



Association of  
Ontario **Midwives**  
*Delivering what matters.*

# Milestones that Matter

## Adapting to Disruption and Change

Annual Report

January 2019 - June 2020



## A Message from the President and the Executive Director

This annual report focuses on milestones that matter – on the advocacy, resources, education and support that midwives have continued to rely on from the Association of Ontario Midwives (AOM) – as we all adapt to the disruption and change brought on by COVID-19. Milestones including: confronting the ongoing impacts of colonialism and contributing to the restoration of Indigenous health and healing; tugging on the thread of racism in midwifery and reproductive health and beginning to weave a new tapestry that confronts white supremacy and works towards racial justice; improving the lives of midwives by negotiating a 3-year agreement with the Ministry of Health (MOH), winning a historic human rights legal action and witnessing the beginnings of government action to close the gender wage gap for midwives; and supporting midwives to continue to provide excellent and client-centred care, even in the most challenging of times.

The milestones in this annual report reflect strategic goals and are a testament to the hard work of midwives, the staff who support midwives and contribute to the work of the AOM, our collective resiliency and our shared visions for better futures.

In solidarity and action,

**Jasmin Tecson**

President

**Juana Berinstein**

Acting Executive Director

**Kelly Stadelbauer**

Executive Director

(on leave)

## Milestones that Matter Adapting to Disruption and Change



## STRATEGIC GOAL:

Equity and justice for racialized midwives and marginalized communities, and promotion of anti-racism and anti-oppression at the individual and institutional level, within the AOM and across the profession

Midwives' experiences of bullying can be compounded by the effects of colonialism, racism and intersecting systems of oppression. *The Experiences of Racism Among Ontario BIPOC Midwives and Students in Midwifery Education and Profession* research study was conducted in the summer of 2019 to further understand the experiences of midwives who identify as Black, Indigenous and people of colour (BIPOC). The findings highlight the impact of structural and interpersonal racism on midwives. The study has been a catalyst for efforts to dismantle racism in midwifery, including the addition of a racial equity focused strategic goal and the following actions:

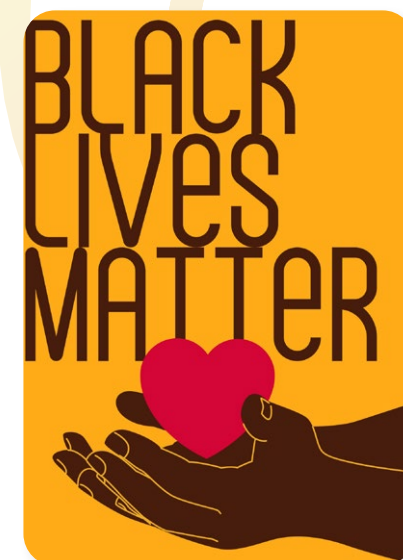
- Consultation with the BIPOC Advisory Group
- Aligning anti-racism efforts with work to renew Indigenous midwifery and decolonizing health care
- Educating midwives, staff, leadership and stakeholders like the Midwifery Education Programme (MEP) and AOM Benefits Trust (AOMBT) about the study findings
- Anti-racism education for members, leadership and staff
- Openly acknowledging racism in midwifery and the silencing of racialized midwives at the 2019 annual general meeting (AGM) (where the resolution for a diversity working group was revised to remove race) by sending a letter to all members following the AGM
- Changes to the 2020 AGM to create a more equitable process
- Creation of a Racial Equity Committee to guide racial equity work
- Collection and analysis of race data in the 2020 membership renewal to implement interventions that can work to improve racial equity in midwifery
- Facilitating founding of a national association of racialized midwives
- Collaboration with Black academic and community partners on Black Health Matters: COVID-19 Research Project
- Hosting virtual gatherings for BIPOC midwives and students and BIPOC queer and trans midwives and students

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"It is in the values of the association and the midwifery profession to demonstrate bold, principled and courageous leadership. It is written in our name to be allies. [...] Allyship cannot live in our hearts if words of solidarity do not pour from our mouths and action does not follow."

– Sojourner San Vicente, a Black midwifery student, from the blog ***In the spirit of confronting anti-Black racism and therefore, in the spirit of love***

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## STRATEGIC GOAL:

### Advancing the restoration and renewal of Indigenous/Aboriginal midwifery



Midwifery in Indigenous communities decolonizes health care and instead roots care in Indigenous ways of knowing and doing. Working in close collaboration with Indigenous leaders, communities and stakeholders, advancing Indigenous/Aboriginal midwifery aims to challenge colonialism's attempted erasure of midwifery, as well as the ongoing impacts that erasure has had on health outcomes.

Education and presentations were provided for stakeholders and allied organizations, including: Chiefs of Ontario Health Coordination Unit and Annual Health Forum; Association of Iroquois and Allied Indians – Health Directors; Best Start – Health Nexus; Nishnawbe Aski Nation Health Transformation Summit Thunder Bay; HIROC; CAM conference; Ryerson MEP; Women Deliver Conference; ICM pre-conference; Indigenous Women and Girls Health Conference Calgary; and Anishinabek Nation Health Summit. In addition, over 100 members (with a focus on settler members) were supported in accessing Indigenous cultural training to make visible and confront anti-Indigenous bias in health.

Aboriginal Midwives (AMs) face government-imposed barriers to independently order lab tests and ultrasounds for their clients. Advocacy aimed at removing these barriers focused on working towards solutions to ensure AMs – just like RMs – can provide complete and integrated midwifery care. Advocacy included a multi-ministry presentation in collaboration with Kenehete:Ke Midwives. A commitment was secured from government to ensure AMs are able to order lab tests and ultrasounds in 2020-21.

A two-day summit was held in Thunder Bay and attended by 126 participants representing 50 different organizations and Indigenous communities. The voices and vision from the summit are captured in [Bring Birth Home](#), a report which articulates the beginning of a province-wide framework to grow Indigenous midwifery, especially in Northern Ontario. The report focuses on returning Indigenous midwives to every Indigenous community, including in the North. The summit clearly called for the return of midwives as the heart of the community, a role that is key to healing from the impact and effects of colonization.



# STRATEGIC GOAL:

Flexibility to provide sustainable care and innovation to meet the diverse needs of communities and midwives



Negotiating [funding agreements](#) with the Ontario government to improve the lives of midwives, including compensation and working conditions, is imperative to strengthening midwifery for both providers and clients. Using information from consultations with members, the Negotiations Task Force analyzed needs and researched solutions. The negotiations team advocated for improvements at formal negotiation meetings with the government. A tentative deal was reached in December 2019 for a 3-year agreement. Voting member midwives ratified the agreement in February 2020. The agreement, which came into effect on April 1, 2020, includes:

- **Representation:** Schedules with compensation commitments for midwives working in Enhanced Midwifery Care Models (EMCM) and Indigenous Midwifery Programs (IMPs)
- **Compensation:** 1% increase in each year, for three years, as a cost-of-living adjustment (this increase does not address the gender wage gap in midwifery, as equity adjustments are distinct from cost-of-living)
- **Growth:** Funding for new midwives entering the profession from the MEP, International Midwifery Pre-registration Program (IMPP) or Indigenous education/apprentice programs. A commitment to maximize the number of midwives working to meet the high demand for midwifery care
- **Enhanced Employee Assistance Program (EAP) program, a disability case management service and mental health programming:** Funding to support midwives who are returning from a disability leave and to proactively address mental health issues within the profession
- **Indigenous Midwifery Programs (IMP):** Funding for additional IMPs, including for apprenticeships to grow the Indigenous midwifery workforce
- **Expanded Midwifery Care Models (EMCM):** Funding for new programs to meet the needs of diverse communities
- **Equipment funding:** Funding for bilimetres (about 1 per 4 midwives) and portable ultrasound machines
- **Additional funding for midwives who provide services for physician patients:** Funding for midwives to be able to provide additional procedures to physician patients including non-stress tests, attendance at labour, postnatal care in hospital or home, management of early or ectopic pregnancy, termination care and vaginal laceration repair

Between negotiations, the AOM continues to work to improve the lives of midwives through regular bilateral meetings with the government at the Midwifery Services Committee (MSC).

# STRATEGIC GOAL:

Advancing client-centred midwifery clinical excellence

Responding to clinical trends and research, midwives are supported in the provision of excellent evidence-based care to Ontario's families. In addition to several new clinical guidance documents, summaries and client resources, systematic reviews were conducted and research-guided updates were made to resources.



## Postpartum visits guideline

The [Guideline on Postpartum Visits](#) (released June 2019) presents research on optimal timing and number of visits, while recognizing individualized care and clinical judgement. This guidance document can also be used to examine the benefit of the midwifery model including client-centred care that wraps around the parent/infant dyad.

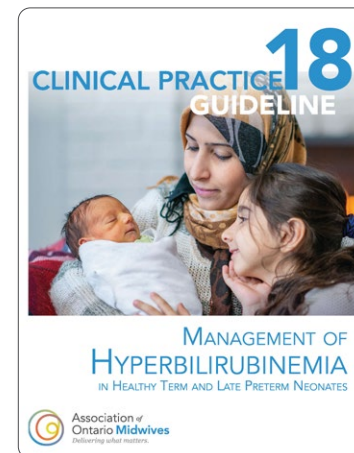


## Emergency Skills Workshop (ESW) manual

The latest edition of the [ESW manual](#) was launched (October 2019) in a new digital format. Research evidence from 2012-2019 was reviewed and included in the revised manual with updates to the identification and management of key emergencies. The manual also includes new and updated medical illustrations and a new postpartum hemorrhage (PPH) management flowchart.

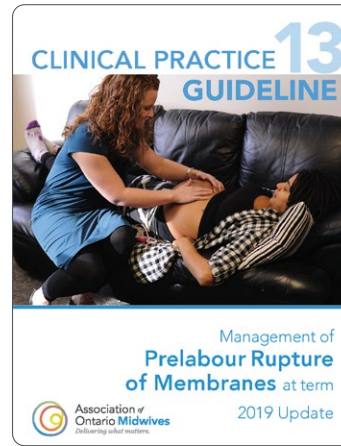
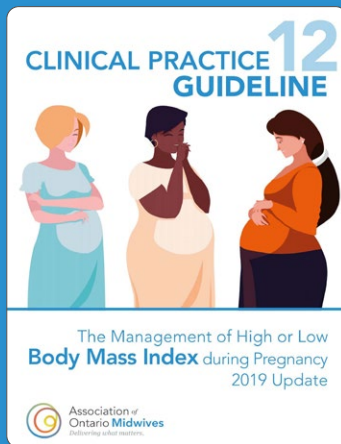
## Management of Hyperbilirubinemia in Healthy Term and Late Preterm Neonates (CPG #18)

The Clinical Practice Guideline (CPG) #18 [Management of Hyperbilirubinemia in Healthy Term and Late Preterm Neonates](#) was released (December 2019). Additional resources were also developed to support the recommendations in the CPG: a midwifery-specific care pathway that outlines steps for screening and managing phototherapy; and the 'Bili-Tool' app, a mobile application that allows midwives to plot bilirubin levels at the point of care. The app also includes: a weight-loss calculator; a comparison of available bilimeters to aid midwives with purchasing decisions; a client handout describing jaundice and their options for screening; and a client handout for those whose infants require phototherapy.



## The Management of High or Low Body Mass Index (BMI) During Pregnancy (CPG #12)

Newly revised CPG #12 [The Management of High or Low Body Mass Index During Pregnancy](#) includes updated recommendations on choice of birthplace, folate supplementation and risk categorization for health complications, along with insights on how to have appropriate, respectful and individualized discussions about BMI and pregnancy. In addition, the [AOM Clinical Practice Guideline Summary: Body Mass Index](#) offers convenient access to some of the most essential content of the full CPG.



## Management of Prelabour Rupture of Membranes (PROM) at Term (CPG #13):

The [Management of Prelabour Rupture of Membranes at Term](#) CPG #13 has received a partial update, incorporating new relevant studies published since 2010. To support client decisions on the management of PROM, a new client handout was also developed: [When your water breaks before labour](#). Available in seven different languages, this handout aims to support informed choice discussions regarding PROM at term.

## Impacts of A Randomized Trial of Induction Versus Expectant Management (ARRIVE) trial: responding to elective induction at 39 weeks

A 2019 survey of Ontario midwives shows that the ARRIVE trial has impacted care in Ontario, despite limits in the applicability of the results. In response, the AOM developed a new resource, [Impacts of the ARRIVE trial](#), as an aid to support midwives in contextualizing the results of the ARRIVE trial when talking to clients and other health-care providers.

## AOM client handouts available in Portuguese

In response to feedback from members, the complete range of [client handouts](#) was translated to Portuguese in 2020. These handouts provide practical and accessible information for midwives and their clients. In addition to English and French, language translations include: Arabic, Farsi, simplified Chinese and Spanish.



## Midwifery research grants

Midwifery research is critical in supporting the vision of midwives leading in reproductive, pregnancy and birth and newborn care. To that end, we disbursed grants to [three midwifery-led teams](#) in March 2019 and [four teams](#) in March 2020 through the AOM Midwifery Research Grants Program.



## Professional development and webinars that place midwives at the centre of learning

A range of education offerings were provided, including multiple hands-on midwifery skills events (such as pelvic floor, bladder filling and induction of labour workshops). Twenty-two emergency skills workshops were offered in multiple cities across Ontario. By the end of the 2020 fiscal year, 100% of the Professional Development Fund had been claimed by and dispersed to 639 midwives.

Over 20 webinars were developed with the specific needs of midwives in mind, including varied topics such as: compassion fatigue, second victims and burnout series; postdates induction of labour (IOL) outcomes with various care providers; infection prevention and control (IPAC) implementation: grappling theory with practicality; anxiety in pregnancy; external cephalic version: predictors of success; supporting adverse diagnosis; the Violence, Education, Guidance, and Action (VEGA) project: recognizing and responding safely to family violence; ankyloglossia: tongue ties and how to spot them; risk talk; providing care to midwifery clients without insurance; beyond fenugreek and blessed thistle: insufficient glandular tissue and chronic low milk supply; low volume rural and remote birth services: what are policy makers and professional bodies doing to address the challenges of birth close to home; perinatal mental health updates: hot topics; midwifery management of hyperbilirubinemia; from vaginal birth after cesarean (VBAC) to trial of labour after cesarean (TOLAC): the new Society of Obstetrician and Gynecologists of Canada (SOGC) VBAC guideline; prescribing oxytocin for labour induction: recent changes to the midwifery scope of practice; and ethics and home birth after caesarean section.



## Capturing quality midwifery data: a collaborative effort with Better Outcomes Registry & Network (BORN)

In 2017, the AOM conducted a survey with 204 members (30% of midwives) to investigate their perceptions of the BORN Information System (BIS). The results of this survey indicated that the biggest obstacle for data entry in the BIS was the occurrence of data elements that were consistently misinterpreted, inapplicable to the context of midwifery care or frequently left unknown.

In response to these results, the AOM formed the **BORN Knowledge Translation Task Force** in November 2019. This group has focused their efforts on creating innovative solutions to improve the quality of midwifery data entry through the development of midwifery-specific knowledge translation (KT) materials. New resources are currently in development to assist midwives in entering accurate data, and to prepare midwives for upcoming improvements to the BIS. Midwives continue to develop efficiencies with the BIS interface, providing quality data for researchers and policymakers in midwifery and across the BORN network.

In May 2020, 14 recommendations developed by the task force to improve the BIS were sent to BORN. Ongoing discussion and collaboration on the implementation of these recommendations continue in anticipation of the forthcoming 2021 BIS enhancement, including support for the inclusion of race-based data collection.



# Supporting midwives on the frontlines during COVID-19

Midwives needed fast access to relevant resources in a rapidly emerging and changing COVID-19 landscape. Resources were created to support midwives working through the pandemic. In addition to collating and sharing resources from different sources, several literature reviews were conducted and synthesized in order to help midwives provide care using the most up-to-date evidence. The AOM researched and wrote a paper on home birth during the COVID-19 pandemic, addressing a topic that no other body had addressed.

The pandemic surfaced particular challenges and exacerbated the ongoing impacts of colonialism on Indigenous communities. Support was provided to ensure Indigenous midwives were able to acquire needed personal protective equipment (PPE), through both federal and provincial processes. Two circles for Indigenous midwives were organized to address the impacts of COVID-19 on the provision of midwifery care and to share Indigenous-specific teachings.



The AOM On Call team responded to a higher than normal volume of calls from midwives looking for guidance on navigating various aspects of providing care related to COVID-19 including (but not limited to): structuring clinics differently; care planning in particular client situations; PPE shortages; virtual visits; health and safety of midwives and staff; IPAC and disease transmission; COVID-19 testing; conflict within practice groups; navigating hospital policies; privacy; equipment funding; and home birth.

Resources are continuously updated as new research and guidance surfaces, including the AOM COVID-19 mobile app for both iOS and Android users:



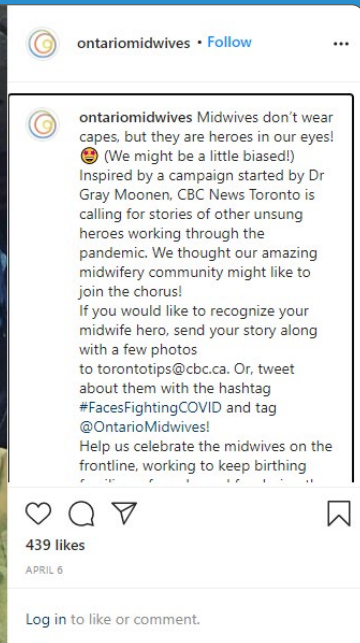
[COVID-19 RESOURCE FOR MIDWIVES IOS APP](#)



[COVID-19 RESOURCE FOR MIDWIVES ANDROID APP](#)

Universal shortages of PPE (masks, face shields, goggles, gowns and gloves) as well as disinfectants and alcohol-based hand sanitizer have been very significant for midwives across the province. The AOM addressed this by advocating with the Ministry of Health at various levels to ensure that midwives were considered in the allocation of PPE.

AOM also undertook a social media campaign asking for donations of PPE from the community to Midwifery Practice Groups (MPGs). The AOM was offered a few donations of PPE from the corporate sector. The AOM's **COVID-19 Ethics Task Force** discussed whether to accept these donations and how to manage distribution. The AOM then distributed donated masks and face shields to MPGs in need across the province.



## STRATEGIC GOAL:

A strong, equitable,  
integrated and valued  
midwifery profession

### Denouncing bullying

Denouncing bullying in the profession, with education and tools, led to increased awareness and healthier practice culture and included a conference panel examining abuses of power within practice groups and strategies for power sharing, as well as a hands-on full-day business practice workshop.

Because bullying is deeply linked with mental health, webinars were delivered on workplace mental health, including topics like compassion fatigue, burnout, second victim and psychological health and safety in the workplace for midwives. A partnership with a research project, Healthy Professional/ Knowledge Workers: Examining the Gendered Nature of Mental Health Issues, Leaves of Absence & Return to Work Experiences from a Comparative Perspective, led by Ivy Bourgeault, was begun as part of the commitment to continue to address and work to eradicate bullying. A Code of Ethics Task Force was formed and began drafting a new code of ethics for midwives, including clinical and business ethics.

As part of the response to address power imbalances between midwives, the Legal Expense Insurance program was launched to ensure midwives have access to legal support, regardless of their status in their practice group. Through the program, midwives access legal advice by telephone and legal representation to pursue employment rights, human rights and contractual disputes.



### AOM On Call

AOM On Call provided 24/7 support to approximately 292 midwives in over 1000 phone calls in 2019, and an additional 871 calls from approximately 244 midwives between Jan. 1 to June 30, 2020. Top topics in 2019 included questions about adverse outcomes, midwifery practice group conflict, clinical management, client choices, charting, equipment and leaves of absence, while 2020 saw a shift in trend towards COVID-19 and infection control.

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**“I have felt very supported and skillfully assisted [...] and I know my fellow practice partners appreciate your help as well.”**

– AOM On Call Caller

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# Midwives on the frontline of COVID-19 denied pandemic pay

On April 25, 2020, the Ontario government announced pandemic pay for frontline workers fighting COVID-19 but inexplicably denied this pay to midwives. A social media campaign in response articulated frustration and garnered deep support for midwives from Ontarians. Supporters rallied behind midwives and expressed outrage at their exclusion from pandemic pay.



Ontario Midwives  
@ontariomidwives

#OntarioMidwives won HRTO #payequity case, including injury to dignity. Yet Ontario government adds insult to injury, first using tax \$\$ to fight ruling in court, then excluding midwives from #pandemicpay. #MidwivesOnTheFrontline #TellMelmNotFrontline @fordnation @celliottability



7:04 PM · May 1, 2020 · Twitter for Android



Ontario Midwives  
May 1 · Instagram · 🌐

On April 25, 2020, the Ontario government announced that frontline workers would be provided with a temporary pandemic payment of \$4 per hour on top of existing hourly wages. This week, the AOM has been advocating through various channels at the Ministry of Health for reconsideration to add midwives and their auxiliary staff to the list of workers designated to receive this payment. These efforts have been unsuccessful. Today, Michael Hillmer, Assistant Deputy Minister at the Ministry of Health, confirmed that midwives and staff in midwifery clinics and birth centres will not be included in pandemic pay. The eligibility criteria stated by ADM Hillmer included workers essential to providing care and curtailing the spread of COVID-19, lower paid workers and areas where retention may be an issue.

We're angry, disappointed and dismayed that midwives and staff at midwifery clinics and birth centres haven't been included. We are deeply concerned this is an indication that decision-makers at ministry level fail to understand the work that midwives do. Midwives provide primary care to clients and their babies in hospitals, community clinics and in home. They play a crucial part in keeping healthy pregnant and birthing people and newborns out of overwhelmed hospital systems, which further helps to curtail the spread of illness. They are essential and cannot walk away from pregnant and labouring Ontarians. By continuing to work through the pandemic, midwives put themselves and their own families at risk every day. Pandemic payment would be a signal that these efforts and risks are recognized, respected and valued.

We are posting messages on social media today expressing our outrage and letting government know midwives are essential to providing care during the pandemic and curtailing the spread of COVID-19. Please add your voice, particularly with messages on Twitter using the hashtags #MidwivesOnTheFrontline #TellMelmNotEssential and #PandemicPay, and tag @ontariomidwives, @fordnation and @celliottability.



151,553  
People Reached

28,655  
Engagements

Boost Post

494

135 Comments 1.2K Shares

# Closing the gender wage gap

According to the [Ontario Equal Pay Coalition](#), work associated with women continues to be undervalued and underpaid. On average, women in Ontario earn only 70 cents for every dollar men make. The gap is even wider for those who are Indigenous, racialized, 2SLGBTQI+, elderly, newcomers or those who have a disability.

The Human Rights Tribunal of Ontario (HRTO) found that midwifery work is deeply associated with women, and therefore undervalued, resulting in the government paying discriminatory wages to midwives since 2010.

Two significant milestones have begun to finally address the gender wage gap for midwives. The HRTO ruling ordered the government to end and redress wage discrimination against midwives and the HRTO ruling was upheld by the Divisional Court of Ontario.

- March 2019:** The Government of Ontario files for judicial review of the HRTO liability decision in *AOM v. MOH*, which finds the government liable for gender discrimination in setting midwifery compensation. The AOM, on behalf of midwives, defends the decisions and runs a campaign to call on the government to drop its appeal and instead work to close the pay gap.
- February 19, 2020:** In a second and final decision, the HRTO issues concrete and specific orders to the government to close the gender wage gap for midwives and to end the MOH's discriminatory compensation setting practices. The Government of Ontario also rejects the final HRTO decision and adds this final remedy decision to their appeal.
- Feb 28, 2020:** Midwives participate in a provincial day of action, including in-person delivery of letters to constituency offices of Members of Provincial Parliament (MPPs). The action makes visible the frontline healthcare work of midwives, urging the government to stop fighting midwives in court and to support the implementation of the orders to close the gender wage gap. There were over 3000 viral visits to the website and over 8500 e-letters sent to the government.
- March 31, 2020:** The government files for a 'stay' (or a 'pause') on their duty to implement the remedy orders. The AOM defends midwives' right to being given sufficient priority to address discrimination, while allowing for some flexibility due to COVID-19.
- April 23 – 25, 2020:** Ontario Divisional Court holds judicial review hearings over three days, conducted virtually because of COVID-19.
- May 2020:** Ontario Divisional Court agrees to stay the HRTO remedy orders, but only for 10 days following the release of a decision.
- June 26, 2020:** Ontario Divisional Court upholds the HRTO ruling in favour of midwives, and orders the Government of Ontario to implement remedies to close the gender wage gap.

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"... we have concluded that the MOH's arguments mischaracterize the history of compensation negotiations with the AOM, fail to engage with the allegations of adverse gender impacts on midwives and ignore the systemic dimensions of the claim. We are not persuaded that it was unreasonable for the Tribunal, based on the record before it, to find that the MOH's policies and conduct towards the midwives led to systemic gender discrimination in compensation."

– [Ontario v. Association of Ontario Midwives, 2020 ONSC 2839](#)

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# Recognizing Midwifery Excellence



**Elsie Cressman Award: Lisa Bishop (2020)** Recognizing a significant gap in service, Lisa Bishop, in collaboration with Dilico Anishinabek Family Care, developed an Indigenous Midwifery Program specializing in women who are substance involved and living in rural and remote areas of Northwestern Ontario. The aim of the program is to provide health care access to Indigenous people who face significant barriers to accessing pre- and postnatal care. Integrated health services focus on mental health and addictions, overall health and child welfare, while supporting the family to remain together. While Lisa is funded to provide courses of care to 30 clients a year, she regularly cares for over 60, providing essential services to individuals and families who otherwise might have no access to care.



**Lifetime Achievement Award: Patricia (Patty) McNiven (2020)** A midwife since 1982, Patricia McNiven was one of the first registered midwives in Ontario. A faculty member at the McMaster MEP since its inception in 1993, she was integral in the development of the curriculum, which is internationally recognized as outstanding in midwifery education. Patty was elected to the Board of Governors and appointed as a member of the Senate at McMaster. Patty's PhD research on early labour assessment has informed best practice and her scholarly work has influenced midwives and obstetrical colleagues, contributing to evidence in the Society of Obstetricians and Gynaecologist's ALARM course. Patty is a founding partner of the Community Midwives of Hamilton and a founding member of the Canadian Association of Midwifery Education (CAMEd). Patty is the editor-in-chief of the Canadian Journal of Midwifery Research and Practice (CJMRP).



**Media Award:** Recognizes a journalist who has demonstrated excellence in raising public awareness of Ontario midwives, midwifery issues and midwives' contributions to the health-care system. Congratulations *Chantal Braganza*, TVO for [The uncertain future of midwifery in Ontario \(2020\)](#).



**Hospital Integration Award:** Recognizes hospitals that demonstrate excellence in integrating midwives into their organization. Congratulations to *North York General Hospital (2020)*.



**Excellence in Midwifery Research Award:** Recognizes research that advances excellence in midwifery care and is presented to the author(s) of the research. Congratulations to *Eileen Hutton, Angela Reitsma, Julia Simioni, Ginny Brunton and Karyn Kaufman* for "[Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses](#)" (2020).



# Making Midwifery Visible



## Facebook

Facebook reached over **10 400 people by the end of June 2020**, representing an **11%** increase from last year.

**LIKE AND FOLLOW!**



## Twitter

Twitter reached **6300 people by the end of June 2020**, a **6%** increase from the previous year. **526** tweets were retweeted over **3000** times and received over **5900** likes.

**TWEET US!**



## Instagram

Instagram reached **over 3600 people**, a **55.5%** increase from the previous year.

**FOLLOW US ON IG!**





## YouTube

Videos were viewed over 38 000 times, totalling over 1000 hours of watch time and 160 new subscribers. Top videos include [Choosing Home Birth](#) (6400 views) and [Ontario Midwives - Giving Birth with a Midwife](#) (4800 views).

**SUBSCRIBE TO OUR CHANNEL!**



[Choosing Home Birth](#)



[Ontario Midwives - Giving Birth with a Midwife](#)



Youtube videos were viewed over 38 000 times

# Ontario Midwives - Delivering What Matters



1011 midwives were members of the AOM as of June 2020, with a record 84 new registrants in 2019.

Complimentary memberships were extended to all midwifery students in recognition of the challenges the COVID-19 on students.

Midwives provided care to over 33 000 Ontarians between Jan. 2019 and June 2020.

Source: Better Outcomes Registry & Network (BORN)

## Our Mission

Advancing the clinical and professional practice of Indigenous/Aboriginal and Registered midwives in Ontario.

## Our Vision

Midwives leading reproductive, pregnancy, birth and newborn care across Ontario.



Association of  
Ontario **Midwives**

*Delivering what matters.*

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