

all of the countries we learned about, midwifery education is outside of the university system, usually in hospital-based programs.

Our discussions with immigrant and refugee women also brought out the need for public education about the health care system and about the arrival of midwifery as a regulated profession in Ontario. There was a suggestion that the IRCM could try to access more newsletters and publications of various cultural groups to get the message out about midwifery in as many languages as possible.

Conclusion

We only began the process of learning about the childbirth experiences of immigrant and refugee women

through our meetings in Ottawa, Toronto, and Kingston. However, some clear issues and recommendations emerged from our discussions.

We learned that the experiences and expectations of new Canadians are as varied as the countries, cultures, and religious backgrounds from which they come. For many, their experience to date has been characterized as having to constantly struggle to even be heard by health care providers, let alone to be treated with respect. For some, the loneliness and isolation of being new to this country is only heightened when they go through the experience of pregnancy and childbirth in our current system.

In speaking with a number of health care providers who have been immigrants to this country, we also learned of the many ways in which they in particular are trying to make the experience of pregnancy and childbirth less frightening for women who are newcomers to Canada. Through prenatal courses offered in other languages, labour support from women who speak their language, and the translation of resource materials into other languages, women are being made to feel a little more comfortable with giving birth in a new country. But these efforts, we were told, are often few and far between and need to be considered more often by policy makers and health planners. As a new profession to Ontario, midwifery is in the fortunate position of being able to redress some of these inequities through the education and regulation of its professionals, and through its professional association.

While wanting to be respected for their unique experience and backgrounds, immigrant and refugee women also do not want to be treated as "other." Given the tremendous number of immigrants and refugees in Ontario, it is important that midwives practicing in this province who were born, raised, and educated here recognize that their own experience is only one of many. Currently practicing and new midwives to Ontario must make every effort possible to become aware of the wide range of

experiences of immigrant and refugee women in pregnancy and childbirth, and ensure that the midwifery care they provide is both culturally sensitive to each individual woman's needs and empowers each woman to have control of her experience. Finally, the Ontario health care system must be prepared to support a culturally sensitive practice of midwifery.

Update

On December 31, 1994, midwifery legislation was officially proclaimed in Ontario, making it the first province in Canada to formally recognize midwives as a self-governing profession, funded by the Ministry of Health. Midwives can practice in hospitals, birth centres, and homes and must adhere to standards of practice developed by the College of Midwives. The College is currently working on a Prior Learning Assessment Project to integrate into the profession women who have been trained in other jurisdictions. This will hopefully open the doors for midwives trained in other countries who wish to practice in Ontario.

Members of the Equity Committee who prepared this report are: Anne Rochon Ford, a writer and policy advisor on women's health issues in Toronto; Pat Legault, a former nurse administrator active with the community health and birth centre movement in southwestern Ontario; Jesse Russell, a policy advisor on Native women's issues in Thunder Bay; and Vicki Van Wagner, a practicing midwife and director of the midwifery education program at Ryerson Polytechnic University in Toronto.

This report is one of a number which were written by the Equity Committee. Others are available for a small fee by calling the office of the College of Midwives at 416-327-0874. The mailing address for the College of Midwives is P.O. Box 2213, Station P, Suite 285, Toronto, Ontario, M5S 2T2.

CATHY STONEHOUSE

The second heart

Curl up your fingers
in the dark little one,
the light is out
no one is watching.
I can feel you
deep in my unclenched heart,
spiral breath
winds up your sorrow
like a cloth
wrung deep from a well.
On your rage I suck
of your grief I drink
till you grow strong enough
to be born.
Soft ear
placed upon my belly from the inside,
lips that unfold
into promises,
a way through.

*Another poem by Cathy Stonehouse
appears earlier in this issue.*