

MIDWIFERY PROJECT FUNDING – ANNUAL REPORT

DCI number / Fiscal year: HC-P130 (2024-2025)

NOTE: This document is a representation of the questions contained in the DCI HC-P130. For a form fillable version of this template, please contact the Regional or National Office program manager.

Program reporting requirements:

Communities/organizations that receive midwifery funding will submit an annual activity report within 120 days after the conclusion of each fiscal year. For fiscal year 2024-25, the reporting period is April 1, 2024 to March 31, 2025, and the annual activity report is due July 29, 2025, unless otherwise stated in the reporting schedule of the contribution agreement.

Name of organization or community that is funded to carry out the project:	
Contribution agreement number (if known):	
Person responsible for the project (this person may be contacted if there are questions about any information contained in the report):	
Name(s) of community(ies) or organization(s) served by the project (if applicable):	

Introduction:

Every community’s journey to restoring birth and midwifery services is unique and shaped by a variety of factors, such as degree of readiness, distance to emergency services, provincial funding models, birth numbers, legislation, and regulatory policies. For this reason, the midwifery funding is flexible and can support a wide array of activities across several known common ‘pathways.’ These pathways are: Community Readiness; Growing the Workforce (education and training); Sustaining the Workforce (funding to hire staff, provide services and space to deliver services); and, Addressing Legal/Policy Barriers. The main sections in this annual activity report represent each one of these pathways. **Please complete only the sections that are relevant to the project; leave the other sections blank.**

Section 1: Community Readiness

Please complete this section if the project is gathering information to understand the history of birth in the community and current needs; engaging Elders, Aunties or Knowledge Keepers to gather and preserve traditional birthing; or undertaking any kind of research or study to decide on the best options for restoring midwifery services, establishing a new training program, etc.

1.1. Please provide a brief description of the community readiness activities completed between April 1, 2024 to March 31, 2025:

1.2. (Optional). If there are additional community readiness activities still to be completed or that are planned for the future, please provide a brief description:

Section 2: Growing the Workforce (Education and Training)

2.1. Please complete the table below if the project is supporting¹ delivery of an education/training program for midwives, doulas/birth support workers or any other types of workers. If the project is supporting more than one type of training, please make additional copies of the table, and complete a separate table for each type of training.

2.1.1. Type of training being supported (for example, midwifery, doula or birth support worker) and name of program (if named):	Type: Name of program:	
2.1.2. Is the program offered full-time, part-time, or are both options available?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Both options available	
2.1.3. Please select the model/approach that best describes the program:	<input type="checkbox"/> Community-Based <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Other (please describe):	
2.1.4. Please select the mode that best describes how the program is delivered:	<input type="checkbox"/> Only delivered virtually <input type="checkbox"/> Only delivered in-person <i>If selected, state the location(s):</i> <input type="checkbox"/> Delivered both in-person and virtually <i>If selected, state the location for the in-person component(s):</i> <input type="checkbox"/> Other (please describe):	
2.1.5. Please select any services/supports that are being provided to students, to help ensure their success in the program:	<input type="checkbox"/> Stipend/salary <input type="checkbox"/> Bursary <input type="checkbox"/> Housing <input type="checkbox"/> Childcare <input type="checkbox"/> Transportation <input type="checkbox"/> Program materials (books, equipment, etc.) <input type="checkbox"/> Other services/supports (please describe):	
2.1.6. Please state the length (i.e. how long will take students to complete it/graduate), in months or years:	Full-time program (if applicable):	Part-time program (if applicable):
2.1.7. Number of months or years completed by the students, as of March 31, 2025:	Full-time program (if applicable):	Part-time program (if applicable):
2.1.8. Number of students in the program, as of March 31, 2025:	Full-time program (if applicable):	Part-time program (if applicable):
2.1.9. If any students acquired laddering skills from the program by March 31,	Skill:	Number of students who acquired by March 31, 2025:

¹ In this question, "supporting" the delivery of an education/training program includes all of the following scenarios: the community/organization hosting the project is directly delivering its own education/training program; the community/organization has contracted with another provider (such as a university or college) to deliver a program; the community/organization is paying one or more providers, for example on a per student basis, for the student(s) to participate in the provider's education/training program.

2025, please state the skill(s) acquired and the number of students who have acquired them. Add additional rows as necessary.	Skill:	Number of students who acquired by March 31, 2025:
	Skill:	Number of students who acquired by March 31, 2025:

Section 3: Sustaining the Workforce (Staffing, Services, and Space to Deliver Services)

3.1. Hiring. Please complete the table below if midwives, doulas/birth support workers or other types of workers have been hired or contracted as part of the project to deliver pre, postnatal and/or birthing support services to community members.

Type of Worker Providing Services to Community Members	Number working full time:	Number working part time:
3.1.1. Midwives* who are employed and directly paid by the community/organization: <i>* Midwives include: Indigenous and non-Indigenous registered midwives; Indigenous/Aboriginal midwives (may or may not licensed/registered, may be working under an exemption clause); and any apprentices receiving a salary/stipend to work alongside midwives.</i>		
3.1.2. Midwives who are contracted from another organization** but the community/organization hosting the project pays their salaries: <i>**Examples of other organizations midwives could be contracted from include midwifery practice groups, provinces/territories, and health authorities.</i>		
3.1.3. Doulas/birth support workers who are employed and directly paid by the community/organization:		
3.1.4. Doulas/birth support workers who are contracted from another organization but the community/organization hosting the project pays their salaries:		
3.1.5. Doulas/birth support workers who the community/organization pays a stipend or flat fee per family/pregnancy (if applicable):		
3.1.6. Other. If other types of workers are providing services to community members as part of the project, please describe: (If there is more than one type of other worker, please add additional rows below and report each type on its own row).		

3.2. Services. Please complete the table below if pre, postnatal and/or birthing support services are being provided to community members as part of the project.

Service Type	Number of community members who received the service between April 1, 2024 and March 31, 2025:
3.2.1. Midwifery Care	
Pre-natal care:	
Labour and delivery- hospital birth:	
Labour and delivery- home birth:	
Labour and delivery- birthing centre:	
Labour and delivery- mobile unit (such as a recreational vehicle):	
Postpartum care:	
3.2.2. Doula/Birth Support Worker Services	
Pre-natal supports:	
Support during labour- hospital birth:	
Support during labour- home birth:	
Support during labour- birthing centre:	
Support during labour- mobile unit (such as a recreational vehicle):	
Postpartum supports:	

3.3. Other. Please complete the table below if other services - not included in the table above- were provided as part of the project. If more than one other service is being provided, describe each one on its own row. Add more rows to the table as necessary.

Name of Service	Who delivers the service (i.e. title or type of worker)	Location where service is delivered (if applicable)	Number of community members who received the service between April 1, 2024 and March 31, 2025

3.4. Space. Please complete the table below if the project is funded for space to deliver services. If the project is funded for more than one space, describe each one on its own row. Add more rows to the table as necessary.

Type of space (including rental space; purchase of pre-existing space; purchase of a modular home/unit; purchase of a recreational vehicle; renovation/retrofit of an existing space; and, new construction.)	Services – being delivered or to be delivered out of the space	Was the space operational on March 31, 2025? Yes or No (If no, please state estimated date that services will begin being delivered out of the space)

Section 4: Addressing Legal/Policy Barriers

There are a variety of barriers in policy/legislation across provinces and territories that need to be addressed to enable the practice of Indigenous midwifery in communities and to formally recognize, respect and integrate Indigenous midwifery into health care systems.

4.1. If the project is working to address any legal/policy barriers, please complete the table below. If more than one barrier is being addressed, describe each one on its own row. Add more rows to the table as necessary.

Description of barrier*	Approach** being taken to address barrier	Partners (who the project is working with to address the barrier)	Briefly describe activities/work completed between April 1, 2024 and March 31, 2025

**Examples of barriers include: Midwives must be registered to practice in the province/territory; community based training program not recognized; credentials of midwives not recognized; employment model in province restricts how midwives can be compensated (for e.g. midwives must be salaried employees of health authority or province/territory); lack of hospital privileges.*

***Approaches could include: pursuing an exemption in legislation to allow Indigenous midwives to practice in their communities without being registered; developing treaty based legislation, etc.*

Section 5: Miscellaneous

5.1. (Optional). If the project would like to share any challenges, success stories or lessons learned, or provide any other information not reported on in the preceding sections, please describe below: