

CLIENT PACKAGE

**The Midwives Collective
of Toronto**

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WHAT IS A MIDWIFE?

According to the Ontario Midwifery Act (December 31, 1993), “The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and postpartum period of their newborn babies, the provision of care during normal pregnancy, labour and postpartum period and the conducting of spontaneous vaginal deliveries.”

This is consistent with the International Definition of a Midwife as:

“...a person whom having been regularly admitted to a midwifery education program, duly recognized in a country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn infant. This care includes preventative measures, the detection of abnormal conditions of mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the patients, but also within the family and community. The work should involve antenatal education and preparation for parenthood, and extends to certain areas of gynaecology, family planning and childcare. She may practice in hospitals, clinics, health units, domiciliary conditions, or in any other service.”

College of Midwives of Ontario

PHILOSOPHY OF MIDWIFERY CARE IN ONTARIO

- [Midwifery care is based on a respect for pregnancy as a state of health and childbirth as a normal physiologic process and a profound event in a parent's life.
- [Midwifery care respects the diversity of client needs and the variety of personal and cultural meanings which client's, families and communities bring to the pregnancy, birth and early parenting experience.
- [The maintenance and promotion of health throughout the childbearing cycle are central to midwifery. Midwives focus on preventive care and the appropriate use of technology.
- [Care is continuous, personalized and non-authoritarian. It responds to a client's social, emotional and cultural as well as physical needs.
- [Midwives respect the client's right to choice of caregiver and place of birth in accordance with the Standards of Practice of the College of Midwives. Midwives are willing to attend birth in a variety of settings, including birth at home.
- [Midwives encourage the client to actively participate in their care throughout pregnancy, birth and postpartum period and make choices about the manner in which their care is provided.
- [Midwifery care includes education and counselling, enabling a client to make informed choices.
- [Midwives promote decision-making as a shared responsibility, between the client, their family (as defined by the client) and her caregivers. The client is recognized as the primary decision maker.
- [Midwives regard the interests of the client and the fetus as compatible. They focus their care on the client to obtain the best outcomes for the client and their newborn.
- [Fundamental to midwifery care is the understanding that a client's caregivers respect and support the client so that they may give birth safely, with power and dignity.

The Midwives Collective of Toronto INFORMED CHOICE AGREEMENT

We provide you with this information so you will be clearly aware of the services provided by our practice, the standards of practice within which that we work, and our education and experience. We ask you to read this agreement carefully and, if you have any questions, to follow up by discussing them with one of your midwives. We believe the ideal relationship between a midwife and the client and families they care for is a co-operative one, which recognizes the client as the primary decision maker. We believe our role is to assist you to make informed decisions regarding your care. We hope this information will assist us in the development of a co-operative relationship.

OUR PRACTICE

The Midwives Collective of Toronto has worked as a group practice providing community based midwifery care in Toronto since 1983. We provide midwifery care during pregnancy, labour, birth and the postpartum period. We attend both home and hospital births. All of the midwives in our group have privileges at Mount Sinai Hospital. All collective midwives are registered with the regulatory organization, the College of Midwives of Ontario and are active members of the professional organization, the Association of Ontario Midwives.

We work closely together as a group, which we think helps us to provide a consistent standard of care, organized back-up, and to reduce burn-out of midwives as on call health care providers. We have weekly meetings which allow regular peer review and information sharing.

We provide continuity of care by working in partnerships which usually include a first on-call midwife, a second on-call midwife and a student midwife. This team usually shares prenatal care, attends the birth and shares postnatal care. A third midwife is assigned to each client to cover overlapping births or time off call.

SCOPE OF PRACTICE AND STANDARDS

The midwife's scope of practice is low-risk, healthy childbirth. We provide individualized, flexible care and attempt to be responsive to the needs of each client and their family. Our education prepares us to work as primary caregivers for normal pregnancy and in co-operation with medical caregivers if a situation outside of our scope of practice arises. We practice within the standards developed by the College of Midwives (attached). These standards detail the clinical indications for consultation or transfer of primary care to a physician, as well as contraindications for home births. We also work within a set of protocols for our practice which help us provide consistent care. You are welcome to read our protocols in full. They are available in our office.

CHOOSING MIDWIFERY CARE

Choosing midwifery care means you are choosing a distinct style of maternity care, focused on childbirth as a normal healthy process, continuity of care and informed choice. Midwives work as independent, primary caregivers and are funded to provide comprehensive care to client's and their families during pregnancy, birth and the first six weeks postpartum. **Our services are an alternate to, not in addition to, medical and nursing care, for normal pregnancy and childbirth.** If complications arise, we work in a team with medical and nursing professionals.

We provide prenatal care in our clinic, attend labour and birth at home and in the hospital, and provide early postnatal care in the client's home and later postnatal care in our clinic. Midwifery care for planned hospital births includes monitoring labour at home, transfer to the hospital late in active labour with first babies and in well established labour for subsequent births, and early discharge (usually within 4 hours after the birth) from the hospital, with postpartum care provided by your midwives at home.

The emphasis in midwifery care is on birth as a normal physiologic process and an important life event and in supporting client's to make informed choices. As primary caregivers our role is limited to low-risk pregnancy, childbirth and postpartum. Midwives provide a "low intervention" style of care that seeks to avoid the routine use of drugs and technology. Midwives work together with client's and their families and support people to use alternatives to birth technology. One example in the prenatal period is using careful history taking rather than routine ultrasound to establish a client's expected date of birth. During labour and delivery midwives use position change, hands-on comfort measures and emotional support to reduce the need for pain-relieving drugs. Although the use of technology and drugs is sometimes necessary and is always open to midwifery clients when needed, clients who plan to use birth technology routinely may find medical care a more appropriate choice.

PRENATAL CARE

Our prenatal care offers you the possibility of learning about the changes your body goes through as pregnancy advances. Prenatal care plays an important role in preventing and detecting problems which can arise in pregnancy. Our care includes the monitoring of fetal growth, heart rate and position, urinalysis, blood pressure, and the general health of mother and baby. We can provide counselling and advice on nutrition, exercise, and the social and emotional aspects of pregnancy. We expect to see clients at least once a month until the 28th week of pregnancy, every 2nd week until the 36th week, and once a week thereafter. We request that you obtain records of your previous birth(s) from the

midwife or physician who provided your care. If you have been seen by another caregiver before you came to our practice, we request a copy of your records.

HOME VISIT

Before the birth your first on-call midwife and student will visit your home to become familiar with the location, to meet others who are expected to be present at the labour or birth, and to answer any questions that anyone attending the birth may have.

CLASSES

Childbirth Preparation

The Midwives Collective offers a series of classes to our clients and their support person in preparation for the birth experience and early parenting. Classes are not funded by the Ministry of Health and a fee is charged which must be paid by clients.

Siblings Class

We offer a class to prepare children for the birth of a new sibling.

LABOUR AND BIRTH

During labour our care includes the assessment of progress, monitoring the client's vital signs, fetal heart rate and the position, assisting the birth of the infant and placenta, examination of the newborn, and assessment of the client's condition postpartum. We also offer emotional support, information and guidance to the client and their family. The second midwife attends the birth for the second stage of labour, birth and immediate postpartum.

POSTNATAL CARE

We make at least four postnatal visits as needed in the first two weeks after delivery. The first three visits are provided to you at home or in hospital; the fourth visit usually takes place at our clinic. Should any problem arise, we are available on a 24 hour on-call basis. A final six week checkup with client and baby takes place at our clinic.

CLIENT'S ROLE AND RESPONSIBILITY

We ask that our clients actively participate in decision-making about their care. We expect our clients to do their best to maintain good health during their pregnancies. A balanced diet, adequate rest and exercise contribute to healthy pregnancies. Clients must receive regular prenatal care. We request that parents acquire knowledge and skills necessary for labour and birth. We also ask that all clients have a family physician that we can refer to if general medical

problems arise during pregnancy or postpartum and to whom we will transfer your care and that of your baby's at six weeks postpartum.

A midwife's care is individualized according to the clients she serves. It is important for you to make her aware of your expectations. In order to be effective as caregivers, we require that parents keep us well informed of problems or situations that may affect their care. If you are unhappy or dissatisfied with the care you are receiving or feel another midwife would better suit your needs, we encourage you to discuss this with your midwife and work out a suitable solution. We want you to feel able to communicate about any problems or criticisms you may have with our midwifery care or our work as a group. We reserve the right to refer clients to another caregiver or to suggest changes in birth plans (i.e. from a home to hospital birth) if clinically indicated if we do not feel that there is an adequate relationship of trust and communication between midwife and client.

HOLIDAYS/TIME OFF CALL

Collective midwives take a month long holiday every 5 to 7 months. During our months on-call most midwives in the practice take a regularly scheduled weekend off call. Clients will be informed in advance of any time off, except in emergency situations. Time off call may occasionally need to be scheduled when midwives need to attend important or mandatory professional meetings or responsibilities related to other jobs.

CHOICE OF BIRTH PLACE

There are distinct risks and benefits to any birthplace. It is the responsibility of parents to become as informed as possible, to weigh those risks and to make decisions appropriate to them. According to the College of Midwives, it is the responsibility of each midwife to support choice of birthplace within the scope of practice of midwifery. It is also the midwife's responsibility to plan care appropriately when contraindications to out-of-hospital birth arise.

The standards of the College of Midwives state that birth should be planned to take place in hospital in the circumstances of multiple birth, breech presentation, preterm labour prior to 37 weeks of pregnancy, and documented post-term pregnancy of more than 43 completed weeks. Other situations in which hospital birth should be planned may arise prenatally, with appropriate consultation as detailed in the College of Midwives **Indications for Mandatory Discussion, Consultation and Transfer of Care**. Despite the standards of the College of Midwives support for choice of birthplace, out of hospital birth remains controversial. Most medical practitioners and organizations believe home birth poses added risks. In our view, the available research indicates that planned home birth and birth in out-of-hospital birth centres is a safe option for healthy clients. Adequate prenatal care is an important factor in detecting and avoiding

possible complications. Even though most complications can be screened out prenatally, difficulties can arise during labour and birth. Most of these are not emergencies and can be dealt with at home or safely transported to hospital.

Choosing to give birth either at home or in hospital means the acceptance of certain risks which can be life threatening. There are rare circumstances when use of the technology available only in tertiary care hospitals may be essential for the safety of the client and/or baby. In hospital there are rare circumstances where serious complications may arise due to iatrogenic causes.

We can provide you with detailed information about some of the complications which may arise and we encourage you to discuss with us our experience in dealing with them.

PRIVACY AND CONFIDENTIALITY

We respect each client's right to complete confidentiality and acknowledge our obligation to ensuring a client's privacy. A large part of our work involves educating client's and their families about pregnancy, birth and parenting. One of our most useful tools in teaching is telling anonymous birth stories and showing slides, videos and photos shared with us by parents. (We use our judgment about sensitive material.) We also support the study of birth-related topics and midwifery care, and we may make our records anonymously available for research and statistical analysis. The College of Midwives may also audit our files as part of a Quality Assurance process. Please let us know if you do not consent to your story or records being used in these ways. We are also often closely involved with your partner, family and/or other support people. Please let us know if you want to keep all or part of your experience confidential from those you invite to be involved in your care. We ask you to carry your records with you after 36 weeks. You are then responsible for maintaining the confidentiality of your records.

Some personal information (i.e. date of birth, due date) may be shared with the hospital for administration purposes.

For more information, a copy of our privacy policy is kept in our practice guidelines binder in our client library. If you have further questions regarding issues of privacy please leave a message for our privacy officer.

It is important for clients to understand that we work as a group practice, we share responsibility for being on call for all clients, we review cases as a group, and information about client care is shared anonymously within the group of midwives as needed to ensure safe care.

STUDENTS

We feel it is vitally important to train new midwives, as our practice cannot meet the demand for our services. We are currently a teaching practice for the Bachelor of Health Sciences Midwifery Education Programme at Laurentian, McMaster and Ryerson Universities. We also co-operate with several nursing and medical schools providing clinical placements for students to observe our classes, prenatal visits and, occasionally, births. We respect your need to meet any students who may be involved in your care in advance and feel comfortable with their participation.

VOLUNTEER SERVICES/CLIENT COUNCIL

The collective offers volunteer services through a client council, organized and run by former clients. These services include a weekly Postpartum Group, an electronic mailing list for past and current clients, the gathering of information for a client-to-client Help List that matches mothers with challenges or questions with mothers with their own relevant experience to share, and planning for our annual Reunion Picnic. The Client Council also acts both to advocate for and to advise our practice from the perspective of childbearing client's and their families.

EDUCATION AND EXPERIENCE

We are a group of midwives who gained our education in a variety of ways. Our Collective was formed to provide clients with the full benefit of our diverse backgrounds. All Collective members have either completed the Michener Institute for Applied Health Sciences Pre-Registration Programme, The International Midwifery Pre-Registration Program, or the Midwifery Education Program. We are all Registered Midwives, governed by the College of Midwives of Ontario. We can refer you to past clients, other midwives or physicians we have worked with if you require further references. A brief description of each of our background follows:

Erin Beckett

I am a graduate from the Ryerson Midwifery Education Program in which I completed a placement at the Midwives Collective in my second year as well gaining a wealth of interprofessional experiences including a placement with nurse-midwives in Newfoundland. I began my career as a midwife at MCT in 2012. I also have an honours degree in International Development with a minor in Anthropology from the University of Guelph. I enjoy traveling, reading, dancing, listening to live music and learning. It is an honour to work alongside such a strong and energetic group of midwives and an amazing support staff..

Zuzana Betkova

I am a general registrant with the Midwives Collective of Toronto. In addition to my degree from the Ryerson Midwifery Education Program, I also have an

undergraduate degree in International Development Studies from the University of Toronto. I grew up in the GTA, but have also had the privilege of living in Europe and West Africa. In addition to being a perpetual student I have also taught violin and English, worked as a pharmacy assistant, development worker, museum receptionist, and assisted with various research projects. I decided to pursue midwifery as I am fascinated by women's health and the adventure of pregnancy, birth and parenthood. I look forward to meeting and learning from you all.

Elizabeth Brandeis

I am originally from the U.S. but have lived in Ontario since 1992. My journey towards midwifery began with the birth of my daughter in 1994. I graduated from the Ryerson Midwifery Education Program in 2003 and from my Masters of Community Health from University of Toronto in 2013. I am a part time instructor in the Ryerson Midwifery Education Program and serve on the board of directors of the Association of Ontario Midwives.

Hedrey Chu

I graduated from the Midwifery Education Programme at Ryerson University in the spring of 2008. Prior to studying Midwifery, I completed a Bachelor of Science degree with honours in Biology at the University of Toronto in 2004. During my clinical training, I had the opportunity to work at practices that serve women from downtown Toronto, York region and the greater Toronto area. I have worked as a lifeguard, swimming instructor, and first aid instructor for many years with the city of Toronto. During my midwifery degree, I have also worked as a research assistant under the guidance and supervision of one of my professors at Ryerson. I was born in Hong Kong, however I have made Toronto my home since my family and I moved to Canada in 1995. It is wonderful to live in a city that celebrates cultural diversity. I speak English, Cantonese and some Mandarin.

Amanda Cordocedo

I am thrilled be a part of the Midwives Collective of Toronto as a newly registered midwife! I graduated from McMaster's Midwifery Education Program upon completion of my 4th year clinical placement here at MCT. I have long been interested in maternal and child health and was a member of the birth community as a doula prior to beginning my education at McMaster. I have a strong belief that everyone has the right to safe, accessible, and compassionate healthcare. I am originally from Vancouver, BC and moved to Ontario to join the MEP; as I get to know Toronto I remain grateful for, and inspired by, the opportunities provided in such an enriching and rewarding profession. In my down time you can find me enjoying the great outdoors, exploring this great city, gaining new perspectives through travel, or simply enjoying the moment with a coffee and a great book. I look forward to getting to know many of you during your time here with us.

Nimerta Dhami

I am excited to be working with MCT after having completed my final year's clinical placements here. Prior to entering the Midwifery Education Program at Ryerson University, I graduated with a double major Bachelor of Arts in Women's and Gender Studies and Psychology from the University of British Columbia. In Vancouver I worked in the capacities of women's centre coordinator, youth worker, harm reduction community support worker, and sexual health educator. During my time in the MEP I have had many amazing opportunities, such as working with midwives in Victoria, BC spending a month at Planned Parenthood in St. John's, Newfoundland. In addition to midwifery, my passions include social justice organizing, reading, zine making, travelling, baking, creative writing, and chocolate.

Carmen Felix

My midwifery experience started when I was enrolled at the Eramushogeschool in Brussels, Belgium. After graduating in 1999 with a Bachelor in Midwifery, I have worked at various hospitals and clinics in Brussels, Belgium, St. Martin, West Indies, Cayenne, Grand Santi and Guyana. My experience had ranged from working as a midwife in labour and maternity units to an isolated clinic where I was the only professional taking care of pregnant women and their newborns. During this period I have gained experience in prenatal care, labour and delivery and postpartum. In 2006 I completed the International Pre-registration program for foreign trained midwives at Ryerson University, Toronto. I am currently working full time and speak fluent French, Flemish, and English.

Tracy Franklin

I began the Midwifery Education Program at Ryerson in 1997 then graduated and began working in the Spring of 2002. I love being a midwife. Prior to midwifery I spent 5 years at Western in Philosophy & Women's Studies, worked in palliative care and volunteered as a doula. Since the late 1980's I've worked with various organizations trying to change the world and I'm still plugging away. I played competitive baseball for more than 20 years and now enjoy coaching my kids' baseball teams at Christie Pitts. I look forward to working with you.

Katrina Kilroy

I have a Bachelor's degree in International Development from Trent University in Peterborough. My interest in midwifery grew out of my involvement in social justice and feminist activism in the 1980s. I began self study in midwifery in 1987 and completed my apprenticeship in El Paso, Texas in 1991. In May of 1991 I joined a midwifery practice in Simcoe-Grey counties where I continued my learning. I then practiced for one year in Peterborough after midwifery became legally recognized in Ontario in 1994. In March 1995 I began working with the Midwives Collective of Toronto. I have been involved in midwifery organizations provincially, nationally and internationally, and have worked in collaboration with midwifery leadership in Tanzania. I am an obsessive quilter.

Leah Klein

I am very excited to be working as a registered midwife with the Midwives Collective of Toronto. I graduated from the Ryerson Midwifery Education Program in 2012 with a Bachelor of Health Science. I also have a Bachelor of Arts in Psychology and a Bachelor of Commerce in Operational Management from the University of Calgary. Prior to becoming a midwife, I worked for many years as a crime analyst for two different police forces. I am originally from Alberta but have lived in Toronto since 2006. I was drawn to midwifery because I strongly believe in the philosophy of care. I experienced the joy of midwifery care first-hand with the birth of my own son in 2009.

Devi Krieger

I was born and raised in Toronto, where I was first exposed to midwifery through my father, a family doctor who attended home births prior to legislation. I completed a degree in social-cultural anthropology from the University of Toronto and worked as a support care provider and advocate for adults with disabilities. During the course of my midwifery training, I had the opportunity to work at a variety of clinics in Guelph, Scarborough, and Toronto. I have had the privilege of working with clients and their families from divergent communities and have strong personal commitment to the principles of anti-oppression, social justice, feminism, and the model of midwifery care in Ontario. Since graduating from the Midwifery Education Program at Ryerson University in the spring of 2009, I have been working at the Midwives Collective.

Jill Parsons

Jill trained with the Midwives Collective of Toronto and has been working with them as a midwife since June 2013, upon graduating from Ryerson University's Midwifery Education Program. Prior to entering midwifery school she worked in the fields of HIV research and research ethics at both the University of Toronto and the Ontario HIV Treatment Network. She was born in Ottawa and has lived in Vancouver, Victoria, Toronto, Guelph and Kitchener-Waterloo. As well as a Bachelor's of Health Science in Midwifery, she has a degree in Biology from the University of Waterloo and has completed courses in Epidemiology and Bioethics at the Masters level. She has three children and has herself been a grateful recipient of midwifery care.

Tracey Reid

I am honoured to begin my midwifery career with such a supportive and dedicated group of midwives and support staff. I received my midwifery education from Ryerson University and abide by all College of Midwives standards of practice. That's the formal bit... who am I? I am originally from Halifax, Nova Scotia; however, I have raised my family these last 20+ years here in Toronto. I am the mother of eight children, ranging in age from 22 down to 3 years of age. I have done my midwifery education right alongside childrearing – it's been quite a ride! I came to midwifery through the birth of my second child in 1994 (the year of midwifery regulation) and never looked back. The rest of my children have also been born in the presence of midwives both at home and in hospital – it has been

an immeasurable gift. I am very excited at the prospect of meeting all the women and families who have invited us in to their lives as they prepare to greet their little ones.

Robynn Roberts

I earned a Bachelor of Science degree in Biology from McGill University in 1996 which was my first step toward my intended career in women's health care. My interests took me out west to Vancouver where I worked primarily in the field of health behaviour and promotion research at UBC with an additional administrative role in the Department of Family Practice. During this time, my interest in midwifery led me to seek learning opportunities in Tennessee as well as to volunteer as labour support for teenage women in both Ottawa and Vancouver. I became a graduate of the midwifery program at McMaster University in 2005 and shortly thereafter gave birth to my first child. I joined the Midwives Collective in 2006 and am currently working full time.

Noushafarin (Noushin) Shamel

My midwifery experience began when I graduated from university in 1989 in Iran. I worked with love and enthusiasm as a midwife until 2008, when my family and I immigrated to Canada. My passion for midwifery led me to register in the International Midwifery Pre- Registration program (IMPP) at Ryerson University in 2011. IMPP taught me the philosophy of Ontario midwifery care which I practiced through my clinical placement at the Midwives Collective of Toronto (MCT). I am so excited to work as a new registrant and be a part of this professional and supportive group of midwives and staff.

Edan Thomas

I began a degree in Classical Civilization at the University of Toronto in 1985 and studied there for three years. In 1986, I became interested in midwifery and began taking workshops with the Midwives Collective of Toronto and the Association of Ontario Midwives. I volunteered as a labour coach to teen mothers for eight years. I have also worked in computer programming. I started the Ryerson Midwifery Programme in 1995 and graduated in 1999. I have been a member of the Midwives Collective of Toronto since 1999. I have always been committed to social change and to creating alternative communities. I continue to be involved with widely diverse groups of people working on various projects in such areas as women's health, native issues, and disability. I am currently working half time.

Vicki Van Wagner

My midwifery education began in 1978. I learned through apprenticeship, before midwifery was legally recognized, by working with two Toronto midwives and several family doctors. In 1982 I began my own practice and in 1983 was a founding member of The Midwives Collective of Toronto. I have a PhD from York University. My major areas of academic study have been women's health policy and education. Since 1993 I have worked part time as a faculty member at the

Ryerson University Midwifery Education Programme. I spend several months each year practicing and teaching in a remote Arctic village. My involvement in teaching, research and in many maternity care policy means that I am regularly off call for classes, conferences and meetings.

Nicole Waithe

My practice as a midwife began with the Midwives Collective in February 2007 after completing the Midwifery Education Program (M.E.P) at Ryerson University. Prior to starting the M.E.P in 2001, I studied anthropology at York University. In 2000, I volunteered at the Massey Centre for Women as a labour coach working with pregnant teens, after having the experience of being a teen mother in 1993. I also worked as an office volunteer at the Association of Ontario Midwives from 1995-1996. Having been born and raised in Toronto, my hope is to continue to practice here in the city. I am currently working full-time.

Grace Zhang

I graduated from Soochow Medical School in China in 2000 with a degree in Clinical Medicine. I have worked as an OB/GYN in Shanghai Zhongshan Hospital, one of the top hospitals in China from 2000-2003. My husband and I came to Canada as immigrants in 2003. I became interested in midwifery and started Midwifery Education Program at McMaster University in 2004. I completed all of my clinical placements, including my final year of training at the Midwives Collective of Toronto. I speak Mandarin and English.