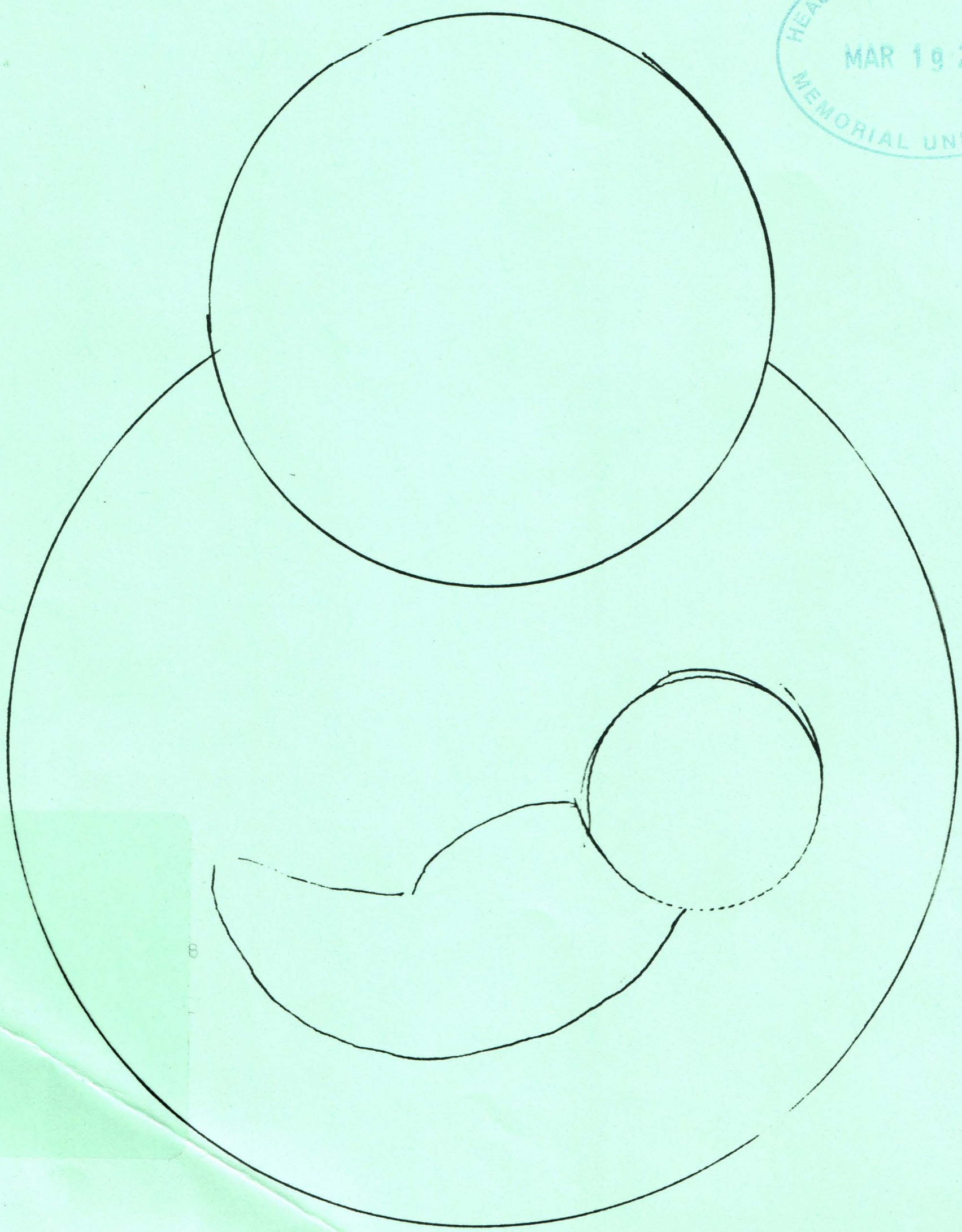
THE ALLIANCE OF MIDWIVES, MATERNTIY AND NEONATAL NURSES OF NEWFOUNDLAND AND LABRADOR



NEWSLETTER No. 14, January 1995

The Alliance of Midwives, Maternity and Neonatal Nurses of Newfoundland and Labrador

(A Special Interest Group of the ARNN)

Newsletter No. 14 (new issue) - January 1995

1995 - International Year of Tolerance

I hope that everyone had a happy Christmas and New Year. I have received little information for this Newsletter and so have had to look through my own files and journals to find items of interest. I cannot believe that no-one ever reads or hears of something which would be of interest to others. A book may have been read, an article seen in a journal/magazine which would be of interest (if you do not want to summarize it yourself send a copy of the article to the Editor). This Newsletter belongs to the Members and although I try to find items of interest to midwives, to maternity nurses, and to neonatal nurses, I cannot make the Newsletter as interesting as it would be if you submitted an item. Therefore, I wish to suggest that everyone makes a belated **New Years Resolution - I will submit at least one item for the Alliance Newsletter.**

The Alliance membership is growing but for those who still have room for another **New Years Resolution - I will recruit/ persuade at least one member to join the Alliance during 1995.**

This Newsletter contains chapter 3 of the true story of the early years of the Alliance. The Minutes of many meetings are missing or incomplete, especially for 1988 to 1990. There are also no reports of the annual workshops for this time period - were they held? If yes, what was the title and the location? If you have a copy of these please could you lend them to the Editor. We should try and complete the Alliance history for future Archival reasons. Any pictures of Workshops and Meetings, would also be welcomed. Also, if there are errors in the reports please write to the Editor and enclose a copy of the relevant information so that the account of our history can be corrected.

In the near future we will be needing a **new President.** Nominations/volunteers are being sought. Please start thinking as to who would be the best person to have this important position.

This is a new year and so the **1995 membership fees are due.**

A membership form for 1995 is at the back of the Newsletter.

Thank you to those who did submit information.

Pearl Herbert, Editor,
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Alliance Meeting, February 22 (tentative) Watch notice boards

Executive Members

President: Cathy Wyse	Secretary: June Cousens
Treasurer: Clare Bessell	Publicity: Janet Murphy-Goodridge
Librarian: Bernardine Moyles	Newsletter: Pearl Herbert

Summary of Meetings

The **Midwives Association** held a meeting on October 13, 1994, at Sharon Ransom's house. There were seven people present and apologies from three others. The Minutes of the May 16 meeting were adopted as read. The profit from the "Midwives Today" conference had been divided; $213.40 had been given to the Alliance and the other half had been given to the CCM.

The Midwives Association's Constitution and By-Laws had been circulated and only few replies, all positive, had been received. Kay Matthews proposed that they be accepted as written and Karen Olsson seconded the motion. There being no abstentions the motion was carried unanimously. After 14 years the Newfoundland and Labrador Midwives Association now has a Constitution and By-laws. (The previous one was for the Atlantic Region Midwives Association which was disbanded in the early 1980s).

There was a suggestion that the name of the association be changed as it abbreviates to NLMA. In the last year the Medical Association has changed its name to have the same abbreviations. Some members have expressed concern regarding this while others did not regard it as a problem. Feedback from the members would be welcomed regarding this matter.

There was discussion about whether the midwives should remain with the nurses in the Alliance or withdraw. To return to the position before the Alliance was formed (see Chapter 1 of the Alliance history). It was decided that a survey should be held to determine the views of both the midwives and the nurses.

Congratulations were also expressed to the two members - Pamela Browne and Karen Olsson - who have passed their Lactation Consultant examinations.

The Recommendations of the Provincial Advisory Committee for Midwifery were discussed but not all members had received a copy of the report. A future meeting was arranged to discuss these further.

A meeting of the **Midwives Association** was held on November 10, 1994, at Kay Matthews' house. There were six members present.

Kay reported that a few members of the Alliance had met in October to draw up an Alliance Constitution. This is being refined by Cathy Wyse, Janet Murphy-Goodridge and Karen Olsson. The final revision will be circulated. It has also been agreed that the relationship of the Maternity and Neonatal Nurses with the Midwives would be surveyed.

Pearl Herbert reported on the Canadian Confederation of Midwives telephone conference. (See report below).

A letter recommending the establishment of a midwifery implementation committee to study the recommendations in the Advisory Committee's report would be written.

A meeting of the **Midwives Association** was held on November 24, 1994, at Kay Matthews' house. There were seven members present. The letter of response to the Provincial Advisory Committee for Midwifery recommendations was finalised - and mailed the following day.

Two midwives spoke about midwifery in Norway. This was interesting especially as the next ICM congress is being held in that country.

It was noted that there were some workshops which would be of interest to midwives. The Medical Continuing Education workshop on obstetrics was being held in the morning of November 26 at the Newfoundland Hotel and Dr. Klein was the lunch time speaker.

The Department of Sociology at Memorial University had invited Cecile Benoit to speak at a seminar on November 30 on "Paradigm Conflict in the Sociology of Professions: Midwifery Profession". The Alliance was having a "cheese and wine" meeting in December.

A meeting of the **Friends of Midwifery of Newfoundland and Labrador** was held on January 25, 1995, but because of the stormy weather very few people attended. Janet will be away for the next few weeks and so at present there is no date set for a future meeting.

The Position Regarding Midwifery Legislation (November 1994)

British Columbia

The provincial government made an announcement on Wednesday, November 9, 1994, regarding funding, scope of practice, provisions for aboriginal midwifery, and the actual designation of midwifery under the Health Professions Act. There will then be a public review period of 3 months and then the Cabinet gives the final approval of the first three items. Only after the final approval will the College Board be appointed although a provisional one may be set up to aid the process.

Although many midwives belong to the Midwives Association of British Columbia (MABC) there are still a large number who do not belong. Another group of midwives has recently been formed to lobby for decriminalization rather than licensing of midwives.

The MABC are recommending: a. A pre-registration process to determine the competency of midwives to practice in B.C. and to be designed for experienced midwives who, having completed midwifery education, have independently practised midwifery for a minimum of 2 years during the last 5 years, completed 50 births as a primary care provider and 50 births as an assistant or observer and 20 of these births in B.C.; b. Reciprocity with the credentialing of currently licensed registered midwives from other jurisdictions with equivalent to those required by the College of Midwives.

Alberta

The Midwifery Regulations Advisory Committee has completed the regulations for midwifery practice. The provincial government announced on Thursday, November 3, 1994, that the regulations have been accepted. The implementation date has been given as August 1995. Institutions will now be invited to submit proposals for a baccalaureate program. There will be a pre-registration program similar to the one given in Ontario.

The funding for the Foothills Hospital midwives project was to cease last August, but because of consumer demand this service is being allowed to continue. A birthing centre is also going to be started. The Grace Hospital in Calgary has lost its funding and is being closed.

Saskatchewan

There is an advisory committee on the feasibility of midwifery which is gathering information on the needs assessment of the consumers and the stakeholders.

Midwifery is receiving very positive media exposure and consequently many pregnant women are requesting midwifery care.

Manitoba

The Midwifery Implementation Committee has started to meet. The CCM annual meeting will be held in Winnipeg on May 27 to coincide with a conference where Suzanne Arms is presenting.

Ontario

A committee for More Midwives in Ontario (composed of nurses, nurse-midwives, and apprenticed-trained midwives, who either were not admitted to or did not complete the pre-registration program, and their supporters) has produced a detailed plan of how the College of Midwives and the government could resolve the problems which they have encountered in trying to get licensed. Two midwives who did not finish the pre-registration program earlier have now obtained their licenses. At present midwives who did not complete the pre-registration program can apply for a "Prior Learning Assessment". So far there have been over a 1000 inquiries, many from midwives who trained in other countries. They are given orientation sessions, English proficiency tests, and need to have attended 40 births in the last year. Several steps have to be completed to be considered for registration and it is an expensive process.

The midwifery baccalaureate degree program is proceeding well. There is an excellent funding mechanism for midwifery services. The midwives have hospital privileges and there is government support of midwife-attended births in any setting. Registration with the College of Midwives plus insurance comes to over $14,000 per year.

There have to be two persons present at each birth. Many midwives in group practices support each other but when a midwife is practising in isolation she has to have an attendant (who may be a nurse). The midwife tries to find someone who will do this regularly because otherwise the midwife could have someone at the birth who has a different philosophy about midwifery.

In many communities there is no midwife practising and even when there is a midwife there are too many mothers wishing for midwifery care. For example, in 1994 there were over 200 mothers turned away in London.

Quebec

In 1994 there were 28 midwives who had passed the government examinations, and 60 more took the examinations in the Fall. There are eight free-standing birthing centres (including the Povungituk Inuit maternity centre) functioning. The government has decided that the births should be in the centres and not in homes, but the consumers are questioning this. At present consumer demands for midwifery care cannot be met because of the shortage of midwives.

The physicians are still not collaborating and so the midwives who have to be assessed, so that they can meet the government's requirements to practice, are also at the birthing centres. Having both midwives who have fulfilled the requirements and those who have not yet done this could confound the final evaluation of these project birth centres. The midwives have been provided with good experiences in the hospitals for procedures such as sterile techniques, catheterizations, injections, when they have needed the extra training. Midwives who now wish to be accredited have to be graduates from a midwifery program.

Midwives attended the recent Federation of International Gynaecologists and Obstetricians (FIGO) conference which was held in Montreal. Presentations included the role of midwives in the case of neonatal risks, and Julia Allison, RCM General Secretary, spoke on the role direct entry midwifery plays in achieving the objectives of "Safe Motherhood". FIGO presented the ICM with an award for their continued and important contribution to improving women's health.

There are plans to host the 1997 MANA conference in Montreal. The last MANA conference to be held in Canada was in Toronto in 1984 (and Kay Matthews represented the Alliance at that one).

Northwest Territories

The Department of Health and the Department of Social Services is consolidating into one large Department. The time frame is that this is completed at the headquarters (Yellowknife) level by April 1995, at the regional level by April 1996, and at the community level by April 1998. The final report of the Rankin Inlet Birthing Project is due December 1995. Maureen Morewood-Northrop hopes to remain the consultant of the project until the evaluation is completed, and then to be involved in the review of the evaluation of the report and participate in the future of midwifery services in the NWT.

The parents educational component is progressing and more partners are taking an interest in prenatal classes, clinic assessments and follow-up, and Well Baby Clinics. The midwives make home visits and assess the home for the early discharge of the mother and the baby. A mother recently returned from a hospital in Winnipeg with triplets who she is breastfeeding.

The two midwives who started with the project have left the area. The project coordinator and another midwife (who has recently returned from a refresher course in the U.K.) are temporary filling the positions. Advertisements in Canada have not provided midwives and so the positions are now being advertised overseas.

New Brunswick

There is no formal midwives association but the Registered Nurses Association of New Brunswick is facilitating the CCM/CCSF contact in her endeavour to reach midwives in the province. A consumer group, Transitions, was formed in 1994.

Prince Edward Island

A Midwives Association has been formed and now they are endeavouring to contact other midwives in the province.

Nova Scotia

The Registered Nurses Association of Nova Scotia released a Position Statement on Midwifery in February 1994. They endorse "multiple points of entry to the professional practice of midwifery, including nurse-midwives and direct-entry midwives". They consider that nurses who are midwives "may be regulated by either the RNANS under the provisions of The Registered Nurses' Act or by another professional regulatory body for midwives (College of Midwives) under a separate act [by which] qualified midwives who are non-nurses should be only regulated". In August 1994 the Minister of Health stated his intentions to form a committee to study Midwifery Legislation.

The Grace Maternity Hospital in Halifax is planning a "low intervention unit" which will be separate from the regular labour and delivery area. It is expected to open in January 1995. The hospital staff are also exploring the possibility of water-births and have asked for midwifery input.

Newfoundland and Labrador

Although the Atlantic Nurse-Midwives Association had a Constitution and Bylaws, dated March 1974, (and the Atlantic Maternal and Newborn Nursing Association had their own constitution and bylaws), none have been found from the time that the Newfoundland and Labrador Midwives Association was formed and joined with the other association in 1983 to form the Alliance. This year the Midwives Association has been working on a Constitution and Bylaws which members have now approved, and this was ratified at the October meeting.

The Provincial Advisory Committee on Midwifery was formed in February 1993, and there were two midwives (Kay Matthews and Ann Marie Pilgrim) and a consumer, on the 14 member interdisciplinary committee. The committee submitted its Final Report and recommendations in May 1994. In September 1994 we had a change of Minister of Health and the new Minister released the report in October 1994. The recommendations are divided into legalization, practice issues, education, financial and economic issues, and implementation. The replies to this have to be submitted by November 30, 1994. There has been no News Release and so we are endeavouring to make it known across the province. The Midwives Association is meeting in November to discuss a reply.

A public interest group "Friends of Midwifery of Newfoundland and Labrador" was formed in June, 1994, because of the growing

interest in the role of the midwife and the president is Janet Hiemstra. The main objectives are to lobby the Government of Newfoundland concerning the issue of midwifery; to strongly support midwives in Newfoundland and Labrador in their endeavour to become independent and self-regulating; and to increase public awareness as a means of increasing the public demand for midwives. The "Friends of Midwifery" group in St. John's, has been having poster displays at appropriate functions and distributing book marks (which were donated by a local firm). The media have been providing midwifery with good, positive coverage.

Pearl Herbert represents CCM/CCSF on three committees - the "Expert Working Group on the Promotion of Breastfeeding", the committee for a joint statement on "Alcohol during Pregnancy (FAS/FAE)" and the "National Perinatal Surveillance System" steering committee.

Congratulations

To Pamela Browne who passed the Lactation Consultant examinations (this news was received too late for the last Newsletter). Pamela has now established herself in Independent Practice offering: early discharge care; lactation consultant service; prenatal care and education; family planning counselling. Her address is: P.O. Box 112, Station A, Goose Bay, Labrador A0P 1S0. (Telephone: 709-896-2087).

Obstetric Cholestasis

Obstetric cholestasis (OC) is a temporary disorder of liver function which can occur during pregnancy. It usually occurs in the third trimester and the only symptom may be generalised pruritus which is often worse at night. The high levels of estrogen occurring in pregnancy are thought to cause a diminished flow of bile. The signs and symptoms consist of excessive bile salts accumulating in the blood stream with the resultant itching, a deficiency of vitamin K, and sometimes jaundice with pale stools, dark urine, and epigastric pains. The condition of OC is diagnosed by a liver function test which shows elevated levels of alkaline phosphatase and aspartate transferase. The serum bile acids in the blood may also be measured.

Although there is no record of the incident rate of OC in the United Kingdom it is 2% in Sweden and 10% in Chile. The evidence from Australia and Chile shows that the baby is at risk when the mother has OC. Therefore, delivery no later than 37 to 38 weeks gestation is recommended to avoid a stillbirth. The other risks are premature birth and fetal distress. The risk for the mother is postpartum haemorrhage (Redfern, J., 1994, Midwifery Matters, Issue 62).

Did You Know?

The Midwives Chronicle is renamed **Midwives** and is now A4 size. The topic for the January 1995 issue was "Waterbirth".

The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) annual meeting June 26-30, 1994. Attended by Cathy Wyse.

The title of the conference was "Bridge to the Future" and three of the key note speakers focused on the role of the nursing profession, the importance of what we do, how we perceive ourselves and how others perceive the nursing profession. Suzanne Gordon spoke on "Demonstrating Nursing Power and Importance in an Era of Health Care Reform". Consumers have needs and the right to choose the health care provider. Jean Beyer's topic was "Buoys Ballast Bridges" Nurses need to praise themselves, and gain stability from working with people and empowering them to increase self worth. To consider the whole picture rather than just the individual and hence nurses can serve as bridges to connect women to the Health Care System. Kit Stahler-Miller spoke on "Enhancing Nursing Visibility, Value, and Status" and the positive image and the effect that professional presence has on attitudes and self-esteem.

Carol Harvey reviewed the pathophysiology of preeclampsia and although the etiology is unknown there are some theories. The HELLP syndrome is a marker for organ system insult in severe preeclampsia and represents a significant risk to mother and fetus. The incidence is 2-12% of patients with pregnancy induced hypertension and the mortality is 2-24%. Management includes: Protection from seizures; protection from hypertensive crisis; delivery of fetus to resolve pathophysiologic condition; optimize oxygen delivery and reduce oxygen consumption.

Barbara Calfee spoke on "Risk Management for the OB/Gyn Office". The most common litigated complaints being: Failure to recognize the high risk patient; failure to recognize patients who should be seen by the doctor in between appointments; failure of the physician to return calls resulting in patient injury; slips and falls; failure to provide clear instructions. There are four steps in risk management: 1. Risk identification and analysis - audits to identify the risk and preventative measures; self assessment; occurrence reporting; data base risk management statistics; documenting patient and family complaints; closed and pending loss histories. 2. Risk analysis and investigation - categorize the risks and work out a plan. 3. Risk treatment - risk avoidance, loss prevention, loss reduction, insurance. 4. Monitor selected risk treatments and review. Then devise a plan of attack.

Barbara Calfee also spoke on "Ob/Gyn Nurses on Trial 'The Hollest Cases'. Examples were given of issues involving nurses. In the majority of cases involving RNs it was noted that the RN did not give the physician <u>all</u> the information. Although the RN was not satisfied with the physician's order the chain of command was not followed and the supervisor was not told of her concerns. A RN knew the patient had a breech presentation but the parents were not told and the RN did not advise her supervisor that she was not happy with the doctor's decision.

"How can we Agree on Fetal Heart Monitoring Interpretation?" This session discussed the necessity to standardize fetal monitoring interpretation in each area so that each person sees

things in the same way. If the fetal heart rate (FHR) tracing is reassuring it indicates fetal well being. A non-reassuring graph does not necessarily mean fetal insult at that specific time. For 75% of babies who have neurological problems the events prior to labour may have been the cause. When documenting FHR patterns, write what is seen - name it, describe it, and describe what is happening. No full agreement about deceleration, so need write what is observed. There is agreement on variability that short term variability and long term variability are indicators of outcome. If there is ongoing decreased LTV try and evaluate STV. Variability is a better predictor of acidosis than the amplitude of decelerations. If there is no STV and an abnormal pattern, a worse outcome can be suspected. In summary, there is a need to standardize definitions in each location, and to describe what is seen.

A one day pre-conference session focused on a variety of aspects related to fetal monitoring. There are controversies in fetal surveillance - electronic fetal monitoring (EFM) versus auscultation. Journal articles were considered. ACOG (1989) currently available data support the conclusion that within specified intervals, intermittent auscultation is equivalent to continuous EFM in detecting fetal compromise. "Thus, no single method of monitoring is preferred to the exclusion of another in assessing status of the fetus". There was also a session on the "Principles of Maternal Oxygen Transport", and one on "Challenges in Fetal Surveillance". If the mother's oxygen supply is low (low hgb) then the fetus is going to be worse than if the low oxygen supply only existed in the fetus.

Barbara Calfee has two books: Nurses in the Courtroom. Cases and Commentary for Concerned Professionals. Approx. 250 pages. ISBN 0-9633540-2-7. $25US + $3US p&p. Staying out of Court. A Self-Assessment Guide for Nurses. Approx. 80 pages. ISBN 0-9633540-0-0. $19.95US + $3US p&p. From: Barbara Calfee & Associates, 23611 Chagrin Blvd., Suite 101, Beachwood, OH 44122.
[Cathy Wyse received money from the Alliance to pay towards this conference].

World Breastfeeding Week

World Breastfeeding Week has been occurring annually from August 1 to 7. However, in the northern hemisphere this date coincides with summer vacations so a suggestion was made that the week be moved to October 17-23. When the BFHI met recently in Europe it was decided to keep the August dates but leaving it possible for national breastfeeding advocacy groups to change the date for their country.

The themes for the World Breastfeeding Week have been:
1992 - Baby-Friendly Hospital Initiative
1993 - Mother-Friendly Workplace Initiative
1994 - Protect Infant Health: Making the Code Work
1995 - Breastfeeding: Empowering women

Canadian National Perinatal Surveillance System (NPSS) Steering Committee (a summary from the notes of Pearl Herbert)

Pearl Herbert was invited, as a representative for the Canadian Confederation of Midwives, to become a member of a NPSS steering committee. The purpose of the Committee is to offer expert direction on perinatal health issues and epidemiology to the NPSS Project Team, who are part of the Reproductive and Child Health Division (formerly Diseases of Infant and Children) of the Laboratory Centre for Disease Control (LCDC). Also to foster and maintain appropriate linkages with the governmental and non-governmental organizations.

This steering committee is chaired by Michael Kramer who is a professor of Paediatrics and Epidemiology at Mc Gill University. Catherine McCourt is the facilitator from the LCDC aided by Linda Bartlett the project manager. At the first meetings held on January 24 and 25 there were members of the committee who represented associations such as the: Canadian Perinatal Regional Coalition; Canadian Institute of Child Health; Canadian Obstetrical, Gynaecologic and Neonatal Nurses; Canadian Confederation of Midwives; Aboriginal Nurses Association; Society of Obstetricians and Gynaecologists of Canada; Canadian College of Family Physicians; Canadian Paediatric Society; Canadian Public Health Association; Vancouver Women's Health Collective. There were also independent experts from: Groupe de Recherche en Epidemiologie; Atlanta Centre for Disease Control; Newborn and Developmental Paediatrics, Women's College Hospital; Ministry of Health Research and Evaluation Branch; Statistics Canada; LCDC Diseases of Children. Judith Lumley, the new Director of the National Perinatal Epidemiology Unit in Oxford, England, was unable to attend. (She has recently been appointed to replace Iain Chalmers).

After the members introduced themselves Dr. McCourt gave a history leading up to the formation of this committee. There had been the Green Plan in 1991/1992, the PEI Reproductive Care Plan, the Canadian Perinatal Regionalization Coalition 1994, the Tobacco and Respiratory Diseases Research Initiation 1994/1995 to study birth outcomes. The developments expected, terms of reference, budget, and plans for 1995 were then reviewed and discussed.

A brief overview of Statistics Canada which was created by the Statistics Act was given. The council meets once a year and can advise users. Special surveys can be put into context of the family. Codes exist for geographic locations. Deaths since 1950 are recorded in computerised form. The "Book of Life", from birth to death, is a two file linkage which is patient not event oriented. There is a Canadian Birth Data Base from 1987.

The definition of a surveillance is:

A dynamic process which collects, tabulates, analyses and disseminates data on the occurrence and distribution of maternal and child health events in defined populations within a geographic area. Its purpose is to define the social, medical and economic factors related to maternal and child health problems, formulate and test hypotheses, develop intervention strategies, and evaluate these

> intervention strategies. The system of surveillance represents the first step in a circular process which defines the health problem, identifies deficiencies of the health care system in either resources or performance, designs and implements an intervention strategy, and monitors and evaluates the intervention so that the health problem is redefined. (Perinatal Surveillance Units in Euro Region, undated, p. 1)

Another definition was given:

> Public health surveillance is the ongoing collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link of the surveillance chain is the application of these data to prevention and control. A surveillance system includes a functional capacity for data collection, analysis, and dissemination linked to public health programs. (Thacker & Berkelman, 1992, p.?)

It is an ongoing, dynamic process, from preconception to end of the first year. Consists of data collection, data analysis, data response.

Brian McCarthy (CDC Atlanta) spoke on problem definition, assessing performance, intervention, monitoring and evaluation, which is circular (just like the nursing process!) To be **A**daptable, **R**esponsive, **C**ost Effective, **S**imple. To know the interventions of **A**ssessment, **R**eferral, **T**ransfer. The system should be Acceptable, Assessable, Available, and Affordable. To link with other systems, with other districts and give longitudinal linkage. He showed how with three indicators of birth weight, age of death, and district, it is possible to compose a 12 cell table. In Atlanta there is the **P**regnancy **R**isk **A**ssessment **M**onitoring programme.

There were also brief reports on the Nova Scotia Atlee Perinatal Database, the British Columbia programme, the PEI programme and the programmes in Australia and Scandinavia. Pearl Herbert also mentioned the Midwives Association of North America (MANA) tool which is being used in several provinces where midwives are attending women outside of hospitals.

On the second day there was a general brainstorming session where the assumptions of a NPSS were gathered. Then the committee divided into two groups to consider the principles (rules) which they reported back to everyone. The goals were discussed and subcommittees were formed. The next meeting is set for May 2 and 3, 1995.

Did You Know?

"Really radical and beneficial changes are only made by minority group pressure. If we become a majority we could lose the impact of novelty" Kargar writing about the Association of Radical Midwives (1994, Midwifery Matters, Issue 62, p. 18).

Naegele's Rule

Naegele's Rule, which calculates the expected date of delivery (EDD) as 9 months and 7 days from the first day of the last menstrual period (LMP) - 10 menstrual cycles - was proposed by Hermann Hoehaave at the University of Leyden and adapted by Franz Carl Naegele (1778-1851). The British obstetrician W. E. Montgomery in 1837 noted that women calculated their EDD based on a 42 week gestation. A Southampton obstetrician, Dr. Saunders, recently told a newspaper reporter that only 5% of women actually deliver as calculated by Naegele's Rule. The others deliver between 2 weeks before and 2 weeks after the calculated date. A 1990 American study, reported in the Lancet, found that for white women with a 28 day menstrual cycle the average time for the birth to occur was 41 weeks and 7 days for the first baby and 40 weeks and 3 days for subsequent babies. Other studies have found that Japanese mothers, on average, gave birth at 37 weeks and 5 days, and black mothers gave birth 8.5 days earlier than white mothers of similar socio-economic status, and 10% of Swedish mothers gave birth after 42 weeks. Most mothers and practitioners are unaware of these variations (J. Cowhig in the May 31, 1994, Independent newspaper, cited in ARM Midwifery Matters, Issue 62, 1994)

Chapters from the Past - the Birth of the Alliance

Chapter 3. Growth in Spite of Setbacks

An Executive Meeting was held on December 5, 1985, at Annette Leonard's house. The members of the newly elected executive were present. President - Ann Lever; Vice President - Janette Georghiou; Treasurer - Annette Leonard; Secretary - Cathy Royle; Newsletter Editor - Sandra LeFort; Publicity/Program Director - Darlene Manuel and Linda Young. The focus for the Alliance was discussed. There would be regular meetings and the rules of the existing draft of the constitution would be followed. Each member agreed to write a job description of their own executive position. The Newsletter Editor would explore printing options.

Future general meetings were discussed. Previously the emphasis had been on education but now there was a suggestion that the different city hospitals could take turns in being responsible for the meetings. The emphasis could be to provide better care for clients using these facilities. The Vice President suggested that they wrote and introduced the Alliance to the Executive Directors of these facilities. It was agreed that the times of the general meetings should be flexible to enable the most nurses to attend. They should alternate between a "skills night" and a speaker. The meetings would start at 2000 and the first 30 minutes would be for business followed by one hour for the main presentation. The meetings would be publicized. The next general meeting was to be January 13, 1986, at ARNN House, and there would be a guest speaker.

The President reported that there was no group membership for NAACOG. Other organizations for membership were given, including the Canadian Consumer Association, the Canadian Institute of Child Health, the International Childbirth Education Association.

A question was raised about the money belonging to the Midwives' Association.

An Executive Meeting was held on January 6, 1986. Annette Leonard and Linda Young were unable to attend.

The Constitution was discussed. Much work had been done to complete it, but it was decided to wait until the following year before having it ratified so that the Alliance would be "well established in its purpose and structure".

Ann Lever reported that as Robert's Rules cost $20 they would not be bought but the copy in the library would be reviewed.

The Secretary would record the Minutes and then the President would keep a copy of them in a binder.

The general meeting to be held at ARNN House on January 13 had not been publicised and so the members agreed on who would notify other people. The meeting would start at 1945 and then Carol Ann Letty, a lay midwife, would speak from 2030 to 2130.

The Alliance membership requirements were discussed. The Alliance was a Special Interest Group of the ARNN and therefore membership would be restricted to ARNN members. Members would receive a Newsletter and be able to participate in decision making. Associate members would be advised of meetings. Whether or not they should pay a nominal fee of $1.00 to attend educational sessions was discussed and tabled. The annual fees for this period were full membership $10.00; full-time students and members over 65 years of age $5.00.

Future monthly general meetings were planned, and were to alternate between Mondays and Thursdays.

Ann Lever's name and address had been provided for the Community Services Council Directory. VOCM had requested a statement regarding the purpose of the Alliance but it was not given as they had not provided the reason for this request. It was decided to prepare a statement "relating to the main goal of the Alliance to provide educational outlets for interested nurses in the province". The members of the executive agreed to volunteer in guest speaking for the Avalon Inservice Committee of the Health Care Educators Association.

The job descriptions of the executive positions and the objectives of the Alliance were to be discussed at the next meeting. The discussion of the Midwives' Association money was tabled for the next meeting.

The advantages and disadvantages of forming a NAACOG Chapter were discussed. Advantages included receiving the literature. The cost would be $74.00 US person. Disadvantages included being bound by NAACOG's constitution and financial regulations. This was to be discussed further at the next meeting.

A General Meeting was held at ARNN House on January 13, 1986, and there were 11 persons present. The objectives of the Alliance were discussed:

1. To provide an opportunity for midwives, maternal and neonatal nurses to share ideas and information through formal and informal education sessions.
2. To provide an organized group of midwives, maternal and neonatal nurses who can address issues relating to their profession.
3. To communicate with midwives, maternal and neonatal nurses on a provincial, national and international level.
4. To provide a group of midwives, maternal and neonatal nurses who can jointly act as consumer advocates in issues relating to childbearing.

Future meetings were being scheduled on alternate Monday and Thursday nights each month. The September meeting was going to be considered the Annual General Meeting with election of officers. The next general meeting was scheduled for February 13.

Ann Lever received positive feedback regarding NAACOG. Kay Matthews questioned if NAACOG had a position on midwifery and Ann agreed to investigate this.

The financial statement was not available.

Carol Ann Letty, a lay midwife, spoke on "The Changing Role of Midwifery in BC". She spoke about the 3 year Fraser Valley Childbirth Education program which began in 1984. There were two qualified midwives and lectures were given by paediatricians, gynaecologists, and endocrinologists. Practice was based on international standards including 100 births (50 as observer and 50 as practitioner). The mother and baby were then visited daily for a week. The fee, including prenatal and postnatal visits was $600.00. ($100.00 was given to the second attending midwife). At that time there was a trial ongoing in BC where a midwife was being accused of practising medicine without a license. (This talk was tape recorded).

At the Executive Meeting of January 26, 1986, six members were present.

It was decided to take out one annual NAACOG membership in the name of the president.

Ann Lever and Annette Leonard were to be the signing officers for the Churchill Square Branch of the Bank of Commerce. Cathy Royle had requested an audit but was not present to say how this was being arranged. Annette Leonard was asked to prepare a budget.

Publicity for general meetings was discussed including using the media, phone pyramids, preparing a flyer and placing posters in the agencies. Ann Lever, Darlene Manuel, Sandra LeFort, and Janette Georghiou were going to find a suitable logo.

Sandra LeFort reported that the first Newsletter would be ready April 1, 1986. The Executive "agreed to contract with Jesperson Press at a cost of $75.00 per 100 photocopied issues".

The General Meeting of February 13, 1986, was held at ARNN House and 14 persons attended. It was proposed by Kay Matthews and seconded by Sandra LeFort that the Alliance objectives be adopted. Agreed.

The Financial statement was $2,464.34 in the savings account and $6.00 in the chequing account.

Lack of membership was discussed and it was decided to continue until June.

It was agreed that the Alliance would participate in the Health Fair on March 8.

The main program was "Resuscitation of the Newborn" prepared by Ann Lever; Darlene Manuel, Flora Downey, Dorothy Whittle, and Sharon Penny were contacted as resource persons. The students in the Janeway Child Health Centre's Neonatal Course presented a skit. There was then discussion regarding identifying, assessing and treating babies at risk. Models were available for demonstration and practice. The meeting concluded at 2200.

An Executive Meeting on February 17 was held at Annette Leonard's house and four members were present. (Janette Georghiou, Sandra LeFort and Linda Young were absent).

Karen Olsson was coordinating the Alliance's plans for the Health Fair on March 8. Suggestions, such as posters, were discussed and the names of volunteers submitted.

Plans for the September workshop were discussed.

Financial support for conferences was discussed and it was tentatively decided that $100.00 would be offered for people to attend conferences.

A General Meeting was held on March 10, 1986, at ARNN House and 11 people were present.

NAACOG was interested in having a conference in this location. Concerns were expressed regarding combining this conference with an Alliance workshop. The financial arrangements were discussed.

It was agreed to write and support ARNN's letter to NLC regarding a warning label on alcohol. The Alliance would also respond to the letter from the nutritionist regarding the supplementing of breast milk which violated the WHO regulations.

There would be between $100 and $200 for someone to attend a midwives conference in Vancouver.

Kathie Eaton spoke on being a Family Planning Consultant. A discussion followed which centred primarily on contraceptive use during breastfeeding and in the postnatal period. Copies of the new Department of Health pamphlets were distributed to the members. The meeting closed at 2200.

An Executive Meeting on March 17, 1986, was held at Annette Leonard's house and five people attended. (Janette Georghiou and Linda Young were absent).

The title of the Alliance of Nurse-Midwives, Maternal and Neonatal Nurses of Newfoundland and Labrador was considered to be too long. After discussion "it was decided to maintain this name at present". The membership were to be consulted regarding a name change. An extensive mailing list was being completed for the Newsletter and to promote the Alliance. Ann Lever and Sandra LeFort were going to visit the Department of Health to review available logos.

A post office box for the Alliance was discussed and considered to be a good investment. Also the Alliance would have paper with a printed letterhead and address.

Membership "apathy and lack of interest was discussed". Future meetings and workshops were also discussed. Participation in the Health Fair was considered to be a successful venture.

The job descriptions of the executive positions had not been received.

The General Meeting of April 17, 1986, was attended by 11 person. The Newsletter had been distributed and the cost was $113.11.

NAACOG had inquired further regarding a conference in St. John's. It was agreed that September 25, 1986, would be the Alliance conference followed by the NAACOG conference on September 26. Topics for the Alliance conference were discussed. The Airport Inn had been booked for the two days. Accommodation was $50 and the conference room was free.

There was discussion on advertising the Alliance in the media on Nurses Day.

Dr. Chandra was the speaker and he spoke on the "Effects of Breastfeeding on Growth and Development".

A General Meeting was held on May 12, 1986, at ARNN House, and seven members were present.

The dates of September 25 and 26 were confirmed for the workshops of the Alliance and NAACOG. A workshop committee was formed. There were now two suggest meeting places - Airport Inn (free) and the Battery Hotel ($200).

The Alliance now had an official mailing address - PO Box 8352, Station A, St. John's, NF A1B 3N7. Darlene Manuel was preparing a statement regarding the Alliance to give to the media. The Alliance was arranging a display of posters and the Newsletter for the ARNN annual conference in June.

Edna McKim, the Provincial Perinatal CoOrdinator who was in the Master of Nursing program at Memorial University, spoke on "Towards improving the outcome of high risk infants and their families". The need for nursing knowledge of the risks that these babies encountered, strategies to promote nursing care and parental education were discussed. The meeting adjourned at 2200.

There are no minutes for the General Meeting of June 12, 1986. This was to be a wine and cheese event at which the future of the Alliance would be discussed.

On July 8, 1986, there was a Conference Planning Committee. Convention rates of $65 per night were available at the Battery Hotel. A brochure to advertise the conference was being prepared. Non-members were charged $30 for 2 days and $20 for 1 day. The rates for Alliance members were $10 for Thursday, $15 for Friday and $25 for both days. NAACOG members $15 for Thursday and Friday was free. Students $5 per day.

An Executive Meeting was held October 1, 1986, and six members were present. After discussion it was decided that the Alliance "Objectives did not need to be revised, however, activities of the 1986-1987 year should be planned to meet the objectives".

It was agreed to subscribe to the Neonatal Network journal and to JOGN Nursing. It was suggested that a committee be organized to circulate current articles and books to perinatal nurses in the province.

The format for future monthly meetings included a journal club and each hospital hosting a meeting.

Janette Georghiou would draft a flyer about the Alliance to distribute to perinatal nurses and membership forms would be distributed with the flyer. All members who paid the membership fees before June 1986 would be sent a renewal form. Thereafter renewal of membership would be due annually in September. The Newsletter would only be distributed to members who had paid their fees. Prior to the next Newsletter the publishing costs would be reviewed.

At the Executive Meeting on October 21, 1986, there were four members present - Darlene Manuel (president), Jennifer Shallow (publicity), Karene Tweedie (program coordinator), Karen Olsson (secretary/treasurer). Apologies were received from Karen Legrow (publicity), Sandra LeFort (Newsletter editor), Janette Georghiou (vice-president), Ann Lever (past president). Members-at-Large: Barbara Lethbridge (north) and Vivian McIntosh (west).

Jennifer Shallow and Karen Legrow were the Alliance librarians. Sandra LeFort had found Jesperson satisfactory and reasonably priced. The next Newsletter was having a different cover.

Other matters arising from the previous minutes were being dealt with - journal subscriptions, flyers, membership registration, journal club sessions.

The September workshop had been a success. There had been dissatisfaction over some of the workshop facilities at the Battery Hotel and the bill had been reduced. There was a suggestion that the major workshop be in the Spring and a smaller one in the Fall.

ARNN had requested: 1. A statement on midwifery and Karen Olsson agreed to chair an ad hoc committee to draft a statement; 2. A draft response to CNA's policy statement on the "Entry to Practice by the year 2000". Darlene Manuel agreed to do this and present it at the next meeting; 3. Standards of care in the administration of uterine stimulants were to be discussed at a later date as no deadline had been given.

The Executive Meeting on October 29, 1986, was attended by six members. Apologies were received from Jennifer Shallow and Janette Georghiou.

Darlene Manuel and Ann Lever "presented for review their individual drafts on the CNA policy statement on entry to practice by the year 2000". Darlene Manuel also read the "Sub-committee on Nursing Education statement regarding the nursing education recommendations of the Report of the Royal Commission on Hospital and Nursing Home Costs. This stirred-up some discussion among the members". The Alliance had been asked to present a one page brief first to ARNN and then to the Royal Commission. The members compiled an outline. Sandra LeFort and Darlene Manuel agreed to develop this into a one page brief for Ann Lever to present.

Karen Olsson presented the statement on midwifery written by the Ad Hoc Committee and this was accepted.

Sandra LeFort reported that the Newsletter was being prepared. It was decided that it be sent to paid members, and to hospitals, health centres, and nursing stations, with the stipulation that this would be the last free issue.

The spring workshop was discussed. A second bill for the last workshop had been received from the Battery Hotel and Karen Olsson was going to contact the Hotel.

The Newsletter, Fall(?) 1986, contained a summary of Dr. Chandra's talk on breastfeeding at the April Alliance meeting, and Edna McKim's presentation at the May meeting. There was also Catherine Maret's article on the "Research on Perceived Postpartum Needs" of mothers at the District Health Unit who had been discharged from St. Clare's Mercy Hospital.

The annual conference report stated that 200 nurses had attended. The speakers had been Darlene Manuel on congenital heart defects; Janette Georghiou and Connie Duff on crisis in infertility; Catherine Maret on the St. Clare's survey of the needs of postpartum mothers; Dr. Karen Ash on disseminated intravascular coagulation; and there was a panel discussion on perinatal nursing in the north. The NAACOG presentations on "Trends in High-Risk Perinatal Nursing: A Family Centred Approach" were on the second day.

The November 18, 1986, General Meeting was held at the Grace General Hospital. Nine persons were present. Apologies were received from Janette Georghiou, Sandra LeFort and Karen Legrow.

Roseanne Lake and Flo Downey gave a tour of the Neonatal Intensive Care Unit and this was followed by sweets and coffee.

Darlene Manuel thanked the past executive and welcomed new members. Karen Olsson reported on the midwifery statement and Roseanne said that comments would not be forthcoming until after the March ARNN Council Meeting. Darlene Manuel presented a draft of the statement regarding baccalaureate entry to practice by the year 2000.

Suggestions were sought for the next workshops.

The post office had requested that a return address be put on

the Newsletter. An address stamp would be purchased. Sandra LeFort sent a message that the cost of the Newsletter was $116.40.

A General Meeting on December 9, 1986, was held at the ARNN House. Eleven persons attended. The format was a journal club to consider the ARNN request regarding uterine stimulants. After considering articles it was concluded that a policy statement on the use of uterine stimulants was needed. A committee consisting of Ann Lever, Darlene Manuel, Kay Matthews, Avril Pearcey and Karene Tweedie was formed to draft a policy statement.

A General Meeting on January 28, 1987, was held at ARNN House and seven persons attended. The format was a journal club to consider care during the second stage of labour. Articles regarding positioning, pushing (including the problems resulting from the Valsalva manoeuvre), epidural anaesthetic (marcaine was found to interfere with the action of oxytocin), episiotomy (and the quicker healing from tears only), food during labour, were discussed.

Janette Georghiou proposed, and the members present agreed, that the Alliance purchase a subscription to MIDIRS.

An Executive Meeting was held at the Grace General Hospital on February 12, 1987, starting at 1730. Present were Darlene Manuel (president), Janette Georghiou (vice-present), Ann Lever (past-president), Karene Tweedie (program coordinator), Karen Olsson (secretary/treasurer). Apologies were received from Sandra LeFort (newsletter editor), Jennifer Shallow (publicity officer) and Karen Legrow (publicity officer). Members-at-large: Barbara Lethbridge (north), Vivian McIntosh (west).

The preparation for the annual March Health Fair at the Health Sciences Centre was discussed and organized.

A spring workshop for the second week in June was the other main item on the agenda.

The General Meeting of February 25, 1987, was to be held at the ARNN House. Dorothy Robins from the provincial government was to speak on the Woman's Policy. There are no Minutes for this meeting.

The Minutes for the Executive Meeting in March 1987, are mixed up with the April minutes.

The Executive Meeting of April 30(?), 1987, was held at ARNN House and started at 2000. Four members were present.

The Spring Conference had been ruled out due to the lack of planning time. Instead, a two day workshop in October was being organized.

The Executive Meeting of May 12, 1987, was held at ARNN House. Five members were present. The main business was planning the October workshop.

There are no Minutes for the General Meeting which was to be held on May 20, 1987, at St. Clare's Mercy Hospital. The agenda was to include a discussion of the October workshop and to preview the film "A Labour of Love".

The June 1987 General Meeting was to be at the Janeway Child Health Centre and to include a tour of the neonatal unit, but there are no minutes for this meeting.

The Annual Workshop was held at the Airport Inn on October 22 and 23, 1987. "On the first day, following the opening remarks by President Darlene Manuel, papers were given by Dr. Leslie Hardy [Nursing Research: How the Client Benefits], by Kay Matthews [Difficulties in Breastfeeding: Maternal Labour Analgesia and the Sleepy Breastfeeding Baby], and by a team of Karen Olsson, Janet Murphy-Goodridge and Edna McKim [Maternal-Child Nursing: Current Research in Newfoundland and Labrador]. After lunch, Bonnie Woodland and Dr. Penny Alderdice directed a session titled "Ask Your Family Tree". They were followed by representatives of parent support community services. In the evening, there was a dinner lecture and slide show, with Janet Murphy-Goodridge as the guest speaker. Janet spoke on her experiences with CUSO in Papua New Guinea".

The Fall 1987 Newsletter contained a synopsis of research meetings which Pearl Herbert had attended while on educational leave in Britain.

The 1987 to 1988 membership form showed that the membership fee was $10 and for full-time students $5.
The Objectives of the Alliance were given as: To provide an opportunity for midwives, maternal and neonatal nurses to share ideas and information through formal and informal education sessions.
To provide an organized group of midwives, maternal and neonatal nurses who can address issues relating to their profession.
To communicate with midwives, maternal and neonatal nurses on a provincial, national and international level.
To provide a group of midwives, maternal and neonatal nurses who can jointly act as consumer advocates in issues relating to childbearing.

The Annual General Meeting was held October 23, 1987, at the Airport Inn and 21 persons were present. Apology received from Darlene Manuel (president). Janette Georghiou chaired the meeting and read the president's report. Karen Olsson was secretary and she presented the treasurer's report. Sandra LeFort reported that three newsletters had been produced. It was decided to "distribute the newsletter to all for one year to obtain as many contacts for articles as possible". Discussion took place on how to obtain and maintain contact with members throughout the province. A new executive committee was elected.

An Executive Meeting was held on January 18, 1988, at 2000 at Kay Matthews' house. Present were members of the newly elected executive: Kay Matthews (president), Darlene Manuel (past president), Julie O'Hollaren (newsletter editor), Karen Olsson (vice-president), Karene Tweedie (publicity coordinator), Cathy Wyse (program coordinator). Apology was received from Eilish Quick (secretary/treasurer). Members at large: Mary Michelin and Barbara Barron.

General meetings were planned for February, April, and suggestions for other times. (However, there are **no** minutes for these meetings). A Fall Workshop was planned. Discussion was held on how to "draw 'crowds' to the meetings".

The Treasurer's report showed that for the Fall workshop there was a deficit of $200.00. "However, the bank balance is about $2000.00 at present".

The meeting finished at 2200

A General Meeting was held at St. Clare's Hospital on February 25, 1988. Dr. Hamilton, an anaesthetist, spoke on "Pain management in labour". (Reported in the Newsletter). There are no Minutes for this meeting.

The 1987/1988 Newsletter showed Julie O'Hollaren as editor. Julie was the Research Assistant at the School of Nursing, Memorial University. This Newsletter contained reports of the 1987 Annual workshop and general meeting, plus various reports of research papers. A few future conference dates were listed including October 20-21, 1988, for the annual Alliance workshop.

The Membership fees were now $10; midwives $15 to include the Canadian Confederation of Midwives membership fee; full-time students $5.

There are **NO** Minutes for either the General Meetings or the Executive Meetings in 1988. There are also **NO** Minutes for the Midwives Association for the 1986 to 1988 period, although the midwives had joined the Canadian Confederation of Midwives (as evidenced by the new membership fees).

Conclusion

The Alliance was continuing to have its "ups and downs", and a constitution was being followed. Objectives had been written but although they had been requested there is no indication that the executive members ever wrote their job descriptions. The Alliance now had a post office box number as an address.

During these years, 1986 to 1988, there were three presidents: Ann Lever, Darlene Manuel, and Kay Matthews. There had been an endeavour to have monthly general meetings organized so that they alternated between a speaker and a "skills" session. Several meetings were at the ARNN House and the suggestion at the December 1985 meeting that different agencies be visited did not materialise for several months. A journal club format had also been introduced.

The attendance at the General Meetings remained small, but at the 1986 combined Alliance/NAACOG conference there had been 200 participants. The numbers attending the 1987 and 1988 annual workshops are not shown, plus there is no report of the 1988 workshop.

The idea of joining NAACOG as a group was abandoned after the rules had been examined. The Alliance would pay for one person to belong and then the material could be circulated. Subscriptions for journals were also being bought for the members to share. (Since then the Health Sciences Library subscribes to these journals and members in the province can borrow from there).

In 1985/1986 there was mention of the funds for the Midwives Association. Presumably these were totalled with the Alliance funds. No information is given as to the amount of this money and if it was disbursed, or if it remained with the Alliance funds.

The Alliance was becoming more prominent and as a Special Interest Group of the ARNN members were being asked for their views. The media were continuing to show interest in the Alliance. The Alliance was also participating in the annual Health Fair held at the Health Sciences Centre.

Sandra LeFort had been Newsletter Editor and by the end of 1987 had published three Newsletters which contained reports of the speakers at the General Meetings and Workshops. These were professionally printed and used to publicize the Alliance. For 1987/1988 Julie O'Hollaren (an anthropologist interested in maternal/child issues) was the editor. Although decisions were made to restrict the Newsletter to members it was then decided to use the Newsletter to stimulate interest in the Alliance and so to distribute it to the various agencies. The membership forms were distributed with the Newsletters. During the 1986 to 1988 time period the fees increased to $15 for midwives (to include the Canadian Confederation of Midwives membership fee) but stayed at $10 for general members and $5 for full-time students and retirees. There are no indications as to the annual numbers of paid-up members.

[The Minutes of many meetings are missing or incomplete. If you have a copy of these please could you lend them to the Editor. We should try and complete the Alliance history for future Archival reasons. Any pictures of Workshops and Meetings, would also be welcomed].

Conference Calendar

Up to $500 is available annually to a member, whose Alliance registration fees are paid up-to-date, to help pay the cost of attending a conference which is in keeping with the Alliance objectives of care to women and babies. So that members are aware of the conferences being offered it has been suggested that we list those which may be of interest. Just because a conference is listed does not mean that it necessarily meets the Alliance objectives. (The next money available is for 1995). If you know of any conferences, meetings, etc. which could be of interest to members

please forward the information to the editor for inclusion in the Newsletter. (Readers are responsible for checking the information of the conferences listed. As the information comes from a variety of sources the Editor accepts no responsibility for any misinformation).
Note: As from April 16, 1995, when telephoning the U.K. a 1 is needed before the area code number e.g. 322 will become 1322.

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February 2-5. "Weaving a Global Future", Midwifery Today Pacific Rim International Conference, Waikiki, Honolulu, Hawaii. Pre-conference workshops.
Cost: After December 1 $500 US late fee for full conference. Workshops extra.
Contact: Midwifery Today, PO Box 2672-306, Eugene, OR 97402 (Fax: 503-344-1422; or Telephone: 800-743-0974; or E-mail: Midwifery@aol.com)
Pearl, your editor, also has some information.

February 5-12. Neonatal/Perinatal Conference/Cruise. Classes on the 3 days at sea. Nationally known speakers.
Cost: Starts at $1049 US per person/double occupancy.
Contact: C.E.'s at Sea's, Deb Neaman RN. Telephone: 1-800-487-3400 ext. 17924.

February 15. "Safeguard Their Tomorrows" report of the S.A. Grace General Hospital January conference on infant abduction.
Teleconference session 2-3 pm NF time.
Contact: Bernardine Moyles, Staff Education, S.A. Grace General Hospital, St. John's, NF, for information. Telephone: 709-778-6691 during office hours 8 am to 4 pm.

February 17-18. "Helping New Parents Become Successful Parents", Holiday Inn, Yorkdale, Toronto.
Cost: $165 prior to the conference; $190 at registration.
Contact: Bernardine Moyles, Staff Education, S.A. Grace General Hospital, St. John's, NF, for information. Telephone: 709-778-6691 during office hours 8 am to 4 pm.

February 21-24. "Obstetric Nursing 12th Annual National Conference" and preconference of "Medical Complications in Pregnancy", Palm Springs, California.
Contact: Contemporary Forums, 11900 Silvergate Drive, Suite A, Dublin, CA 94568 (Telephone: 510-828-7100 ext. 3)

February 23-25. "The Changing Context of Nursing and Midwifery Education", Aberdeen, Scotland.
Cost: £150. Daily rates available.
Contact: Miss M. Franklin, Foresterhill College, Westburn Road, Aberdeen AB9 2XS, Scotland. (Telephone: 011-44-01224-840638)

February 24. "Breast Pathology and Lactation: Implications for Management", Chicago.
Contact: Loretta Piombo-Benton, Rush-Presbyterian-St. Luke's Medical Centre. Telephone: 312-942-6981.

February 24-25. "Breastfeeding in the 90s: Implications for Practice", Atlanta.
Contact: Laura Strange, The Nell Hodgson Woodruff School of Nursing, Emory University. Telephone: 404-727-6962.

February 25-March 1. "Lactation Consultant Exam Preparation Course", Columbia, SC. (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

March 1-5. "Current Concepts in Transport", Salt Lake City. Conference offers four concurrent tracks: neonatal, paediatric, high risk OB, and administrative.
Contact: Sharon Seely, the Centre for Pediatric Continuing Education, Suite 2A152E, 50 North Medical Drive, Salt Lake City, UT 84132 (Fax: 801-581-4920)

March 14. "Assertive Communication Skills for Women", Guildford, Surrey, England. How to communicate powerfully, in a style that is comfortable for you. (Repeated on other days in other locations).
Cost: £117
Contact: Career Track International, Drayton Road, Newton Longville, Milton Keynes MK17 0DY, England (Fax: 011-44-908-368685)

March 22-24. "Fourth Annual Conference on the Quality of Nursing Worklife in the 1990s", Toronto, ON.
Contact: Andrea Baumann, Scientific Program Chair 1995 Conference, Quality of Nursing Worklife Research Unit, School of Nursing, Health Science Centre, 2j Reception area, McMaster University, 1200 Main Street West, Hamilton, ON, L8N 3Z5 (Fax: 905-570-0667)

March 25-29. "Lactation Consultant Exam Preparation Course", Memphis, Tenn. (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

March 25-April 8. "Midwifery and Child Care Study Tour to China" organized by the British Journal of Midwifery in association with Master Travel Limited. Visits to rural and community family planning clinics, maternity hospitals, and kindergartens. An opportunity to combine a full programme of professional and sightseeing visits, such as to Beijing, Shanghai, Xian, Guilin, the Great Wall, the Forbidden City, the Terracotta Warriors, ending in Hong Kong.
Cost: £2395.
Contact: Master Travel, Freepost (SE 7045), London SE24 9BR, U.K.

March 29-31. "Perinatal Update 1995: A Celebration of New Beginnings", Savannah, GA.
Contact: Betsi Egan. (Telephone: 912-350-5920)

March 30-31. "Clinical Care of the Child and Family", Sixth Pediatric Nursing Research Symposium, Montreal, PQ.
Contact: Judith Collinge, A-400, Montreal Children's Hospital, 2300 Tupper Street, Montreal,PQ, H3A 1P3. (Fax: 514-934-4355)

March 30-31. "Helping New Parents Become Successful Parents", Ramada Inn, London, Ontario.
Cost: $165 prior to the conference; $190 at registration.
Contact: Bernardine Moyles, Staff Education, SA Grace General Hospital, St. John's, NF, for information. Telephone: 709-778-6691 during office hours 8 am to 4 pm.

March 30-31. "Nursing Childbearing Families. Providing Culturally Sensitive Care", Dartmouth, Nova Scotia. 17th Annual Maternal-Neonatal Nursing Conference of the Grace Maternity Hospital.
Cost: Before March $170, during March $195 (daily $100)
Contact: Dept. of Education and Staff Development, Grace Maternity Hospital, Halifax, NS. (Telephone: 902-420-667)

April 1-2. "Exploring the Issues: International Conference on Water Birth", London, England. The conference will bring together leading experts from all over the world to evaluate the benefits and potential risks, examine research and share experience, to increase knowledge and understanding of this innovative approach to childbirth.
Cost: £180; unwaged £90. Includes food and reports.
Contact: Administrator, Parkside Communications Ltd., St. Charles Hospital, Exmoor Street, London W10 6DZ, England. (Fax: 081-962-4005). (Accommodation lists will be provided if requested).

April 14-28. "Traditional Chinese Medicine". Fourth Annual tour to China. Includes observing acupuncture analgesia, acupuncture training (beginner to advanced levels), own health assessed and treatment received, sight seeing and cultural experiences. At Hangzhou Hospital for Traditional Chinese Medicine (Acupuncture Dept.), Hangzhou.
Cost: $3470 for airfare, meals, accommodation, transportation, site seeing and clinical experience with TCM doctors and translators.
Contact: Continuing Education Nursing and Health, Vancouver Community College, King Edward West Campus, 691 East Broadway, Vancouver, BC, V5T 1X7. (Telephone: 604-874-9923).

April 19-22. "Obstetric Nursing 12th Annual National Conference" and preconference of "Medical Complications in Pregnancy", Boston, Mass.
Contact: Contemporary Forums, 11900 Silvergate Drive, Suite A, Dublin, CA 94568 (Telephone: 510-828-7100 ext. 3)

April 22-26. "Lactation Consultant Exam Preparation Course", Buffalo, NY (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

April 26-27. "Third Annual Symposium on Perinatal Medicine and Nursing", League City, Texas
Contact: Department of OB/GYN, University of Texas Medical Branch, Galveston, Texas 77555-5033. (Telephone: 409-772-0994)

April 26-29. "The Child with Special Needs - Issues in Early Development: Birth to Five Years", San Francisco.
Contact: Contemporary Forums, 11900 Silvergate Drive, Suite A, Dublin, CA 94568 (Telephone: 510-828-7100 ext. 3)

April 28. "Creating Links", St. John's. ARCAUSN annual conference. Abstracts: January 31, 1995.
Contact: Karen Webber, School of Nursing, Memorial University of Newfoundland, St. John's, NF A1B 3V6 (Fax: 709-737-7037)

April 30-May 2. "Nursing's Caring Heritage: Pathway to the Future". 17th Annual International Association of Human Caring Conference, Charlotteville, VA. Themes: social, political, cultural, ethical challenges in health care throughout the world, and current and future initiatives to sustain care and compassion in health care.
Contact: Centre for Continuing Nursing Education & Professional Development, Box 147, McKim Hall, Charlotteville, VA 22908.
(Fax: 804-924-2451 Attn: Anne Dakes)

May ? date. "Diploma in Reproductive Health in Developing Countries", Liverpool, England. A new course for doctors, midwives, nurses.
Contact: Christine J. Piper, Course Convenor, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, England.
(Fax: 011-44-51-708 8/33).

May ? date. "Foreign Trained Midwives pre-certification program". Successful completion qualifies student to take ACNM examination.
Contact: Diana Simopietri, Ramsey Clinic, St. Paul, MN (Zip code unknown) (Telephone: 612-221-3820)

May 5. **International Day of the Midwife**

May 5-6. "Perinatal and Women's Health Nurses: Looking Towards Tomorrow". Sixth National COGNN Conference, Montreal. Speakers include Josephine Flaherty, Lucille Rocheleau, David Levine, Celine Goulet. General sessions in French with simultaneous English translation. Research presentations in the language of the presenter's choice. Subjects related to women's health, gynaecology, obstetric, neonatal nursing, education, and administration.
Contact: Judith Collinge, Chairperson, COGNN Conference 1995, 4375 Royal Avenue, Montreal, Quebec, H4A 2M7. (Fax: 514-934-4355).

May 8-15. **Nursing week Nurses Make the Difference.**

May 14-17. "Helping Children Cope with Death", London, ON.
Cost: Before February 28 $425+GST; after $508.25+GST.
Contact: Dr. J. Morgan, Kings College, London, ON (Information also from telephone: 519-432-7946)

May 15. **International Day of the Family.**

May 15-19. "Families, Beliefs and Illness: A Model for Clinical Practice", Calgary. A one week externship program.
Contact: Marlene Baier, Administrative Secretary, Family Nursing Unit, Faculty of Nursing, University of Calgary, 2500 University Drive NW, Calgary, AB T2N 1N4. (Fax: 403-284-4803).

May 16-17. "Overcoming Lactation Challenges", Holiday Inn, Yorkdale, Toronto. Carol Hamilton (author of book with same title), parent and infant consultant, University of Toronto.
Cost: $165 prior to the conference; $190 at registration.
Contact: Bernardine Moyles, Staff Education, SA Grace General Hospital, St. John's, NF, for information. Telephone: 709-778-6691 during office hours 8 am to 4 pm.

May 18-19. "Innovations in Nursing Education". Co-sponsored by The Toronto Hospital and The Hospital for Sick Children, Toronto.
Contact: Kathy Martin, Nursing Education Services, The Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8 (Telephone: 416-813-6190)

May 20-24. "Lactation Consultant Exam Preparation Course", Providence, RI. (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

May 22-23. "Research Based Nursing Education". Eleventh Annual Nurse Educator Conference of Nursing, St. Louis, MO.
Contact: Irene Kalnins, Director, Nursing Continuing Education, Saint Louis University School of Nursing, 3525 Caroline Street, St. Louis, MO 63104 (Telephone: 314-577-8920).

May 25-28. Politics and Legislation with Suzanne Arms, Winnipeg. The Canadian Confederation of Midwives annual general meeting will be held at the same time on May 27.
Contact: Florence Klassen, 297 Davidson Street, Winnipeg, Manitoba R3J 2T9 (Fax: 204-837-0535).

May 28-31. "Healing Healthcare: Transcending the Psychosocial". Association for the Care of Children's Health 30th Anniversary Annual Conference, Boston, Massachusetts.
Contact: ACCH, Suite 300, 7910 Woodmont Avenue, Bethesda, MD 20814.

May 30-June 3. "Child Health 2000. Second World Congress and Exposition", Vancouver. Focus will be on global child health, major children's issues, health care, science and technology.
Contact: Global Child Health Society, #113-990 Beach Avenue, Vancouver, BC, V6E 4M2 (Fax: 604-682-6771)

May 31-June 1. "Partnership for Creating a Quality Health System: Users, Providers, Funders". Twelfth International Society for Quality in Health Care conference, St. John's, NF. A practical partnership approach to the delivery of the full continuum of health services, acute and long term care, community health, with concentration on measures of outcomes and client satisfaction. (The ISQUA official journal is Quality Assurance in Health Care). Preceded by workshops on May 29-May 30.
Contact: Organizing Secretariat, Beclin Building, 1118 Topsail Road, P.O. Box 8234, St. John's, NF, A1B 3N4. Elaine Dyke, Conference Coordinator. (Telephone: 709-364-7701; Fax: 709-364-6460).

June 4-6. "Energizing Nursing", Corner Brook. ARNN annual general meeting.
Nominations by February 13; Resolutions by March 3, 1995.
Contact: ARNN, 55 Military Road, PO Box 6116, St. John's, NF A1C 5X8. (Fax: 709-753-4940)

June 4-7. "In Tune with the Country", Nashville, TN. Offering more than 100 educational sessions of nuts and bolts, advanced practice and hot topics presentations. Preconference sessions on June 2, 3, 4. (Accommodation prebooking is essential).
Cost: Before May 12: Member $240 US; Non-member $315 US; Full-time student $125 US. After May 12 $265 US; $340 US; $125 US (Annual membership fees: $112 US for Newfoundland)
Contact: AWHONN, 700 14th Street, NW, Suite 600, Washington, DC 20005-2019. (Telephone: 202-662-1616 (0900 to 1630 EST))
Pearl, your editor, has some information.

June 5-6. "Professional Regulation - Society's Business". The Second International Standing Conference on the Regulation of Nursing and Midwifery, London, England.
Contact: Mark Darley, UKCC, 23 Portland Place, London W1N 3AF

June 6-9. "Quality in Nursing: Realities and Visions", Athens. International Confederation of Nursing Congress.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)
Information: C. H. Lemonidou PhD., Faculty of Nursing, University of Athens, Box 14378, Feidippidou 45-47, 115 27, Athens, Greece. (Fax: 301-77-81829)

June 15-17. "Health Care and Culture". The 2nd International and Interdisciplinary Health and Nursing Research Symposium, Morgantown, WV.
Contact: Dr. Janet F. Wang, School of Nursing, West Virginia University, P.O. Box 9610, Morgantown, WV 26506. (Fax: 304-292-6826)

June 18-21. "Putting the 'Public' back into Health". Canadian Public Health Association 86th Annual Conference, Charlottetown, PEI.
Contact: CPHA, 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1 (Fax: 613-725-9826)

June 20-23. "Nursing Scholarship and Practice", Reykjavik, Iceland.
Abstracts: by October 1, 1994 and February 15, 1995.
Cost: Before February 15 regular $350 US/ student $200 US
After February 15 regular $425 US/ student $250 US
Contact: Gudrun Kristjansdottir, Associate Professor, University of Iceland, Dept. of Nursing, Eiriksgotu 34, IS-101 Reykjavik, Iceland (Fax: 354-1-625895)

June 22-23. "Creating Links and Transforming Practice", to examine how clinical practice and/or education can be transformed through research, Toronto, ON. Co-sponsored by CAUSN and Ryerson Polytechnic School of Nursing. Themes of quality of worklife, information systems, women's issues, ethnocultural issues, education/clinical partnerships, ethical issues.
Contact: Chairperson, Program Committee, National Nursing Research Conference, School of Nursing, Ryerson Polytechnic University, 350 Victoria Street, Toronto, ON, M5B 2K3 (phone: 416-979-5300)

June 24-28. "Lactation Consultant Exam Preparation Course", Minneapolis (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

July 3-28. "Breastfeeding: Practice and Policy" certificate course, London, England. Directors of the course are Felicity Savage and Gabrielle Palmer.
Cost: £1450.00 includes essential reference material and books but does not cover accommodation, meals or transport.
Contact: Continuing Education Office, Institute of Child Health, 30 Guildford Street, London WC1N 1EH, England. (Fax: 011-44-171-831-0488)

July 8-11. "Nurturing the World's Future", Chicago. 14th International Conference of the La Leche League International.
Contact: LLLI Conference, Dept. B, P.O. Box 4079, Schaumburg, Illinois 60168-4079

July 20-23. "20th National Primary Care Nurse Practitioner Symposium", Keystone, CO. An international track to support the development of primary health care nurse practitioners through sharing of ideas and networking. Themes of areas of practice, professional development, education, research, but not limited to these areas.
Contact: Ellen Lemberg, UCHSC School of Nursing, 4200 E 9th Avenue, Box C 287, Denver, CO 80262. (Fax: 303-270-3198).

July 23 - 27. "Medinfo 8th World Congress on Medical Informatics. Medical information Towards the 21st Century. From Theory to Practice", Vancouver, BC.
Contact: Medinfo 95, Suite 216, 10458 Mayfield Road, Edmonton, AB, T5P 4P4.

August 1-7. **World Breastfeeding Week - "Breastfeeding: Empowering Women".**

September 4-5. "4th UN World Conference on Women", Beijing, China. WABA, IBFAN, Wellstart, are requesting lobbying of national delegates to get breastfeeding issues introduced via governments.
Contact: Madeleine Gilchrist, Beijing Coordinating Committee of Canada, c/o Canadian Research Institute for the Advancement of Women, 151 Slater Street, Suite 408, Ottawa, ON, K1V 9H1.
(Fax: 613-563-0682)

September 7-9. "Nursing in the New Millennium. Beyond Tomorrow: Building Nursing Skills for the Future", Winnipeg. Innovation in nursing and nursing care delivery.
Abstracts: March 30, 1995.
Contact: Communication Dept., Manitoba Association of Registered Nurses, 647 Broadway, Winnipeg, MN R3C 0X2. (Fax: 204-775-6052).

November 27-29. National Nursing Research Conference jointly sponsored by CAUSN, CNA, CNRG, CNF.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)

1996

June 24-27. "Eighth Biennial Conference of the Workgroup of European Nurse Researchers", Stockholm, Sweden.
Contact: Stockholm Convention Bureau, P.O. Box 6911, S-102 39, Stockholm, Sweden. (Fax: 46-834-8441).

May 26-31. "The Art and Science of Midwifery gives Birth to a Better Future". The 24th Triennial Congress of the International Confederation of Midwives, Oslo, Norway.
Abstracts: June 1, 1995. Completed papers in by December 1.
Main themes: Reproduction and infant health; Cultural differences in childbirth practice and midwifery; Psychological aspects of childbirth; Psychological aspects of childbirth, women's experiences; Midwifery education, research and leadership.
Cost: Before October 30 - NOK 4000; October 31 to February 28 - NOK 4900; March 1, 1996 onwards - NOK 5900.
(NOK = approx. 22 Cdn. cents)
Contact: Team Congress, P.O. Box 6, N-6860, Sandane, Norway. (Fax: 47-57-866-025).
For questions about the scientific programme contact: Norwegian Association of Midwives, Tollbugt, 35, N-0157, Oslo, Norway. (Fax: 47-22-42-2207).
Accommodation prices: Between NOK 185-1500 depending on category of hotel and if a double or single room. Price includes breakfast.

1997

June 15-24. "Sharing the Health Challenge", Vancouver. ICN Congress.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)

MUN

THE EXPRESS, December 7, 1994 - Page A13

Survey finds low rate of smoking

A survey on smoking by Health Canada has found some very promising results for Newfoundland, says provincial Health Minister Lloyd Matthews.

Newfoundland has one of the lowest rates of smoking in the country, with 24 per cent of the population being smokers, compared with the national average of 30 per cent. Newfoundlanders also smoke fewer cigarettes per day than do smokers in other provinces. Newfoundland was the only province below the national average in both categories.

Newfoundland also had the highest percentage of smoke-free workplaces, with over half of respondents reporting that smoking was banned in their workplaces.

"The laws restricting smoking in public places and workplaces seem to be having a very positive effect in the sense that Newfoundlanders are smoking less because the opportunities to do so are limited," said Matthews.

But the survey found that Newfoundland teenagers have a higher prevalence of smoking than Newfoundland adults.

"Young people experiment with cigarettes and they quickly become addicted," explained Matthews. "Even though teens are more likely than adults to attempt to quit, they find quitting is very difficult. This makes the situation even more disturbing."

The minister of Health noted that laws are in place to attempt to make tobacco products inaccessible to teens, but 64 per cent of teenagers who smoke across the country report buying cigarettes in convenience stores.

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CHILD HEALTH

The Newsletter of the Canadian Institute of Child Health

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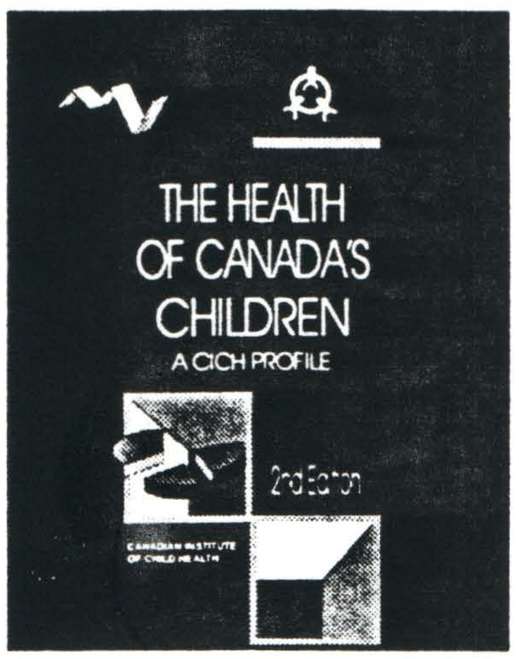
FALL 1994 VOLUME 16 NUMBER 3

The Health of Canada's Children Just Released!

After two years of preparation and updating, *The Health of Canada's Children: A CICH Profile, 2nd Edition* was recently released. It contains startling findings about the health of children in Canada. Its function is to turn the data contained in it into action.

The 180-page CICH Profile is divided into eight chapters, each of which contains an introduction, numerous graphic charts and descriptions, and a discussion. In all, the CICH Profile contains more than 230 reader-friendly charts that clearly show where many of the problems lie. The following briefly highlights some of the major findings contained in the new CICH Profile.



Chapter 1: Growing Up in Canada - Demographics

Three specific areas of emphasis emerge from Chapter 1. **First**, the children of Canada are culturally and linguistically diverse, and any services provided must embrace these differences.

- Almost a quarter of a million people came to live in Canada from other countries in 1991.
- Thirteen percent of Canadians speak a language other than English or French at home, a 2% increase since 1986.
- Sixteen percent of adults cannot read well enough to understand most written material.

Second, children, especially young children, need safe quality care while their parents work.

- In 1990, 62% of all husband-wife families had two adults working.
- In 1988, 2.6 million children needed child care. In 1990, only 320,000 licensed child care spaces were available to serve these children.

Third, a significant number of children live with violence or fear of violence.

- A large proportion of assaults against a woman by her marital partner is witnessed by the children.
- Children being exposed to violence may internalize their feelings and become depressed and withdrawn. Others may externalize their feelings and become involved in delinquent acts and aggressive behaviour.
- Some children may experience school difficulties resulting in poor academic performance, behavioural difficulties and frequent absences.

Chapter 2: Pregnancy, Birth, Infancy

Chapter 2 shows that we have made some significant strides, particularly in preventing death. But it is also clear that two critical areas of emphasis need attention: prevention of low birth weight and providing opportunities for healthy attachment of mothers and babies.

- In 1990, almost 22,000 low birth weight babies were born in Canada.
- The rate of low birth weight in Canada has not changed appreciably over the past decade.
- Although there has been a very slight decrease in the rate of low birth weight since the mid-1980s, 900 more low birth weight babies were born in 1990 than in 1985 because of the increased birth rate.

continued on page 2

Graham Chance Issues Urgent Call for Action

"When introducing the first CICH Profile of the Health of Canada's Children, my predecessor at the time, Dr. Barry Pless, issued a call for action on behalf of our children. Five years later, it is a sad indictment of Canadian society that this same call for action is necessary. Data assembled and clearly presented in this edition of the CICH Profile carry a starkly catalytic message: adult Canada must take immediate action to recognize the rights of children and ensure that they are treated equitably or face serious consequences in the future....

The challenges which CICH offers to Canadian society now are, first, to aim to eliminate child poverty by the year 2000; second, to explore and reverse those indicators of poor health which are shown in this text to be upward trends; and third, to remove the shocking disparities again shown to exist among children in Canada based upon parental income and marital status, ethnic background and physical ability. At CICH, we believe that in striving for and achieving these goals, Canadian adults as well as their children will benefit greatly."*

Graham Chance

Graham Chance, Chairperson, CICH Board of Directors

* *Quotation from the CICH Profile*

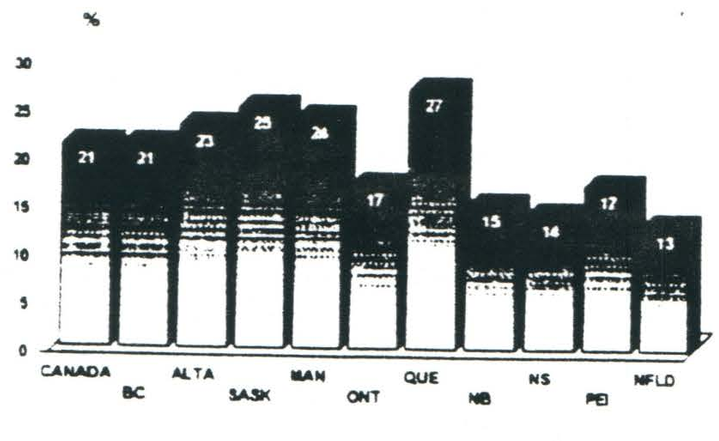
In subsequent editions of Child Health, *we will examine many of the issues brought to light in the CICH Profile, as well as present some of the goals and strategies CICH believes are more important than ever to find solutions that will make a difference in the lives of the nation's children and youth.*

Inside...

You Asked...

As fall rolls around, CICH gets numerous requests for information on "latch-key" children. This issue was looked at when we were preparing *The Health of Canada's Children*. Here's what we found.

PROPORTION OF CHILDREN WHO ARE LATCH-KEY CHILDREN - 6 TO 12 YEARS CANADA AND PROVINCES, 1988



Canadian Council on Social Development, Centre for International Statistics on Economic and Social Welfare for Families and Children, *Newsletter No. 2*, July 1993

According to the National Child Care Study, 1988, one-fifth, or over 320,000 children between 6 and 12 years of age spend some time alone while their parent(s) worked or studied. The highest percentage is in Quebec (27%), and the lowest in Newfoundland (13%). Almost 30%, or over 93,000 of these children, were between 6 and 9 years of age.

Home Alone Tips

Here are some safety tips to talk over with children to make being home alone a positive experience.

- Never enter the home if something looks wrong - door open, window broken.
- Call a parent as soon as you are home.
- Have a schedule of after-school activities.
- Have a backup person to call in an emergency.
- Have clear instructions for answering the door or phone. Have emergency phone numbers posted.
- Do not visit friends without a parent's permission.
- Do not use any appliance without a parent's permission.

For more information on being home alone, please contact: Canada Safety Council, #6, 2750 Stevenage Drive, Ottawa, ON K1G 3N2, Tel: (613) 739-1535, Fax: 739-1566.

CICH's booklet *On Your Own* is the ideal activity book for kids learning to be at home alone. The English book is now on sale for $2.00 (or $1.50 for orders of 10 or more). Include $3.00 for postage/handling plus 7% GST. Please make cheque payable to the Canadian Institute of Child Health, 885 Meadowlands Drive Suite 512, Ottawa ON K2C 3N2.

Violence and the Mother-to-be

Statistics of prevalence of abuse during pregnancy are difficult to compile with accuracy because many victims may not want to reveal the violence in their lives. However, the national Violence Against Women Survey (Statistics Canada) found that of all women who were abused by their partner, 21% were assaulted during pregnancy. This means that over half a million women in Canada over 16 years of age have experienced such violence.

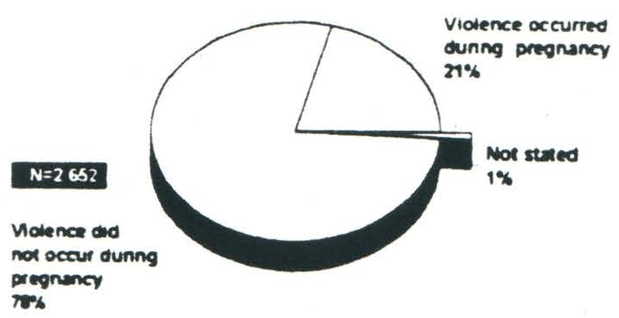
Women who are battered during pregnancy are more likely to be white, single and have a low socioeconomic status; however, battering occurs in every socioeconomic group.

Most studies have indicated that battering causes spontaneous abortion, premature labour and stillbirth. Significant findings that went along with being battered included increased drug/alcohol abuse and attempted suicide.

Health care professionals who provide frontline care to women of reproductive age may be the first individuals to identify abuse in women clients. Understanding abuse of women and their unborn children is paramount to allow health care providers to identify, properly intervene and refer pregnant women to appropriate resources.

More statistical information on violence during pregnancy and violence and its effect on children is available in *The Health of Canada's Children: A CICH Profile, 2nd Edition.*

PROPORTION OF WOMEN WHO REPORT VIOLENCE BY A MARITAL PARTNER WHO WERE ASSAULTED DURING PREGNANCY - Canada, 1993



Statistics Canada, Violence Against Women Survey, unpublished data, 1993

continued from page 1

- Low birth weight babies are more likely to have serious health problems that may continue with them throughout life.
- The burden on the family of caring for these babies and children is immense.
- There are provincial differences in the rates of low birth weight and several other countries have a low birth weight rate that is lower than ours.
- The factors that contribute to low birth weight are complex. They include broad determinants of health, such as socioeconomic status (poorer women have a higher rate of low birth weight), social discrimination, social support and the beliefs and values of society. Other factors include nutrition, work, smoking, alcohol use and access to health services.
- To improve the health of young infants, we need to reduce the rate of low birth weight itself, and not to rely solely on the biomedical technology.

The time around birth and the first year of life is critical to the development of healthy attachment between mothers and babies. The support that women and families receive at this time can either enhance or inhibit the attachment process.

- There is evidence of some restrictive hospital policies which have the potential for interfering with this attachment.
- Many infants are admitted to hospital, and thus are separated from their home, during their first year of life. It is estimated that there is one hospitalization for every three infants.

Chapter 3: Preschool

Three important areas of emphasis arise in this chapter: prevention of injuries and respiratory diseases, and scarcity of statistics to measure emotional and mental health of preschool children.

- Of all preschoolers who die, 40% die of injury-related causes.

continued on page 3

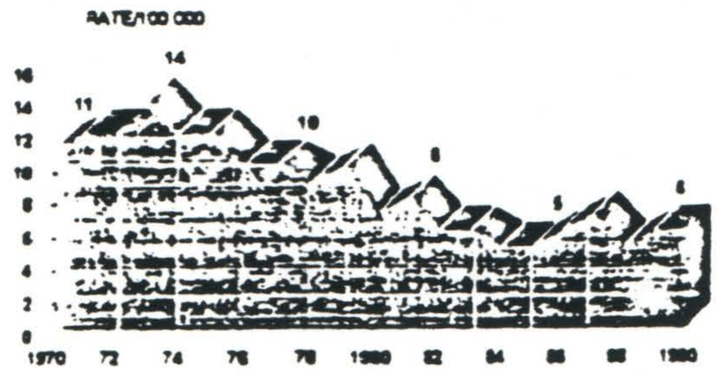
Many Thanks

CICH is pleased to accept the generous donation made recently by Manulife Financial to support the work of the Institute. Also, many thanks go to the Family and Child Health Unit, Health Promotion Directorate, Health Canada, for supporting CICH's Aboriginal Roundtable, and the Strategic Fund of Children's Mental Health, Children's Mental Health Unit, Health Canada, for supporting the Mental Health Resource Directory.

- In 1990, almost 225 preschoolers died as a result of injuries. For every child who died, 75 admissions were made to hospitals for injuries.

Most of the children who died, did so as a result of motor vehicle collisions, half as pedestrians and half as passengers.

MOTOR VEHICLE DEATH RATES, 1 TO 4 YEARS
Canada, 1970 to 1990



CICH using Statistics Canada Mortality (External Causes) Micro-data Files
Statistics Canada, *Causes of Death*, Annual 1972-1986

- Almost twice as many preschool boys die from injuries than girls.
- There are great variations among provinces in the rates of preschool deaths.
- Poorer children are much more likely to die as a result of injuries than wealthier children.

Over 67,000 admissions are made to hospital among the preschool population due to respiratory disease in Canada every year. One quarter of these are due to asthma.

- The rate of admission due to asthma has increased by almost 25% over the last decade. Boys are admitted at a rate almost twice that of girls.
- There are significant variations in the rates of hospitalization between provinces.
- Forty-six percent of all homes with preschoolers have at least one adult who smokes living in the same home.

For preschoolers we do not have emotional and mental health indicators that are population-based.

- We do know, however, that the basis for forming a trusting relationship and developing a positive sense of self takes place during these years.
- A large proportion of young school-age children have mental health problems and difficulties adapting in school.
- There is a solid body of evidence that early childhood education benefits children, particularly those who are disadvantaged.

Chapter 4: School Age

Injury prevention and mental health problems form the focus of this chapter.

In 1990, 384 children between 5 and 9 years of age and 429 children between 10 and 14 years died. Half of the 5 to 9 year-olds and almost two thirds of the 10 to 14 years-olds died as a result of injuries.

- Motor vehicle accidents accounted for over half of these deaths.
- Almost half of all 5 to 9 year-olds who died as a result of a motor vehicle collision died as pedestrians.
- For every child 5 to 14 years of age who died in a motor vehicle collision, 87 more were injured.
- One fifth of all 10 to 14 year-olds died as cyclists.
- In 1990, there were over 31,000 hospital admissions due to injuries and 42% of them were due to falls.
- Of all children in this age group seen in emergency departments for injuries, one fifth of them suffered their injury on a playground.
- Forty percent of the 5 to 9 year-olds suffered their injuries at home, while 15% of 10 to 14 year-olds suffered theirs while involved in sports or recreation.
- More boys died from injuries than girls.
- There are wide provincial variations in the rates of injury deaths.

A large number of children have mental health problems that have been identified clinically or express feelings of discouragement and melancholy.

- The Quebec Mental Health Survey identified that 16% of boys and 13% of girls 6 to 11 years of age have at least one mental health problem. By the ages of 12 to 14 years, the figures were 11% for boys and 24% for girls.
- The Ontario Child Health Study found that if a child had a conduct disorder at the age of 4 to 12 years, that child was very likely to have the same disorder 4 years later.
- The British Columbia Adolescent Health Survey identified that by Grade 9, only 26% of young women reported high self-esteem compared to 40% of young men.
- One fifth of all Canadian children 6 to 12 years of age are "latch-key" children.

Chapter 5: Youth

There are many indications that youth 15 to 19 years of age are having problems within relationships.

- Twenty-three percent of young women and 17% of young men report feeling lonely.
- Forty-three percent of young women state that they feel really depressed once a month compared to 23% of young men.
- Young women are less likely to feel good about themselves than young men. Many youth do not feel good about their bodies.
- The incidence of dating violence against young women is very high.
- Many Canadian youth live on the streets, most of whom have left abusive relationships.
- A large proportion of young people leave school early, somewhere between 18% and 31%.
- Fifty-three percent of young women and 37% of young men rate their lives as stressful.
- A large proportion of young men die from suicide; teenage women are hospitalized more for attempted suicide.

Youth may participate in behaviour that can lead to negative health outcomes. Some of the outcomes are fatal, particularly with injuries.

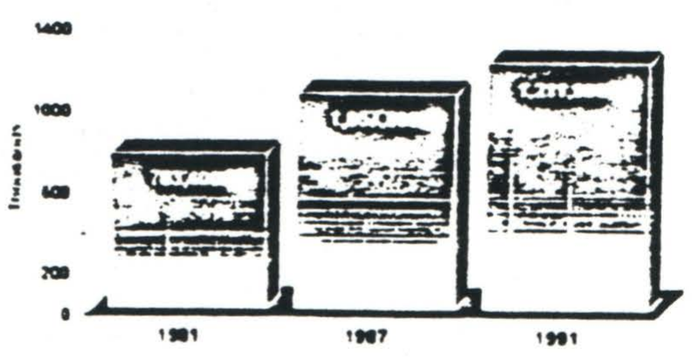
- Almost 900 youth between 15 and 19 years of age died of injury-related causes in 1990. Three quarters of these were young men.
- Eighty percent of 15 to 19 years-olds drink alcohol. In 1990, 31% of all fatally injured drivers under age 21 had illegal blood alcohol content.
- Half of these injury deaths are caused by motor vehicle collisions.

Chapter 6: Poverty

The problem of child poverty in Canada is reaching crisis proportions.

- Over 1.2 million children in Canada live in poverty. Our child poverty rate is three times that in Sweden and twice that in West Germany.

NUMBER OF CHILDREN LIVING IN POVERTY, UNDER 18 YEARS - Canada, 1981, 1987, 1991



Special runs of Statistics Canada, Survey of Consumer Finances Micro-data for CICH by the Centre for International Statistics

- In 1991, there were half a million more poor children than there were in 1981.

continued on page 4

- Eighteen percent of all children under age 18 are poor; 21% of all children under age 7 are poor.
- Almost all, 89%, of young children under age 7 who live with single mothers who have never married are poor.
- In some provinces, one quarter to one third of all children under age 7 are poor.
- A single female parent with one child would have to work 73 hours a week at minimum wage to bring her family up to the poverty line.
- The richest Canadian families are receiving an increasingly larger share of family income.

Poor children do not share the same level of health as other children.

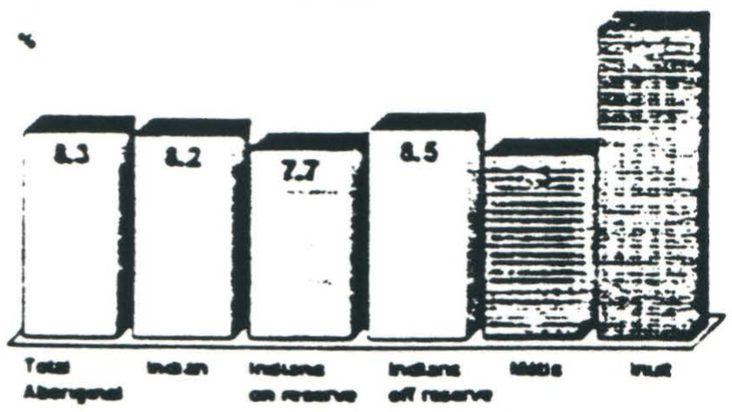
- The infant death rate is twice as high in poor neighbourhoods than in rich neighbourhoods.
- The low birth weight rate is 1.4 times higher in poor neighbourhoods than in rich neighbourhoods.
- Poor children are more likely to die from injuries than other children.
- Poor children are more likely to have chronic health problems and to be admitted to hospital than other children.
- Poor children are more likely to have problems at school, to have psychiatric problems and are less likely to feel good about themselves than other children.

Chapter 7: Aboriginal Children

Perhaps more indicative of the societal disadvantages experienced by Canadian Aboriginal children are the figures describing the social and economic conditions under which they live.

- Over 8% of the Aboriginal population have reported they have experienced food shortages.

ABORIGINAL PEOPLES REPORTING FOOD SHORTAGES
Canada, 1991



Statistics Canada, *Language, Tradition, Health, Lifestyle and Social Issues*. 1991 Aboriginal Peoples's Survey, 1993

- Many Indian and Inuit people live in inadequate housing. The incidence of crowded dwellings among Indian and Inuit people and the proportion of dwellings without central heating is much higher than in the Canadian population overall.
- Aboriginal peoples are less likely than other Canadians to have a higher education.
- The rate of unemployment among Aboriginal peoples is 2.5 times that of the Canadian population.
- Twenty-four percent of Indian families living on reserve are lone-parent, 30% of Indian families living off reserve are lone-parent, and 19% of Inuit families are lone-parent. This compares to 13% in the total Canadian population.
- Large proportions of Aboriginal peoples identify unemployment, alcohol and drug use, family violence, sexual abuse and suicide as significant social problems in their communities.
- More Indian children than Canadian children overall are placed in care.

The consequences of these difficult circumstances are severe.

- The infant death rates among Indian and Inuit babies are twice as high as the rate for the total Canadian population.
- The Indian death rate due to Sudden Infant Death Syndrome (SIDS) is three times that of the Canadian population; the Inuit death rate due to SIDS is four times higher.
- The perinatal mortality rate, or death from 28 weeks' gestation to the first week of life, is almost twice as high for Indian babies and more than twice as high for Inuit babies than for the Canadian population.
- The injury death rate for Indian teenagers is almost four times greater than that of the total Canadian population.
- The suicide rate among Indian youth is five times that of the total Canadian population.

Chapter 8: Children and Youth with Disabilities

Children and youth should enjoy full participation in community activities. They should have access to quality education to meet their future needs and be able to play in order to meet their full developmental potential. This is not always so.

- Forty-one percent of youth with disabilities would like to participate in more activities in their spare time and almost half of these youth reported that they would like to be more physically active.
- Almost half of all children with disabilities have specialized transportation services in their community; however, 2.5% need specialized services they do not have.
- Most children with disabilities are in school. More than half of 5 to 14 year-olds are in regular school and just over one-third are in regular school with special education. What is unclear is whether these children are integrated into regular classrooms or placed in separate classrooms.
- Three quarters of youth with disabilities 15 to 19 years of age are in school.
- A large proportion of children reported that their disability interfered with their education in some way.

The information presented here is just a brief summary of what you will find in *The Health of Canada's Children: A CICH Profile, 2nd Edition*. The graphics have been designed so that they are excellent for photocopying or for use in overheads at conferences and other presentations.

To order, please fill out the form below and send it by mail or fax to CICH. The CICH Profile is available in English only at this stage, but will soon be available in French. Each copy is $30.00 (plus 10% for postage/handling and 7% GST).

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WORLD ALLIANCE FOR BREASTFEEDING ACTION

WABA

P.O. Box 1200, 10850 Penang, Malaysia
Tel: (60-4) 6584816; Fax: 6572655

WABA Discussion Paper DRAFT

Expressing Ourselves: Breast Pumps

WABA's position confirmed at the May 1992 steering group meeting, and reiterated at the 1993 and 1994 meetings is that it will not accept funds from breast pump manufacturers. The companies marketing breast pumps also show feeding bottles, nipples and pacifiers or soothers in their advertisements. Some also manufacture and distribute these products.

The equipment is of limited necessity internationally and is potentially damaging to women's self-confidence. Breast pumps can create dependency on a fallible piece of technology instead of encouraging a human solution for a human problem. Breast pumps can result in women not learning the basic skills of hand expression.

Considering that most workplaces have few policy options to support their breastfeeding employees, it would be regrettable if a breast pump purchasing programme (a corporate lactation strategy), substituted for breastfeeding support programmes such as on site infant care or reasonable maternity leaves, for example. Corporate Lactation programmes such as Medela's Sanvita programme provide pre-natal education, worksite pumping, counselling and referrals, and, of course, monitor the company's pumps and other equipment.

Working mothers are special targets for infant formula companies and breast pump companies, for the task of managing breastfeeding and working outside the home is a real challenge for families. Both infant formula and expressed breastmilk are usually fed by means of a bottle. Like infant formula companies, Ameda/Egnell company advises waiting "at least three weeks before introducing a bottle or about a week before going back to work" (1992 Breastfeeding Answers). Bottles appear in advertisements for these products.

Ameda/Egnell representatives appear regularly at breastfeeding conferences, distributing posters, folders and advice. Their logo is a "Circle of Caring" and they advertise "pumps and other products to help breastfeeding mothers". At the more than 1,500 rental locations throughout North America, mothers can rent or purchase large electric breast pumps plus personal accessories, small electric breast pumps (Nurture III), battery powered breast pumps, one hand breast pump, cylinder, hand breast pumps, and a number of other items including Cool'n Carry totes, baby calmer (producing soothing sounds), breast shell systems to protect nipplies while their air dry, nursing pads, areola stimulator, freezer bags and a range of educational books and videos. Who said only bottle-fed babies get the latest gadgets?! Medela offers "a complete range of breastfeeding products designed to meet the needs of mother and child." Silly me. I thought women had the complete range of products on their chests.

Issues

1. Breast pumps are not a universal need of breastfeeding mothers. Most mothers can express milk by hand without the use of a pump, and can feed expressed breastmilk to infants without the use of a bottle. This avoids nipple confusion and contamination through unclean bottles.

2. Breast pumps contribute to the medicalisation of breastfeeding and emphasise breastmilk as a product over breastfeeding as a process. The product orientation is compatible with the belief that infant formula and breastmilk are equivalent products - products served in the same container but coming from a different source.

3. Pumps are not the most cost effective way to help breastfeeding mothers. However, pumps result in a better release of Prolactin and Oxytocin. Therefore, they may have a role in the overall maintenance of lactation for some women in some circumstances.

4. When breastfeeding aids are needed, products should be manufactured locally and cheaply to meet local needs, rather than imported from industralised countries. The export of pumps to developing countries is an example of inappropriate technology transfer since the pumps, as well as a refrigerator or possibly even a freezer may be recommended for storage of expressed breastmilk.

5. Women's inability to express enough milk may easily be taken as evidence of insufficient milk and result in early weaning.

6. Discomfort with expressing milk may also become a reason to stop breastfeeding (both physical and psychological discomfort).

7. Breast pumps contribute to the de-skilling of breastfeeding mothers who may never learn how to hand express breastmilk and never be able to pass the skill to their daughters. The best techniques of hand expression need to be effectively taught, and mothers, supported during this process.

8. Milk expression is presented as an "answer to a problem." In many parts of the world, breastfeeding is a gift, not a problem. If it is seen as a problem, is extracting breastmilk seen as the answer? What about the use of kin support networks or shared breastfeeding as answers to problems?

9. Does pumping do any damage to women's breasts? Why is there no research on this?

10. Extraction can take a great deal of time. It is unrealistic to speak of talking, resting, reading or working while pumping.

<u>A global perspective</u>

Expressing breastmilk or extracting breastmilk is a very unusual practice worldwide. When it is done, expressed breastmilk is usually discarded because it is considered polluted, spoiled (by the evil eye, hot sun, improper eating, emotional upsets, contact with coldness) or in some way, rendered unusable. Occasionally, breastmilk is extracted to relieve fullness or to cure eye diseases (a few drops only). One rarely comes across examples of women expressing breastmilk to save for later feeding. This suggests women are more likely to think there is something wrong with breastmilk that has been expressed. In fact, expressing milk may be culturally unacceptable in many parts of the world. The removal of breastmilk from the body except by a baby is a very recent and unnatural act.

In North America and Europe, women are encouraged to use hand or pump expression when they return to work. But no one likes it. It hurts, it's messy and it is not effective, and there is no pleasure associated with it. Women talk about feeling like objects being used by machines. The whole experience seems to be anxiety producing. Women do it because they have no other options. We need to ask how much pumping costs women - in money, self-image and anxiety.

Pumping should be included and emphasised as part of breastfeeding policy when it is clear that it increases options for women. It may be an important choice for some working women as part of their strategies for combining breastfeeding and work. But this will be a new addition to our repetoire of infant feeding.

However, it is critically important to know exactly what breast pumps and expressed breastmilk replace for the mother and for the social institutions surrounding her (particularly hospitals and workplaces). Thus, the question is not whether to support or condemn breast pumps but to determine whether they increase women's choices and are better than other alternatives for the individual, the community and social institutions involved with breastfeeding mothers.

BREASTFEEDING: A WOMAN'S RIGHT

Breastfeeding is an important women's issue, human rights issue, and feminist issue, since breastfeeding empowers women and contributes to gender equality. Women who wish to breastfeed their babies but cannot because of inadequate support from family or health workers, constraints in the workplace, or misinformation from the infant food industry, are oppressed and exploited. Governments, NGOs and individuals committed to women's rights and human rights should use the occasion of the Women's Conference in Beijing, September 1995 to recognise breastfeeding as a woman's right. We call on National Governments, the United Nations' System and NGOs contributing to the Beijing Forum to ensure that breastfeeding rights are included in the Platform for Action.

Why is breastfeeding an important issue to integrate into the agenda of women's groups worldwide?

1. Breastfeeding promotes optimum maternal and child health.

2. Breastfeeding encourages women's self-reliance by increasing their confidence in their ability to meet the needs of their infants.

3. Breastfeeding focuses attention on the need to insure gender equality in the distribution of food and other resources within the household and community.

4. Breastfeeding confirms a woman's power to control her own body, and challenges the male-dominated medical model and business interests that promote bottle feeding.

5. Breastfeeding reduces women's dependence on medical professionals and validates the knowledge mothers and midwives have about infant care and feeding.

How does breastfeeding fit with other critical areas of concern identified by the Commission on the Status of Women?

1. *Human Rights*

By focusing on enabling women to breastfeed, we address women's rights since the improvement of women's social and economic status is necessary for supporting breastfeeding. Any violation of women's right to breastfeed is a violation of women's human rights.

2. *Reproductive Health*

Breastfeeding helps child spacing, reduces the risks of anaemia and provides protection to women from ovarian and breast cancers.

3. *Violence against Women*

Pregnant and lactating women are particularly vulnerable to abuse. Obstacles to breastfeeding such as inappropriate hospital practices and promotion of infant formula are also examples of violence against women.

4. *The Right to Information*

Women are denied the right to make an informed choice when they choose not to breastfeed their infants because many health professionals worldwide treat breastmilk and breastmilk substitutes as equivalent and have little experience or training in lactation management.

5. *Women and work*

As more women enter the formal employment, they require ways to improve the fit between their work lives and family lives, including the opportunity to continue breastfeeding. Their maternity entitlements include legislation to provide leaves and breastfeeding breaks, affordable childcare, and other strategies developed by women workers.

6. *Poverty*

Breastfeeding costs families very little, while artificial feeding can consumer from 20% to 90% of household income, in addition to additional health costs.

Recommendation for Action

Internationally, women as individuals and as members of health and consumer organisations have lobbied governments on behalf of breastfeeding and protested against the commercial interests that put profit over the well-being of mothers and infants. As a result, there are already a number of international instruments available for protecting breastfeeding, including:

Code for the Marketing of Breastmilk Substitutes
World Summit for Children
Innocenti Declaration
International Conference on Nutrition

ENDORSING GROUPS CALL ON ALL NATIONAL DELEGATIONS AND NGOS TO INCLUDE THE IMPLEMENTATION OF EXISTING LEGISLATION AND CONCENSUS STATEMENTS PROTECTING BREASTFEEDING AS PART OF THE PLAN OF ACTION FOR BEIJING.

WORLD ALLIANCE FOR BREASTFEEDING ACTION

WABA

PO Box 1200, 10850 Penang, Malaysia
Tel: (60-4) 6584816; Fax: 6572655

Proposed legislation encouraging for midwives

By BRAD KEATS
The Labradorian

Recent legislation proposes, among other things, that midwives of Grenfell Regional Health Services will no longer have to train overseas, but will be able to access local programs.

The Provincial Advisory Committee on Midwifery, formed in February of 1993, has recommended in its final report that the Act Respecting the Practice of Midwifery (1970) be replaced with a new act.

"A revised and re-instituted educational program for midwives would mean that communities throughout Newfoundland and Labrador would have the opportunity to have midwives," said Pamela Brown, a midwife in Happy Valley-Goose Bay.

There are about 20 midwives in the Labrador region at present, and they are all foreign trained - either in England, the United Kingdom or Australia. If the final recommendations of the report are accepted, they will have to be upgraded to a degree level, which is a four-year program.

"We hope that the final government recommendations advocate that midwives would have the ability to directly enter a college of midwifery instead of first becoming nurses."

One of the main issues to be addressed by a new act is licensing. In order to avoid limiting registration to nurse-midwives (thereby closing the door to direct-entry midwives), nor to limit employment access to midwives trained elsewhere in Canada or abroad, the committee decided a separate midwifery licensing body would be most appropriate for this province.

"There is the mixed feeling in the province, including some midwives, that midwifery should be taught in nursing schools, whereas the report says that midwifery should have its own college," Ms. Brown said.

She noted that the fundamental differences in midwives and nurses is reason enough to require them to be under separate jurisdiction.

"Nurses care for sick people, while midwives care for families and individuals that are healthy - so they can work independently without the directions of a doctor," she said.

Another important recommendation of the report is that the Department of Health establish by September 1994 a Midwifery Implementation Committee to develop the new Midwifery Act with a membership composed of a majority of midwives with additional multidisciplinary and consumer representation.

"The committee representation should include a family practitioner, an obstetrician, a nurse, a lawyer, a representative from each hospital and community health board or agency, and the provincial Department of Health and two or more consumer representatives. There should be representation from all regions of the province, including Labrador," reads the report.

"This is a very important beginning for midwives," said Ms. Brown. "With some active community pressure to put this through, hopefully it won't take the five years that it possibly could."

U.K. Regulations

MATERNITY LEAVE RULES

citizens advice bureau

HAILSHAM
Southview
Western Road
Tel 842336

ANY woman having a baby since October 16, 1994; has a better statutory entitlement to maternity leave than under the old rules, and possibly to additional maternity absence.

Some women have rights under their contract of employment which are better than their statutory rights, so these would then apply.

Under the new rules all women, apart from very limited exceptions, are entitled to 14 weeks maternity leave. In addition, women who normally work at least 16 hours a week and have two years' continuous employment (five years if they work between 8 and 16 hours a week) at the beginning of the 11th week before the week the baby is due, may take as much time as they want away from work, between that week and the 29th week after the baby is born.

This may not be possible if the woman's firm employs less than six people, including her.

The procedure to follow before going on maternity leave is almost the same in both instances. All women must inform their employer in writing, at least 21 years before maternity leave begins, of their pregnancy and the expected week of confinement. They must also say when they want their maternity leave to begin. This can be any time in or after the 11th week before the baby is due.

??

A woman with the longer maternity leave entitlement should inform her employer in writing that she wishes to return to work afterwards, at least 21 days before the leave begins. It does not matter if she has not yet made up her mind about returning to work, but this keeps her options open.

If she does not do this, she loses her statutory entitlement to the longer maternity absence, but can still take 14 weeks leave.

The law states explicitly that a woman's contract of employment continues to exist in the 14 week maternity leave period, except with regard to pay. This means that she will continue to accrue holiday entitlement, pension rights, etc.

Whether or not the contract continues in the additional period of maternity absence may be more complicated and will depend on the particular circumstances of each case.

A woman who wishes to return to work at the end of the 14-week period just has to go back on the correct date. If she wishes to return before the end of the 14-week period, she must inform the employer in writing at least seven days beforehand.

All women have the right to return to work in the same job after maternity leave. If an employer does not allow this, a woman may claim unfair dismissal and/or sex discrimination.

Our office holds more information on this complicated subject, so if we can help with this or any other problem please call us, in strict confidence. We are next-door to Hailsham Library and no appointment is necessary.

Opening hours are from 10am to 4pm on Monday to Friday, and from 10am to 12 noon on Saturday.

Our Polegate extension is open every Tuesday from 9.30am to 12.30pm. in the Reg Shingleton Amenity Centre in the Co-op car park.

CANADA'S BABY MAGAZINE

BEST WISHES

October 19, 1994

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School of Nursing
Memorial University
St. John, Nf
A1B 3V6
Mrs. Kay Mathews

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IMPORTANT NOTICE - PLEASE RESPOND AS THE RESULTS EFFECT YOU

The majority vote of the first question will be counted as the wishes of the members

THE FUTURE OF THE ALLIANCE

The Alliance was formed when the Midwives Association and the Maternity and Neonatal Association joined forced in 1983. Now, 12 years later, there have been many changes including the movement across Canada for legislation of midwifery practice. Therefore, there has been a suggestion that the two associations once again become separate bodies so that each association can better concentrate on issues pertaining to its membership. The views of the members are requested.

Should the two Associations separate? Yes No

(Please circle the applicable response)

Reasons for your response:

If the associations separated would you join one or both?

Yes No

If the associations stayed together as the Alliance would you continue to be a member?

Yes No

Please return by **February 28, 1995** to either Cathy Wyse, President, 61 Bonavista Street, St. John's, NF A1E 3Z8 or to Pearl Herbert, Editor of this Newsletter.

THE ALLIANCE OF NURSE-MIDWIVES, MATERNITY AND NEONATAL NURSES OF NEWFOUNDLAND AND LABRADOR

APPLICATION FOR MEMBERSHIP
1995

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

Nursing Qualifications: _____

Full Address: _____

_____

Postal code: _____

Telephone No. _____ Fax No. _____

Work Address: _____

_____

Nursing area where working: _____

Retired: _____ Student: _____

Unemployed: _____

I wish to be a member of the Alliance and I enclose a cheque for $_____. (Cheques made payable to the Alliance)

Membership for midwives is $20.00 (as this includes the Canadian Confederation of Midwives membership fee of $5.00 a midwife which the Alliance has to pay).
Membership for those who are not midwives is $15.00.
Membership for those who are unwaged is $10.00

Signed: _____ Date: _____

Return to: Clare Bessell, (The Alliance Treasurer),
37 Smith Avenue, St. John's, Newfoundland A1C 5E8