A close-up photograph of green oak leaves and acorns, with a yellow semi-transparent overlay on the right side.

Alongside Midwifery Unit Centre of Excellence

2022 Annual Report



**Oak Valley
Health**

From the Alongside Midwifery Unit Centre of Excellence leadership team

Silva Nercessian, Patient Care Director

Liz Pollen, Lead Midwife

Abigail Corbin, Patient Care Manager

Anne Mallot, Educational Lead

Everyone who walks through the doors of the Alongside Midwifery Unit (AMU) recognizes this is a special space. Opening Canada's first AMU meant people had to believe in a vision of something completely new. There were no precedents, no proof of concepts to rely on. It was a risk. And we took it. Building the AMU was a labour of love.

Keeping our doors open requires investments and funding from three sources: our midwifery practice groups, Oak Valley Health, and the Ontario Midwifery Program (a branch of the Ministry of Health). This unique funding model means we are able to provide hospitalist midwifery services 24/7, a dedicated Patient Care Manager, and a space to welcome our clients.

Evaluation of the AMU has demonstrated what we believed to be true: it matters how a space is set up. Our clients walk into a labour room and see that there are many options for their labour. Encouraging them to stay active and upright will increase their likelihood of spontaneous deliveries and decrease interventions.

Midwives have thrived in the AMU. We strive to build a healthy work culture where our people are mentored, coached, and invested in. We are building researchers, experts, and teachers. The AMU has one of Canada's only midwives in a patient care manager role. Building leadership capacity is a core part of our Centre for Excellence (COE).

Health care is facing challenging times and midwives are not exempt. COVID-19 and the ensuing human resource shortages have taken a toll. But it has also led us to having meaningful conversations about how we show up for each other, support each other, and how we can creatively meet the evolving needs of our clients.

What's next for the AMU and our team? As we discover what it means to be a midwifery Centre of Excellence we recognize we need to disseminate the knowledge and research we have gathered. We want to support other communities as they explore innovative ways to provide midwifery services. And we want to continue to ensure each person who walks through our doors knows they are in a special place.



Silva Nercessian



Liz Pollen



Abigail Corbin



Anne Malott

Introduction to Canada's first Centre of Excellence in Midwifery

In September 2022, the Alongside Midwifery Unit was rebranded as a Centre of Excellence. To be a Centre of Excellence, you must be an organization that sets the standards for excellence when you provide and develop leadership, best practices, research, and training in a specific specialty. The vision of the AMU Centre for Excellence at Oak Valley Health is not only to provide quality midwifery care, but to deliver truly exceptional work.



LEADERSHIP

BEST PRACTICE

RESEARCH

TRAINING

LEADERSHIP

Why is midwifery leadership important? Not merely a buzz word, leadership is vital for providing high-quality care. Effective leadership in health care improves client outcomes, safety, and experience. Successful health care leaders improve workplace engagement, retention, and more. Leaders need to demonstrate competency in leading themselves, teams, organizations, and health systems. Within Canada, there is a paucity of research and discussion on defining midwifery leadership and its competencies.

The AMU has a key role to play in developing midwifery leadership. This happens on multiple fronts. Through creating leadership opportunities for our midwives, mentoring, and coaching, we invest into the midwives that are part of our community. Focusing outward, the AMU is co-creating the first midwifery leadership community of practice, open to all Canadian midwifery leaders. By providing online networking and gatherings, we are hoping to see increased innovation and collaborations.

Within our walls we have seen some significant change in our leadership. Carol Cameron, our inaugural director, retired in June. Carol leaves behind a legacy that will not be forgotten. Being the first midwife to deliver a baby fully funded by Ontario in 1994 was only the start for Carol at Markham Stouffville Hospital. In 2011, Carol was the first midwife in Ontario to run a hospital labour and delivery unit, opening a door for other midwives to follow. And of course, the

AMU would not have existed without Carol, our relentless champion and visionary.

At her retirement celebration, people shared stories of how their lives were impacted by Carol. From the baby she delivered in 1994, now an adult, to nurses, midwives, and physicians, Carol's legacy carries on in the many lives she touched. In reflection, Carol said that while she will always be proud of her accomplishments, it was hearing the personal stories that meant the

“The profound impact Carol has had on our hospital with her visionary leadership and contagious enthusiasm is nothing less than extraordinary. Carol's greatest and lasting gift to MSH will always be her connection to our people.” - Tracy Clegg, former Vice President, Donor Engagement & Operations, Markham Stouffville Hospital Foundation



Harvesting the acorns on the AMU



On the Alongside Midwifery Unit, each baby has their name written on an acorn which is then placed on our oak tree in the front of the unit. Once a year, the midwives gather on the AMU to celebrate the babies born, “harvesting” the acorns which then get placed in a memory box.

This year, our oak tree was full of acorns and we had a lot to celebrate.



During our acorn harvest, Elaina Ferrari was announced as the recipient of the inaugural [Carol Cameron Midwifery Leadership Award](#).

This award is given in recognition of a midwife who demonstrates exceptional leadership at Oak Valley Health

LEADERSHIP

In order to help our community get to know Silva Nercessian, the new director of the AMU, we sat down with them to ask some questions.

Who are you and what gets you out of bed in the morning?

I'm Silva Nercessian, Director of CCS and AMU. My pronouns are "they" and "them." What gets me out? Fun, in all sincerity. You're going to know me as someone who is always pushing to do something fun, adventurous, and new – whether that's in my own life, my family life, or work. And what this program brings is unique challenges that are fun to tackle.

The AMU is a unique place. What drew you to want to be the director of the AMU?

The fact that Carol was able to create such big footprints was really enticing for me because it then says to me that I have the opportunity to create the same or even greater footprints as we are both big thinkers. It can be difficult to come into a zone where people haven't broken down stereotypes or haven't thought radically. But Carol set such a high bar on radical thinking that it allows us to propel much further when it comes to radical thinking. So for me, it was really inspiring.

Every director brings their own leadership style to the team. How would you describe your approach to leadership? How have you had to shape that to lead midwives?

Well everyone who knows me knows I am pure raw and authentic. What enables me to be a leader for our midwives and AMU is my conscious efforts towards listening, and towards empathy building. Understanding from them what drives them as midwives, and what drives the midwifery program. My background is paediatrics so I'm coming in with

a clean canvas when it comes to midwives and obstetrics as a whole, something they can paint a big picture on.

During the current health care crisis, many birthing units are struggling. What impact does having an AMU have on the Children and Childbirth program? Are there any benefits that weren't anticipated?

I have learned so much in the recent months. Our midwives are what I would call survivalists. Midwives offer the ability to provide care in all different aspects, not only to birth parents, but to newborns, and the family as a whole. Those aspects can range from breastfeeding support, newborn assessments, debrief births with families, as well as provide mental health screening. What we've seen is that our acuity in Obstetrics is getting higher with greater comorbidities. This results in dyads staying longer in hospital. With our Midwife Led Early Discharge Program, midwives are able to discharge clients at six hours post-birth, with a follow up at home. This reduces our overall length of stay for our patients. We are seeing patients receive holistic care from our Family and Baby Clinic when they can't access primary care. Our midwifery led programs, run through our AMU, are providing solutions to complex problems.

In your opinion, what have been the biggest successes of the AMU?

Being innovators and leaders, what Carol Cameron did, innovated something that had never been done. This started the conversation about capacity and what the profession as a whole can do. Our AMU manager, Abigail Corbin, says we are light years ahead with the care we provide and I couldn't agree more.

What opportunities do you think the AMU has created for midwives?

I think what we are hearing from our midwives is, they don't always want to be in a work model where they have to be on call, working around the clock, so having an AMU and midwifery led postpartum clinics allows us to provide opportunities for midwives who may not want or be able to work in the traditional schedule. We are able to support midwives who have accessibility needs and create opportunities for new models of care delivery. So what we are doing is creating equity. This is something we want to build on.

One of Oak Valley Health's strategies is care beyond our walls. The AMU COE is seen as a leader in midwifery care. How can we leverage that to the benefit of midwifery care outside our walls?

I think creating AMUs across the province, in other organizations, would be gargantuan, in the sense of shifting the culture of how organizations see midwives as collaborative partners for shared goals. Oak Valley Health again is light years ahead on that collaboration and understanding just how impactful it is. But we can't say that view is consistent across all organizations. So what we need is an open mind for that culture shift, and for folks to take a plunge on what it could look like to include midwives more collaboratively.



Silva (left) on denim day

BEST PRACTICE



Midwives have a central role to play in the provision of high-quality pregnancy, birth, and newborn care. Midwifery is pivotal in bringing balance to increasing medical models of care by providing client-centred, preventative, and supportive care. At the AMU, we want to see midwives using their full range of skills from clinical to management to supporting families.



AMU by the numbers

461 babies born on the AMU in 2022



In 2022, 83% of clients had a spontaneous birth

9% had an assisted vaginal birth

8% had a Cesarean section

18% required a transfer of care to the OB team



In 2022, 18% used hydrotherapy in labour

29% used nitrous oxide

54% had an epidural

80% were discharged within six hours of birth

BEST PRACTICE

INNOVATION IN CHALLENGING TIMES: MIDWIFERY-LED POSTPARTUM PROGRAMS

The Midwifery-Led Postpartum Programs (MLPP) at Oak Valley Health promote excellence in postpartum and newborn health through evidence-based, patient-focused care. The MLPP ensures families experience seamless hospital-to-home transitions.

Oak Valley Health's Midwifery Led Postpartum Programs are funded as an "Expanded Midwifery Care Model" by the Ontario Midwifery Program, a branch of the Ministry of Health. The current services provided by the MLPP include an Early Discharge Program (EDP) and the Family and Baby (FAB) Clinic. Both services are provided by registered midwives with privileges at Oak Valley Health.

When consultations are needed, our midwives facilitate access to physician care through the hospital's Postpartum Clinic and Newborn Clinic.

EARLY DISCHARGE PROGRAM

In the EDP, low risk birthing parents and their infants who qualify for early discharge may leave the hospital within 6-12 hours after birth. A midwife from the MLPP will visit the family within 24 to 36 hours in their home to conduct routine newborn tests and provide weight checks, wellness checks, and feeding support. Midwives take time in the visit to provide education and mental health screening.

“

“Excellent program! I wish I had this service after I delivered my first baby. This should be mandatory across the board at every hospital.” - MLPP patient



FAMILY AND BABY CLINIC

The Family and Baby Clinic provides postpartum care for families who can't access timely primary care. Midwives provide primary care for up to four weeks. The Family and Baby clinic is open seven days a week.

In the clinic, families are able to receive postpartum wellness checks for parent and babies, jaundice follow up, weight checks, and feeding support. Midwives provide mental health screening and can debrief patients' birth experiences.

The Family and Baby Clinic also offers a triage line for postpartum concerns from 8 a.m. to 8 p.m.

33% of all
babies born
in our Childbirth unit access
our Family and Baby Clinic



RESEARCH

The midwifery profession cannot grow successfully or meaningfully without applying a research lens and growing research capacity.

Conducting and appraising research is an essential competency for midwifery leaders. From our inception, the AMU has prioritized research and program evaluation. The McMaster Midwifery Research Centre (MMRC) partners with the AMU to provide evaluations of the AMU and postpartum care programs. We recognize that for others to be able to replicate our work, we need to be able to critically demonstrate what has been successful.

Since opening, the AMU has been able to see several articles published - something we continually invest in.



Working together, the McMaster Midwifery Research Centre is able to provide a midwifery research lens to the innovative work done in the AMU.

Midwifery research is vital to the evolution of health care, and we look forward to continue working with the AMU Centre of Excellence as we explore the potential of midwifery care together.
- Beth Murray Davis, Director of MMRC

Published Research Articles

Corbin A, Darling EK, Pearce-Kelly T, Wise K. [The application of health leadership competencies around the work to the Canadian midwifery profession: a scoping review](#). CJMRP. 2021; (20)18-30.

Murray-Davis B, Grenier LN, Mattison CA, Malott AM, Cameron C, Hutton EK, Darling EK. [Promoting safety and role clarity among health professionals on Canada's first alongside midwifery unit \(AMU\): A mixed-methods evaluation](#). Midwifery. 2022;(111) <https://doi.org/10.1016/j.midw.2022.103366>

Seager E, Murray Davis B, Malott AM. [Facilitating Formative Feedback in Midwifery Education](#). CJMRP. 2021;(21)

Darling EK, Easterbrook, R, Grenier LN, Malott AM, Murray Davis B, Mattison CA. [Lessons learned from the implementation of Canada's first alongside midwifery unit: A qualitative explanatory study](#). Midwifery. 2021;(103) <https://doi.org/10.1016/j.midw.2021.103146>

Murray-Davis B, Grenier LN, Plett R, Mattison CA, Ahmed M, Cameron C, Hutton EK, Darling EK. [Exploring the built environment of Canada's first Alongside Midwifery Unit: Making space for midwifery in a hospital](#). HERD: Health Environments Research & Design Journal. 2022;0(0). <https://doi.org/10.1177/19375867221137099>

Malott AM, Seager ES, Murray Davis B. [Standardizing approaches to rendering feedback \(StAR study\)](#). In press



Next steps:

Knowledge translation

Research mentorship

MLPP evaluation

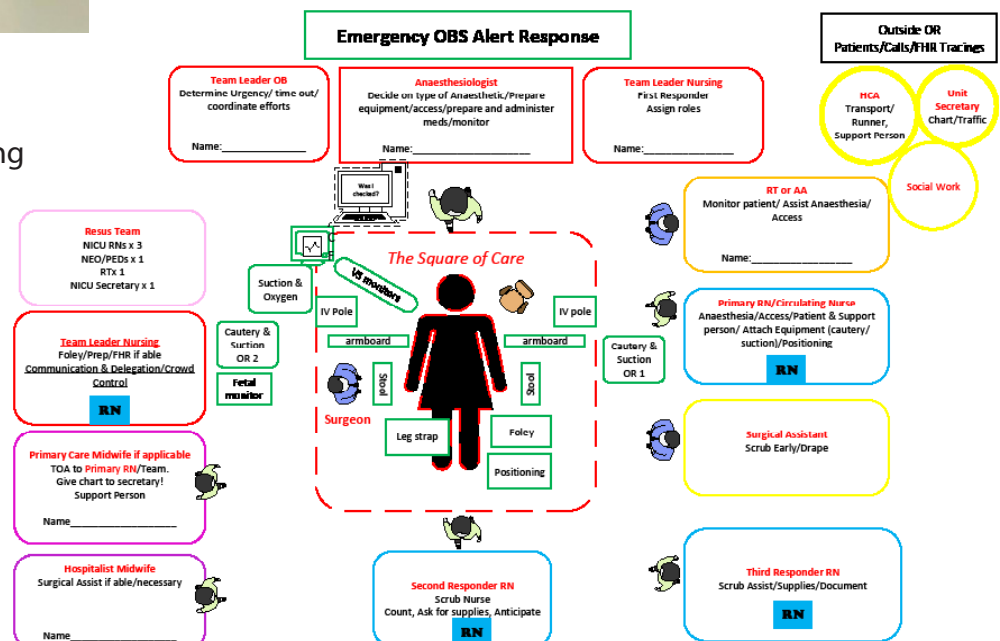
TRAINING

The AMU prioritizes training for both students and midwives. Having dedicated training space for midwives within a hospital is unique to the AMU and likely not replicated elsewhere in Canada.

Midwives on the AMU are able to develop their clinical and teaching skills through participating and leading drills and simulation exercises. Seen as experts, midwives are part of an interprofessional teaching team for Fetal Health Surveillance for the entire hospital.



Pam Ingley, Perinatal Quality Assurance Specialist, creates leading edge, in-house training and quality improvement strategies for the AMU and Childbirth and Children's Services.



Midwifery-led rounds

The AMU hosts monthly rounds, open to all midwives. Here we are able to highlight midwifery research, best practice, and engage midwives with relevant and timely topics.



Speak up!

Communications in challenging times

Case 1

Midwife A is a new midwife who has been pushing with her client for 30 minutes. The hospitalist comes in to assist (or second midwife) and sees that there have been repetitive complicated variables for the past 10 minutes.

What is one take away from this morning?

Montimotor

Culture of feedback is important

It's can positively impact the patient experience

What we permit we promote

Feedback is a gift. Tough to receive but as Carol says it's up to us what we do with it

Lack of cultural humility and inherent bias are continuous, constant biases.

And we NEED to promote sustainability in our profession

So engaging and helpful! Very relevant, thank!!



Abigail Corbin, AMU Patient Care Manager with Rachel Lai, the AMU's first high school co-op student

Students are an important part of the AMU. McMaster and Toronto Metropolitan University both include AMU rotations in their offerings for interprofessional placements. This placement is highly valuable as it provides an opportunity for students to focus on intrapartum skills within a hospital setting, mentored by hospitalist midwives.

At the AMU, students are able to witness an integrated midwifery program within a hospital organization.