College of Midwives of British Columbia

NEWSLETTER

Summer 2005

Growing Midwifery in BC

Locally Available Maternity Care

Over the past decade British Columbia has continued to lose ground in terms of our capacity to provide maternity care locally in many communities. Hospital maternity wards have been closed in a number of smaller centers and many women are needing to travel further to give birth, which has a negative impact on the health and well-being of these women, their newborns, their families and their communities. At the same time there is a considerable and growing body of evidence showing that providing even a limited maternity service close to home is safer and more cost effective than the alternatives.

In our Winter 2003 newsletter midwife Ilene Bell wrote about how midwives, physicians, maternity nurses and childbearing women all worked together and succeeded in keeping maternity services in Nelson when they were threatened with closure. The Nelson story showed how midwives can be leaders in advocating for women and for the retention of local maternity services, despite our small numbers.

Midwifery Growth

The midwifery profession in BC is growing. We now have 108 registrants, 91 of whom are currently practicing. The number of practicing midwives in BC has more than tripled since the beginning of regulated midwifery in January 1998. The most recent expansions of service include new practices in the communities of Cranbrook, Vernon and Richmond. Midwives are recognized as an important part of the province's maternity services, now and in the future. When the challenges of providing care to women in rural and remote communities are discussed, multidisciplinary physician-midwife-nurse teams are envisioned as part of the solution.

Yet, our numbers are still small and come no where close to meeting the demand for midwifery in communities across BC. Midwives across the province often feel stretched to provide care to women, keep up-to-date, precept midwifery students, supervise the integration of international registrants, and participate on all of the committees, locally, provincially and nationally, that need midwifery representation. Solo and small midwifery practices continue to have difficulty finding locum coverage to allow for time off call.

In order to support current midwifery practice, as well as to enable midwifery to become a significant part of the solution to the growing crisis in maternity care, the midwifery profession in BC needs to continue to grow. Both the education and recruitment of new midwives and support for the retention of experienced practitioners are important, and they are inextricably intertwined. Student midwives need preceptors; new midwives need mentors; and experienced midwives need new young midwives to expand and revitalize existing practices, bring new perspectives, and share the burden of on-call.

Working Together to Build Capacity – A Joint Strategy for Midwifery

Representatives of the College of Midwives (CMBC), the Midwives Association (MABC) and the Midwifery Education Program at UBC have been meeting together to discuss practical and cost-effective strategies for building capacity within the midwifery profession. Some of the things in process or under consideration include:

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CMBC SUMMER HOURS

The CMBC office will be closed on Fridays for the months of July and August. The office is open to the public 10:00 am to 2:00 pm Monday through Thursday for the summer.

The PLEA Assessment office is closed for the summer until September.

Published by the College of Midwives of British Columbia as a means to share information with its members and subscribers. The Newsletter is mailed to all members, purchasers of the CMBC Registrant's Handbook and other interested parties. Questions, responses and suggestions regarding the content of the Newsletter are welcome, and should be directed to:

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Growing midwifery in BC...from page 1

- *Expanding Scope of Practice and adding advanced competencies* - The CMBC Board has asked government to amend the Midwives Regulation and the Bylaws for the College of Midwives to ensure that the regulation contains all the reserved actions necessary for independent midwifery practice as well as to allow for advanced practice in a number of competency areas. The College's Quality Assurance committee is working on frameworks for certification that will set the benchmarks for assessing these competencies. Advanced practice certification will support midwives in having the skills and scope of practice needed to work with special needs populations and will reduce barriers to collaborative practice in rural and remote communities, where midwives need to be able to share care and on-call with physicians on a more equal footing.

- *Provincial Nominee Program* - Midwifery has now been designated as a profession where foreign workers are needed in BC and included in the Ministry of Community, Aboriginal and Women's Services' Provincial Nominee Program (PNP). This should significantly speed up the immigration process for international applicants. Once someone has passed registration exams, the college will send a letter to the PNP to confirm her eligibility for registration. The practice where she will be supervised or mentored to meet her new registrant's requirements will also write to the PNP to confirm that she has a place to work for her first six months of registration.

- *Supporting the Expansion of Midwifery Services* - The College, the Association and the Ministry of Health are working together on a strategy to support midwives in providing service to women in currently under-served communities. Plans are underway to produce a package for health regions and hospitals in areas which do not currently have midwifery services (or where practices are new or still in the process of integrating). This package will provide information about what midwives have to offer, their skills, scope of practice, etc., as well as about how to put the necessary structures in place (amend bylaws, set up consultation procedures, create back-up plans for out-of-hospital birth, etc.) to support their practice. Health regions where women are telling us they want midwives will be encouraged to actively recruit midwives to practice in their area.

  We have also asked the Ministry of Health Services to help us identify communities which need maternity care providers, and to be a part of a midwifery integration communication team that would meet with administrators and existing maternity providers in these communities. Cost-effective alternative funding models will also need to be found in order to encourage the collaborative models that are particularly needed in remote communities.

- *Midwifery Education* - An advanced-entry stream within the Midwifery Education Program at UBC that would allow nurses with maternity experience to complete the program in 18 months is being considered. This has the potential to double the number of students graduating from the program each year, producing 20 new midwives per year instead of the current ten. (The Ontario Midwifery Education Program, which began in 1993, is now moving from graduating 60 toward graduating 120 midwives within the next 5 years.)

- *Restructuring Liability payments to better support part-time practice* - Currently midwives who consider working part-time often end up not working in midwifery at all. The required up-front cost of professional liability coverage is significant and midwives often feel that once they have paid for their insurance they need to work full-time.

  The CMBC, the MABC, the Ministry of Health Services and the Ministry of Finance's Risk Management Branch are exploring alternative approaches such as having liability premiums tied to a midwife's volume of practice. This way a midwife could be enrolled in the Midwives Protection Program and, as a registered midwife and member of the MABC, she would have liability coverage as soon as she is registered. However, she would not begin paying into the liability insurance pool until she billed for her first course of care and started to have an income. While she would pay a little more when she was working full-time, over her career any given midwife would likely pay about the same amount for her insurance as she does currently, especially considering the likelihood of a midwife wanting to carry a reduced caseload as she approaches retirement.

  Our assumption is that this and other supports for part-time practice would keep more midwives in practice for longer and provide more midwifery care to more BC women overall. *(see box on page 3 for more information)*

What is the Demand for Midwifery Services in BC

Every day staff at the CMBC and MABC offices get calls from women from all over British Columbia who are looking for a midwife. Many of these calls come from women in communities that do not yet have any midwifery services available to them locally – places like Kamloops, Smithers, Terrace, Port Hardy, Powell River, Prince Rupert. Yet, we don't have an official picture of the demand for midwifery services in BC upon which to base things like increasing university enrollment. The Health Human Resources Planning Branch of the Ministry of Health Services is proposing to undertake a study to assist in labour force planning and resource allocations for the future. The College, the Association and the UBC education program would be partners in this endeavor, and other maternity care stakeholders would be asked for their input as well.

One of the challenges in doing such a study is that the demand for midwifery service tends to grow dramatically in a given community once the service is available. Right now there are enough women wanting midwives in communities with no

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Restructuring Contributions to the Midwives Protection Program

A way to support midwives in balancing their work lives

Currently midwives who want to work less for a short period of time or to work part-time on an on-going basis often end up not working in midwifery at all. They tell us that the required up-front professional liability insurance premiums are a significant deterrent to returning to or carrying on with practice.

Midwives returning from maternity leave are delaying their return to practice because they feel that the cost of getting back into practice means that they have to work full-time. Others are returning to full-time practice sooner than they would like. Similarly, midwives who are teaching in the university program and would like to be involved in practice, perhaps at a quarter-time level, are discouraged by the up-front costs, of which liability premiums are a large portion. The current structure generally does not support the multiple priorities common to women in our society (e.g. work and childrearing, teaching and practicing). It also does not support flexible practice arrangements (e.g. where a midwife who needed to take time away from on-call, might work as part of a team doing antenatal or postnatal care). In fact, single up-front payment may even tend to encourage over-working and giving up in exhaustion, which can be linked to less safe practice.

Reorganizing the way contributions are made to the Midwives Protection Program to encourage midwives to cut back their practice at certain times in their lives without stopping, to re-enter practice gradually after a leave, and to look at part-time practice as a viable option for balancing their lives, could significantly contribute to retention of midwives within the profession and result in more women getting more midwifery care.

The CMBC, the MABC, the Ministry of Health Services and the Ministry of Finance's Risk Management Branch have been exploring the option of having liability contributions tied to a midwife's volume of practice. This way a midwife obtains insurance coverage through the Midwives Protection Program as soon as she is registered and retains coverage provided she remains a member in good standing with both the College of Midwives of BC and the Midwives Association of BC. Individual contributions to the fund would begin as soon as the registrant begins billing. Payment could be a small fixed percentage of billings.

The Risk Management Branch is clear that as a group BC midwives need to continue to contribute the same overall amount to the pool on an annual basis for the foreseeable future. However, they believe it is a workable solution to have midwives paying a little more at those points in their careers when they are carrying a higher caseload and have the increased income, so that they can pay less during those times in their careers, such as when they are raising a young family or nearing retirement, when they want to be working less.

Given the ebb and flow of women's lives, it is likely that over her career any given midwife would pay about the same amount for her insurance as under the current system, but by having these expenses more closely tied to income she will be able to pace her work life and potentially even extend the number of years she enjoys practicing midwifery. Once the bugs are worked out of the billing system and this option is further developed, the MABC will present the possibilities to the members for discussion.

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service to keep a steady stream of calls coming into our offices. Yet many childbearing women and maternity care professionals in these same communities don't even know what a midwife is or that midwifery services are a part of BC's funded health care system. This means that the education of maternity care professionals and the childbearing public needs to go hand in hand with any process that is trying to understand the demand for service now and in the future.

CMBC

Annual General Meeting

Monday, October 17, 2005

Vancouver, BC

The New Zealand Experience

Think of New Zealand, a country with a diverse terrain not dissimilar to British Columbia. While midwifery in New Zealand was not so completely eliminated as a profession as it was in Canada for a generation or more, it was certainly marginalized. In response to the demands of women for more choices in childbirth in the 1970's and 80's the New Zealand Nurses Act was amended in 1990 and midwives gained significant professional autonomy. Direct-entry education programs were developed, upon which the Canadian midwifery education programs have at least partially been modeled. By 1998, twenty percent of the midwifery students in these programs were Maori. By 2004, 196 direct-entry graduates were actively working as NZ midwives, along with more than 2,000 midwives who are also trained as nurses. In New Zealand today 70% of childbearing women have a midwife as their lead maternity caregiver (LMC) and over 80% know the midwife who attends them in labour. While there are differences between the Canadian and New Zealand maternity care systems, there are also many similarities. Although we must develop our own responses to the needs of childbearing families in BC, the New Zealand experience with the growth and revitalization of midwifery shows what is possible here in BC as midwives endeavor to make a meaningful contribution.

2005-06 Cycle

Prior Learning and Experience Assessment Update

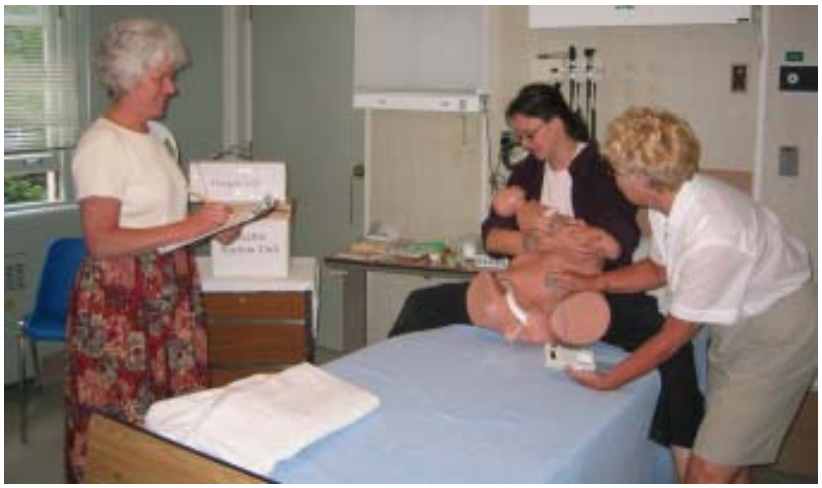
The CMBC's Prior Learning and Experience Assessment (PLEA) process assesses internationally-educated midwives for registration in British Columbia. For more information visit the college's website at www.cmbc.bc.ca

Change to Midwifery Education Requirements

Based on research and feedback from a number of sources, the Registration Committee has approved an educational assessment which is focused on ensuring that the content of a candidates' midwifery and other education have covered the competencies that are required for practice in BC. This means that PLEA applicants no longer have to prove that they have a minimum of 30 credits of university level courses. Their education programs will be evaluated to ensure that they cover key topic areas and the totality of their education (midwifery and otherwise) will be assessed to ensure that they have been educated in the majority of the competency areas required of BC midwives, including critical thinking appropriate to a primary care provider. This policy is in effect immediately. Applicants who are currently in-process have been given the opportunity to apply for reassessment based on the new policy, if they wish.

Examiner Training

The College held a successful full-day workshop in June to train BC registered midwives in the art of being an examiner. Five participants attended and received certificates for completion of examiner training and recertification in emergency skills. Another Examiner Training workshop is expected to be held in March 2006.



Examiner Training 2005

Good bye to Assessment Coordinator Danie McAren

As many of you know, Danie has been our frontline person in the PLEA department for the last few years. She has worked hard to support applicants through the process and to ensure appropriate logistical support was in place for major activities such as exams, where her commitment meant many late nights and early mornings. We wish Danie all the best as she takes a well-deserved rest with her young family.

The College will be hiring a new assessment coordinator in the Fall. In the meantime, Wendy Martin remains Assessment Manager and Dena Morgan is handling basic inquiries.

Assessor Training

In CMBC lingo, an "assessor" is a person who carries out a detailed assessment of PLEA applicants' portfolio applications, who oversees the clinical examination and debriefs the results of the stations with the examiners, and who analyses the results from all parts of the assessment process (portfolio, written exams and clinical exams) and writes the final assessment report. The assessor makes recommendations to the Approval Panel of the Registration Committee. This panel holds final responsibility for approving all results. There are at least two assessors each year.

Assessors must have taken a CMBC assessor training workshop as well as an Examiner Training workshop. A new assessor is mentored by an experienced assessor.

The CMBC is pleased to be able to offer another Assessor Training workshop in October 2005. A detailed flyer will be faxed to practices soon. We encourage General Registrants to consider attending. We hope to expand our pool of assessors for the PLEA process.

Honorary Registration

Included in the latest Registrant's Handbook update is a new *Policy for Honorary Registration*. Honorary registration is intended to recognize extraordinary service and may be conferred on individuals who have made an outstanding contribution to the midwifery profession in British Columbia.

The *Policy for Honorary Registration* and the Nomination Form are also available in the members only section of the College website. The Registration Committee is accepting nominations for Honorary Registration until September 1, 2005.

Interim Suspension

June 15, 2005

Dawn K. Hanburymorie, suspended under Section 35 of the Health Professions Act pending completion of an Inquiry investigation.

National Midwifery Assessment Strategy (NAS) Update

As noted in a previous newsletter, the CMBC houses the secretariat for this national project to determine a strategy for improving the assessment of internationally-educated midwives who wish to practice in one of Canada's regulated provinces or territories. The project is directed by the Canadian Midwifery Regulators Consortium (CMRC) and coordinated by CMBC's Wendy Martin. Wendy is also the lead researcher for this project. It is funded by CMRC members and Human Resources and Skills Development Canada.

Phase One Completed

Phase One was completed between April 2004 and March 2005. Over 35 interviews with midwifery regulators, educators, and association representatives as well as with assessment and immigrant access experts were carried out. An analysis of relevant literature on immigrant access and midwifery assessment processes was completed. A focus group with midwifery supervisors was held and a survey of over 300 international midwifery, nursing, pharmacy, and medical regulators was carried out to determine current assessment methods and to identify innovations. Association Strategies consulting firm was hired to organise and facilitate focus groups with internationally educated midwives who have been successfully assessed relatively recently for registration in Canada. Finally, the *Canadian Competencies for Midwives*, a document that is designed to serve as the basis of national assessment tools, was developed with the active engagement of many midwives from all six currently regulated provinces/territories, as well as well the directors of the three midwifery education programs in Canada. A phase one report will be available in the Fall. Thanks to the many BC midwives who have participated in and supported various aspects of this project.

Phase Two

Based on research results from phase one, the CMRC approved the following focus for phase two (March 2005 to April 2006):

- Completion of and publication of phase one research and reports;
- Development of a national written registration examination (and initiation of fund-raising for the development of a national OSCE registration exam);
- Development of a national website for international applicants to include at a minimum, the Canadian Competencies for Midwives, information on the national exam, links to provincial assessment processes, and a self-assessment tool;
- Development of expertise and a database of credential evaluation information that can be accessed by midwifery regulators across Canada;
- The harmonization of some parts of provincial/territorial assessment processes;
- Commencement of fund-raising and partnership development for the creation of a distance-education midwifery bridging program that would be available in both English and French.

Participation Needed for Exam Development

The development of a national written registration exam is currently underway with experts from Assessment Strategies Inc. (ASI) leading this process. ASI has worked with a number of other national health professional bodies, including the Canadian Nurses Association, to develop national registration exams.

The midwifery exam will be piloted on November 9, 2005 in Halifax, just prior to the Canadian Association of Midwives conference which starts later that day. The CMRC is seeking twenty experienced registered midwives to pilot the exam and provide written feedback to our exam consultants. This is expected to take about a half-day; an honorarium of $125 will be provided. More information will be faxed to all registrants.

For more information about the exam pilot or any other aspect of NAS, contact Project Coordinator Wendy Martin at 604-742-2232 or nas@cmbc.bc.ca.

Additions to the Register

Since November 2, 2004, 19 midwives have joined the register of the College of Midwives of British Columbia, nine through PLEA, nine graduates from approved midwifery education programs (seven from UBC), and one via inter-provincial reciprocity. These new registrants are:

Date Joined	Name	Location	Current Status
14/12/04	K. Jane L. Hedges	Prince George	General
	Jennifer Hewko	Nanaimo	Conditional
01/01/05	Kathryn Montgomery	Vancouver	General
	Emma Gledhill	Abbotsford	General
	Kirsten Julie Jarvis	Vancouver	General
	Jane Elizabeth Wines	Vancouver	Conditional
	Lehe Elarar	Vancouver	General
	Lucy R.E. Johns-Harrison	Vancouver	Conditional
10/01/05	Catherine de Cent	Abbotsford	General
	Shannon MacDonald	Ontario	Resigned
01/03/05	Valerie A. Simmons	Duncan	General
19/05/05	Nicole Seguin	Vancouver	General
01/06/05	Sharon Barber	Fort Langley	General
	Susan L. Van Os	Maple Ridge	General
03/06/05	Liz Grose	Vancouver	General
	Heather Munro	Vancouver	General
01/07/05	Lindsay V. Brimblecombe	Langley	General
	Kelly Hayes	Sidney	General
	Carolyn Lea Thibeault	Cranbrook	General

Second Birth Attendants

The ideal assistant to the primary care midwife at a home birth is another midwife. Yet, with limited numbers of midwives available to provide back-up for each other, especially in communities where there are only one or two midwives covering a large geographic area, CMBC policy allows for other individuals approved by the College to be called upon to fulfill the role of second birth attendant.

The College's *Standards of Practice* require that two caregivers with current certification in neonatal resuscitation and CPR attend each birth. The CMBC's *Policy for Second Birth Attendants* sets out the criteria for use of a second birth attendant who is not a registered midwife, as well as the process a midwife must go through for approval of a non-midwife to act in this role. (see CMBC *Registrants Handbook or www.cmbc.bc.ca*).

Policy Changes

In the light of a growing number of applications, the College reviewed its second attendant policy in 2004. Second attendant applications are now approved annually, at the same time as registration renewals, as well as throughout the year when a specific need arises in a community. The College maintains a roster of who is approved to work with a given midwife. This annual approval process is important for midwives to remember. If a second attendant does not have current approval, that person cannot legally fulfill the role of the second at a birth. Approved second attendants are covered under an individual midwife's insurance, so someone who is not approved is not insured.

The College does not certify or register individual second attendants to work generally in the role. Approval is given for an individual midwife to use a specific person as a second attendant for a specific period of time. A person approved to work as a second attendant for one midwife cannot attend births with another midwife without the new arrangement being approved. The approval process looks at the experience level and practice circumstances of the midwife applying for second attendant support, as well as at the qualifications of the person put forward to act as the "second".

Limitations and informed choice

A second birth attendant normally assists the midwife through the second stage of labour, the birth and the immediate postpartum, when a second pair of hands are helpful for auscultation of the fetal heart, checking maternal vitals and providing comfort and support to the woman. A "second" cannot provide care when the midwife is not present.

As already noted, having two midwives at a birth is ideal. A second birth attendant assisting at a home birth can only perform those actions that are either not regulated or that are in her own scope of practice as a regulated health professional. Thus, a second birth attendant who is a registered nurse can put up an IV and give a medication by injection when assisting a midwife responding to a postpartum hemorrhage, but a second attendant who does not have those actions in her scope cannot do them. When discussing plans for a home birth with a client it is important for a midwife to let her client know if she will be using a second birth attendant, and what her second can and cannot do to assist her. The client needs to know how the midwife will manage an emergency if it arises.

BC's second attendants – who are they?

The most common non-midwife second birth attendants used in BC are registered nurses. Other health professional that may work as second birth attendants include paramedics, respiratory therapists and senior midwifery students. The College of Midwives of BC supports physicians in assisting at home births, but their own regulatory body, the College of Physicians and Surgeons of BC, does not permit them to act in this capacity. A number of BC family physicians have expressed an interest in attending home births with midwives and would like to see their regulatory college change its policy.

Right now 34 BC midwives are approved to use non-midwife second birth attendants and 33 individuals have been approved to act in the second attendant role. Currently 20 second attendants are registered nurses, nine are non-practicing midwife members of the CMBC, one is an ambulance attendant or paramedic, and three fall into the category of "other appropriately trained persons" (see below).

If a regulated health professional is not available

In some situations BC midwives have been unable to find a sufficient number of regulated health professionals from the recommended disciplines to provide second attendant coverage. When this is the case, a midwife may apply to have another "appropriately trained person" fulfill the role of second attendant in order to be able to offer out-of-hospital birth in a safe framework.

The midwife must present the person's qualifications to the College, as well as demonstrate to the College that she has advertised for an RN or other recommended health professional, including posting a notice at her local hospital for at least 30 days. The person requested for approval must have current certification in NRP and CPR, as having two persons with these skills at a birth is a non-negotiable standard of practice.

The midwife herself is responsible for any other specific training her second attendant needs in order to assist her, including in emergency situations, where the second's role can include calling for emergency transport, checking vital signs, assisting with resuscitation and documentation.

Approval Process

The registrar can approve a midwife's application to use a registrant from one of the recommended health professions

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Midwifery Education

CLINICAL PRECEPTING OF MIDWIFERY STUDENTS

Midwifery education in British Columbia is offered through a four-year degree program at the University of British Columbia.

The provision of clinical teaching to midwifery students by BC midwives is critical to the growth of the midwifery profession in BC. The Midwifery Education Program at UBC relies on midwives to provide a significant portion of students' clinical education, and the program and its students are very appreciative of the time and effort midwives devote to this important work. Midwifery Program Director Elaine Carty continues to work with the Ministries of Advanced Education and Health toward an agreement that will provide financial recognition for this important work. In the meantime the program provides preceptors with support in a variety of ways, including access to the UBC library, on-line resources, updated textbooks, etc.

Preceptor Survey Results

In February, 2005, as a part of the College's Education Program Approval process, the Education Sub-Committee of the Registration Committee solicited input from midwives who have been working as clinical preceptors over the past three years.

Thirty BC midwives responded to our survey – 17 of them had worked with second-year students, 18 with third-year students and eight had precepted fourth-year students. Most (25) of the midwives surveyed have participated in either basic or advanced preceptor workshops prior to taking students into their practices, and all said that they had received "assessment objectives" from the program and the majority indicated that these were complete and provided useful and appropriate criteria against which to assess students. Discussions of how to provide effective feedback and work with students different learning styles were found to be particularly valuable. The program is looking at how to make preceptor training available at a distance so that midwives in rural and remote communities do not have to leave their communities in order to get this support.

Preceptors provided input on how well prepared, both in terms of knowledge and clinical skills, they had found the students when they enter clinical courses. The vast majority were found to be well prepared. Specific suggestions to enhance student preparation for clinical placements have been passed on to the program and most have already been addressed. Some of the particular challenges the program faces include getting students sufficient clinical experience in skills such as suturing, venipuncture and IV therapy within midwifery practices where the majority of the births are normal and uncomplicated. Hospital and physician placements are now being used to provide students with more experience in these areas.

The majority of preceptors indicated that the support they have received from the program's staff, faculty and tutors (both personal and written) is adequate to help them fulfill their role as clinical preceptors and that support has improved over the three years that they have been working with students. Preceptors found the preceptor handbook was useful and, when needed, preceptors reported that site visits have been arranged to address problems. Among the suggestions passed on to the program was one to create an e-mail list-serve for midwife-preceptors working with students in a given year so that preceptors can confer with each other and share suggestions for clinical teaching.

Preceptors also told us about the rewards of working with students. Students have been pitching in on the day-to-day work required to run a practice, while keeping the midwives on their toes and their practices up-to-date around evidence-supported midwifery with their questions and their research papers.

Program Approval

Following up on a CMBC site visit at UBC, including interviews with faculty, staff and students, which was carried out in the spring of 2004, the preceptor survey was the final step in the program approval process for the Midwifery Education Program. The Registration Committee has confirmed that the program is now officially an approved program under College bylaw 46 (2) (a) (i), and its graduates are eligible to apply directly to the College for registration as general registrants.

UBC graduates first class of midwives

Many midwife preceptors were present at the May 26th gala to celebrate the Midwifery Program's first graduating class, proud of the seven women who have graduated from the program this spring, and of their contribution as clinical preceptors to the education and training of these exceptional women. By the time you are reading this, all seven will be registered and working in established midwifery practices throughout BC.

Congratulations new grads and a huge thank-you to our dedicated cadre of midwives who work as clinical preceptors! We could not grow the profession in BC without you.

Lucky Draw Winner

Jennesse Oakhurst is our winner for the draw and will receive free registration and gourmet lunch at the CMBC's October 2005 Annual General Meeting and Continuing Education Workshop.

Your *Registrant's Handbook* – Is it up-to-date?

The College Board and its committees regularly review and update the standards, polices and guidelines contained in the CMBC's *Registrant's Handbook*. In particular, every effort is made to keep clinical practice guidelines up-to-date and reflective of the most recent evidence in the field of maternity care. Changes approved by the Board are immediately circulated by fax to all midwifery practices. This is followed by a mailing of the updated documents to all registered midwives and other handbook subscribers.

Your Responsibility

BC registered midwives are responsible for keeping up-to-date with these changes, and are accountable for practicing within the standards that are in place at the time they are providing care. If necessary, a complete copy of the Registrant's Handbook can be purchased from the College office for $50.00.

Are we up-to-date?

Have you noticed a policy or guideline that needs review? Please let us know if you are aware of literature that we should be considering as we work to keep the framework for midwifery practice up-to-date. To suggest changes to a particular guideline, as a member you can simply copy the policy out of your binder, mark you suggestions on it legibly and fax it to the CMBC office along with your rationale and supporting documentation and/or references. Send your suggestions to the attention of Jane Kilthei, Registrar, at fax number 604-730-8908, and Jane will forward them on to the appropriate committee and see that the issue gets on the next committee agenda.

BCRCP Perinatal Guidelines

BCRCP's *Guidelines for Perinatal Care* is another excellent resource for practice. These guidelines have a multidisciplinary focus, address a broad range of issues in maternal and newborn care and are updated regularly. BCRCP is also responsible for updating and maintaining the provincial perinatal forms. The guidelines for using these provincial forms were updated in March of 2005 to improve consistency of documentation. The detail is much improved, so these are definitely worth a review.

If you don't have a subscription to these guidelines, contact BCRCP at F5 - 4500 Oak Street, Vancouver, BC V6H 3N1 phone 604-875-3737 or fax 604-875-3747 to become a subscriber.

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as a second birth attendant, so long as all of the other policy requirements are met. All applications for approval of "other appropriately trained persons" are referred to a panel of the Quality Assurance Committee for review.

Second Birth Attendant application forms are available to BC midwives on-line in the *Members Section* at www.cmbc.bc.ca (Forgot your password? Contact Mary at the office.)

Prescribing and Diagnostic Testing Schedule Update

On June 3, 2005, the proposed addition of Jack Newman's Nipple Cream and the vitamin-mineral supplement PregVit to *Schedule 1- Drugs and Substances* to the *Midwives Regulation* and parvovirus and varicella zoster serology to *Schedule 2 – Screening and Diagnostic Tests* (requested by the Board in January of 2005) were posted on the Ministry of Health website for the required three-month consultation period. This means that these items may be added to the schedules by early September, 2005.

The Board has also requested that Schedule 1, be changed to a category-based schedule, to allow for a timely response when a medication used in midwifery practice is unavailable or discontinued (as happened with Ergonovine maleate) and another medication is found to be a safe substitute (such as Misoprostol). Using approved categories rather than approved specific named drugs, as in the current system, would allow the Board of the College of Midwives to look at the evidence in these situations and respond in a timeframe that will keep BC midwives' prescribing practice up-to-date and safe. Currently it takes from six months to a year or more to get a new medication added to the schedule, even when that substance is similar to an already approved medication and commonly in use within maternity care in BC. The College has made a presentation to the Legislation and Professional Regulation branch of the Ministry of Health and is waiting for a response.

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