

★ Midwife of the Month ★ ★ Aly Jones ★

WINNER OF THE CLIENT
NOMINATION
FOR BC
MIDWIVES' DAY!



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

ALY JONES RECEIVED THE TOP NUMBER OF CLIENT NOMINATIONS FOR THE BC MIDWIVES' DAY MIDWIFE OF THE MONTH COMPETITION. CONGRATULATIONS ALY, WILLOW COMMUNITY MIDWIVES, AND TO ALL THE CLIENTS WHO VOTED! IN ADDITION TO HER WORK AS A MIDWIFE, ALY IS A MABC BOARD MEMBER, CO-CHAIR OF THE RURAL & REMOTE MIDWIFERY COMMITTEE AND A MEMBER OF THE RURAL SUPPORT PROGRAM COMMITTEE. LOCALLY ALY IS ONE OF THE MANAGING OBSTETRICAL RISK EFFICIENTLY (MOREOB) CORE TEAM LEADERS.



MABC: When did you know you wanted to become a midwife?

AJ: I first was interested in midwifery when I was pregnant with my son. It was 1999 and midwifery had just become regulated and legal in BC, though I wasn't aware of this. I was volunteering at a consignment store that was run by five single moms and one of them said, "You have to meet with a midwife. I birthed my baby in my bathtub at home with midwives."

I remember sitting in my mom's apartment and we were going to a Meet the Midwives night in Victoria (because it was so new, they were doing introduction evenings). We said we would go but I said, "There is no way I am ever having my baby at home, that's crazy. What do midwives even do?"

So I went and met Angela Spencer and after learning more I knew I wanted her to be my midwife and the journey started. The experience

of switching from a busy doctor to a midwife halfway through my pregnancy was so amazing, confidence-building and transformative. I was young and single and all of a sudden I felt like I could do it. The support from my midwives helped me to become who I am today.

After my son was born I started working with pregnant people and when Leeum was six I started my degree in midwifery at UBC in 2005.

MABC: What communities have you practiced in?

AJ: I was in Vancouver for the majority of my degree and I went to Prince George for a year for my third year placement. After I graduated from UBC I moved back to my home community which is Naramata, BC. I opened my practice in Penticton as a new grad which was quite a feat. It was a lot of work but totally worth it.

I had worked in this community prior to going to school at UBC as a second at homebirths. There weren't midwives here when I graduated so the community was definitely wanting to fill that gap.

I love my community and wanted to come back to my hometown; my family are all here.

I've been here ever since. I've done locums around the province throughout the past 9-years in Salt Spring, Prince George, Revelstoke and Vancouver.

I did a lot of locuming in the first few years because we didn't have a full caseload here and

needed the extra income to make it work. That was one of the ways I made starting a rural practice with a small case load work.

"Aly has a way to make you feel safe, cared for, and understood. She was born to be a midwife. Her sense of humour, strength, intelligence and passion for her work cannot be missed as soon as she enters any room. She makes you feel like you are her only patient and her whole world. Her work with her midwife team has transformed how the medical team views midwifery in our small town of Penticton. Before Aly and her team, midwives were 'run out of town' because of incompetence and lack of understanding on behalf of the medical professionals. Now a decade later, the medical professionals respect midwives as valued members of the team....changing culture is no small feat!"

~ Aneta D'Angelo, Naramata

lege at that time did not have the policies we have now for new grads

starting practices; all that had to be arranged and sorted out.

We had to hire a midwife to come and be our mentor for the first while and now with the MABC's new Rural Support Program many midwives starting a new practice get a lot of support which is amazing. I can only imagine how great that would have been when I was starting this practice.

MABC: You've been a long time advocate for rural midwifery services. Can you share why support for rural midwifery is important?

AJ: It is important for me because I was raised in and have lived in a rural community most of my life. Many rural folks don't have access to adequate health care or choice in health care. Being an advocate for rural midwifery really allows me to speak from my own experience.

When I was first work-

ing in the South Okanagan before there were midwives, I was working with pregnant families as a doula, a childhood educator and an advocate for midwifery. At that time there were quite a few families that would actually leave the community to find midwifery care because they were looking for a different experience or they were looking for an out of hospital birth and/or more continuity in their care.



Aly (right) with client Sarah and baby Claire.

Seeing the real impact of people having to leave their home communities for birth is devastating. I have a strong belief that people should be able to stay in their home community to give birth.

In 2002 the government closed down many rural hospitals across BC including two that are in our rural catchment area; right now in the South Okanagan we have the Penticton Hospital which serves the entire South Okanagan, as far as Princeton an hour and a half to two

hour drive away. Princeton Hospital used to offer maternity services and that was closed down in 2002. We offer services as far as Grand Forks and that is two and a half hours away. There used to be another hospital that offered maternity services in Oliver and it was also closed down.

These closures really impact families that are living far from Penticton. For example we can't offer people living in outlying communities home visits or home births because

being 2 to 3 hours away from a hospital in the middle of a snowstorm really isn't safe. Folks who are coming from out of town are then forced to rent a hotel room to have a 'homebirth' which is another financial burden on top of leaving their community and families.

I would like to see the rural hospitals having midwives and running or having antenatal care and having birth or even birthing centres.

I had a client living out by Grand Forks and expecting her fourth baby

and she came into the clinic at 38 weeks to have a vaginal exam and she was already 6-7 centimeters dilated. She chose to be induced. If she went into labour in her own community in the winter she most likely would have birthed at home by herself really far away from emergency services.

It changes the way people make decisions about their care.

MABC: How does your relationship with your clients impact you?

AJ: I love midwifery. I love working in a small community. The relationships I have formed over the years with my clients and their families fills me with joy. Living in a small community often times we know each other in some capacity. After working and practicing here for more than 9 years I often feel like my clinic days are spent having tea with old friends.

I still do work, I promise!



"Alyson is kind, patient and devoted to midwifery."
~Karen Yakymishen, Penticton



Aly and son Leeum.





“Aly has been my primary midwife for all three of my pregnancies. She has been my rock. Though she couldn’t make my last birth, I know she pulled every possible string to make my non hospital birth happen. She has grown an extremely successful midwifery clinic in Penticton. I am so grateful for her work supporting rural mothers and families, developing relationships with hotels to allow out of hospital births for rural moms. My two hotel births have been incredible and I owe that to Aly. Aly is an absolute legend in the South Okanagan area and deserves to be recognized!”

~Chantal Walters, Keremeos

AJ: Clients that I serve are diverse from the ages of 12 – 45. The majority of our clients are in their 20’s or early 30’s, about 30% of clients in our care choose out of hospital births. Some people have to travel quite a ways to get here. Our catchment area is quite large.

“Simply, she is amazing.”
~Ray Kroschinsky,
Penticton

Frequently those folks will come into the clinic for postpartum visits. Or the public health nurses in those outlying communities, if they are available, will sometimes see our clients, which is nice because our clients then do not have to travel into town with their

Many, many people are repeat clients; we’ve been with some clients for up to five pregnancies and births!

3-day old baby.

MABC: Do you have any advice for new midwives about building strong relationships with clients?

MABC: What percentage of your clients travel in for care and are you able to offer postpartum care for those clients?

AJ: Spend time getting to know your clients, their families and your community.

AJ: I would guess that a third of my clients are travelling from far away. That means also travelling in for postpartum care which is really sad as postpartum home visits are one of the best parts of midwifery care in my opinion. Occasionally I have been able to travel for postpartum care if another midwife can cover my call, especially if clients have trouble with finances or mobility. It is difficult to be 2 hours away from the hospital when I am on call, especially since I often won’t have cell service.

For me, setting up a practice where I can spend the time with my clients getting to know them has been really important to me. Rather than shortening visits I constantly want to lengthen visits. I think this has greatly impacted my job satisfaction.

Over the last 9-years I have worked in a team of two, of three and of four. A year ago I switched to working solo side-by-side. I provide care for my clients and the midwife I work with sees my clients twice



in the pregnancy, and I see hers twice in the pregnancy. We then give each other every 2nd four-day weekend off call. I have actually found this model to be my favourite because of the increased continuity and it has greatly enhanced relationships with my clients. I do not have to spend time looking up their chart and trying to remember who they are, what their partner's name is, or who their other kids are. For me, side-by-side solo has been great and I think that has also made a difference for my clients.

If I were to give advice to any aspiring or new midwives it is self care, self care, self care. Really and truly.

I remember when I first started practicing as a midwife my naturopath here in town who has been my naturopath forever said if I wanted to work as a midwife for

many years (you're only thirty and if you are going to practice into your mid-sixties) you are going to have to learn to take care of yourself, the first thing you should do is get blackout blinds because when you sleep you need to sleep well. I thought, yes, what a good idea.

Another midwife and I had a going away party for our students and she gave them all eye-masks. Sleep well when you sleep is good advice.



MABC: Have you seen big changes in rural midwifery since you started practicing?

AJ: In my community there have been major changes. When we first

started midwives were not accepted and it was a very tough journey to develop trust and create good relationships. The shift that has happened over the last nine years has been amazing.

In our first year we had nurses that would go to our clients (if we would leave a room at a labour) and say, "it is okay if you want an epidural. If your midwife is not getting you pain relief, we can." We were encountering a lot of misunderstanding about what a midwife is and what we do; there can be a lot of scepticism when there is a lack of education and understanding.

MABC: What would your advice be to aspiring midwives about rural midwifery?

AJ: Get out in the community. Sometimes it feels like you aren't

getting anywhere because you are repeating yourself over and over. Integrating into a new community is challenging and it can feel

isolating but with time and patience it can change!

Over the last 9-years midwifery has expanded in BC and many programs have

developed to support rural midwifery like the Rural Support Program (RSP) and the Rural Locum Program (RMLP). So some of the things I experienced wouldn't be the same for a midwife in a rural community starting up now. Recently, the Rural and Remote Committee has, through the help of the MABC, started offering scheduled peer reviews that are available for all rural and remote midwives by teleconference which helps midwives to feel that they are not working in a silo.

"Alyson is one amazing RM who truly cares for her patients. She practices respectfully and knowledgeably. As an LnD nurse I have learned so much from Alyson since I've started my practice. When I have a baby, I would be honored if Alyson would be my RM and confident that she would deliver my future baby to this world. As she has millions of times already."

~ Faith Arroylo, Summerland BC



I know for us, when we first started working here, we felt like we were two midwives all alone on the planet. A lot of the support now offered wasn't established yet. Talking to other midwives and hearing how things are going in their communities is really helpful especially when starting up a new practice in a new community.

I would also recommend seeking out a team of midwives who are a good fit for you. My practice partners have made such a huge difference in continuing to make this profession sustainable for me. We work really well together and try to support each other to live a balanced life. This means when I want to go mountain biking the other midwife on call is happy to take my pages and visa versa. Having this freedom makes being on call so much more doable.

So if you are interested in rural midwifery get involved with the Rural Committee, be part of those peer reviews, talk to other rural midwives, learn and educate yourself about the community where you want to work and find a great

team of midwives to work alongside!

That misunderstanding or lack of knowledge around what midwives are and what we do is so big, not only with the colleagues you work with but it is ingrained into the community. It happens a lot less to us now in Penticton but we still have folks coming to us asking, "Do we have to pay?"

I had a client the other day who said, "There is going to be a doctor at the birth, right?" I thought, "Oh wow, no, there isn't. How have we gotten to this place and you don't actually know what your midwife does!"

MABC: What keeps you motivated as a midwife and what do you find challenging about the work?

AJ: What I find challenging is the lack of sleep and the interruption to my family and personal life. I

am really, really lucky to have family and friends who are extremely kind and giving around my extremely weird and ever changing schedule.

I think the thing that keeps me motivated or able to do what I do as a midwife is what I said before, around self care. Remembering to do the things I love besides midwifery and not letting work be the one and only thing that I do. For me, it is things like bike riding, spending time with family and friends, playing games and long overnight hiking trips. I really love the one-to-one care and continuity with my clients but also having really clear boundaries is important.

Being able to take time off and leave work behind is so important.

I'm motivated, partially by, my own personal experience with my son almost 19-years ago. Also seeing the appreciation from clients and the change that has happened in my community — it is a constant reminder of why it is important to have midwives and why I love my work so much.

MABC: What does International



"She's the best baby catcher ever!"
~Lauren Millington, Penticton

Day of the Midwife mean to you?

AJ: International Day of the Midwife is a day to celebrate and honour midwives around the world and the work that we do. Every year on International Day of the Midwife I am reminded about the number of midwives working to make a difference in the lives of families worldwide.

Being from a small town with only four midwives it is easy to forget how many midwives there really are in the world. I remember in



2014 I attended the International Confederation of Midwives Congress in Prague and I was absolutely struck by how many midwives were there. The work being done by midwives across the world is so vast and amazing and it really does change and save lives.

International Day of the Midwife is a reminder that there are a lot of midwives in the world who are doing incredible work to change the lives of families.

MABC: Is there anything else you want to add?

AJ: Thank you to the clients and the families that nominated me and for supporting us in this community and making it possible for us to

be here and provide midwifery care.

We definitely feel the support of our families in the community. We do a picnic every

year (we've done one for the last 8-years) and this year it is in September. So many fami-

lies, past and current clients come out and it is such a pleasure to see the families and the kids as they get bigger.

One of the things that is so neat about working rurally and in a small community is the support offered to our team. In our practice in the past two months two of us



had partners who sustained serious medical injuries within a week of each other.

We needed an urgent locum to come and help so we could be with our partners. Thanks to the RMLP I was able to find a locum on short notice. I posted to our clinic's Facebook page to find accommodation

for the locum and there was instantaneous support from within the community. There were numerous generous responses. It's a beautiful thing to know that your community is there for you.



BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.