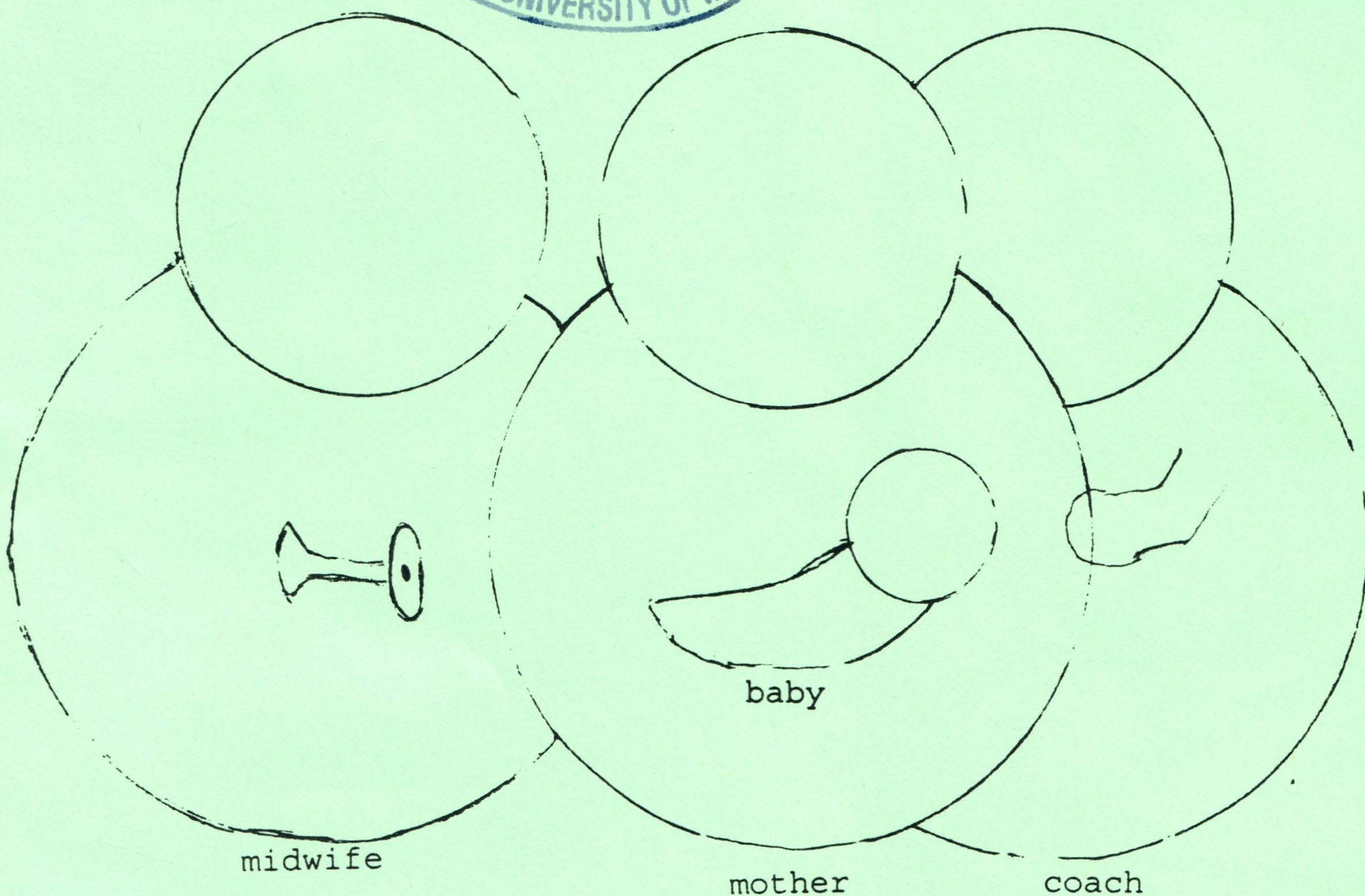
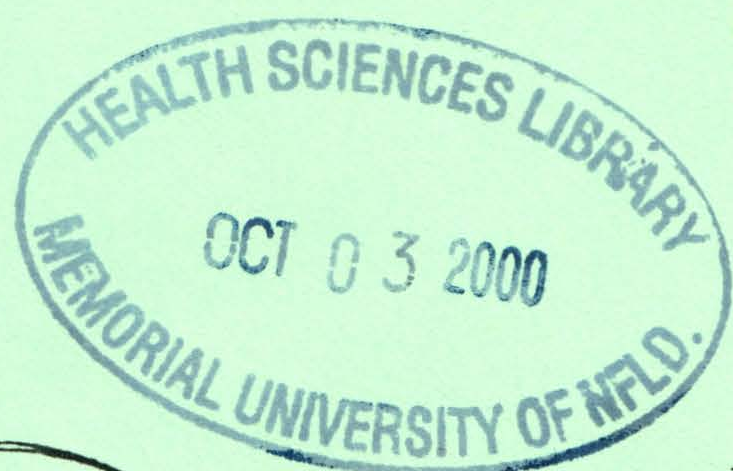


NEWFOUNDLAND & LABRADOR MIDWIVES ASSOCIATION



Newsletter No. 15, September 2000

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Newfoundland and Labrador Midwives Association
(Chapters in Goose Bay and St. John's)
Newsletter 15
September 2000

This Newsletter contains a summary of the general meeting held on September 15, 2000. As usual, the September Newsletter includes a list of some of the MUN Library acquisitions over the past year which may be of interest to our Members.

Thank you for the information which has been submitted for this Newsletter. Items for the next Newsletter should be sent to the Editor by January 5, 2001.

Items for the Newsletter are welcomed and those who submit are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility.

If you hear that people have not received this Newsletter it may be because they did not renew their 2000/2001 membership. A membership form is at the end of this Newsletter.

We wish all the best for the coming years to members who are moving to new hospital sites. (Grace General Hospital and Janeway Child Health Centre to the Health Sciences Centre, Melville Hospital to the Labrador Health Centre).

Pearl Herbert, Editor, c/o School of Nursing,
Memorial University of Newfoundland, St. John's, NF, A1B 3V6 (Fax: 709-737-7037)

Newfoundland and Labrador Midwives Association General Meeting January 12, 2001, 4:00 p.m. (Island time).
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Executive Committee

President: Pearl Herbert

Secretary: Karene Tweedie

Treasurer: Pamela Browne

Co-Signer: Alison Craggs

Newsletter Editor: Pearl Herbert

Home page: <http://www.ucs.mun.ca/~pherbert/> Newsletter in HSLibrary: WQ 160 N457n

General Meeting, September 15, 2000. There were eight members present and several apologies due to various commitments. There was discussion regarding the logo and by a small margin the vote was for three people with a baby (the President, as Chair of the meeting, did not vote). It was passed that the price of having this professionally designed be investigated and to proceed if not too expensive. (It will cost about \$100). The future name of the Association was not resolved and a further vote is required to decide between AMNL, ANLM, MNLA, MONLA. Note: After legislation may want to add the word "Registered" e.g. ARMNL, RMNLA may be similar to the military. Voting paper included for full members to give their vote by **October 31**.

The Midwifery Implementation Committee meets on September 29 and the subcommittees (Scope of Practice, Education and Licensing, and Communications) meet the day before. The Communications subcommittee is looking for input regarding how the essence of midwifery should be presented and how to deal with the opposition which is expected to occur. To give feedback contact Cathie Royle, chairperson, at the Provincial Perinatal Programme, Janeway Child Health Centre (hcc.royc@hccsj.nf.ca) or Kay Matthews at MUN School of Nursing (matthews@morgan.ucs.mun.ca).

At the January meeting it was decided that we should develop a Code of Ethics. Samples of the Code of Ethics and Philosophy from other provinces were sent to full members with the January Newsletter. This subject was on the Agenda for the March meeting and Tabled until this present meeting. The suggestions were to be submitted by the end of July. The resulting draft copies were e-mailed to all members with the Agenda for this meeting. After 8 months gestation this baby is nearly ready to be born. The final drafts of a Philosophy and a Code of Ethics for our Association are included with this Newsletter and a vote is needed from full members by **October 31.**

A discussion regarding our financial position was not finalised as we ran out of time. To adequately administer this Association it requires at least \$3,000 per year. An increase in the membership fees is needed, plus, a workshop. Advise the President if you would be willing to help with organizing a Workshop and/or dates when it would be a good time to hold this. All suggestions are welcomed.

As there was no formal closure to the membership fee, and as the fee has to be increased to keep the Association solvent, and as new members are inquiring about next years fees, therefore it has been decided, after consultation by the president with some of the full members, that the lowest rate suggested for a fee increase will be adopted. For 2001/2002 the basic fee will be \$40, full members will add \$35 (which is the fee which is being discussed at the next Canadian Association of Midwives' meeting) for a total of \$75, unemployed/students/retired \$15, out-of-country members \$85. If the CAM fee is higher than \$35 then the full membership fee will be adjusted accordingly. Full members who have paid \$75 by March 1, 2001, will not be required to pay the extra money for the coming year. Therefore, renew your membership early even though it is not due to April 1, 2001.

A question was raised about claiming membership fees on individual income tax returns. Officially, such membership fees would be claimed under line 212 where membership in a provincial Association or Union is necessary to be able to obtain work (see the book of instructions that comes with the annual income tax returns). The professional association should be registered, e.g., incorporated. Therefore, members can only carry on as they have been until the provincial legislation is implemented.

Information regarding the Midwives Association has been submitted for the next issue of the Provincial Community Directory. A poster is being developed for the Women's Health Forum "Culture and Diversity" on September 29 at St. John's City Hall. The President will be attending the "Future of Maternity Care in Canada" national conference in London, Ontario, November 24 to 25, and then the Labor Mobility Midwifery Reciprocity committee meeting in Toronto, November 26 to 27

Report of the Midwifery Mutual Recognition Agreement on Labor Mobility Meeting, Toronto, July 14-15, 2000. A summary of the report from Kay Matthews who represented the NL Midwives Association.

The purpose of the meeting was to try to develop a consensus among the regulated provinces on differences and commonalities in occupational standards and requirements, and document the conditions under which mutual recognition may occur. The hope was to write a draft of a Mutual Recognition Agreement (MRA) for the provinces which have regulated midwifery to complete with Article 708 of the Agreement on Internal Trade (AIT). The AIT

requires governments and regulatory bodies to mutually recognize the qualifications of workers from other jurisdictions in a manner set forth in Chapter 7 of the AIT. Essentially, an agreement allows for labour mobility from one province to another, which has been problematic in the past. **NB: The AIT refers to automatic registration from one province to another. It allows, as well, for accommodations where automatic requirements are not met.**

The Federal Government empowered Human Resource Development Centre to go forward to develop the MRAs among occupations. The MRA is an evolving government level for final approval. It is not a legal document.

Present in the working group were midwifery representatives from all provinces but none from the territories, and Labour Mobility Coordinators from Alberta and Saskatchewan.

Five provinces (British Columbia, Alberta, Manitoba, Ontario, Quebec) have legislation in place. Saskatchewan has legislation passed, but is waiting proclamation. Newfoundland and Nova Scotia have been working towards legislation (see reports in previous issues of the NL Midwives Association's *Newsletter*). From the discussions it was clear that generally, there are already existing commonalities in the provinces where midwifery is regulated.

There may be automatic registration, or conditional registration where the midwife can work but has a time limit to complete the requirements; or must work under supervision for a specified time or number of cases; or no registration as major updating is required.

The three major conditions (educational preparation, currency/recent experience, and good standing) were identified which are central to any agreement for automatic transfer.

1. The basic baccalaureate degree in midwifery, or an approved programme although some extra courses may be required. The programme must have theory and clinical examinations. Evidence of competency with a list of clinical competencies for scope of practice, including up-to-date Neonatal Resuscitation Programme (NRP) and Cardiopulmonary Resuscitation (CPR).
2. For those transferring to have an existing registration and be in good standing in another jurisdiction for a minimum of one year; no conditions or restrictions, current experience (60 births over the last 5 years, with 10-20 of those births in the last 2 years. The 60 births are 40 as the primary midwife and at least 10 home and 10 hospital births, continuity of care for 30). "Continuity of care" is defined as: at least 5 antenatal visits, care through the labour and birth, and at least 3 postpartum visits, plus a visit at 3 and 6 weeks postpartum. In Alberta it is further defined as at least one visit in the first trimester, two in each of the second and third trimesters.
3. No criminal record or other impediments, landed immigration or citizenship, payment of fees.

The Regulatory Body for the province is responsible for assessing applicants and deciding whether they meet the above requirements and eligibility for registration.

Cost of the assessment is a big factor. It is very expensive in Ontario (\$4,000 + \$1,000 registration fee), much less expensive in Alberta (\$1,000 + \$100). Malpractice insurance is \$4,900 but the advice is for this to be increased.

The discussions recognized a high level of commonality. Now how are those who do not qualify for automatic registration enabled to qualify? They may be asked to do extra courses (e.g. in research, women's studies, a science, etc.), clinical updating and/or supervision under conditional registration while they are fulfilling the requirements. Ontario requirements have been used as the model for the other provinces. Midwives with a current registration in Ontario and in good standing, may be automatically accepted in several of the other provinces. The North American Registry of Midwifery (NARM) assessment examination is not considered adequate and is not accepted by other provinces when a midwife assessed by this process wishes to move.

A draft agreement was developed. A follow-up meeting is planned for late November. Although the Regulatory Bodies have the final say in the drafting, input from those present from provinces where regulations are pending is welcomed.

Neonatal Resuscitation Programme (NRP). From the notes of the midwife who represented Canadian Association of Midwives (CAM) at the June National Meeting. (As there is no funding available for these meetings, a midwife in the location represents CAM).

There were many purposes for this meeting but the main goal was to discuss the national guidelines for NRP which are changing in July 2000 in order to more adequately reflect research and adult learning needs. The new manual and teaching guidelines will be problem based and reflect multi-faceted concerns which can arise during neonatal resuscitation. These guidelines are being released in July 2000 but will be presented in the US in October. A new Canadian manual is almost complete for printing will be accompanied by a CD-ROM. French texts will be available. These, along with an instructors manual, slides, video and charts, are hoped to be complete for a national release on November 4th in Montreal. All members of the National Committee will be at that meeting. They will present underlying research and theory as well as a description of the algorithms. All instructors and interested health professional will be encouraged to attend. There will be a cost of approximately \$175.00, which will include the cost of the new manuals and CD-ROM. The next order of business for the meeting included a discussion of ACORN (Acute Care of Resuscitated Newborns) which the committee is developing in the form of manual/text detailing what to do after NRP. ACORNs purpose is to stabilize the infant and prepare for either transport or additional care in an appropriate level facility. According to the subcommittee ACORN will concentrate on respiratory, cardiovascular, neurological, thermological, glucose/ hydration, sepsis, support, and transport again using algorithms and cases. It will be flexible, comprehensive, practice orientated, skill and drug orientated, have a systematic delivery and will be distributed similar to NRP. It will assist in standardizing care between different level institutions assisting GPs, neonatologists, midwives and anesthesiologists. It is hoped the manual will be ready in a year. The group was advised that the AOM has developed a Emergency Skills Workshop which is available for all of Ontario and has been given to the B.C. Midwives. The next part of the meeting included a discussion of regional issues regarding cost, quality assurance, standardization, and monitoring of NRP throughout each province. Manitoba, New Brunswick, Saskatchewan and the Territories were not represented. A report on Midwifery in Ontario was given and the importance of integrating Midwives into the health care system. There was some lively discussion on second attendants not always being Nurses. NRP was discussed as a requirement to be a second attendant. All agreed that the College of Midwives or equivalent in each province needs to make the decision regarding who can be a second attendant. All agreed that those at births need to have NRP. There was a short discussion on the use of NRP and its program in other countries.

Note: In Ontario - as from 1998 midwives have to "be annually certified in neonatal resuscitation. The required standard of performance is completion of a course that meets or exceeds the National Guidelines for Neonatal Resuscitation as they apply within the midwife's scope of practice". "As of January 1, 2001, all midwives will be required to successfully complete a course or assessment in emergency skills in obstetrics every two years".

CNA Certification Program

Introduced in 1991, the Canadian Nurses Association (CNA) Certification Program has, to date, certified 8,820 registered nurses in 10 nursing specialities. Registered nurses must meet specific eligibility criteria in order to be admissible to write CNA's annual examination. Perinatal Nursing (PNC(C)) was made available for the first time in 2000, and Cardiovascular Nursing examination will be introduced in 2001. The certification is valid for five years.

To be eligible to write a certification exam in any specialty, a nurse must hold current registration/licence in Canada as a registered nurse, and complete endorsement section on application by a supervisor or consultant in the specialty. Plus, must either have gained two years (3,900 hours) full-time experience or equivalent, as a RN in the specialty over the past four years; or have successfully completed a post-basic nursing course/program in the specialty of at least 300 hours and have gained 1,950 hours as a RN in the specialty over the past three years.

To re-certify, the examination may be rewritten or 100 hours of continuing education in the specialty may be completed. This is in place of the previous requirements of earning 75 formal hours and 25 professional hours of continuing education. Now, re-certification candidates must accumulate 100 hours of continuous learning (CL) activities related to their specialty during their five-year certification term. Some other changes include ways of earning CL time such as, preceptorship earns a maximum number of 40 CL hours, authorship or co-authorship of a book chapter, manuscript article or paper earns 15 CL hours, etc.

Applications to write examinations in all specialities must be postmarked on or before Friday, November 3, 2000. The examinations for all specialities take place Saturday, March 3, 2001. There will be a writing centre in each province and territory in Canada. Complete information about writing centres is in the "2001 Application Guide" available from the CNA (e-mail: certification@can-nurse.ca). For a CNA member in Newfoundland and Labrador the fee is \$394.34 (includes HST).

Newfoundland and Labrador Statistics

Newfoundland and Labrador Centre for Health Information. (2000, April). *Live birth trends. Community and Integrated Health Board. Newfoundland and Labrador 1993-1998*. St. John's: Author.

[The number of live births per year in the province has fallen from 6,435 in 1993 to 5,015 in 1998, a decrease of 1,420 or 22.1%. The crude birth rate has decreased from 11.3 in 1993 to 9.1 in 1998. Newfoundland and Labrador had the lowest crude birth rate of the Atlantic Provinces for each of the six years (1993 to 1998). The Labrador integrated health board has maintained the highest crude birth rate in the province over the six-year period. The Labrador integrated health board experienced the lowest percentage decrease in live births (4.8%) between 1993 and 1998. The Western community health board experienced the highest percentage decrease (30.7%). The rate of natural increase (total live births minus total deaths) in the six community/integrated health boards has declined over the six-year period. The Grenfell integrated health board recorded the highest mean live birth weight of all the community/integrated health boards for the period 1993-1998. The rate of Cesarean Sections increased for all community/integrated health boards from 1993 to 1998. The S.A. Grace General hospital reported the majority of live births in the province for each of the six years (1993-1998). The mean age of mothers increased for all community/ integrated health boards from 1993 to 1998. The rate of live births to teen mothers decreased in the St. John's, Eastern and Central

community health boards over the 1993-1998 period. The Western community health board and the Grenfell and Labrador integrated health boards experienced an increase in the rate of live births to teen mothers (p. 5).

The mean gestation period (weeks) in 1993 was between 39.0 (Labrador) and 39.4 weeks, and in 1998 was between 39.0 (Eastern) and 39.2 weeks. The mean birth weight in 1993 was between 3,418 g (St. John's) and 3,526 g (Grenfell), and in 1998 was between 3,400 g (Western) and 3,524 g (Labrador) (p. 31). In 1998 there were no triplet live births but Eastern had the most live twins, 41, and Grenfell had 4, out of 128 born in the province (p. 33).

In the province in 1993 there were 20.9% of births by cesarean section, and in 1998 there were 24.5% births. Labrador had 20.9%, Western 21.7%, St. John's 23.3%, Eastern 26.3%, Central 27.4%, Grenfell 28.8%. In the province in 1993 there were 18% of birth induced, and in 1998 there were 21.9%, of which Grenfell had 3.2% and St. John's 29.8% (p. 34).

In the province in 1998 there were 71.1% live births for which a specialist was seen for prenatal care, with 27.4% in Labrador, 49.2% Central, 61.5% Grenfell, 66.1% Western, 81.8% St. John's, 90.2% Eastern (p. 36). [Question: Was this because only a specialist was available?]

Have You Read?

Complementary and Alternative Medicine (CAM) (*AWHONN Lifelines*, 4(3), 11).

Columbia P & S <http://cpmcnet.columbia.edu/dept.rosenthal>

US Government CAM site <http://healthfinder.gov>

Food & Drug Administration <http://www.fda.gov>

NIH Center for Alternative Medicine <http://altmed.od.nih.gov>

Office of Dietary Supplements <http://odp.od.nih.gov/ods>

Focus on unprofessional activities <http://www.quackwatch.com>

National Council Against Health Fraud <http://www.ncahf.org>

American Botanical Council <http://www.herbalgram.org>

American College of Obstetricians and Gynecologists (1999, November). *Complementary and Alternative Medicine*. This contains more than 350 modalities identified as CAM and the role of the allopathic health provider in integrated patient care.

Nutrition Action Healthletter, 27(7), September 2000, pp. 6-8. St. John's wort may weaken the effect of prescription drugs by stimulating enzymes in the liver that inactivate and help remove drugs from the body, quicker than usual. Some of these drugs are indinavir (Crixivan) given for the HIV virus, cyclosporine used for immunosuppression after transplants, oral contraceptive, and medications used to treat heart disease, depression, convulsions, and certain cancers.

Nutrition Action Healthletter, 27(7), September 2000, p. 11. Caffeine may lower the risk of Parkinson's disease. Active teenage girls who drink colas are more likely to break a bone than active girls who don't drink colas. It may be due to the phosphoric acid in colas. Health Canada has warned consumers not to consume the herb Aristalachia as it causes kidney failure and cancer. Retailers, manufacturers and importers have been asked to stop selling products that contain either Aristalachia or MuTong, used in pills for dieting, rheumatism, tracheitis, or gastric problems.

Dangerous interaction reported between St. John's Wort and HIV protease inhibitor. (2000). *AWHONN Lifelines*, 4(3), 17. [St. John's Wort causes the body to quickly eliminate the antiviral drug indinavir. Reported in the February 12 issue of the *Lancet*].

Breastfeeding Information

Action Folders (1994 onwards) of the World Alliance for Breastfeeding Action (WABA) may be downloaded from the WABA web site <http://www.waba.org.br>

IBFAN-GIFA <http://www.gn.apc.org/ibfan>

United Nations Human Rights <http://www.unhchr.ch>

Conditions of Work <http://www.ilo.org>

UNICEF <http://www.unicef.org>

International Child Health <http://www.ich.uu.se>

Rights of the Child, Elimination of All Forms of Discrimination against Women, Economic, Social and Cultural Rights <http://untreaty.un.org>

Code of Marketing of Breastmilk Substitutes <http://waba.org.br/countryfiles1.htm>

Name Change. Connaught Laboratories was established in Toronto in 1914, and has been producing immunizations ever since. At present there are 30 vaccines which protect against 17 diseases. The total cost for a full range of childhood and adolescent vaccines, which protect against polio, pertussis, diphtheria, *Haemophilus influenzae* type b, measles, mumps, rubella and Hepatitis B is about \$150 per child in Canada. The Canadian Government spends just 0.15% of its total healthcare budget on vaccines. Following the merger in December 1999 between Hoechst and the Rhone-Poulenc Group, Pasteur Merieux, Connaught's parent group, the name has been changed to Aventis Pasteur (Company Brochure 0400E).

The official publication of Sigma Theta Tau International honor Society of Nursing's *Image: Journal of Nursing Scholarship* is now just *Journal of Nursing Scholarship*.

Journal of Nurse-Midwifery is now the *Journal of Midwifery and Women's Health*

Articles

Adams, D. M. (2000). Breastfeeding and oral contraceptives. Exploring opinions on the options. *AWHONN Lifelines*, 4(3), 45-47.

AWHONN. (2000). *Second-stage labor management: Promotion of evidence-based practice and a collaborative approach to patient care*. Washington: Author. [May be obtained from AWHONN Headquarters, 2000 L St., NW, Suite 740, Washington, DC 20036, USA; telephone 1-800-673-8499, ext. 2401 (but 800 may not be accessible outside of the US)].

Bailey, K., Combs, M. C., Rogers, L. J., & Stanley, K. L. (2000). Measuring up. Could this simple nursing intervention help prevent osteoporosis? *AWHONN Lifelines*, 4(2), 41-44. [By measuring height women could ascertain if they are shrinking. Height should also be measured at each health check, and discussion should include diet, exercise, and hormone replacement therapy].

Budd, K. W., Ross-Alaolmolki, K., & Zeller, R. A. (2000). Two prenatal alcohol use screening instruments compared with a physiologic measure. *JOGNN*, 29(2), 129-136. [Compares CAGE with T-ACE, and Prenatal Alcohol Use Interview (PAUI)].

Breastfeeding and childhood obesity. Exploring the links and benefits. (2000). *AWHONN Lifelines*, 4(2), 22. [Researchers found a 30% risk reduction for excessive weight and a 40% reduction in obesity risk for those who were breastfed exclusively for at least six months. Reported in the *BMJ*, 319, 147-150].

Callister, L. C., & Hobbins-Garbett, D. (2000). Cochrane pregnancy and childbirth database: Resource for evidence-based practice. *JOGNN*, 29(2), 123-128.

Carl, D. L., Roux, G., & Matacale, R. (2000). Exploring dental hygiene and perinatal outcomes. Oral health implications for pregnancy and early childhood. *AWHONN Lifelines*, 4(1), 22-27. [Results of a study found that mothers with less favourable pregnancy outcomes had greater periodontal destruction. Periodontal infections may include a reservoir of endotoxins that can act as potential systemic source of fetotoxic substances. Calcium is not leached in significant amounts from the mother's teeth as it is present in a stable crystalline form, and so is unavailable for systemic circulation].

Davis, L. J., Okuboye, S., & Ferguson, S. L. (2000). Health people 2010: Examining a decade of maternal and infant health. *AWHONN Lifelines*, 4(3), 26-33. [The 10 yearly report of the Department of Health and Human Services (DHHS) on prevailing US health issues and trends. These documents may be viewed at <http://www.health.gov/healthypeople>]

Dzakpasu, S., Joseph, K. S., Kramer, M. S., & Allen, A.C. (2000, July). The Matthew effect: Infant mortality in Canada and internationally. *Pediatrics*, 106(1). Obtained from the internet <http://www.pediatrics.org/cgi/content/full/106/1/e5>

Engstrom et al. (2000). Procedures used to prepare and administer intramuscular injections: A study of infertility nurses. *JOGNN*, 29(2), 159-168. [Many nurses did not use procedures that can reduce the pain and tissue trauma associated with intramuscular injections].

Feinstein, N. F., Sprague, A., & Trepanier, M. J. (2000). Fetal heart rate auscultation. Comparing auscultation to electronic fetal monitoring. *AWHONN Lifelines*, 4(3), 35-44.

Fletcher, M. (2000). Herbal resource guidebook handy for professionals. *Canadian Nurse*, 96(6), 10. [*Herbs: Everyday Reference for Health Professionals* is a publication co-published by the Canadian Medical Association and the Canadian Pharmacists Association. It contains a wealth of scientific research and literature reviews edited by Dr. Frank Chandler, one Canada's leading herbal experts. It is evidence-based and includes monographs on 60 herbal products that are widely used, including St. John's Wort which has harmful drug interactions when combined with certain prescription medications, and can affect the metabolism of other drugs, such as oral contraceptives, antidepressants, etc. The book costs about \$50 but members of the co-publishers get a discount. Obtainable from the CMA at 1-888-855-2555 or on-line at <http://www.cdnpharm.ca> or <http://www.cma.ca>].

Fletcher, M. (2000). Scope of practice nursing role could expand in neonatal care. *Canadian Nurse*, 96(6), 11. [The Canadian Paediatric Society (CPS) has recently endorsed specialized educational programs for advanced practice nursing to increase the number of professionals able to provide neonatal care in hospital NICUs. The CPS position paper "Advanced Practice Nursing Roles in Neonatal Care" may be obtained from 613-526-9397 or at <http://www.cps.ca/english/statements/FN/fn0004.htm>].

Fletcher, M. (2000). Bacterial transmission baby deaths prompt new policy. *Canadian Nurse*, 96(6), 13. [At an Oklahoma City hospital, after 49 babies became sick and 16 babies died of *pseudomonas aeruginosa* which was found under the long finger nails of a couple of nurses, there is a new policy that requires all nurses working in the hospital to have short fingernails].

Kagan-Krieger, S., & Rehfeld, G. (2000). The sexual assault nurse examiner. *Canadian Nurse*, 96(6), 20-24.

Kramer, et al. (2000). The contribution of mild and moderate preterm birth to infant mortality. *JAMA*, 284(7), 843-849. [A study of data collected in the USA in 1995 and in Canada 1992 to 1994, found that babies born at 27 gestational weeks or earlier account for a very large proportion of neonatal deaths (0.7% in the US and 0.4% in Canada). Mildly (34 to 36 weeks gestation) and moderately (32 to 33 weeks gestation) preterm infants had highest relative risks (RR) and appreciable etiologic fraction (EF) for postneonatal deaths due to infection, SIDS and external causes including abuse and maltreatment. Risks also increased for neonatal death especially due to asphyxia and infection, and there was little change when adjusted for maternal smoking. Higher RR for infection in the early and late neonatal period. The RR was slightly higher in Canada than the US. There had been little change over the previous 10 years]

LeFort, S. M. (2000). A test of Braden's self-help model in adults with chronic pain. *Journal of Nursing Scholarship*, 32(2), 153-160.

Lei, H., & Wen, S. W. (2000). Distribution of placental grading by gestational age. *Journal of the SOGC*, 22, 374-376.

Manogin, T. W., Bechtel, G. A., Rami, J. S. (2000). Caring behaviors by nurses: Women's perceptions during childbirth. *JOGNN*, 29(2), 153-157. [Demonstrating professional competence and monitoring the mother's condition were perceived as caring].

McCartney, P. R. (2000). Netiquette. Maintaining confidentiality and privacy on discussion lists. *AWHONN Lifelines*, 4(1), 28-33. [When participating in Listservs privacy and confidentiality are expected as in other forms of verbal or written communication].

Moderate weight loss acceptable for overweight moms who breastfeed. *AWHONN Lifelines*, 4(3), 19. [report of a study from the February 17 issue of the *New England Journal of Medicine*].

Orchard, C. A., Smillie, C., & Meagher-Stewart, D. (2000). Community development and health in Canada. *Journal of Nursing Scholarship*, 32(2), 205-209.

Policy, Regulation and Research Division, Canadian Nurses Association. (2000). Nursing is a political act - the bigger picture. *Nursing Now Issues and Trends in Canadian Nursing* 8. *Today National Association News*, 10(2), 9-12. Insert in *Canadian Nurse*, 96(5). [A guide on how to prepare for political action, such as lobbying politicians].

Price, J. (2000). Beyond the law. One nurse's reflections on conflicts and consequences in mandated reporting. *AWHONN Lifelines*, 4(1), 41-45. [Guidelines for mandated reporting of child abuse may not reflect nationally held values, and may not be effective in protecting children from abuse].

Schardt, D. (2000, April). Stevia. A bittersweet tale. *Nutrition Action Health Letter*, 27(3), 3. [Stevia, the main ingredient of stevioside, is calorie free and very sweet. It is a South American shrub whose leaves have been used for centuries by native peoples in Paraguay and Brazil to sweeten their *yerba mate* and other stimulant beverages. Japanese manufacturers have used stevia since the early 1970s to sweeten pickles and other foods, but no food can be sold in Canada, the United States, or the European Union that uses stevia for sweetening. Canadians can buy and use stevia leaves or powder but the herb has not been approved as a food additive for sweetening foods.

European scientists have concluded that "Stevioside seems to affect the male reproductive organ system". When male rats were fed high doses of stevioside for 22 months, sperm production was reduced, the weight of seminal vesicles declined, and there was an increase in cell proliferation in their testicles, which could cause infertility or other problems.

When female hamsters were fed large amounts of a derivative of stevioside called steviol, the number and weights of their offspring were reduced. It is not known if smaller amounts of stevia would cause these reproductive problems.

In the laboratory, steviol has been converted into a mutagenic compound which may promote cancer by causing mutations in the cells' genetic material (DNA). Very large amounts of stevioside can interfere with the absorption of carbohydrates in animals and disrupt the conversion of food into energy within cells. If stevia is only used once or twice a day in a cup of tea, for example, it is not a great threat, but if used in diet soft drinks it would be consumed by millions of people, and that might pose a public health threat. More and better research is needed].

Schardt, D. (2000, June). Water, water, everywhere . . . but is it safe to drink? *Nutrition Action Health Letter*, 27(5), 1, 3-7. [Chlorinating water to destroy disease-causing bacteria was one of the greatest public-health achievements of the 20th century. But adding chlorine to water can combine with decaying leaves and other naturally occurring organic matter to form compounds called chlorinated disinfection by-products (CDBPs). Trihalomethanes (the most common disinfection by-product) are the most frequently detected organic compounds in municipal drinking water. Long term exposure to trihalomethanes may increase the risk of cancer.

In a 1998 study in northern California, pregnant women who lived where the tap water contained more than 75 parts per billion (ppb) of CDBPs were nearly twice as likely to miscarry as women who lived where the tap water contained less than 75 ppb, but only if they drank at least five glasses of water a day. In other areas of California there did not seem to be any association. US researchers have just begun a study of 950 pregnant women in North Carolina, Texas, and Virginia, to see if drinking water is linked to miscarriages (p. 3).

To minimize exposure to lead and other metals: Use only water from the cold-water tap for drinking, cooking, and making baby formula. Hot water is likely to contain more lead and other metals. If the tap has not been turned on for six hours or more, run the water until it gets as cold as it is going to get. That helps to flush out any metals that may have accumulated. To minimize exposure to trihalomethanes and parasites boil drinking water for at least one minute in an open pot, and then let it cool down. This will vaporize any trihalomethanes and kill any *Giardia*, *Cryptosporidium*, or any other parasites. Do not breathe the steam. If the water is not going to be used immediately then it can be refrigerated.

If only bottled water is drunk then insufficient fluoride may be obtained, even if fluoridated toothpaste is used (p. 7)].

Study shows bacterial vaginosis treatment doesn't prevent preterm birth. (2000). *AWHONN Lifelines*, 4(3), 15. [Researchers gave 953 pregnant women metronidazole and 966 women had a placebo. Approximately 12% of the women in both groups gave birth prematurely. Similarly, more than 10% of the women whose vaginosis was eliminated by the antibiotic treatment gave birth prematurely, as did more than 10% of those whose vaginosis was not eliminated. Although the literature consistently indicates that intrauterine infection and bacterial vaginosis are associated with preterm birth, the results of this study do not support metronidazole treatment of asymptomatic pregnant women with bacterial vaginosis. The report is in the February 24 issue of the *New England Journal of Medicine*].

Thomas, K. A. (2000). Differential effects of breast- and formula-feeding on preterm infants' sleep-wake patterns. *JOGNN*, 29(2), 145-152.

Wen et al. (2000). Congenital anomalies ascertained by two record systems run in parallel in the Canadian province of Alberta. *Canadian Journal of Public Health*, 91(3), 193-196.

Wen et al. (2000). Patterns of infant mortality caused by major congenital anomalies. *Teratology*, 61, 342-346.

Williams, G. B. (2000). Grief after elective abortion. Exploring nursing interventions for another kind of perinatal loss. *AWHONN Lifelines*, 4(2), 37-40. [Perinatal loss and the concomitant grief response are widely acknowledged but the grief that can accompany elective abortion is generally ignored, although it may entail more intense emotions. There are few nursing studies regarding the grief response after elective abortion, but studies could help nurses to develop appropriate interventions].

B.C. Activists Defend Education, CAUT Bulletin, 47(6), June 2000, page 2.

The "Public Education Not for Sale" conference organized by the Coalition for Public Education, was held in Vancouver in May, at the same time as the World Education Market (WEM) trade show. The WEM received \$750,000 in federal and provincial government funding and attracted companies from around the world, eager to profit from a range of educational materials. The Public Education conference received only \$15,000 from the BC government. At this conference the participants "heard about institutional administrators whose primary job has become increasing the consumption of Coca-Cola by the students in their charge, and about business groups ranging from the forestry industry, to fast-food retailers, to plastic bag manufacturers who are pushing to have schools adopt industry-developed curriculums". The BC Teacher's Federation (BCTF) president said that "To us, education is a public trust, not a business; knowledge is a gift to give, not a commodity to sell; schools are communities, not corporations, and students are citizens, not consumers".

The BCTF released survey results "indicating that nine out of ten BC high schools and one in three elementary schools have vending machines. The survey also found more than two-thirds of BC high schools have exclusive deals with the two major cola companies, deals which mean that no other beverages, not even milk or fruit juice, can be sold at the schools unless they are produced or approved by the cola companies. Similar exclusive agreements are also in place at most BC universities and colleges". University of Regina sociologist, Claire Polster, explained "that even though increasing commercialization in university and college research has been attributed to declining government funding, a great deal of the commercial intrusion can be explained by federal and provincial policy frameworks and funding mechanisms that encourage and reward public institutions handing over control of publicly-funded research to private interests". The conference participants were reminded of the "University of Toronto medical researcher, Nancy Olivieri, who has been professionally and personally attacked since her decision to go public with evidence that a drug she was testing for Apotex Inc. could be harming the child involved in the drug trials". The solution, according to Osgoode Hall Law School professor Neil Brooks, is for corporations to get out of schools, colleges and universities, and to pay their fair share of taxes. . . . corporate influence over public policy has been rising at the same time corporate support of a public sector through taxation has been falling". BCTF vice-president said that "Companies know we're vulnerable, but they should realize that they benefit more from a good education system and should pay their fair share of taxes so our system stays strong"

Update of the Memorial University Library Resources for 1999/2000

The annual list of Resources of particular interest to members of the Midwives Association. This is the sixth up-date since the original list covering materials obtained in the previous 10 years was printed in the Newsletter in 1994; and then annually in the September Newsletter. We have to thank Linda Barnett of the Health Sciences Library for retrieving the information for us. The items have not been checked, and so for some of those listed the author may have used terminology in other than a physiological sense.

(HEALTH = Health Sciences Library; QEII = Queen Elizabeth II Library)

Childbearing

American College of Obstetricians and Gynecologists. (c1999). *Precis : an update in obstetrics and gynecology. Primary & preventive care* / Publication info: [Washington, DC] : American College of Obstetricians and Gynecologists.
CALL NUMBER: WP 140 P922 1999 LOCATION: HEALTH

Andrews, Jeanette. (2000). *A phenomenological study : the experience and meaning of being pregnant and on social assistance* / Publication info: CNS Hon Diss-Request by author's name & title LOCATION: QEII CNS

AWHONN. (1999). *Advancing evidence-based practice: women's health : classic and recent articles from the archives of JOGNN and AWHONN lifelines selected by an expert panel of nurses* / Publication info: [Washington, DC] : published for the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) by Lippincott Williams & Wilkins, 1999. Series: (JOGNN ; v. 28, no. 6, Suppl. 1)
Shelved by series title and vol. number LOCATION: HEALTH

Beckmann, Charles, R. B. et al. (c1998). *Obstetrics and gynecology* / Publication info: Baltimore : Williams & Wilkins.
CALL NUMBER: WP 140 O14 1998 LOCATION: HEALTH

Burrow, Gerard N., & Thomas P. Duffy. editors. (c1999). *Medical complications during pregnancy* / Publication info: Philadelphia : W.B. Saunders Co.
CALL NUMBER: WQ 240 M486 1999 LOCATION: HEALTH

Canadian Government. (1999). *Canadian perinatal surveillance system : progress report 1997-1998* / Publication info: Ottawa, ON : Reproductive Health Division, Bureau of Reproductive and Child Health, Laboratory Centre for Disease Control, Health Protection Branch, Health Canada.
CALL NUMBER: WA 310 C212 1999 LOCATION: HEALTH

Chervenak, Frank A., & Asim Kurjak. editors. (c1999). *Fetal medicine : the clinical care of the fetus as a patient* / Publication info: Pearl River, NY : Parthenon Pub. Group.
CALL NUMBER: WQ 211 F416 1999 LOCATION: HEALTH

- Chestnut, David H. editor. (c1999). *Obstetric anesthesia : principles and practice* /
 Publication info: St. Louis : Mosby,
 CALL NUMBER: WO 450 O141 1999 LOCATION: HEALTH
- Churchill, David, & D. Gareth Beevers. editors. (c1999). *Hypertension in pregnancy* /
 Publication info: London : BMJ Books.
 CALL NUMBER: WQ 244 C563H 1999 LOCATION: HEALTH
- Cohen, PT, Merle A. Sande, & Paul A. Volberding ; associate editors, Dennis H.
 Osmond ... [et al.]. (c1999). *The AIDS knowledge base : a textbook on HIV disease from
 the University of California, San Francisco and San Francisco General Hospital* /
 Publication info: Philadelphia : Lippincott Williams & Wilkins.
 CALL NUMBER: WC 503 A286 1999 LOCATION: HEALTH
- Creatsas, George, George Mastorakos, & George P. Chrousos. editors. (2000). *The
 Young woman at the rise of the 21st century : gynecological and reproductive issues in
 health and disease* / Publication info: New York, NY : New York Academy of Sciences.
 Series: (Annals of the New York Academy of Sciences ; v. 900)
 Shelved by series title and vol. number LOCATION: HEALTH
- Critchlow, Donald T. (1999). *Intended consequences : birth control, abortion, and the
 federal government in modern America* / Publication info: New York ; Toronto : Oxford
 University Press.
 CALL NUMBER: HQ 763.6 U5 C75 1999 LOCATION: QEII
- Curtis Mich*ele G., & Michael P. Hopkins. editors. (1999). *Glass's office gynecology* /
 Publication info: Baltimore : Williams & Wilkins.
 CALL NUMBER: WP 140 O32 1999 LOCATION: HEALTH
- Deutchman, Mark, & Philip Loquet. (c1999). *Diagnostic ultrasound of fetal anomalies
 [computer file]* / Publication info: Newton, MA : SilverPlatter Education, Inc.
 CALL NUMBER; WQ 209 D486D 1999 CD-ROM LOCATION: HEALTH
- Duchesne, Doreen et al. (1999). *Vital statistics compendium, 1996* / Publication info:
 Ottawa : Statistics Canada, Health Statistics Division. 84- 214 Shelved by series title and
 vol. number
 CALL NUMBER: WA 900 DC2 V836 1996 LOCATION: HEALTH
- Dunn, Leo J. (1999). *Prevention of isoimmunization in pregnancy developed by Freda
 and Gorman* / Publication info: [Baltimore, MD] : Lippincott Williams & Wilkins. Series:
 (Obstetrical and gynecological survey ; v. 54, no. 12, Suppl.)
 Shelved by series title and vol. number LOCATION: HEALTH

- Hunt, Nancy Rose. (1999). A colonial lexicon of birth ritual, medicalization, and mobility in the Congo / Publication info: Durham : Duke University Press.
CALL NUMBER: GT 2465 C74 H85 1999 LOCATION: QEII
- King, Janet C., & Paul P. Sachet. editors. (2000). Maternal nutrition : new developments and implications / Publication info: Bethesda, MD : American Society for Clinical Nutrition, Inc. Series: (American journal of clinical nutrition ; v. 71, no. 5, Suppl.)
Shelved by series title and vol. number LOCATION: HEALTH
- Klein, Michele. (1998). A time to be born : customs and folklore of Jewish birth /
Publication info: Philadelphia, PA : Jewish Publication Society.
CALL NUMBER: BM 538 H43 K58 1998 LOCATION: QEII
- Koren, Gideon, & Raafat Bishai. editors. (2000). Nausea and vomiting of pregnancy : state of the art, 2000 / Publication info: Laval, Quebec : Duchesnay.
Shelved by series title and vol. number LOCATION: HEALTH
- Lindheimer, Marshall D, James M. Robert, & F. Gary Cunningham. Editors. (c1999).
Chesley's hypertensive disorders in pregnancy / Publication info: Stamford, CT :
Appleton & Lange,
CALL NUMBER: WQ 244 C524 1999 LOCATION: HEALTH
- Lowdermilk, Deitra Leonard, Shannon E. Perry, & Irene M. Bobak. editors. (c1999).
Maternity nursing / Publication info: St. Louis, MO : Mosby.
CALL NUMBER: WY 157.3 M427 1999 LOCATION: HEALTH
CALL NUMBER: WY 157.3 M427 1999 CD-ROM LOCATION: HEALTH
- Lowdermilk, Deitra Leonard, Shannon E. Perry, & Irene M. Bobak. editors. (c2000).
Maternity & women's health care / Publication info: St. Louis, MO : Mosby.
CALL NUMBER: WY 157.3 M425 2000 LOCATION: HEALTH
CALL NUMBER: WY 157.3 M425 2000 CD-ROM LOCATION: HEALTH
- Machin, Geoffrey A., Louis G. Keith ; with contributions from Fiona Bamforth,
David Teplica ; forewords by John J. Sciarra, Emile Papiernik. (1999). An atlas of
multiple pregnancy : biology and pathology / Publication info: New York : Parthenon
Pub. Group, Series: (The encyclopedia of visual medicine series)
CALL NUMBER: WQ 17 M149A 1999 LOCATION: HEALTH
- Martin, Karen. (c1998). When a baby dies of SIDS : the parents' grief and search for reason /
Publication info: Edmonton : Qual Institute Press.
CALL NUMBER: RJ 320 S93 M37 1998 LOCATION: QEII
- McGregor, James A, & Janice I. French. (2000). Bacterial vaginosis in pregnancy /
Publication info: Baltimore, MD : Lippincott Williams & Wilkins. Series: (Obstetrical
and gynecological survey ; v. 55, no. 5, Suppl. 1)
Shelved by series title and vol. number LOCATION: HEALTH

- Miller, Laura J. editor. (c1999). Postpartum mood disorders / Publication info:
Washington, DC : American Psychiatric Press Series: (Clinical practice)
CALL NUMBER: WQ 500 P855 1999 LOCATION: HEALTH
- Milunsky, Aubrey. editor. (c1998). Genetic disorders and the fetus : diagnosis, prevention,
and treatment / Publication info: Baltimore : Johns Hopkins University Press.
CALL NUMBER: QZ 50 G3245 1998 LOCATION: HEALTH
- Nestel , Penelope. editor. (2000). Consultative meeting on iron and maternal mortality
in the developing world / Publication info: Bethesda, MD : American Society for Clinical
Nutrition, Inc., 2000. Series: (American journal of clinical nutrition ; v. 72, no. 1, Suppl.)
Shelved by series title and vol. number. LOCATION: HEALTH
- Newfoundland & Labrador Centre for Health Information. (2000). Live birth trends,
community & integrated health boards, Newfoundland & Labrador, 1993-1998 /
Publication info: St. John's, NF.
CALL NUMBER: HB 940 N4 L57 2000 LOCATION: QEII
CALL NUMBER: WA 900 DC2.1 N4 N546LB 2000 LOCATION: HEALTH
- No choice : Canadian women tell their stories of illegal abortion. (1998) / Publication info:
Toronto : Childbirth by Choice Trust.
CALL NUMBER: HQ 767.5 C2 N62 1998 LOCATION: QEII
- Novak, Julie. (c1999). Ingalls & Salerno's maternal and child health nursing / Publication
info: St. Louis, MO : Mosby,
CALL NUMBER: WY 157.3 I44M 1999 LOCATION: HEALTH
- Olds, Sally B., Marcia L. London, & Patricia A. Wieland Ladewig. (c2000). Maternal-
newborn nursing : a family and community-based approach / Publication info: Upper
Saddle River : Prentice Hall Health.
CALL NUMBER: WY 157.3 O124 2000 LOCATION: HEALTH
CALL NUMBER: WY 157.3 O124 2000 CD-ROM LOCATION: HEALTH
- Pillai, Vijayan K., & Guang-zhen Wang. (c1999). Women's reproductive rights in
developing countries / Publication info: Aldershot, Hants, England ; Brookfield, Vt.,
USA : Ashgate.
CALL NUMBER: HQ 766 P542 1999 LOCATION: QEII
- Pillitteri, Adele. (c1999). Maternal & child health nursing : care of the childbearing and
childrearing family / Publication info: Philadelphia : Lippincott.
CALL NUMBER: WY 157.3 P641M 1999 LOCATION: HEALTH
CALL NUMBER: WY 157.3 P641M 1999 CD-ROM LOCATION: HEALTH

- Pilu, Gianluigi, & Kypros H. Nicolaides. (1999). Diagnosis of fetal abnormalities : the 18-23-week scan / Publication info: New York : Parthenon Pub. Group Series: (Diploma in fetal medicine series, _ISSN_1467-2162)
Shelved by series title and vol. number . LOCATION: HEALTH
- Pollock, Della. (c1999). Telling bodies performing birth : everyday narratives of childbirth / Publication info: New York : Columbia University Press. Series: (Popular cultures, everyday lives)
CALL NUMBER: HQ 1421 P65 1999 LOCATION: QEII
- Queenan, John T. editor. (c1999). Management of high-risk pregnancy / Publication info: Malden, MA : Blackwell Science.
CALL NUMBER: WQ 240 M266 1999 LOCATION: HEALTH
- Quilligan, Edwards J., & Frederick P. Zuspan. (c2000). Current therapy in obstetrics and gynecology / Publication info: Philadelphia : Saunders.
CALL NUMBER: WP 650 C976 2000 LOCATION: HEALTH
- Rice, Robyn, & Carolyn Mullins. (1999). Manual of pediatric and postpartum home care procedures / Publication info: St. Louis : Mosby,
CALL NUMBER: WY 49 R497M 1999 LOCATION: HEALTH
- Rivlin, Michel E., & Rick W. Martin. editors. (2000). Manual of clinical problems in obstetrics and gynecology / Publication info: New York : Lippincott Williams & Wilkins.
CALL NUMBER: WQ 39 M286 2000 LOCATION: HEALTH
- Rostant, Donna Miller, & Rebecca F. Cady. (c1999). Liability issues in perinatal nursing / Publication info: Philadelphia : Lippincott,
CALL NUMBER: WY 44 AA1 R838L 1999 LOCATION: HEALTH
- Runkle, Anna. (c1998). In good conscience : a practical, emotional, and spiritual guide to deciding whether to have an abortion / Publication info: San Francisco : Josey-Bass Publishers.
CALL NUMBER: HQ 767 R86 1998 LOCATION: QEII
- Sharp, Jane. (1999). The midwives book, or, The whole art of midwifry discovered / edited by Elaine Hobby / Publication info: New York : Oxford University Press. Series: (Women writers in English, 1350-1850).
CALL NUMBER: RG 945 S53 1999 LOCATION: QEII
- Snyder, Mariah, & Michaelene P. Mirr, editors. (c1999). Advanced practice nursing : a guide to professional development / Publication info: New York : Springer Pub. Co. Series: (Springer series on advanced practice nursing)
CALL NUMBER: WY 128 A244 1999 LOCATION: HEALTH

Spaas, Lieve & Trista Selous. editors. (1998). Paternity and fatherhood : myths and realities /
 Publication info: Houndmills, Basingstoke, Hampshire : Macmillan Press ; New York :
 St. Martin's Press.

CALL NUMBER: PN 56 P32 P38 1998 LOCATION: QEII

Stovall, Thomas G., & Frank W. Ling. editors. (c1999). Gynecology for the primary care
 physician / Publication info: Philadelphia, PA : Current Medicine.

CALL NUMBER: WP 140 G999 1999 LOCATION: HEALTH

Toth, Alex J. (1998). Decoding the codes : a comprehensive guide to ICD, CPT, &
 HCPCS coding systems / Publication info: [s.l.] : Healthcare Financial Management
 Association : New York : McGraw-Hill, Series: (The HFMA healthcare financial
 management series)

CALL NUMBER; WB 15 T672D 1998 LOCATION: HEALTH

Trimble, Edward L., & Cornelia Liu Trimble. (c1999). Cancer obstetrics and gynecology /
 Publication info: Philadelphia : Lippincott Williams & Wilkins,

CALL NUMBER: WQ 240 C217 1999 LOCATION: HEALTH

Uno, Kathleen S. (c1999). Passages to modernity : motherhood, childhood, and social reform
 in early twentieth century Japan / Publication info: Honolulu : University of Hawai'i
 Press.

CALL NUMBER: HQ 778.7 J3 U56 1999 LOCATION: QEII

Walzer, Susan. (c1998). Thinking about the baby : gender and transitions into
 parenthood / Publication info: Philadelphia, Pa. : Temple University Press. Series:
 (Women in the political economy)

CALL NUMBERS: HQ 755.8 W363 1998 LOCATION: QEII

Watkins, Elizabeth Siegel. (c1998). On the pill : a social history of oral contraceptives,
 1950-1970 / Publication info: Baltimore : Johns Hopkins University Press.

CALL NUMBER: HQ 766.5 U5 W325 1998 LOCATION: QEII

Weaver, David D., & Ira K. Brandt. (c1999). Catalog of prenatally diagnosed conditions /
 Publication info: Baltimore : Johns Hopkins University Press.

CALL NUMBER: WQ 209 W363C 1999 LOCATION: HEALTH

Windrim, Rory. (1998). A randomised controlled trial of oral Misoprostol in the
 induction of labour at term / Publication info: 1998. CNS Hon Diss-Request by author's
 name & title LOCATION: QEII CNS

WHO/UNFPA/UNICEF/World Bank. (1999). Reduction of maternal mortality / a joint
 statement / Publication info: Geneva : World Health Organization.

CALL NUMBER: HB 1322.5 R321 1999 LOCATION: HEALTH

Wong, James., & David Checkland. editors. (c1999). Teen pregnancy and parenting : social and ethical issues / Publication info: Toronto; Buffalo : University of Toronto Press,

CALL NUMBER: HQ 759.64 T44 1999

LOCATION: QEII

Woodland, Mandy Leigh. (1999). The genetic regulation of fetal calcium metabolism / Publication info. CNS Hon Diss-Request by author's name & title.

LOCATION: QEII CNS

Yen, Samuel, S. C., Robert B. Jaffe, & Robert L. Barbieri. editors. (c1999). Reproductive endocrinology : physiology, pathophysiology, and clinical management / Publication info: Philadelphia : Saunders.

CALL NUMBER: WQ 205 Y4R 1999

LOCATION: HEALTH

HSLibrary has: HEALTH PERIODICAL v. 45- 2000. Title: Journal of midwifery and women's health. (Formerly Journal of Nurse-Midwifery) / Publication info: New York, NY : American College of Nurse-Midwives, 2000- Shelved by series title and vol. number.

HSLibrary has: HEALTH PERIODICAL v. 1 1998. Title: RCM midwives journal. (Formerly Midwives Chronicle) / Publication info: London : Royal College of Midwives, 1998- Shelved by series title and vol. number.

Neonatal

Avery, Gordon B, Mary Ann Fletcher, & Mhairi G. MacDonald. editors. (c1999). Neonatology : pathophysiology and management of the newborn / Publication info: Philadelphia : Lippincott, Williams & Wilkins.

CALL NUMBER: WS 420 N42 1999

LOCATION: HEALTH

Barr, Ronald G., Brian Hopkins, & James A. Green. (2000). Crying as a sign, a symptom and a signal : clinical, emotional and developmental aspects of infant and toddler crying / Publication info: Cambridge : Cambridge University Press.

Shelved by series title and vol. number

LOCATION: HEALTH

Boysson-Bardies, B*en*edictte de. (c1999). How language comes to children : from birth to two years / translated by M.B. DeBevoise / Publication info: Cambridge, Mass. : MIT Press.

CALL NUMBER: P 118 B65413 1999

LOCATION: QEII

Bruer, John T. (1999). The myth of the first three years : a new understanding of early brain development and lifelong learning / Publication info: New York : Free Press.

CALL NUMBER: BF 318 B79 1999

LOCATION: QEII

- Dubowitz, Lilly, Victor Dubowitz, & Eugenio Mercuri. (1999). The neurological assessment of the preterm & full-term newborn infant / Publication info: London : Mac Keith. Series: (Clinics in developmental medicine; no. 148)
CALL NUMBER: WS 420 D818N 1999 LOCATION: HEALTH
- Fitzgerald, Hiram E. et al. editors. (1999). Infancy and culture : an international review and source book / Publication info: New York : Falmer Press. Series: (Reference books on family issues ; v. 27)
CALL NUMBER: GN 482 I53 1999 LOCATION: QEII
- Goetzman, Boyd W., & Richard P. Wennberg. (1999). Neonatal intensive care handbook / Publication info: London : Mosby.
CALL NUMBER: WS 39 W476N 1999 LOCATION: HEALTH
- Gomella, Tricia Lacy. editor. (c1999). Neonatology : management, procedures, on-call problems, diseases, and drugs / Publication info: Stamford, CT : Appleton & Lange. Series: (Lange clinical manual).
CALL NUMBER: WS 39 N438 1999 LOCATION: HEALTH
- Hansen, Thomas N., & Neil McIntosh. editors. (c1999). Current topics in neonatology / Publication info: London; Philadelphia : W.B. Saunders Co. Ltd.
CALL NUMBER: WS 420 C976 V.3 LOCATION: HEALTH
- Levitt, Gill, David Harvey, & Richard Cooke. editors. (1999). Practical perinatal care : the baby under 1000 grams / Publication info: Oxford; Boston : Butterworth-Heinemann. Shelved by series title and vol. number LOCATION: HEALTH
- Power, Jennifer. (2000). Individual differences in infants' attentional style : are differences in short-lookers and long-lookers evident in measures of recognition and recall memory? / Publication info. Shelved by series title and vol. number LOCATION: QEII
- Rennie, Janet M., & N.R.C. Robertson. editors. (1999). Textbook of neonatology / Publication info: Edinburgh; New York : Churchill Livingstone.
CALL NUMBER: WS 420 T355 1999 LOCATION: HEALTH
- Rochat, Philippe. editor. (1999). Early social cognition : understanding others in the first months of life / Publication info: Mahwah, N.J. : Lawrence Erlbaum Associates.
CALL NUMBER: BF 720 S63 E37 1999 LOCATION: QEII
- Stone, Jamie. (1999). Title: The antioxidant status of premature infants while in hospital / Publication info. CNS Hon Diss-Request by author's name & title LOCATION: QEII CNS
- Thureen, Patti J ... [et al.]. (c1999). Assessment and care of the well newborn / Publication info: Philadelphia : W.B. Saunders.
CALL NUMBER: WS 420 A845 1999 LOCATION: HEALTH

Yetman, Marion. (1999). *Becoming a mother in the NICU : a grounded theory study* /
 Publication info. CNS Hon Diss-Request by author's name & title.
 CALL NUMBER: MICRO FICHE 5198 LOCATION: QEII CNS

Infant Feeding

Auerbach, Kathleen G., & Jan Riordan. (c2000). *Clinical lactation : a visual guide* /
 Publication info: Sudbury, MA : Jones and Bartlett.
 CALL NUMBER: WS 125 A917C 2000 LOCATION: HEALTH

Blum, Linda M. (c1999). *At the breast : ideologies of breastfeeding and motherhood in
 the contemporary United States* / Publication info: Boston : Beacon Press.
 CALL NUMBER: HQ 759 B618 1999 LOCATION: QEII

Hoyles, Edward Maxwell. (1998). *Longitudinal and gestational effects of minerals in
 human milk* / Publication info. CNS Hon Diss-Request by author's name & title.
 CALL NUMBER: MICRO FICHE 5097 LOCATION: QEII CNS

Salvioli, GP, V. Vigi, & R. Zetterstr*om, editors. (1998). *Advances in infant feeding: human
 milk and formula : proceedings of a symposium held in Baveno, Lago Maggiore, Italy,
 20-21 March 1998* / Publication info: Oslo, Norway : Scandinavian University Press,
 1999. Series: (Acta paediatrica ; v. 88, Suppl. 430)
 Shelved by series title and vol. number LOCATION: HEALTH

Audio Visual

Transport Canada. (1999). *Car time 1-2-3-4 [videorecording] : safe seating in the kid
 zone = En voiture 1-2-3-4 : assis en toute s*ecurit*e dans la zone des enfants / Sitting in
 the back seat (kid zone), car seats, booster seats, from birth to 12 years* / Publication info:
 [Ottawa] : Transport Canada, Minister of Public Works and Government Services Canada
 and Hyperactive Productions.
 CALL NUMBER: TL 159.5 C257 1999 LOCATION: HEALTH

Snippets from the UK News (Daily Telegraph unless otherwise stated). Collected by Pearl
 Herbert when she was recently on vacation.

Pregnancy. A British study has found "evidence that exposure of pregnant women to
 chemicals in the environment could age the ovaries of their unborn daughters and could advance
 the onset of their daughter's menopause". Xeno-estrogens are being studied in relation to the
 decline in quantity and quality of male sperm. Ovarian follicles have been found to be affected
 by environmental estrogen (octylphenol) in household products (August 2, 2000, p. 13).

Dr. Odent, director of the Primal Health Research Centre in London, has devised a
 cocktail to detoxify couples who are planning a pregnancy of harmful chemicals, which
 accumulate in the body's fatty tissues (August 7, 2000, p. 14).

Nearly one in 100 women in Britain may be infected with hepatitis C. Doctors are calling for a nationwide screening programme for pregnant women. The majority of pregnant women do not realise that they are infected, and do not initially present with any obvious risk factors (July 18, 2000, p. 7).

Birth. A report described a mother's home birth after her GP advised against it. The parents researched the risks and contacted midwives who would support them. The labour lasted 26 hours but everyone stayed calm, there was no intervention and the midwives did not disappear because a shift had ended. The midwives were not strangers as they had seen the mother throughout pregnancy. In Britain the independent midwives are busier than ever before and some groups are even having to turn women away because they cannot cope with the increased demand. The cost is between £2,000 and £2,500. "Midwives and obstetricians do agree that where the birth is planned for home and where the mother and baby are both healthy prior to labour then the increased risk is small". An obstetrician at Milton Keynes General Hospital said that he always tries "to support a mother who wants a home birth and if at 36 weeks her blood pressure is normal, she is not obese, and the baby is growing properly . . . he would assess a healthy first-time mother carrying a healthy baby as 'low risk' rather than 'very low risk', but adds that first-time mothers have lower rates of postpartum haemorrhage because the muscles of their womb are more efficient at contracting than those of a woman who has had two or three babies. . . . His view has been reinforced by a recent study of 6,000 home births by Swansea obstetrician, Prof. Geoffrey Chamberlain. Ninety-five percent of women interviewed were satisfied by their care at home compared with 90 percent of women who gave birth in hospital" (July 8, 2000, p. 5).

An ergonomist at Loughborough University has found that bigger hands take longer to feel pain caused by variations in pressure and temperature (July 19, 2000, p. 7). [Editor: Wonder if the size of a woman can make a difference to how she feels pressure].

Breastfeeding. To encourage breastfeeding a proposal for providing £10 tokens each week to breastfeeding mothers, is being considered in the Government's National Health Service review. The tokens would be for specified healthy foods, and "would be targeted at poor women with children under six-months, who currently receive grants for baby milk powder". "Health Department research . . . shows that the three groups least likely to give their babies natural milk are those in their late teens, mothers in their early 20s, and the women who ceased full time education at or before 16. . . . About 90 percent of mothers in the top social class avoid artificial milk, compared to 50 percent in the lowest category and 47 percent of single mothers". Women MPs are banned from feeding their babies in Common's committees so this could open further discussion for them (April 25, 2000).

Babies. A psychologist from Portsmouth University reported at the International Conference of Infant Studies that "when mothers were talking to adults 3 out of 24 babies, aged 4 to 5 months, became distressed and started to cry. When the mothers showed love to another baby, 13 out of 24 babies" cried. "All but one of the other 11 babies showed some level of jealous reaction" (July 18, 2000, p. 3).

Giving a baby a massage can help to prevent colds, constipation, sleeplessness. "A 10-minute session two or three times a week, says fans, makes for a more confident mother-infant relationship - and the babies love it" (July 15, 2000, p. 4). This is just like Jean Trend presented at our workshop two years ago!

Sudden Infant Death Syndrome. Last year a lawyer was convicted of killing her two infant sons (a year apart when they were aged 11 weeks and 8 weeks), but a medical doctor disputed the statistics used in the trial (*Newsletter*, No. 12, January 2000, p. 18). The woman has now launched an appeal to clear her name. One of the babies had a nose bleed when the mother was out shopping, which could account for the blood found in his lungs. The medical experts are divided over whether the spinal cord of the other baby was swollen. The woman's lawyer was providing new evidence to show that the findings of the Home Office pathologist were neither reliable nor accurate (July 18, 2000, p. 13).

Fatherhood. Not every man wants to be a father. Various strategies were used in coping, such as not sharing news of the pregnancy in the first weeks which enabled him to deny it is happening. The fear of repeating his parents' marriage failure, and remembering his wedding promises, helped him to become closer to his partner. The view of the fetal scan was "moving" but the baby did not seem real, until he heard the fetal heart beat. Then he felt like a father. Then the nightmares started, during which he questioned his own mortality, but they only lasted a few weeks. The unborn baby helped his love for his wife to grow, and enabled him to come to terms with his own unhappy childhood (July 23, 2000, p. 2).

In Britain, the recent introduction of parental leave which allows fathers and mothers to take 13 weeks unpaid leave during the first five years of their child's life, is welcomed by 61 percent of men, but 1 percent of men admit that they consider parenthood as a job for their wives. For the other men, their greatest fear is being away from the office for too long. If they do not take leave they may be considered to be insecure in their work, but if they are away the office may run smoothly without them and perhaps a junior person would be promoted instead of them. They may also miss a pay rise (July 20, 2000, p. A16).

A new technique is being studied, to preserve the fertility of young boys who undergo cancer treatment. In young boys the preservation of sperm is not possible, but removing, freezing, and storing testicular tissue, and then "implanting a few millimetres cubed of tissue in the forearm" is a possibility. The first testicular transplant trial was carried out at Christie Hospital, Manchester, by Professor Roger Gosden, who is now at McGill University. Another study, reported in *Human Reproduction*, shows that the older a man the longer it takes his partner to conceive, irrespective of her age. The "biological clock" starts to tick when men are in their thirties (August 1, 2000, p. 12).

In Vitro Fertilisation (IVF), is traditionally used for women with fertility problems. When men have fertility problems, intra cytoplasmic sperm injection (ICSI) is used, where "a single sperm is injected into an egg in the laboratory". A study carried out at Aberdeen Maternity Hospital showed that the success rates for IVF and ICSI were similar "in terms of the rate of implantation of the embryo in the mother, fertilisation rate or pregnancy rate" (August 2, 2000, p. 13). The Health Canada *Feedback Report, Discussions and Written Comments on Proposed Federal RGTs Legislation* has been received (see *Newsletter*, 13, March 2000, pp. 9-11). "Legislation could prohibit unacceptable practices, such as cloning of another human being, and could regulate the practice of assisted reproduction such as licensing facilities and accrediting personnel, while recognizing the potential benefits of RGTs to individual Canadians and Canadian society at large". Health Canada has "not pursued extensive comparisons between the proposed Canadian legislation and the UK one, although we are keeping track of major developments in the field of RGTs legislation internationally. It is difficult to compare the UK to Canada because the former is a unitary state and we are a federal one".

British scientists are expecting to receive permission to create embryos for research purposes, and support for “therapeutic cloning”. This will need an amendment to the 1990 Human Fertilisation and Embryology Act. The stem cells will be used to grow tissue to treat degenerative diseases of the heart, liver, kidneys and brain.”Eventually it is hoped that whole limbs or organs will be grown in the laboratory” and this will correct the shortage of donor organs. Cloned babies and using aborted fetuses for cloning research will still be banned. The science minister has said “the important benefits which can come from this research outweigh any other considerations one might have”. A philosopher from Bradford University, questions the statement that embryos will not be allowed to develop beyond 14 days. “When Dolly the sheep was cloned in 1997, we were promised that there was no intention of cloning human embryos, even if it were possible. Yet now, only three years on, we are on the point of permitting that very thing” (*Daily Mail*, July 31, 2000, p. 8).

According to the British Fertility Society, one couple in six has fertility problems. “IVF patients may have to wait up to five years for treatment, reducing their chance of success still further and leaving some too old to continue”. The president of the Society said “we believe very strongly that the inability to have children is a disease. It is very distressing, it causes huge hurt, break-up of families and disappointment to couples”. Britain has the worst waiting and paying record in the European Union, with 70 percent of patients having to pay between £1,100 and £2,500 for each cycle of treatment, with a 20 percent chance of producing a baby per cycle. “As much was spent on abortion as on infertility” by the government (August 1, 2000, p. 12).

Two mothers (Diane Blood and Marion Jordan) who conceived their babies after their husbands died “were not allowed to register the names of the father on their son’s birth certificates because their babies were conceived posthumously”. Following consultation, the health minister plans “to change the law to allow the father’s identity to be recognised formally when a widow conceives her husband’s child after his death”. The 1990 Human Fertilisation and Embryology Act will be changed but children will not have the right to succession and birth certificates will not be changed retrospectively. Several dozen British babies are thought to have been conceived posthumously (August 5, 2000, p. 10).

A 20-year-old prisoner serving a life sentence, met and married a young woman while in prison. His application to donate sperm so that his 25-year-old wife could become pregnant has been refused on the grounds that the “relationship has not been tested in normal conditions and that its durability is thus uncertain”. He could now appeal to a higher court that the “Home Secretary’s decision was ‘unjustifiably paternalistic’. And the denial of a fundamental right to found a family that had not been removed by” his imprisonment (August 1, 2000, p. 12). [Editor: This article does not discuss who would pay for the services and then support the woman and baby - tax payers!]

It has been found that cloning can cause unusually large offspring. There is a concern that IVF babies could also produce “Large Offspring Syndrome”. Also, a question is raised about whether some of these genes are involved in tumour production in humans, and so could introduce cancer when transplanted (August 1, 2000, p. 12).

The science minister announced that the Government would introduce legislation outlawing genetic testing by employers. He was less categorical about whether insurance companies should be allowed to use genetic information. Critics have warned of the creation of an uninsurable “genetic underclass”, but if a condition has a high mortality rate would this personal information be used to obtain a large insurance policy? (July 29, 2000, p. 6).

For information about genetics visit the University of Utah’s Genetic Science Learning Center’s web site <http://gslc.genetics.utah.edu>

Human Sexuality. A new Government Report shows that in Britain the divorce rate is falling because couples are choosing to live together rather than to marry. In 1998 only 20 bachelors per 1,000 single men aged between 20 and 24 married, compared with 40 women who married. The average age for men to marry is 30, and for women is 28 (July 29, 2000, p. 3).

In Canada, statistics for 1996 show 39 percent of couples aged 20 to 29 lived in common-law unions. In 1962 the average age for a first marriage was 25.2 for men and 22.5 for women. In 1997 it was 29.5 for men and 27.4 for women. Separation rates in 1987 were 51 percent and in 1997 were 35 percent (Maclean's, July 31, 2000, pp. 39, 42).

The Brock organization, which is mainly funded by the National Health Service, has distributed a booklet *Say Yes? Say No? Say Maybe?* aimed at those 14 years and younger. In the section on a "Good Grope Guide" it advises "Nice girls feel sexy and nice girls make love. That's a fact of life", and includes full descriptions of having sex, positions, and how to avoid sexual disappointment. Various groups have expressed dismay as it could encourage underage sex. The age of consent is 16 and inappropriate materials are not used in schools, whatever the origin (*Daily Mail*, August 4, 2000, p. 10).

Sexually Transmitted Infections (STI). The British Public Health Laboratory Service, Communicable Disease Surveillance Centre, is concerned about the complacency of teenagers regarding safe sex. Last year, for teenagers aged 16 to 19, gonorrhoea increased by 39 percent for men and 24 percent for women, chlamydia increased by 23 percent for men and 20 percent for women. Teenagers are reluctant to use condoms (August 1, 2000, p. 12).

A study by the University of Toronto, found that HIV infection rates among gay and bisexual men in Ontario had increased nearly 2 ½ times since 1996. There is a growing complacency and a sense of fatigue toward safer sex practices among older men. Antiviral drugs do not work for 30 percent of HIV positive people, and of the rest half will become resistant within three years. There is also an increase in infections with drug resistant strains of HIV. Diabetes rates are soaring among HIV positive people and lypodystrophy is occurring. The drugs may cause cardiovascular problems (Maclean's, July 31, 2000, pp. 46-47).

There is still a call for male circumcision to halt the spread of HIV. Countries where male circumcision is practised have fewer incidences of AIDS compared with countries where there is not routine male circumcision (August 2, 2000, P. 13). [The International Medical Advisory Panel is discussing this issue at their October meeting].

The risk of contracting HIV and other sexually transmitted infections "increases after menopause because the vagina becomes thinner and more prone to cracking and tearing (because of lack of estrogen) and this predisposes a woman to infection". The fastest growth of the incidence of HIV is in women over 65 years old (*Fifty-Plus*, August 2000, p. 17).

Nutrition. The first seven deaths from variant Creutzfeldt Jakob Disease (vCJD), the human form of mad cow disease, were recorded in 1995. Now, deaths are increasing by about one-third every year. In the first six months of this year, 14 Britons died of vCJD, as many as died the whole of last year. A further six are suspected to have the fatal brain disease (*Daily Mail*, August 4, 2000, p. 19).

The incubation period of vCJD is usually about 7 to 10 years, although two victims were 14 years old. Originally, CJD was mainly a disease of middle aged and elderly people but young

people may have been infected when they ate processed foods, and also, developing brains are at greater risk of infection. Cheap mechanically extracted meat, offal, spinal cords, brain and spleen, are thought to have been contaminated in the 1980s, and have been banned since 1989. These cheap meats were used in burgers, sausages, pies, mince and **baby food** (July 17, 2000, pp. 1, 2).

Prepulsid (cisapride), a drug used for heartburn, indigestion, and other gastro-intestinal disorders has been suspended by both Health Canada and the British Government. Health Canada has received at least 44 reports of potential heart rhythm abnormalities and some deaths. Britain received 55 reports of "rare but serious heart rhythm disturbances associated with the use of cisapride" and five deaths. The European committee for Proprietary Medicinal Products is also investigating the drug (July 21, 2000, p.9).

Other. ASDA has been bought by Walmart. C and A is closing its stores in England. For unknown reasons, sparrows are disappearing from some locations, such as in London.

Conferences As this information comes from a variety of sources the editor takes no responsibility for any errors.

October 5, 2000. "Doing better, feeling worse: The future of medical professionalism", Medical Ethics Lectureship Public Lecture, Auditorium, Health Sciences Centre, St. John's, 7 to 8 p.m. Dr. Philip Hébert, University of Toronto, Sunnybrook, Women's College Health Sciences Centre.

Cost: Free but advance registration is requested. Parking in area 9.

Contact: Professional Development, Rm 2901, Faculty of Medicine, HSC, St. John's, NF, A1B 3V6 (Telephone: 709-737-6653, 1-888-299-0676; e-mail: pdmed@morgan.ucs.mun.ca web site: <http://cme.med.mun.ca>)

October 11-14, 2000. "Suicide Prevention in Canada: Exploring our Diverse Landscape", 11th Annual Conference of the Canadian Association for Suicide Prevention, Vancouver.

Contact: Suicide Prevention Information and Resource Centre (Telephone: 604-882-0740)

October 20-22, 2000. "Enhancing the Birth Experience", Toronto.

Contact: Choices Childbirth Education and Doula Services, 2288 Cottonwood Circle, Pickering, ON, L1X 2R1 (Fax: 905-420-6169)

October 20-22, 2000. "International Congress of Home Delivery and Child Birth", Cadiz, Spain.

Contact: Asociacion Nacional "Nacer en Casa" (Fax: 011-34-95036-0325; e-mail: congreso@nacerencasa.org web site: <http://www.nacerencasa.org>)

October 21-22, 2000. "Health for All by the Year 2000? Primary Health Care: Meeting the Challenge", Ottawa. Sponsored by Community Health Nurses Initiative Group of the RNAO, CPHA, CNA. A conference for those with an interest in the contributions of nurse practitioners and others to primary health care.

Cost: CHNIG, NPAO, CHNAC, CPHA \$225/non-members \$250.

Contact: Community Health Nurses Initiatives Group, Primary health Care Conference, 1498 Heartland Blvd., Oshawa, ON, L1K 2P2

October 22-25, 2000. "Health for All in the Year 2000", 91st Annual Canadian Public Health Association Conference, Ottawa. Speakers include Monique Begin who teaches at the University of Ottawa and during her political career introduced the Canada Health Act in 1984, John Hastings, John McKnight researcher, and traditional native American storyteller and healer Terry Tafoya.

Contact: Conference Dept., Canadian Public Health Association, 400-1565 Carling Avenue, Ottawa, ON, K1Z 8R1 (Fax: 613-725-9826; E-mail: conferences@cpha.ca Web-site <http://www.cpha.ca>)

October 23, 2000. "Born in the USA", a provocative look at having babies in America. Premier showing of this film on PBS, in the series "Independent Lens". Considers midwifery, places of birth, infant mortality, technology. Profiles three caregivers

Cost to purchase: Information from Fanlight Productions, (Telephone: 1-800-937-4113; Web site: <http://www.fanlight.com>) community organization/independent professional discount available.

Contact: Mary Lugo (Telephone: 770-623-8190; E-mail: fenfam@negia.net)

October 28-29, 2000. Doula training with DONA, St. John's

Contact: Katherine Jennex (telephone: 709-576-7413) - doula in St. John's

November 2-4, 2000. "International Conference on the Humanization of Childbirth", Fortaleza, Ceara, Brazil. Supported by ICM, UNICEF, UNFPA, MANA. Of interest to all those interested in maternity care.

Contact: Conference Organizers, Rua Dr Gilberto Studart, 369-Papicu-60190-750 Fortaleza, CE, Brazil. (Fax: +55-85265-4009 ; e-mail: childbirth@eventuall.com.br web site: <http://www.humanization.org>)

November 3-4, 2000. "The Birth of a New Millennium: Women, Newborn and Families Health" AWHONN Canada conference, Montreal. Speakers include Jan Semler (AWHONN President for 2000) and Gyslaine Desrosiers (President, Order des Infirmiers et Infirmieres du Quebec).

Cost: AWHONN member \$175/nonmember \$230/nursing student \$115/after October 1 add \$25
Contact: Diane Habbouche, Dept. Of Nursing Research, Room F2.27, McGill University Health Centre-Royal Victoria Hospital Site, 687 Pine Avenue West, Montreal, Quebec, H3A 1A1 (Telephone: 514-842-1231 x 4712)

November 4, 2000. Neonatal Resuscitation Program launch, Montreal.

Cost: \$165 by September 22, 2000

Contact: Michel Vaillant, Provincial Manager, Emergency Cardiovascular Care, Heart and Stroke Foundation of Quebec, 465, boul. René-Lévesque Ouest, 3e étage, Montréal (Québec) H2Z 1A8 (Téléphone: 1 800 567-8563, poste 249; Fax: (514) 871-5342, E-Mail: mvaillan@fmcoeur.qc.ca)

November 24-25, 2000. "The Future of Maternity Care in Canada. Crisis or Opportunity? A National Conference", London, ON. A forum for leaders in childbirth care to grapple with the critical issues that face the provision of Canadian childbirth care in the twenty-first century due to shortages of obstetricians, family doctors, midwives and nurses. Sessions to develop national strategies to avert a crisis in maternity care. Participating organizations are St Joseph's Health Care London, University of Western Ontario, SOGC, CFPC, SRPC,
 Cost: Before October 1, \$150 midwives, \$100 nurses and residents, \$400 physicians/ after October 1, \$175 midwives, \$125 nurses and residents, \$500 physicians.
 Contact: Dr. J. L. Reynolds, St. Joseph's Health Centre, P.O. Box 5777, London, ON, N6A 4L6 (Fax: 519-646-6270; E-mail: reynolds@julian.uwo.ca), or Dr. Ken Milne (telephone 1-800-561-2416, ext. 242)

November 30-December 3, 2000. "Innovative Partnerships with Women and their Families". An intensive training seminar, Washington, DC. Advancing the practice of family-centered care in community and hospital maternity programs.
 Cost: Before October 6 individuals \$500, teams of 3 or more \$475, consumer \$400 each/ after October 6 \$550, \$525, \$400
 Contact: Institute for Family-Centered Care, 7900 Wisconsin Avenue, Suite 405, Bethesda MD 20814 (Fax: 301-652-0186; e-mail: institute@office.org web site: <http://www.familycenteredcare.org>)

2001

April 3, 2001. Research in Midwifery Conference, Birmingham, UK.
 Topics: primary research, discussion of methodological issues, the completion of a systematic review of the literature on a chosen topic, the implementation and evaluation of research based change in practice, developing and implementing research and development strategies within Trusts.
 Contact: Sue Cammerloher, Conference Administrator, 26 Moorside, Yatton, Bristol BS49 164 (Telephone and fax: 011-44-1934-832-164)

April 28-30, 2001. "Caring is our Bottom Line", The Catholic Health Association of Canada's Annual National Convention, St. John's.
 Contact: Sylvie Deliencourt (telephone: 613-731-7148; e-mail: sdeliencourt@cyberus.ca)

June 8-9, 2001. "Fifth International Conference on the Regulation of Nursing and Midwifery". Copenhagen.
 Contact: Ms. Randi Gjerding, Nurse Consultant, National Board of Health, Amaliegade 13, Postboks 2020, DK 01012, Copenhagen K, Denmark. (Fax: 011-45-3393-1636)

June 10-15, 2001. "International Council of Nurses Quadrennial Congress, Copenhagen, Denmark.
 Contact: Ms. Randi Gjerding, Nurse Consultant, National Board of Health, Amaliegade 13, Postboks 2020, DK 01012, Copenhagen K, Denmark. (Fax: 011-45-3393-1636)



Attention all midwives and those interested in midwifery!!

We know there are many midwives out there in the NWT and NU and we would like to hear from you, to gauge the level of interest in forming a Midwives' Group. So far we have 20 interested midwives in NU so we are especially interested in hearing from midwives working or living in NWT.

First of all, to give you a little bit of history on who we are and where we come from, we are the midwives who work at the Birthing Centre in Rankin Inlet. The Birthing Centre started as a pilot project in 1993 and is now a permanent part of the Keewatin Regional Health and Social Services Board (KRHSSB).

We hope that very shortly we will be able to open our doors to all women of the Keewatin (Kivalliq) region who would like to deliver and are suitable for delivery in Rankin Inlet. (Watch this space!). KRHSSB employs midwives especially to run the Birthing Center. Most of us are also nurses but direct entry midwives are also now being employed. As of May 2000, there will be 3 midwives in Rankin Inlet.

We like to be called "nurses and midwives", not "nurse-midwives". There is a subtle difference. For the purposes of our work here we are midwives. However, as there is no Midwifery Act in NWT or NU we are registered as nurses with the NWTRNA. KRHSSB has had special dispensation from the Ministry of Health to employ direct entry midwives, providing they are recognized in another jurisdiction. These midwives are "insured" by the Board itself as they cannot be registered with the NWTRNA.

We are very proud of the fact that since December 1999 we have commenced training 2 Inuit women. Their goal is to eventually write the NARM exams and thus have a registerable midwifery qualification. Our days are constantly moving between practical care of the women

in our area and theoretical and practical teaching.

Nowyah Williams has been working as a Maternity Care Worker within the Health Centre here for 6 years, so is very familiar with maternity care. Diane Tittak has also worked in the Health Centre in various posts for about 5 years.

As midwifery advances in the rest of Canada, we feel it is very important that the North should not be left out or left behind. Midwifery is particularly suited to isolated areas and certainly enhances the care not only of the pregnant woman, but also of her entire family. The vexed question of "Where to deliver" can best be discussed under the umbrella of a woman-centered approach, which is central to midwifery philosophy.

There are many questions that need to be asked and answered with regard to the care of pregnant women in

the north. A midwives group could help to answer and provide a forum for discussion for many issues.

So let's hear from anyone who is interested in midwifery and most importantly let's hear from all the midwives out there somewhere.

Chris Siksik, chriss@arctic.ca
Rachel Munday, rachelmunday@yahoo.com

Rankin Inlet Birthing Center
Bag 008
Rankin Inlet, NU
X0C 0G0

Tel 1-867-645-2816
Fax 1-867-645-2866 or 1-867-645-3318



Rachel Munday, Toni Fehr, Chris Siksik, Johanna Geraci

The Telegram, August 2000



Let nurses deliver all babies

The prominence of your headline "Hospital baby delivery by midwife expected soon" (Telegram, Aug. 5) would make some readers think that this was a unique event.

What it should do is bring to the attention of readers the abysmal situation in this province. Midwives or obstetric nurses are the best people to conduct a delivery, until it becomes abnormal. Doctors should be readily available for any emergencies that occur, otherwise they should be kept well away from the delivery room.

The fact that most hospitals in this province do not allow midwives or ob-

stetric nurses to conduct normal deliveries is nothing short of a national disgrace. It is denying optimum care to our pregnant ladies.

We have had committees, reports and discussion ad nauseam on this subject and are getting nowhere. The stumbling block is that the several medical bodies involved all want to protect their own turf. We have never had a minister of health with enough incentive to pick up this ball and run with it. He or she could have had it sorted out years ago.

It is standard now that the safest place to have a baby is in hospital. So why not have the obstetric nurses or any mid-

wives deliver? Many experienced nurses are as capable as any midwife, and would need little training if that was what was required to be certified. Cost would not be a problem, as nurses are salaried employees of the hospital.

Some Third World countries have better continuous care for labouring patients than we do. So come on, Newfoundland and Labrador, get someone to knock the heads together of all our stick-in-the-mud medical politicians and let us provide the best in our delivery rooms.

*David C. Prior
Appleton*

NEWFOUNDLAND and LABRADOR MIDWIVES ASSOCIATION
APPLICATION FOR MEMBERSHIP
2001

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

All Qualifications: _____

Full Address: _____

Postal code: _____ Telephone No. _____

(home)

Telephone No. _____ Fax No. _____

(work)

E-mail Address: _____

Work Address: _____

Area where working: _____

Retired: _____ Student: _____ Unemployed: _____

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

Provincial: _____

National: _____

International: _____

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

for: \$ _____

(Cheques/money orders only (no cash) made payable to the Newfoundland and Labrador Midwives Association).

Full membership for midwives is **\$75.00** (as this includes the Canadian Confederation of Midwives fees which the Association has to pay). This may increase after March 1, 2001.

Associate membership for those who are not midwives is **\$40.00**

Membership for those who are unemployed/retired is **\$15.00**

Membership for those who are residing outside of Canada **\$85.00** (to cover the cost of the extra postage).

Signed: _____ Date: _____

Return to: Pamela Browne, P.O. Box 1028, Station C, Goose Bay, Labrador A0P 1C0

