

NEWSLETTER

A NOTE FROM THE REGISTRAR



Understanding that midwifery is not a profession where we could ever expect to get all our registrants in a room at the same time, I would like to provide some highlights from our Annual General Meeting. For those who attended, this is a reminder, and for those who were not able to attend, here are some of the important bits.

Starting with bacon.

Attendants enjoyed a full hot breakfast. We also provided a light lunch to go in recognition of your time in working through lunch.

During my update at the AGM, we launched our new logo – see page 3. I also let registrants know that the College has purchased a new IT system. This is a shared system workspace environment that was developed by the College of Registered Nurses and is shared with CRNBC, CLPNBC, CCBC, CCBA, and CMBC. This means that

your renewal process will now be online. (Please see page 6 for more information.)

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Holiday Closures

The College office will be closed from noon on December 24, 2015 and will reopen on January 4, 2016.

If you wish to have your registration status change with an effective date that falls between December 24, 2015 and January 4, 2016, please submit the relevant change of practice status application form and fee

to the College office by December 15, 2015.

The change of practice status forms can be found either in your Registrant's Handbook binder or on the College website in the "Members Only" section, under "Registrant's Handbook" and in the section titled "Member Change of Status Forms".

Happy Holidays!



A note from the Registrar (continued)

The College has also contracted for the creation of a new responsive design website – which will be user friendly from any device. The registrant's handbook will be available on the main site – without the need to log into a members' only section.

We talked about the three-year reduction and elimination of the Ministry of Health's grant to the College. The Ministry of Health has supported the College through its early years and continued growth and we are now realising the numbers of registrants required to be a self-sufficient, self-regulating College. This reduction and elimination did require a review of our finances and registrant fees. The board recently submitted changes to the Ministry of Health for registrants' fees. General registration fees for the upcoming year 2016-2017 will remain the same. Each year thereafter, there will be an inflationary increase of 2% to registration fees. Another change is that there will be one price for registration and there will no

longer be a reduction for first year registrants, academics, or conditional registrants. All changes to the fees will be published once they have been officially filed with government.

If you are reading this newsletter – we are communicating! Success! There has been a significant effort on the part of the College to increase communication between the College and registrants. This has included revamping and renewing the Newsletter's publications, refreshing the annual report, redoing the website, and so on. As this newsletter is a communication tool and our means of getting information to you regarding the Random Practice Reviews, Inquiry Case Studies, certification courses and much more – please do not hesitate to provide feedback to the College at registrar@cmhc.bc.ca. What you like? What you don't like? What you'd like more of? Less of? Other ideas for content...

We had two guest presentations at the AGM. Gwen Haworth and James

Kelly provided a dynamic and thought provoking talk on Transgender 101. The presentation was very fun, engaging and had a lot of practical tips for being trans-inclusive at your practices. Martha Capreol, PhD RPsych, CACBT-ACTCC certified in Cognitive Behaviour Therapy, spoke about Anxiety in the Perinatal Period. She included many resources at the end of her presentation. The slides and video of the presentations can be found on our website.

The CMBC would also like to take this time to update you with regards to the Board of Directors. Patrice Latka, RM, will have completed her three year term on the board December 31, 2015. Thank you Patrice! After a call for nominations for this position, an election was held with six nominees on the ballot. We are pleased to announce and introduce our new board member, Tanya Momtazian, who will join the board on January 1, 2016. Please see Tanya's bio on page 7.



A LOOK AT THE PROCESS:

A SAMPLE COMPLAINT

INQUIRY CASE STUDY

The College received a complaint from Julie and Richard in which they expressed concerns about having been left unattended by their midwife, RM, during Julie's labour and right up to the delivery of their daughter. They explained that on her due date Julie had four hours of contractions in the early morning, which stopped for several hours until later in the day. After three hours of irregular contractions Julie called RM to let her know the situation. When she called again five hours later hoping that RM would come and attend to her, RM told Julie that she was attending to another woman in labour. Julie's contractions remained

irregular, but she had previously informed RM that this was the case with her first birth. Richard and RM remained in contact over the phone until Richard told RM that they believed that it was necessary to go to the hospital rather than have their planned home birth. RM reminded Richard that she or the second birth attendant would have to meet them there and that they should hold off since the other baby would be born any minute. Not long afterwards Julie was having the urge to push. RM was on her way by this point and instructed Richard to have Julie lie on the bed to slow down the birth.

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NEW LOGO FOR THE CMBC



COLLEGE OF
MIDWIVES
OF BRITISH COLUMBIA

It is with great excitement that we publish the College of Midwives of British Columbia's logo. The logo was officially released on October 27, 2015 to the registrants at the CMBC's Annual General Meeting. This is the first logo for the College and will be used on the website, letterhead, and other documents to brand identify the College. The College is in the process of creating a new responsive design website and the new logo will appear on the website with its launch.



**IF A CHILD IS IN
IMMEDIATE DANGER
PLEASE CALL 9-1-1.**

It is important for Midwives to know their duty to report a child in the need of protection and to be aware of the circumstances which could give rise to this duty. This is legislated in British Columbia in the *Child, Family, and Community Services Act* (CFCSA). A child is defined as a person under 19 years of age. Section 13 of the CFCSA describes the circumstances under which a report is necessary. Section 14 of the CFCSA states that a person who has reason to believe that a child needs protection under Section 13 must promptly report the matter.

A CHILD IN NEED OF PROTECTION

As a midwife, if you believe that you know of a child in the need of protection, you must immediately report this to a child protection social worker. You should not assume that someone else has or will do so. The duty to report overrides the confidential requirement of the client/care giver relationship to the extent required to provide the information necessary to make the report. Any information that is not required to provide a report remains confidential. Once the concern has been reported, the charts are subject to normal confidentiality requirements, meaning that documentation can only be provided with the client's consent, or in accordance with law.

Midwives are responsible to consider whether children are potentially at risk when they access a parent/caregiver with a mental or physical condition which may affect their ability to provide care.

Failure to report a child who is believed to be in need of protection is an offense. You cannot be held liable for making a report unless you knowingly provide false information.



POLICY ON REPORTING A CHILD IN THE NEED OF PROTECTION

The CMBC is in the process of creating a Policy on Reporting a Child in the Need of Protection. This will include the circumstances under which a child needs protection, how to contact a child protection social worker, what to report to the social worker, other organizations you can contact for support, and other resources. In the meantime, do not hesitate to contact Louise Aerts, Registrar (direct: 604.742.2234) if you have any questions about this duty.

Inquiry Case Study (Continued)

Another half-hour passed before RM arrived and the baby was born shortly thereafter.

In RM's response to the complaint, she stated that she had reviewed the CMBC Place of Birth Handbook with Julie and Richard during a perinatal visit as well as provided them with the necessary information to make an informed choice regarding place of birth. RM explained that her other client was in labour a few weeks early and that the client had experienced a precipitous first birth. RM stated that she generally assesses active labour when a client is having strong, regular

contractions and she acknowledged that she had inaccurately assessed that Julie was not yet in hard labour due to the fact that her contractions remained irregular. RM also stated in her response that while on her way to attend Julie she called the second attendant who she determined would arrive prior to the delivery, therefore it was not necessary to summon EMS.

The College referred the complaint to the Inquiry Committee and the case was investigated by a panel of three members, two professional midwives with no knowledge of this case and one public member. The panel

reviewed the letter of complaint, the response from the midwife, and the midwifery records. The panel found that RM had failed to attend to the client in a timely manner in order to provide appropriate care and support. They determined that the second attendant should have been called earlier and that RM came very close to failing to ensure the presence of a second birth attendant. Furthermore, the panel noted discrepancies between the account of events that RM gave in her response and what had been documented on the Partogram. The charts also contained gaps and errors which the panel found unacceptable.



The complaint was closed with RM signing a consent agreement whereby she agreed to:

- Provide each client who is considering out-of-hospital birth with a copy of the CMBC Place of Birth Handbook which the client may take away to review, and to provide the client an opportunity to discuss any questions or concerns prior to signing the Place of Birth Informed Consent
- Develop a practice protocol for timely labour assessments to ensure appropriate care is in place for monitoring and support to the client
- Provide in-person assessment of clients when they are in labour; if she is unable to attend to them in-person or to arrange for the attendance of another registered midwife, to recommend that her clients seek assistance at a hospital
- Call the second birth attendant early enough to allow that attendant a reasonable opportunity to arrive, get oriented to the client, the chart and the birth set up, and carry out appropriate second birth attendant functions in the second stage of labour
- Submit to a random chart audit, with a particular focus on charting that reflects a plan of care and informed choice discussions as well as accurate charting of times and appropriate documentation of late entries
- Improve her charting by attending a course on documentation for primary maternity care providers

RENEWAL OF REGISTRATION 2016/17

AN ONLINE SYSTEM

It is exciting for the College to share this good news with registrants – we will have a comprehensive information technology system in place soon and, more importantly, an online renewal option will be offered to registrants for the 2016-2017 registration renewal, an option that many registrants have asked and been patiently waiting for!

With the growing number of applicants and registrants, the need for the College to consolidate and maintain all of its data in a secured and integrated system and be able to streamline processes is critical and demanding. The College has decided to join into a cost sharing agreement with College of Registered Nurses of BC (CRNBC) for its information systems which feature a database and many other functionalities. The system in which CRNBC has heavily invested is also joined and cost shared by the College of Licensed Practical Nurses of BC, College of Chiropractors of BC and BC Chiropractic Association. Implementation has already begun at the CMBC office and we are looking forward to serving our registrant members with this new technology.

The new IT system not only can maintain accurate and complete information on our registrants and applicants in a database which is locked down to be accessed by our College staff only, but also can automate many areas of our day-to-day regulatory processes, including application processing, registration and renewal maintenance, inquiry management and quality assurance monitoring.

Registrants will receive an email notification in early January with detailed instructions on how to apply for registration renewal online. You will first be asked to set up an online account on the College website and create your own password. Once the account is created, you can sign in the system and start filling out the renewal application step-by-step following the instructions. You will also be able to upload proofs of certification in NRP, CPR and ESW and make your payment online. The information you



provide in the application will then be used to generate your registrant profile which you can access and update under the registrant portal.

More detailed information will be announced in the New Year. Stay tuned!



LAB TESTS, PRESCRIPTION ORDERS AND REFERRALS – THE DO’S

- Do write clearly on all requisitions - if the lab personnel can't read your writing, the request may not get processed, or the incorrect test may be ordered, or results may go to another practitioner;
- Do sign all requisitions, especially prescription orders;
- Do ensure all correct client and midwife identifiers are complete and in the correct location, otherwise you may wonder why a lab comes back showing you are iron deficient rather than your client;
- Do always include your billing number;
- Do ensure the turn-around time between obtaining the lab sample and getting it to the lab is within the required time frame, especially if you have a pick-up service delivering samples you have collected. The lab won't process old samples and clients will not appreciate being poked a second time;
- Do make sure ALL tests and prescription orders are clearly written and within the midwives scope of practice. Incorrectly ordered tests often stem from the lab misinterpreting a written order or a midwife ordering a test that was out of scope. The midwife or client may be charged for the test if it was ordered inappropriately. Please refer to the list of midwife billable items at the following link: http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/laboratory-services/midwives_schedule_of_benefits.pdf
- Do make sure ALL referrals made to specialists are within the midwives scope of practice. An incorrect referral may cause a delay thereby impacting client safety and may negatively impact relationships amongst practitioners. Please refer to the list of allowable midwife referrals at the following link: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/midwives>



Tanya Momtazian

is a midwife working in Nelson, BC and co-founder of Apple Tree Maternity, a collaborative practice of midwives and family physicians. She graduated from the UBC Midwifery Program in 2007 and in 2012 received a Masters of Public Health from Johns Hopkins University. Tanya sits on a number of committees including the CMBC Standards of Practice Committee and she is Co-Chair of the MABC Rural Committee. With the many new regulatory changes happening and the model of practice review, Tanya looks forward to bringing a strong rural voice to the Board of the College of Midwives.



A MESSAGE FROM A CLIENT

The Elephant in the Room

The College received correspondence by email from a client concerned about the education midwives received in the area of mental health. A follow up phone call between the College and the client took place to obtain more information about the client's concern. The client did not want to file a formal complaint but did want to communicate her thoughts to us. The College proposed a message in the newsletter and the client agreed. The following are her words:

“Psychiatry remains the black art of medicine and no two health providers can agree on what is a mental illness, what causes the illness and how to treat it. As a result our lives are marred by trial and errors. Since being diagnosed with bipolar disorder in 2006, I have gone on to earn a diploma and a degree and lead a productive life. By far the biggest challenge I faced was how to grow a healthy baby, birth the way I wanted and be the mother I wanted to be. I have struggled to hold the two labels- motherhood and mental illness- on the same chest. There are so many layers to this topic that each time I think I have reached the core, there is more to peel. I hope midwives can understand the various nuances, subtleties, paradoxes and ironies of living with a mental illness and attempting all the ‘normal’ things”

This client has the following thoughts and suggestions:

- Address the elephant in the room
- Provide support that does not make the client feel like they are being thrown under the bus
- Discuss how motherhood and mental illness can coexist; what happens if they can't coexist?
- Ask yourself as a care provider if you have the tools to assess mental well-being
- Do you liaise with other health care providers to coordinate care?
- Have you tailored your discussions regarding co-sleeping to someone taking SSRI's or antidepressants?
- Have you evaluated your care plan, and what have you put in place for follow up?

The CMBC offered a professional development session on anxiety in pregnancy at the most recent AGM. If you were not able to attend, a video of the presentation by Martha Capreol, PhD RPsyc, CACBT-ACTCC certified in Cognitive Behaviour Therapy, is available on the CMBC website and includes Anxiety Screening Tools and many resources for both health care practitioners and clients to access.

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Random Practice Review Tool #2 - Checklist for Equipment, Medications and Supplies

In preparation for the Random Practice Review, the following checklist is meant to support midwives and their midwifery practices evaluate their equipment, medications and supplies.

The CMBC *Required Equipment and Supplies for Home Birth Setting* outlines the following list as the minimum required equipment and supplies for safety at a home birth. Midwives may choose to carry further equipment and supplies depending on their location and clients served and may add to this list. All equipment and supplies must be appropriately cleaned, disinfected or sterilised and functional to ensure safety.

EQUIPMENT			
Fetoscope ¹	<input type="checkbox"/>	Measuring tape	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	Doppler fetoscope	<input type="checkbox"/>
Sphygmomanometer with appropriate sized cuff	<input type="checkbox"/>	Paediatric stethoscope	<input type="checkbox"/>
Two haemostats (optional four)	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>
Ring forceps	<input type="checkbox"/>	Speculum	<input type="checkbox"/>
One pair of blunt-ended scissors	<input type="checkbox"/>	One pair of scissors for episiotomy	<input type="checkbox"/>
Portable suction equipment compatible with intubation	<input type="checkbox"/>	Newborn intubation equipment (laryngoscope, blades, light, stylet, meconium aspirator)	<input type="checkbox"/>
Newborn self-inflating resuscitation bag and mask including: pressure gauge, peep ² valve	<input type="checkbox"/>	Equipment for administration of epinephrine and/or fluids for volume expansion via the umbilical vein (UV) ³	<input type="checkbox"/>
Pulse oximeter	<input type="checkbox"/>	CO ₂ detector	<input type="checkbox"/>
Newborn laryngeal mask airway	<input type="checkbox"/>	Suturing instruments (needle driver, scissors)	<input type="checkbox"/>
Newborn scale	<input type="checkbox"/>	Ophthalmoscope	<input type="checkbox"/>

MEDICATIONS			
Uterotonic drugs ⁴	<input type="checkbox"/>	Eye prophylaxis	<input type="checkbox"/>
Local anaesthetic	<input type="checkbox"/>	Vitamin K	<input type="checkbox"/>
Epinephrine (adult and newborn doses)	<input type="checkbox"/>	IV fluids	<input type="checkbox"/>
Oxygen with regulator (sufficient for transport)	<input type="checkbox"/>		

¹ Non-electronic instrument for fetal heart assessment

² Positive end expiratory pressure valve

³ Minimally syringes (for epinephrine 1/10,000 .1ml/kg), 3-way stop cock & UV cannula or #5 sterile feeding tube, scalpels for UVC. Midwives may carry other supplies and equipment that support UV cannulation.

⁴ Aromatase inhibitors, progesterone, and progesterone receptor modulators.

SUPPLIES

Amnihook or alternative for rupturing membranes	<input type="checkbox"/>	Amnicator or suitable method for assessing amniotic fluid	<input type="checkbox"/>
Cord clamps or ties	<input type="checkbox"/>	Antiseptic solution	<input type="checkbox"/>
Sterile gloves	<input type="checkbox"/>	Non-sterile gloves	<input type="checkbox"/>
Sterile lubricant	<input type="checkbox"/>	Syringes	<input type="checkbox"/>
Needles (appropriate sizes)	<input type="checkbox"/>	Suture material	<input type="checkbox"/>
Urinary catheter	<input type="checkbox"/>	Urinalysis supplies	<input type="checkbox"/>
Cord blood tubes	<input type="checkbox"/>	Sharps container	<input type="checkbox"/>
IV supplies	<input type="checkbox"/>	Oral airways	<input type="checkbox"/>
Adult oxygen masks and non-rebreathing oxygen mask	<input type="checkbox"/>	Infection control supplies as needed to meet public health standards ⁵	<input type="checkbox"/>

EMERGENCY BIRTH KIT

2 Haemostats	<input type="checkbox"/>	Oxytocin	<input type="checkbox"/>
1 Pair of scissors	<input type="checkbox"/>	Syringe with needle	<input type="checkbox"/>
1 Cord clamp	<input type="checkbox"/>	Suction	<input type="checkbox"/>
Gauze	<input type="checkbox"/>		

DIRECTED QUESTIONS

EQUIPMENT	Yes	No
Do you have all of the required items listed under equipment?		
Do you have an emergency birth kit?		
Do you carry an emergency birth kit at all intrapartum home assessments?		
Do you carry the essential equipment needed specific for antepartum and postpartum assessments?		
Do you have a process for routine inspection of your midwifery equipment?		
Do you have a process for routinely calibrating equipment?		
Do you have a process for ensuring oxygen tanks are hydro tested and filled as required?		
Is your midwifery equipment adequately insured and secured in clinics, midwife homes, all birth settings and in vehicles?		
Do you have a process in place for infection control, for cleaning and sterilizing equipment?		

MEDICATIONS	Yes	No
Do you have all of the required items of essential medications?		
Do you have the essential medications prepared to conduct antepartum, intrapartum and postpartum care?		

⁵ Please see CMBC *Guidelines on Disinfection and Sterilization*

Do you have a process for routine inventory, inspection and reconciliation of all prescription and non-prescription drugs including expiry dates and damaged packaging?		
Do you have a process for ensuring proper storage, transport, temperature control?		
Do you have a process for ensuring security of all medications in all settings?		
Do you have a process for infection control?		

SUPPLIES	Yes	No
Do you have all of the required items of essential supplies?		
Do you have the essential supplies prepared to conduct antepartum, intrapartum and postpartum care?		
Do you have a process for routine inventory, inspection of essential midwifery supplies, and checking expiry dates?		
Do you have a process for ensuring proper storage, transport, temperature control?		
Do you have a process for ensuring security of all sharps that includes disposal?		
Do you have a process for infection control?		

Resources

CMBC Required Equipment and Supplies for Home Birth. Available from:
<http://www.cmbc.bc.ca/Registrants-Handbook-13-04-Required-Equipment-and-Supplies-for-Home-Birth-Setting.pdf>

CMO PAW Essential Equipment, Medications and Supplies Checklist and Audit Tool. Available from:
<http://www.cmo.on.ca/wp-content/uploads/2015/10/FINAL-PAW-ESSENTIAL-EQUIPMENT-DRUGS-SUPPLIES-TOOL-27JUN14.pdf>