sincerely,

Christine Saulnier, PhD
Senior Research Officer
Atlantic Centre of Excellence for Women's Health

Appendix C
Workshop Participant List

Name	Organization	Address	Contact
Ann Marie Anonsen	Friends of Midwifery/ Women in Resource Development Committee	PO Box 1693 St. John s, NL A1C 5P7	ann-marie.anonsen@ northatlantic.nf.ca
Lorraine Burrage	Director, Provincial Perinatal Programme Health Sciences Centre	St. John's, NL A1B 3V6	Lorraine.Burrage@hccsj.nl.ca
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Pamela Browne	AMNL	Labrador Health Centre Happy Valley - Goose Bay, NL A0P 1C0	pbrowne@hlc.nf.ca
Kim Campbell	President Canadian Association of Midwives	207-2051 McCallum Rd. Abbotsford, BC V2S 3N5	admin@canadianmidwives.org
Carol Cantwell	NDP Candidate	c/o Jack Harris Leader of the NDP Box 8700 St. John s, NL A1B 3V6	ccantwell@roadrunner.nf.net
Carol Chafe	Nursing Manager, Obstetrics, HSC	St. John's, NL A1B 3V6	hcc.chaca@hccsj.nf.ca
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Name	Organization	Address	Contact
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Pearl Herbert	AMNL	6 Glavine St. St. John's, NL A1E 6E4	pherbert@mun.ca
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Zoe Kende	Chair, Canadian Midwifery Regulators Consortium	RR 3 Shelburne, ON L0N 1S7	zoekende@sympatico.ca
Diane Kieley	Primary Health Care Govt of NL	PO Box 8700 St. John's, NL A1B 4J6	dianekieley@gov.nl.ca
Susan King	President, NL Medical Board	164 MacDonald Dr. St. John's, NL A1A 4B3	president@nlma.nf.ca
Elizabeth Lundrigan	Nursing Consultant Association of Registered Nurses of NL (ARNNL)	Box 6116 St. John's, NL A1C 5X8	blundrigan@arnnl.nf.ca
Gail Lush	Coordinator Women's Health Network NL	220 Le Marchant Rd. St. John's, NL A1C 2H8	whnmun@mun.ca
Ann Manning RN	Director, Community Relations and Population Health, Health & Community Services St. John s Region	Box 13122 St. John s, NL A1B 4A4	hcc.mana@hcssjr.nf.ca
Kelly Monaghan	President, Friends of Midwifery NL	194 Gower Street St. John's, NL A1C 1P9	kmonaghan@nf.sympatico.ca
Kay Matthews	AMNL	School of Nursing, Memorial University of Newfoundland St. John's, NL A1B 3V6	matthews@mun.ca

Name	Organization	Address	Contact
Martha Muzychka	Consumer/Advocacy Group, and Communications Health and Community Services St. John s	Box 13122 St. John's, NL A1B 4A4	marthamuzychka@hcssjr.nf.ca
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Karen Robb	AMNL	30 Waterford Bridge Rd. St. John's, NL A1E 1C6	karenrobb@roadrunner.nf.net
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Jayme Safine	Direct Entry Midwifery Student	Box 1024, Mount Pearl, NL A1N 3C9	jsafine@roadrunner.nf.ca
Paula Simon	Program and Development Officer Status of Women Canada	65 Duckworth Street 6th Floor St. John's, NL A1C 1G4	paula.simon@swc-cfc.gc.ca
Heather Tite	Women's Health Network NL	220 Le Marchant Rd. St. John's, NL A1C 2H8	whnmun@mun.ca
Karene Tweedie	President, AMNL	Rm. 107, 100 Forest Rd. St. John's, NL A1A 1E5	ktweedie@cns.nf.ca

Appendix D
List of Invitees Unable to Attend

NAME	ORGANIZATION	ADDRESS	CONTACT
Sandra Macdonald	President-Elect ARNNL	MUN School of Nursing St. John's, NL A1B 3V5	smacdon@mun.ca
Beverley Clarke	CEO, HCSSJR	PO Box 13122 St. John s, NL A1B 4A4	beverleyclarke@hcssjr.nf.ca
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Joy Maddigan, RN	Policy Development Division, Dept. of Health and Community Services, Govt of NL	PO Box 8700 St. John s, NL A1B 4J6	kathydunderdale@gov.nl.ca
Kathy Dunderdale	Minister of Industry, Trade and Rural Development, Govt of NL	PO Box 8700 St. John's, NL A1B 4J6	KathyDunderdale@gov.nl.ca
Lisa Abbott	Health & Community Services Central	Box 162 Gander, NL A1V 1W6	lisaabbott@gov.nl.ca
Marilyn Beaton	Acting Director, Memorial University School of Nursing	St. John s, NL A1B 3V6	mbeaton@mun.ca
Dr. Bob Miller	Head, Family Practice, Health Sciences Centre	300 Prince Philip Drive St. John s, NL A1B 3V6	mrmiller@mun.ca
Dr. Catherine Donovan	Health & Community Services Eastern Region	PO Box 70 Holyrood, NL A0A 2R0	cdonovan@hcse.ca
Alison Craggs	AMNL Member	9 Meadowgreen Place Kilbride, NL A1G 1R9	craggs@nf.sympatico.ca
Dr. Don Tennant	Chair, Women s Health, Health Care Corporation St. John s	St. John s, NL A1B 3V6	hcc.tend@hccsj.nf.ca

NAME	ORGANIZATION	ADDRESS	CONTACT
Dr. Francine LeMire	Director of Membership The College of Family Physicians of Canada	2630 Skymark Ave. Mississauga, ON L4W 5A4	flemire@cfpc.ca
Joyce Hancock	Provincial Advisory Council on the Status of Women	131 LeMarchant Rd. St. John s NL A1C 2H3	pacsw@nf.aibn.com
Mrs. Iris Allen	Executive Director, Labrador Inuit Health Association	Northwest River, NL A0P 1M0	lcommiss@cancom.net
Eleanor Jones	Planned Parenthood NL	203 Merrymeeting Road, St. John's, NF A1C 2W6	info@plannedparenthood.nf.ca
Dr. Khalid Aziz	paediatrician Janeway, HSC	300 Prince Philip Dr. St. John s, NL A1B 3V6	kaziz@mun.ca
Cathy Murray	AMNL member	Labrador Health Centre, Happy Valley/Goose Bay, NL A0P 1C0	cmurray@hlc.nf.ca
Sylvia Patey	Midwife Nurse C. S. Curtis Memorial Hospital	St. Anthony, NL A0K 4S0	spatey@grhs.nf.ca

Appendix E
International Definition of Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the women, but also within the family and the community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child care. She may practise in hospitals, clinics, health units, domiciliary conditions or in any other service.

This definition was jointly developed by the International Confederation of Midwives and the International Federation of Gynaecology and Obstetrics.

Adopted by the International Confederation of Midwives Council 1972.

Adopted by the International Federation of Gynaecology and Obstetrics 1973.

Later adopted by the World Health Organization.

Amended by the International Confederation of Midwives Council, Kobe October 1990.

Amendment ratified by the International Federation of Gynaecology and Obstetrics 1991

and the World Health Organization 1992.

Appendix F
A Brief History of Midwifery in Newfoundland and Labrador

Prepared by Pearl Herbert, Association of Midwives of Newfoundland and Labrador

There have always been midwives. Aboriginal people had midwives and so did the settler people.

1892 - Sir Wilfred Grenfell came to the northern part of the province.

1893 - The first civilian hospital outside of St. John s was built in Battle Harbour. This was staffed by nurses who were also midwives. As more hospitals and nursing stations were constructed in Labrador and Great Northern Peninsula, more nurses who were midwives, from the UK and the USA, were hired to staff them.

1920 - Midwifery legislation was implemented in Newfoundland. The Government appointed a Midwives Board to examine and provide midwives with a license to practice. Nurses who were midwives were recruited from the UK to work in outports.

The Midwives Club started for lay midwives. A course of instruction was given at weekly meetings and then they sat the examinations set for them by the Midwives Board.

1924 - The Newfoundland Outport Nursing and Industrial Association (NONIA) was established to assist the outports to pay the midwife nurse and to supply the drugs and equipment, with money obtained from the selling of crafts.

The S.A. Grace Maternity Hospital commenced training women in midwifery and paediatric care. (The School of Nursing did not open until 1929 when the hospital became the S.A. Grace General Hospital.)

1934 - The Commission of Government in Newfoundland resulted in health reforms introduced by Leonard A. Miller. Cottage hospitals were to be built and the government was to be responsible for Outport Nursing (instead of NONIA) and a programme for midwifery education (instead of the Midwives Club and the S.A. Grace General Hospital).

1949 - Newfoundland joined Canada, a country where midwives were not recognized.

1958 - Hospital Insurance Plan for free hospitalization with a bonus for physicians treating patients in a hospital rather than at home. Women now did not have to pay to give birth in a hospital.

1963 - The last licence was issued to a midwife.

1974 - The Atlantic Nurse-Midwives Association was formed.

1979 - The first nurses were admitted to the midwifery programme part of the Outpost Nursing diploma programme at Memorial University of Newfoundland.

1983 - Changed name from Atlantic to Newfoundland and Labrador Midwives Association (NLMA).

1986 - The midwifery diploma programme was discontinued as of necessity classes were small, because without legislation there were limited opportunities to practice skills in the clinical areas.

1990 - The Northern Childbirth Workshop, held in Makkovik, recommended that traditional and southern midwives return to practicing in the communities.

1991 - The Provincial Perinatal Advisory Committee s report on the 1990 conference recommended having midwives and that there should be good financial incentives to keep General Practitioners and Midwives doing low risk obstetrics, leaving the high risk cases to specialists . Consumers need to be encouraged to establish lobby groups . An inquiry into having midwives practice was started two years later.

1993 - The provincial Government appointed an Advisory Committee on Midwifery.

1993 - The Provincial Advisory Council on the Status of Women recommended that the provincial government introduce legislation regulating the legal practice and standards of midwifery . They recommended that the public should have direct access to midwives and also recommended that if a midwife has successfully completed a midwifery program, she does not also have to be a nurse.

1994 - Friends of Midwifery consumer/advocate group formed in St. John s.

1994 - The Working Group on Women s Health recommended that the provincial Government legalize midwifery.

1994 - The Final Report of the Advisory Committee on Midwifery was submitted which stated that midwifery is safe, cost effective and acceptable to consumers as a means of providing quality care for childbearing women and their families. . . . Midwives emphasize the importance of providing choice of caregiver, control over women s birthing experience, and continuity of care.

1996 - The Newfoundland and Labrador Health Care Association resolved to lobby the Department of Health to begin implementation immediately of the recommendations of the Advisory Committee.

1996 - The NL Midwives Association and the Friends of Midwifery NL made presentations to the CEO of the Health Care Corporation St. John s, and the CEO Avalon Health Care Institutions Board.

1996 - The NL Midwives Association and the Friends of Midwifery NL made a joint presentation, at the Hotel Newfoundland, to the Social Policy Advisory Committee of the provincial Govt. Strategic Social Plan. When the report was published midwifery was omitted which has resulted in midwifery not being considered when sections of the Strategic Social Plan have been implemented.

1999 - February - The NL Midwives Association and the Friends of Midwifery NL submitted a joint brief Midwives in the Community to Health and Community Services St. John s.

1999 - The provincial government appointed a Midwifery Implementation Committee to advise on the development of legislation related to midwifery and to provide recommendations related to the scope and standards of midwifery practice, midwifery education and registration requirements, and eventually a Board.

1999 - The Friends of Midwifery became the Midwifery Coalition of Newfoundland and Labrador.

2001 - NLMA s name changed to Association of Midwives of Newfoundland and Labrador (AMNL) (because the Newfoundland Medical Association had changed its name and taken the same initials).

2001 - AMNL signed the Mutual Recognition Agreement on Mobility for Midwifery in Canada

as a non-regulatory association which had participated in the development of the document.

2001 - October - AMNL submitted Health Investment in Funded Midwifery to Health Forums 2001.

2001 - The Midwifery Implementation Committee completed its mandate. Information is unavailable regarding the report to the Minister. The date for legislation was to be the Fall of 2001.

2002 - January - The date for legislation was to be the Fall of 2002.

July - Although a target date of Fall 2002 was identified for drafting legislation, it is unlikely that other professional groups will be in a position to move forward for some time to be included in a canopy act.

October - It has been decided that self-regulation of the midwifery profession will be temporarily postponed . Apparently the definition of temporarily is indefinitely . In the meantime, I [the Minister] would encourage the Association of Midwives of Newfoundland and Labrador to continue with its efforts of advocacy and education in the area of midwifery .

2002 - April - AMNL submitted Midwives and Health Care to the Commission on the Future of Health Care in Canada .

2002 - December - the Newfoundland and Labrador Public Health Association (NLPHA) requested the Minister to reconsider his decision to postpone midwifery legislation.

2003 - February - the Minister replied to NLPHA stating that midwifery legislation could not be passed as it did not meet the requirements of the government s white paper. NLPHA requested their representative on the Primary Health Care Advisory Council to promote midwifery which provides primary health care for women.

2003 - The questionnaire regarding Primary Health Care Renewal was obtained, completed and submitted to the office of the Primary Health Care, Govt. of Newfoundland and Labrador.

2003 - March - the consumer/advocate group was reformed and returned to the previous name of Friends of Midwifery of Newfoundland and Labrador.

2003 - March - the St. John s Chapter of AMNL was invited to complete and submit a Strategic Planning Questionnaire for the Health Care Corporation of St. John s, which was done.

2003 - March - AMNL submitted a requested paper, with appendixes, on Midwifery in Newfoundland and Labrador to the Women s Policy Office of the Govt. of Newfoundland and Labrador.

2003 - April - AMNL made a complaint to the Office of the Citizen s Representative for the Province of Newfoundland and Labrador on behalf of the members who were appointed to the provincial Midwifery Implementation Committee. The main points were that Members of the AMNL were misled regarding midwifery legislation (when told that legislation was imminent), Members of the AMNL wasted much time preparing materials for the MIC (estimated for some at about 400 hours each), Members of the AMNL question what information was given to the Minister (as no final report was ever given to the MIC members) .

2003 - May - the document Midwifery in Newfoundland and Labrador with appendices was given as requested, to the Program and Development Officer, Status of Women Canada, St. John s.

November 2003

A note to workshop participants and invitees:

My thanks to all of you for your participation and contribution to this workshop. For those of you who were interested but not available I offer this report as an update and an invitation.

As the first initiative under ACEWH s midwifery project, this workshop was integral to building an inclusive and responsive agenda for this project. Fostering partnerships and relationships with community groups, researchers and policy makers in each Atlantic province is thus integral to doing so. It is my hope that the Centre can play a role in facilitating further collaborative activities. The Centre can also provide contacts and research materials that might be of assistance.

In my opinion, the most important part of our discussions was the identification of immediate next steps and longer-term strategies. Many of the immediate next steps appear to be largely directed at the Friends of Midwifery and the AMNL in terms of raising the profile of the profession, educating the public and health care officials. However, these steps need to be facilitated by all the members who were at the workshop. We could also now work to identifying how to move forward on the other strategies that were suggested. To that end, information about an Atlantic regional forum on midwifery to be hosted by ACEWH and held in the Spring or early Summer 2004 will be forthcoming in the new year. I am in the process of establishing a planning committee for this forum for which I am accepting nominations - self-nominations are welcome too. Members of the planning committee will provide advice and recommendations about the regional forum s proposed agenda and participants. I therefore need people who can ensure that the agenda for the forum is responsive to the issues and concerns that are being raised about midwifery in each respective province. I also need help identifying people to invite and helping to broker the invitation to the forum to ensure that it is as inclusive as possible.

You will continue to hear from ACEWH with respect to our continuing agenda in this area. My hope is that you will include us in your strategies as you move forward on these issues.

Regards,

Christine Saulnier, PhD
Senior Research Officer
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