

1. **Pearl Herbert** retired midwife, provided a comprehensive history of settler midwifery in Newfoundland and Labrador from the 1700s to the present day. Her notes are included here as attached.
2. **Thea Penashue** of the Innu Roundtable Secretariat discussed the Innu Midwifery project in Labrador and told the group about a recent event on Gull Island that included discussions/celebrations about plans:
 - a. Need a space for midwifery students who will start in April of 2023
 - i. 3 Innu students in Sheshatshiu
 - ii. 3 Innu student in Natuashish
 - b. Gisela Becker, RM has been hired as the Implementation Coordinator for the program
 - c. The program has obtained a Memorandum of Understanding with Labrador Grenfell Health so that students can work within LGH clinics, care sites.
3. **Vanessa Webb** RN reported from Nain on the North Coast of Labrador- an Inuit region that is self-governed under the Nunatsiavut Government
 - a. No midwifery services in region
 - b. Residents fly out to Goose Bay at 36 weeks for delivery
 - c. Nunatsiavut Government is re-vamping programs now with a view to providing culturally-appropriate care to Inuit peoples
 - d. Vanessa has applied for a midwifery program and is now in discussions with the Department of Education about the potential to establish a new Inuit midwifery education/training program but there is a need for raised awareness of midwifery in the region.
 - e. Brianna Thompson, Chief Midwife of NL has discussed midwifery with stakeholders in the region and continues to champion the role of midwives in the north.
4. **Sarah Harnum** RM, Central Health (CH) in Central Newfoundland, Chair of the College of Midwives of NL
 - a. Only 2 midwives (Sarah Harnum and Maud Addai) work in CH
 - b. No applicants for the two vacant positions in CH. The College of Midwives NL is having challenges getting midwives to work in the province
 - c. No deliveries by midwives in CH in the past 8 months, cannot work to full scope and are only doing pre-natal/ post-partum care
 - d. College and NLCHP now discussing implications of not being able to meet the number of deliveries required to maintain status

- e. Government NL has not yet dispensed funding to CMNL this year
 - f. Gander area clients have indicated satisfaction with midwifery care
 - g. While there is plenty of support from interprofessional colleagues, sustained government support is a challenge
 - h. Midwives face delivery site challenges as well
5. **Brianna Thompson**, Chief Midwife of Newfoundland & Labrador
- a. Working closely with stakeholders to support the integration of RM practice in NL healthcare
 - b. Providing support to the NL Government Department of Health & Community Services (DHCS) to make legislation that will support midwifery practice in NL
 - i. Now establishing key performance indicators to support such legislation
 - c. Three key areas of focus:
 - i. Recruitment and Retention (add midwives to the Incentives Program for healthcare professionals)
 - ii. Workforce Survey with the NL Centre for Health Information (make connections with RMs to work here in NL)
 - iii. Atlantic Midwifery Education Program (building capacity)
 - d. Expansion Plans:
 - i. DHCS has a mandate to implement midwifery in Eastern Health and in Labrador Grenfell Health by 2024
 - ii. Site selection needs to be done within these two Regional Health Authorities
 - e. DHCS funds the College of Midwifery in NL but there is currently not an allocated budget for this item
6. **Ann Noseworthy** retired faculty School of Nursing, Memorial University, BSc. BN, RM, MA (Midwifery) PhD (Midwifery) on behalf of the Association of Midwives of NL
- a. Historically, midwives and nurses worked cooperatively under the umbrella of nursing; AMNL was established when RMs wanted to form their own professional association
 - b. AMNL is lobbying and working towards the regulation of midwifery practice in NL
 - c. Responsible for developing standards of practice and codes of conduct to meet the requirements to establish midwifery as a professional practice in NL
 - d. Established under the umbrella of the NLCHP/ College of Midwives
 - e. To be insured under HIROC, midwives must be AMNL members
 - f. AMNL is a conduit for getting RMs into practice, insurance, NLCHP
 - g. Although numbers are low at present, AMNL continues to lobby for an expanded role for RMs in NL
7. **Brittany Stairs**, President, Midwives Association of New Brunswick
- a. MANB is a small association established in 2010 with by-laws established in 2015
 - b. Midwifery in NB is limited with 4 full-time positions in Fredericton only

- c. This is the first time the program has had stable funding and it is now part of the English Regional Health Authority of New Brunswick
 - d. There may be interest in the French RHA, too early to comment
 - e. Indigenous midwifery is showing potential as well
 - f. Things are happening slowly, but midwifery is building momentum in the province and RM practice is no longer considered to be a pilot project but a “demonstration site,” which is an important distinction.
 - g. Improvements are underway. At 36 weeks, maternal care in NB is always provided by an obstetrician. Relationships are improving between OBs and RMs in the province.
8. **Joyce England**, PEI Midwives Association
- a. Regulations now in place for RM practice in PEI
 - b. Posted an advertisement for midwives yesterday (October 27 2022)
 - c. PEI MA lobbied for self-regulation within college of nurses so it will become the College of Nurses and Midwives in PEI
 - d. Site in hospital has been chosen
 - e. Site in community underway
 - f. Charlottetown will have 5 midwives and 1 lead at ½ time to set up
 - g. Insurance through HIROC still in progress
 - h. Privileging issues are being worked out
 - i. Recruitment started yesterday
9. **Jessica MacDonald** Association of Nova Scotia Midwives
- a. ANSM is provincial association for RMs in NS, regulated in 2009 by the Midwifery Regulatory Association of NS
 - b. Non-unionized
 - c. 16 full time midwifery positions in the province
 - i. Highland 4 RMs
 - ii. Halifax Region 8 RMs
 - iii. South Shore 4 RMs
 - d. All RMs work to full scope of practice:
 - i. 80% hospital vs 20% home births
 - ii. Hospital site water births available
 - iii. Home births are supported by RNs
 - iv. No birth Centres in NS; only the home option is available outside hospitals
 - e. Government policy to have 20 full time positions in the province