ASSOCIATION of MIDWIVES of NEWFOUNDLAND & LABRADOR

Newsletter No. 49, September 2009

Association of Midwives of Newfoundland and Labrador
(Chapters in Goose Bay and St. John's)
Newsletter 49
September 2009

MISSION STATEMENT
To provide opportunities for information sharing between midwives and to promote the profession of midwifery and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to provide evidence-based midwifery care for childbearing families in this province. (2005)

This Newsletter contains a summary of the September meeting, information about midwifery across the country, the Agreement on Internal Trade (AIT) Labour Mobility midwifery meeting in Toronto, information regarding recognition of foreign qualifications (and most midwives in NL have midwifery qualifications from other countries), and midwives with dual qualifications. Thank you to those who contributed to the email discussion prior to the meeting. Your comments are still welcomed.

If members are unable to open the newsletter sent as a PDF file please let either Pearl Herbert or Pamela Browne know.

AMNL membership fees for 2010 are due on January 1. However, if new members pay in these final months of 2009 they are given free membership until January. There is a membership form for 2010 at the back of this Newsletter. If you know of any midwives, or others, who may be interested in joining for just $20.00, please give them an application form. If they wish to join the Canadian Association of Midwives (CAM) they need to add $55.00, for a total of $75.00.

The Newsletter editor welcomes midwifery news items. Those who submit items are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility. Items for the next Newsletter should be submitted by the end of December. Reports of meetings and conferences related to maternity/obstetric care would be welcomed.

Pearl Herbert, Editor, (pherbert@mun.ca)

AMNL General Meeting,
Monday, January 18, 2010 at 4:00 p.m. (Island time)
In St. John's the conference call will be taken at Telemedicine/PDCS, HSC.
(The call may be taken at other locations around the province, including at home, but please share a phone line if there are two or more people calling from the same community. Contact Pearl Herbert for the Pass Code.)

Canadian Association of Midwives
Annual Meeting and Conference
November 4-6, 2009, Winnipeg
www.canadianmidwives.org

Executive Committee

President: Karene Tweedie, CNS, Rm.1017, Southcott Hall, 100 Forest Road, St. John's, NL, A1E 1E5

Secretary: Karene Tweedie
Minute Recorder: Susan Felsberg
Treasurer: Pamela Browne
Cosigner: Susan Felsberg
CAM representative: Kay Matthews
Past President: Kay Matthews
Newsletter Editor: Pearl Herbert
Web page: http://www.ucs.mun.ca/~pherbert/
Newsletter in HSLibrary: WQ 160 N457n

Summary of General Meeting, September 14, 2009

There were six people present (50% of our membership plus one currently a nonmember).
Nothing new about midwifery legislation, except that an acupuncturist who had spoken to Mr. Oram, Minister of Health and Community Services, had been told that the drafting of the umbrella act is on target. It is under this Act that midwifery is supposed to be regulated.
The International Day of the Midwife, May 5, had been celebrated two days later with the showing of "Orgasmic Birth" organized by Friends of Midwifery and introduced by Kay Matthews. Karene had emailed the leaders of the Liberal and NDP parties. Susan had written to the Labrador MHAs.
The Doula initiative, facilitated by Friends of Midwifery, is ongoing. As attendance at prenatal classes at the hospital is not available, Kay Matthews, a Lamaze Instructor, is teaching the candidates. Attendance at a series of prenatal classes is a requirement for registration with DONA

Congratulations

Sheila Wilson on receiving the ARNNL Award for Excellence for Practice.

CAM Report by Kay Matthews

We have had only two CAM meetings since the report given at the April meeting. In May, there was a 3-hour board retreat by conference call and a regular meeting in June.
The work of CAM is becoming more heavy and complex. CAM is often asked to provide representatives for several professional groups and committees. This is good, but can put a burden on the association. On-going initiatives include developing a strategic plan, developing a CAM Normal Birth statement which will build on rather than replicate what has been done by other groups already, and developing a structure to clarify the roles and activities of CAM and the Canadian Midwifery Regulators Consortium (CMRC). These are two important organizations and collaboration is important. The CMRC set up a RM/RN committee to examine the relationships between nursing and midwifery. A background paper *Moving Forward in Collaborative care: Midwives and Nurses in Maternal-Newborn Care in Canada* (Rapaport Beck, R. & Robinson, K.) funded by Health Canada, has been produced. The paper synthesized the roles of nurses and midwives in maternal-newborn care and identified the opportunities for collaborative care between midwives and nurses.
Plans are being finalized for the CAM annual meeting in Winnipeg in November. I urge as many who can to attend the annual meeting and conference, especially those who are practising in Northern Newfoundland and Labrador. Commitment to the national organization will be an important part of being a professional midwife in Newfoundland and Labrador.

AMNL Report to CAM Kay Matthews is the AMNL representative.
Unfortunately, the NL government has not moved on introducing midwifery legislation. The old act was repealed in December. Government gave us no notice, so we were unable to make any submissions. Communication about the repeal came from the NDP office. AMNL members were concerned that the old act was to be removed before new legislation was in place. Although the old act was out of date we believed it would be better to revise it rather than remove it. AMNL's president and the coordinator of the consumer group, Friends of Midwifery, attended the proceedings in the House of Assembly. The leaders of the NDP and Liberal parties spoke on our behalf during the session. The Minister of Health responded that the act was being repealed to make way for new legislation. The government is looking at introducing umbrella legislation for the health and related professions that they consider would have problems self-regulating due to low member numbers. While we would prefer a separate Midwives' Act, government has always insisted that this is not possible. We were told the umbrella act would be introduced in the Fall of 2009.
The AMNL has 10 members, of whom six are CAM members. Midwives employed by the Labrador Grenfell Health Board who are licensed as nurses are encouraged to join AMNL.
The activities of the AMNL are mainly focused on public education, public relations and lobbying the NL government for midwifery legislation.
We were very pleased that Pearl Herbert was awarded the Outstanding Midwife award at the CAM annual meeting in Quebec City for her hard work as one of the founders of CAM (formerly CCM) and her efforts to bring midwifery legislation to Newfoundland and Labrador.
The video "Orgasmic Birth" had a public screening on May 7th for International Day of the Midwife. The event was sponsored by the Friends of Midwifery. There was a very good attendance and a lot of interest was shown. The screening was introduced by a member of the board of the AMNL who also facilitated the lively discussion that followed.
The AMNL Newsletter, edited by Pearl Herbert, continues to be a very useful professional resource and provides members with updates on the status of midwifery in Canada.

Some Happenings Around the Country from Pearl's unofficial notes of information discussed at the AIT meeting in Toronto, September 29-30, 2009.
British Columbia
Midwives moving to the province need Neonatal Resuscitation Program (NRP) with intubation. Permission is given for a midwife to work in a specific area, and not in all areas of care. If they move to another jurisdiction they will be unable to have reciprocity. They will need support to rectify their omissions.

Alberta
Midwifery was publicly funded as from April 1, 2009. There is a requirement that in two years the midwife has attended 10 births. A midwifery education program is being developed at Mount Royal University, Calgary.

Saskatchewan
When midwives move from another province and do not have all of the skills required for the Saskatchewan Scope of Practice, they attend births with a midwife who has the skills. For example, when midwives move from Ontario and do not have NRP with intubation they need to

obtain this skill. In the meantime they work with a midwife who has the skill and is responsible for the unskilled person. There is no way of tracking skills labeled as Advanced that may be required by one hospital and not by another.

Manitoba

When midwives are transferring from other provinces, omissions and needs for further training are identified. Midwives have to have completed NRP before they are registered. If they do not have pharmacology knowledge to prescribe then they may wish to complete this before being registered or else be registered with a restriction until this is completed. Midwives can state where they wish to practice and this is listed. It does not dictate how many births to attend but when reviewed the midwives report how many births they attended. There is a Fairness Commissioner reviewing all professions in the province, but the process is not as onerous as in some other provinces.

Ontario

Newly registered beginning midwives who arrive in Ontario from other provinces require only to make up missing months with a mentor. The Midwife Act is being revised and is currently in the Standing Committee stage. Some of the changes include administering drugs, blood tests. There is a compliance audit of all professions in the province, to ensure that they are fair, transparent, and consistent in requirements for practice.

Quebec

At present midwives provide no epidural care but as it is being required by other provinces they will need this. The regulators require that new university graduates complete an OSCE examination but some graduates do not pass. This examination may need to be administered by the university instead of the regulators. Standards have to be maintained and the SOGC's MORE^{ob} is being considered. All new international registrants are assessed through the PLEA program. Once they have reached the requirements they can proceed. The Order is restricted by the Quebec France agreement regarding reciprocity of professionals and an examination cannot be given to international applicants. Midwives in Nunavik (northern part of the province) who graduate from the midwifery diploma program are registered to practice.

Nova Scotia

On March 18, 2009 publicly-funded midwifery services commenced as the province started the integration of midwives to primary maternity care teams. Midwives were registered through a type of PLEA process and have to show that they have insurance coverage. There is no legislative requirement for home births. Continuity of care, and where the births are to occur are omitted from legislation . This is an employment model so policies have to be agreed between the employer and the midwives. Midwives are required to be skilled in vacuum extraction as this is required by the Health Boards. The midwives have an office in a hospital and may attend births and provide care in the community. Two midwives attend a home birth.

North West Territories

A midwife wishing to practice has to have employment to go to and the necessary insurance for practice. No funding available and few employment locations. Currently only Fort Smith and Yellowknife. If the midwife is registered in a province, she automatically has license to practice in

the NT as there is no College in the territory. There is no mechanism to change regulations and the NT Government sees no problems with the current situation.

Nunavut

Midwifery Profession Act came into force on July 30, 2009. Continuity of care is not mentioned as midwives have to offer all types of care. Births are either in the hospital or "out of hospital" with no mention of home, or birthing centre, or health centre/nursing station.
The midwifery education program started three years ago in Rankin Inlet, and then 2007-2008 in Iqaluit, 2008-2009 there were no new students, and in January 2010 will be in Cambridge Bay. Year 1 provides mainly health promotion for maternity carers. From the beginning students will receive teaching in the sciences. For those who wish to continue, Year 2 teaches midwifery and at the end of this year the students go to Ryerson University for assessment. Year 3 is clinical midwifery and at the end of this year successful students will have a midwifery diploma. The students will be allowed to extend the years if they are not completed on time. Year 4 is at Laurentian University for the students who wish to obtain a midwifery degree. The midwifery students at Laurentian University will be involved in this program as one of their clinical courses.

Yukon

A Policy Analyst has been assigned to study the umbrella Health Provisions Act to see whether midwifery should be regulated. People have been asked 12 questions and the answers are to be turned into a discussion paper. There are 25 to 30 births a year and two midwives practicing.

New Brunswick

Legislation was passed in 2008 and regulations are still being drafted. They are hoping that they will be accepted by Government this Fall. A Council is being appointed for when the Act is proclaimed.

Prince Edward Island

Women are not provided with any options for birthing. Since the Medical Act was passed in the 1960s there has been a downsizing of places to give birth. Midwives are now forgotten. Women who are coming from away want to return to PEI and have midwifery care, but when told that it is not available they stay away.

Newfoundland and Labrador

In 1893 Dr. Wilfred Grenfell brought nurses with midwifery qualifications to work at the hospital in Battle Harbour. Since then nurses with midwifery qualifications have been hired to work in the northern area of the province (eastern and central Labrador and northern Newfoundland). Now all this area comes under the Labrador Grenfell Health Board. Those nurses who have midwifery qualifications, working in the Labrador Health Centre, HVGB, and Charles Curtis Memorial Hospital, St. Anthony have a limited scope of practice but are not practicing autonomously.
In the 1920s midwives who were nurses, started to arrive from the U.K. to work in the Newfoundland outports. Nurses from Newfoundland went elsewhere to obtain midwifery qualifications, often to Britain but also to other countries. Some returned to work in Newfoundland and Labrador. This trend to leave to enter midwifery programs has continued but now it is usually to enter Canadian midwifery programs.

From 1993 to May 1994 when the *Final Report of Provincial Advisory Committee on Midwifery* was presented to the Government of Newfoundland and Labrador.
In 1996 a White Paper *Challenging Responses to Changing Times. New Proposals for Occupational Regulation* was accepted by the Government of Newfoundland and Labrador. A 'canopy' act for professions with less then 100 members was recommended.
In 1999 to 2001 the Provincial Midwifery Implementation Committee worked on Scope of Practice guidelines and standards, and Education required. The report was given to the Government in December 2001. The initial promises of legislation disappeared.
In 2008 the Cameron Inquiry into incorrect breast cancer laboratory results recommended that Laboratory Technicians should be registered.
In 2008 December the old Midwife Act was repealed, without prior notice, as being too old to revise. At this event the then Minister of Health and Community Services promised that an umbrella act would be completed in a year that will cover a range of disciplines, such as laboratory technologists, speech-language pathologists, midwives. He recognized that midwives were different from nurses and practiced autonomously.
Concerns are that midwifery needs to be recognized as a primary health profession and to be autonomous. (When regulations are written, to be publicly funded.) The majority of the midwives in this province are RNs, practicing a limited scope of practice in the north and in St. John's. Most have obtained their midwifery qualifications in the U.K. There has not been an opportunity for most midwives to obtain home births in the province as little out-of-hospital backup. Continuity of care is not available for northern areas where mothers fly-in just before the birth is due and then a day or two after the birth fly home. This may be the situation for more than half of the mothers who give birth in a northern hospital. Continuity of care could be continuity of midwifery care in the community with one midwife and then at the hospital with another midwife. Numbers of births could vary from year to year. One year many mothers in the community could be having babies and then the next year fewer mothers. (Physicians do not have to have a required number of deliveries. SOGC, Joint Policy Statement 113, April 2002.)

Midwifery Mutual Recognition Agreement on Labour Mobility in Canada Replaced by Memorandum of Understanding. Also, see AMNL January 2009 Newsletter, No. 46, page 15; AMNL March 2009 Newsletter, No. 47, page 7; ARNNL April 2009 *Access, 30*(2), pp. 6-7.

1. Canadian Midwifery Regulators Consortium (CMRC) Meeting September 29 -30, 2009
Pearl Herbert attended and the following is from her notes.
The meeting on the first day commenced at 8:30 a.m. and after introductions from the midwife and regulator representing each jurisdiction, there was a presentation by the persons representing Human Resources and Skills Development Canada (HRSDC). They reviewed the history of the Agreement on Internal Trade (AIT) Chapter 7 - Labour Mobility. (AMNL was represented at the initial meetings in 2000-2001 and signed the Agreement on Mobility for Midwifery in Canada as a Non-Regulatory Association.) The AIT is written by the Federal, Provincial and Territorial Governments and is intended to eliminate barriers and achieve mutual recognition of qualified workers across Canada. At first the governments did not set a deadline for compliance with the AIT requirements but then the Premiers directed Internal Trade Ministers to amend the AIT by January 1, 2009 to achieve full labour mobility. On January 16, 2009, the First Ministers accepted the amendments to Chapter 7, and the newly amended Chapter 7 officially came into force on August 11, 2009. Governments are in the process of advising regulatory bodies and other

stakeholders of deadlines and obligations under the revised chapter. There will be greater emphasis on recognition of certified/registered/licensed workers across Provinces and Territories and on the adoption of common inter-provincial/territorial standards where possible. Recognition of certified workers unless provinces/territories approve exceptions to labour mobility as necessary to achieve legitimate objectives (i.e. public security and safety). Any such exceptions will be posted on a public website and reviewed annually. Each province/territory must demonstrate why an exception to full labour mobility is necessary to achieve a legitimate objective and that it is not a disguised barrier to mobility or more restrictive to labour mobility than necessary. The final decisions rest with Provincial/Territorial Governments.

The provincial and territorial updates were given by those present. Yukon territory attended by telephone. (See above, Some Happenings Around the Country, for a summary.)

Then there was a session to identify and document the specifics of how regulating midwives moving from other jurisdictions may be different as a result of changing from the MRA to the amended Chapter 7 of AIT. This session commenced on Tuesday afternoon and continued into Wednesday morning. Present were Government AIT advisors from Alberta and Ontario, and an Ontario lawyer led the discussion. (**PH**: The following are only <u>some</u> areas that I noted.)
Provinces vary according to the review of practice requirements. For many there is no specific time in legislation. In BC midwives are asked about the number of births in the last five years, but some others ask information for the last 3 years.
Jurisdictions need to know each others requirements, e.g. where midwives are required to have NRP with intubation. Can ask if NRP was done, as long as everybody knows that this will be asked. Cannot obtain specific details from individual midwives. So need to know each jurisdiction's scope of practice, what is basic practice and what is advanced practice. Advanced skills are not expected of all registrants, so not a category of licensing and hence not part of AIT. Midwives can be asked if they have practiced at all in the last "x" years but cannot ask for the number of hours, or days, or number of births. The result may be that they are in 'good standing' but 'inactive' in the province they are leaving. They may have only given a series of prenatal classes four years ago and done nothing since then, but this will not be known until their practice is reviewed a year after they have been hired (if every jurisdiction has an annual review after hiring.) A suggestion was that the AIT needs to define "active practice".
Discussed was the taking of examinations and assessments. There is no limit to the number of times these can be taken until passed. Residency requirements cannot be made.
The CMR Examination is for any new registrants. The CMR Examination covers competencies, knowledge and critical thinking. It has been used in BC since 2008 for new graduates and international midwives. Midwives have written it in Alberta and Nova Scotia, and international midwives in Saskatchewan and Manitoba. Manitoba also has a practice on-line examination.
Whether something was material or non-material was discussed, but, nobody was really clear on these terms. Non-material applies to non restrictive or significant requirements such as orientation to midwifery, local knowledge, paying fees, continuing education.
Transparency is required in bylaws and regulations. Have to harmonize. Some provinces require an orientation for all professionals and others do not.
New registrants from a program in the province may be required to be mentored for a certain length of time. If a midwife has been practicing in another province cannot use the same requirements used for a beginning midwife.

There was a session on synthesizing information for a *CMRC Guide* on Labour Mobility compliance for midwifery regulators in Canada. The Midwifery Mutual Recognition Agreement is no longer in effect. A Memorandum of Understanding is being developed to show intention and working toward common goals. There is no plan to approve international midwifery programs.
Need consent for confidentiality. Principles to be included.
Definitions vary, such as "out of hospital" - before arriving at the hospital, or planned home birth.
Language may need changing, such as from "good" to "professional". "Proof of Conduct" is the same as "Good Standing".
Implications to choosing a contract versus an employer. Midwives in BC, Alberta and Ontario are independent practitioners. Midwives in other jurisdictions are Government employees. In all provinces and territories midwifery is publicly funded.

2. <u>Assessment and Recognition of Foreign Qualifications</u>

Chapter 7 of the AIT - the Labour Mobility Chapter - says that any qualified worker in an occupation in one province or territory must be granted access to similar employment opportunities in any other Canadian jurisdiction. Chapter 7 of the AIT targets three main barriers that prevent or limit the interprovincial movement of workers:

> residency requirements; practices related to occupational licensing, certification and registration; and differences in occupational standards.

This is particularly significant to the approximately 20 percent of workers in Canada who work in regulated occupations or trades. It means qualifications of workers from one part of the country are to be recognized and accommodated in other parts of Canada, and differences in occupational standards are to be reconciled as much as possible. The goal is to see people licensed and registered based primarily on their competency to do the job, not on where they come from (see HRSDC).

On September 22, 2009 there was a consultation meeting in St. John's on the *Pan Canadian Framework for the Assessment and Recognition of Foreign Qualifications* at which AMNL was not represented. (Due to only being advised the previous afternoon and not recognizing the importance of this session.) However, on October 6 comments were submitted and then they were discussed with Ms. Dalton, the NL Government representative.

In NL the majority of midwives are probably Canadian citizens, and some were born in NL, but because of the lack of a midwifery program they went elsewhere to qualify. To initially start the registration process in this province, will these midwives just have to be assessed on essential requirements for registration, such as emergency skills, and write the Canadian Midwifery Regulators Examination (see above) similar to Nova Scotia midwives? The company that may be involved with providing liability insurance may need this. An inquiry was made to HRSDC to find out if funding would be available to assist in procedures for initial registration. The reply to this inquiry was that their "funding strategy is oriented in a way that it targets a profession as a whole, meaning that it must have a pan-Canadian impact. While the initiative that you are proposing has a possible impact on labour mobility, we cannot fund a project that concerns only one jurisdiction. " The suggestion is that we ask the NL Government and CMRC for suggestions. (Rapaport Beck, R. (2008). The national midwifery assessment strategy: Building bridges. *Canadian Journal of Midwifery Research and Practice, 7*(1), 31-35.)

3. <u>Liability Insurance for Midwife with Dual Qualifications</u>
It would seem that for a dual qualified person (RN and RM), who meets the requirements to be registered in both professions, that there should be a decrease in the insurance rates (and hence a decrease in the registration fees.) In rural communities a person may be required to be both a nurse and a midwife. Advice is being sought regarding this.

<u>Estimating Intrapartum-related Perinatal Mortality Rates for Booked Home Births in England and Wales between 1994 and 2003</u> - (an example of poor research methods.)
There have been two studies published in the *BJOG* (British Journal of Obstetrics and Gynaecology), and the first one provides an example of poor research. The second study provides a useful critique of this first study. The *BJOG* then published their commentary with the note that the publisher is not responsible for the content of articles supplied by the authors. So, one may take it that it is a case of "Reader Beware." Always check that the research methods and analysis are appropriate for the conclusions reached. It is important that midwives provide accurate information to mothers to enable them to make informed decisions.
The first article by Mori, Dougherty and Whittle was published in the April 2008 issues of *BJOG* (*115*(5), 554-559). These authors acknowledged that there were limitations to their study, but suggested that intrapartum related perinatal mortality (IPPM) rates for home births had not improved over these 10 years. The home births had low IPPM rates but mothers planning a home birth who then transferred to a hospital had high IPPM rates. There was disagreement with the method used and Gyte et al., in the September 2008 issue of the *BJOG* (*115*(10), 1321-1322) wrote that Mori et al. took the numbers of actual home births and adjusted these using estimates for the numbers of both unintended home births and transfers.
In June 2009 a paper by Gyte et al. (*BJOG, 116*(7), 933-941) identified six limitations (p. 935) with the 2008 study by Mori et al. Gyte et al. stated that "home birth studies recruiting women early in pregnancy will include women who transfer to hospital care during pregnancy with complications . . . [and] have a higher risk of poorer outcomes for their babies. . . . Studies should recruit women at the start of labour" (p. 934). During the 10 years covered by the study Gyte et al. "consider that no additional absolute or relative risk of IPPM for planned home births for women at low risk of complications (nor indeed for all women planning home birth) has been demonstrated for the study period. Nor is it shown that women planning a home birth at the end of pregnancy are at particular risk if they transfer to hospital during labour. . . . . More rigorous prospective data are needed to assess women at low risk of complications planning a home birth at the beginning of labour. . . . It is important that home births are attended by appropriately trained staff with good transfer arrangements in place" (p. 939).
In the Winter 2009 issue of the *Canadian Journal of Midwifery Research and Practice, 8*(1), 23-24, Reitsma comments on the Mori et al. 2008 article. Also, there is a paragraph in the RCM *Midwives*, June/July 2009, pp. 6-7, "Safety of home births reiterated" commenting on the Gyte et al. 2009 article and stating that they "are pleased that *BJOG* accepted a subsequent critique for publication" (p. 7). Three of the six writers of the Gyte et al. study have National Childbirth Trust connections. For more information on the place of birth see http://www.npeu.ox.ac.uk/birthplace

<u>Fathers Involvement During Childbearing and Paternal Postpartum Depression</u>
Jeremy Davies of the Fatherhood Institute wrote in the RCM *Midwives* magazine

(February/March 2009, pp. 32-33) about involving fathers in maternity care. Fathers can influence the mother's decision to initiate and/or sustain breastfeeding and support a mother's decision to stop smoking during pregnancy. Fathers should be educated about smoking being associated with the increased risk of 'miscarriage' and the effect of passive smoking on the baby. Becoming a father can be a significant life event and fathers as well as mothers, can have postpartum depression. Mothers and fathers can emotionally support each other during pregnancy and the postpartum period. Michel Odent, a well-known European obstetrician now practicing in Britain, discusses (in ARM *Midwifery Matters*, Spring 2009, pp. 13-14) the probability of fathers having postpartum depression as a result of participating in the birth. In the past, fathers everywhere used to be involved in various activities related to the birth, and this is known as couvade, but the actual birth was "women's work". Also, being involved in the birth may result in the couple having sexual problems and later separating. There are studies showing that support during labour helps the mother, but more studies are needed to find out the long term effects of the mothers being supported in labour by the fathers. More research is needed regarding fathers having postpartum depression.

Benko, A. (2009, Autumn). Waterbirth: Is it a real choice? *ARM Midwifery Matters, No. 122*, 9-12. [Excerpt from a thesis, includes references.]

Walton, I. (2009, Autumn). Power, places and spaces: Issues for women in labour. *ARM Midwifery Matters, No. 122*, 3-6. [Women and her supporters are shown who is in charge by the large amount of space that is allocated for the midwife and the equipment while others are confined to a small area.]

Information Web Sites

Cochrane Reviews are now available to all Canadians via direct access to the Cochrane Library. This is a nine-month pilot project ending in December 2009. www.thecochranelibrary.com

MCDG List of Resources 2009
http://www.cfpc.ca/English/cfpc/programs/patient%20care/maternity/List%20Resources_09_2/default.asp?s=1

Telehealth's video presentations such as a presentation on Fetal Fibronectin (TSM 4946539 CHEO) may now be accessed http://webcast.otn.ca/archives.html

SOGC Clinical Practice Guidelines, including the June article about vaginal breech birth search
SOGC Policy Statement on Midwifery:
http://www.sogc.org/guidelines

Warning About a Multi Vitamin Product

Health Canada is advising pregnant and breastfeeding mothers not to take the vitamin-mineral supplements Maxum Matragen and Maxum Multi-Vite by Seroyal International Inc. These vitamins have been approved for the general public but Health Canada has not approved them for pregnant and breastfeeding mothers. They do not contain the required warning on the label. The contents contain ingredients that have not been established as safe for pregnant and breastfeeding mothers, and they do not contain the minimum recommended daily doses of folic acid and iron. The company has voluntarily recalled these products from the market.

ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR
APPLICATION FOR MEMBERSHIP
2010

Name: _____
(Print) (Surname) (First Name)

All Qualifications: _____

Full Address: _____

_____

Postal code: _____ Telephone No. _____
(home)

Telephone No. _____ Fax No. _____
(work)

E-mail Address: _____

Work Address: _____

_____

Area where working: _____

Retired: _____ Student: _____ Unemployed: _____

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: _____

National: _____

International: _____

Would be interested in participating in a research project if asked: Yes ____ No _____

For midwives who pay $75.00 ($20.00 AMNL membership fee and $55.00 CAM membership fee):

If you do not agree to your address, postal and Internet, being released to CAM tick here: No release: _____

_____

I wish to be a member of the Association of Midwives and I enclose a cheque/money order from the post office

for: $_____
(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador). Membership and financial year from January 1 to December 31.

To be a member of AMNL and receive the electronic quarterly AMNL newsletter **$20.00**
For AMNL members also to be members of Canadian Association of Midwives (CAM) add **$55.00** (Total **$75.00**)
[$75.00 includes AMNL membership and CAM membership, including the 4-monthly CAM research/practice journal.]
Membership for those who are residing outside of Canada **$20.00.** Correspondence will be by e-mail.

Signed: _____ Date: _____
Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0