



COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

NEWSLETTER

March 5, 2015

Update from the Registrar:

Midwifery Scope and Model of Practice Review

The Midwifery Scope and Model of Practice Review was originally intended to be a partnership between the CMBC, Midwives Association of BC (MABC), and the Ministry of Health (MoH). It is being undertaken after more than 15 years of midwifery practice with the current scope and model to assess what has worked and if changes in midwifery care require new directions. Unfortunately the MoH has not been able to commit funds to the review. The CMBC is therefore moving forward with a modified review and timeline without MoH support. MABC continues to support the project and is looking forward to working together to create a revised framework in light of only two partners. We are also reaching out to likeminded organizations to see where we can collaborate towards the same goal.

Work accomplished to date: Two papers have been published on CMBC's website under Scope & Model Review. The first is a paper by Martha Roberts RM and Cora Beitel RM entitled "Improving Midwifery Care for Marginalized Women and Communities: Implications for the Midwifery Model of Practice." The second is a Jurisdictional Review of Midwifery Scopes and Models across Canada and internationally, researched by Sarah Hilbert-West RM. It includes a comparison of regulation, legislation, standards, policy, funding models, liability insurance mechanisms, as well as midwifery outcomes across jurisdictions. Please take some time to review these documents and provide any feedback you might have to the College.

It is important to note that any Requests for Papers (RFP) or other contracted work regarding this Scope and Model of Practice Review will be posted on CMBC's website, again under Scope & Model Review. If you are interested in researching and writing for the College, please keep an eye on our website for future updates. Currently there is one RFP in that section seeking a discussion paper that includes evidence based research and conducts a literature review to investigate the safety, systems, and structures of current midwifery Model of Practice. More details can be found in the RFP and the deadline

for submission is April 15, 2015. The next RFP will be for a paper looking at how the current scope and model are working in rural areas. Stay tuned.

After these papers, the CMBC will look at how can we answer the question – what do BC childbearing women and their families want for care? We will also look at alternative models of care, such as collaborative practices, including our pilot projects, to see how those models are working within the same parameters – marginalized women, rural, safety, and meeting women's needs. Finally, once we have provided all this research and information to you, BC's midwives, we will undertake to ask you what direction you think CMBC could/should go with regards to your Scope and Model of Practice.

Again, if you have any feedback on the papers as published or on the framework and plan for the review, please do not hesitate to contact us.

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Published by the College of Midwives of British Columbia as a means to share information with its members and subscribers. The Newsletter is emailed 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:

#207, 1682 West 7th Avenue
VANCOUVER, BC V6J 4S6
Tel: (604) 742-2230
Fax: (604) 730-8908

Email: information@cmbc.bc.ca

Random Practice Review Update

The CMBC continues its work on the Random Practice Review which is a component of the Quality Assurance Program. Prior to the start of any formal practice reviews, the College is committed to ensuring that midwives receive the necessary information in order to be well prepared. The College will inform and provide midwives with full and detailed information and consult with midwives about the process. The College will provide advance notice and time to adequately prepare, provide checklists and templates, and provide access to a resource person. The College is also committed to ensuring the process is relevant and meaningful to midwives, is based on clear expectations and designed to allow for a diversity of practice styles.

In preparation for a Random Practice Review, the Quality Assurance committee will feature a Midwifery Practice Section in each edition of the newsletter to address key areas of midwifery care.

Midwifery Practice

This is the first of a series of Midwifery Practice topics that will be featured regularly in this section as part of the preparation for the Random Practice Review. Chosen topics in this section may be in the form of case reviews, stem from complaints that the College has received either from hospitals, physicians or other health care professionals, clients or midwifery colleagues, or identified trends from the Midwives Protection Program. The College will review a range of topics overall and invites BC practicing midwives to submit requests for specific practice issues or concerns they would like addressed.

Scope of Midwifery Practice - Informed Discussions

The importance and need to have clear discussions with clients about the scope of midwifery practice begins at an initial visit and is ongoing, requiring confirmation from the midwife that clients fully understand the information provided. Written handouts or electronic information that is provided to clients as well as all follow up discussions should all be documented. The CMBC expects that registered midwives provide each client with the following information at the onset of their care:

- education and experience in midwifery of the midwives in the practice;
- services provided, including:
 - scope of practice
 - philosophy of care
 - informed consent
 - choice of birth setting

- standards of practice and protocols, including:
 - continuity of care
 - consultation and transfer of care
 - supportive care
- role and responsibilities of the client;
- confidentiality and access to client records.



It is important to emphasize that clear discussions with clients need to occur on more than one occasion and especially be repeated as labour and birth approaches. By periodically revisiting the same information, understanding is enhanced and confusion or breakdown in communication between client, midwife or other care provider is minimized or prevented all together. This is especially important when clients are expected to make informed decisions or when a case becomes complicated and care involving other care providers may become necessary.

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Please note key points below:

- **Practice Protocols** – Midwives have a responsibility to develop written practice protocols which can be newly developed or adopted or modified from other existing protocols, as long as they are consistent with the Midwives Regulation, CMBC Bylaws, and are within the standards of midwifery care and midwifery model of practice. Practice protocols will address care during pregnancy, labour and birth, postpartum (maternal and newborn), emergency situations, death and bereavement. Midwives are expected to have a system in place that outlines how current information on each client is communicated to the on-call midwife; regular review of each client’s chart to ensure that an appropriate schedule of visits is maintained and clinical concerns are followed up in a timely manner; a process for evaluating the system’s effectiveness.
- **Call Schedule** – Midwives are expected to provide clients with the midwife/midwives’ contact information, including: how the client can reach a midwife known to her 24 hours a day; procedure on rescheduling of appointments; off-call coverage arrangements; back-up arrangements; any student and/or supervised practice arrangements.
- **Choice of Place of Birth** – Midwives are expected to provide information to clients regarding home or hospital births to help facilitate client informed choice discussions and decision making about appropriate settings in which to give birth. The birth setting is chosen by the client in consultation with the midwife and is a shared responsibility between the client and her midwife.
- **Indications for Discussion, Consultation and Transfer of Care** – Midwives are expected to have discussions around the standards of midwifery practice

and limitations of midwifery care. Midwives are expected to consult and transfer care appropriately and ensure clients understand the definitions within the indications of this document. In complicated cases where a consult and/or a transfer of care takes place, it is an expectation that all care providers involved and the client are clear on who is the most responsible care provider (MRP) and that the named MRP be clearly identified in all documentation.

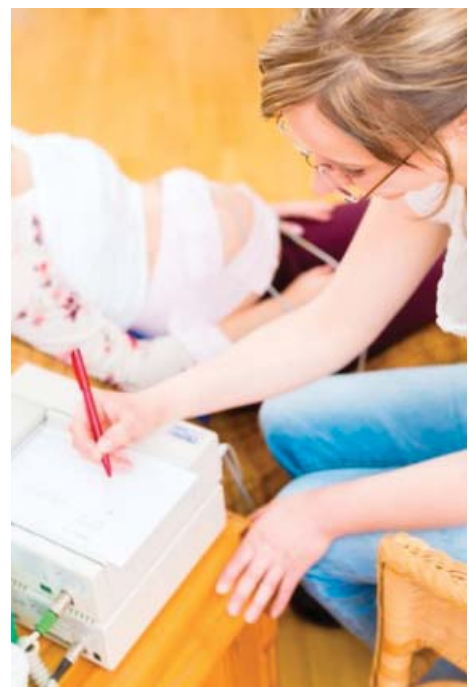
- **Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests and Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs documents** – During the antenatal, intrapartum and postpartum periods, midwives are expected to consult appropriately when a client requires a test or medication that exceeds the ordering and prescribing authority of a midwife. A delay in ordering a test or obtaining adequate and timely pain relief for example may negatively impact a client.

Inquiry Case Study on page 4

**An
Important Note About
Documentation**

Remember: all verbal communication including in person visits and telephone calls, and written communication including letters, emails, and texts must be clearly documented at all times.

If the client doesn’t remember and the midwife did not write it down - it didn’t happen.





Inquiry Case Study

In your practice, which you share with two other midwives, you are on call one Sunday afternoon when you get a page from a client in labour. You have met this client before, but need to consult her chart to really remember her situation. She is planning a home birth and you make all the necessary arrangements for this to happen. Not long after you arrive at her home to assess, she is not able to tolerate the pain, requests pain medication and agrees to be transferred to hospital for analgesia. From there things progress unexpectedly and there are some high risk moments in the labour and delivery that require consults, interventions, and ultimately baby to be delivered by C-section. Once the client is in the postpartum room, you try to debrief with your client, but you sense she is not ready to talk this through just yet.

Follow up appointments are carried out by your practice partners and no mention is made in the chart or at handover about any problem. You are scheduled to see her for her six week appointment. The client seems to be coping well as a new mom and doesn't mention the birth experience at all to you. You mention one aspect of her labour and birth and she quickly changes the topic so you assume all is well and move on with the appointment, discharging her from care at its completion.

Did the Midwife act appropriately? Within Standards? Is there more she could have done in terms of debriefing? Do you think that debriefing is important? Do you think a client who has debriefed with you is more or less likely to make a complaint to the College regarding her care?

Case Study Take-aways on page 7

Second Birth Attendants

We would like to remind Registrants that all second birth attendant (SBA) approvals (unless informed otherwise) expire on March 31, 2015. Applications can be found online in the members only section of the CMBC website or in your Registrant's Handbook.

To apply, please provide a completed application form. Include the dates that your SBA recertified in NRP and CPR. Please note that NRP must be completed in Canada and CPR must be level HCP. For courses which meet the CPR requirement, please see the *Policy on Continuing Competency in Cardiopulmonary Resuscitation*.

Nurses registered with CRNBC can download their most recent criminal record review from the CRNBC website. Other health care practitioners can request a copy sent from the Ministry of Justice: <http://www.pssg.gov.bc.ca/criminal-records-review>. An RCMP vulnerable sector criminal records review is also acceptable.

Registrants who use non-midwife SBAs must pay an annual fee of \$40. This fee is payable with the first application of the year. Once paid, registrants may apply and have approved any and all second-attendants who fit the following categories:

- Previously approved second attendants (by yourself or any other registrant)
- Registered Nurses educated and practicing obstetrical care

Applications which don't fall under any of the above categories require an additional \$40 fee per second attendant (i.e. not already approved by the College; not an obstetrics RN). Applications for second attendants listed in the "other" category of our application do need to include the second attendant's up to date CV and a copy of ad which has been posted in hospital by the applying midwives asking for second attendant support from regulated health care professionals.

Please note that physicians who are in a shared care arrangement with midwives do not need to be applied for as second attendant.

For further information on the process, please call Lisa Robinson at (604) 742-2237.

Regulations Update

The CMBC submitted an application for amendments to the *Midwives Regulation* to government in March of 2014. The changes would expand midwives' scope of practice and was in part influenced by registrant requests. The amendments include: well-woman care, well-baby care up to 12 months, newborn frenectomy, evacuation of uterus, contraception management/prescribing and inserting IUDs, additional applications of ultrasound, use of controlled substances for analgesia in labour and immediate postpartum, and the use of anti-coagulants.

We are in regular communication with the Ministry of Health. They have gone through some significant changes of late, including hiring a completely new Professional Regulatory Branch. The good news is that there is now a team of six people working with health professional colleges to process bylaw and regulation changes and they have opted for a very transparent process with open communication. The bad news is that they have decided to work through the backlog of bylaw changes before they address regulation changes. The Professional Regulatory Branch has committed to completing the bylaw backlog by August 2015 and will then switch its focus to regulation change requests. Be assured: the CMBC will be in their sights at that time and will continue to communicate with the MABC on all these matters with the hopes of aligning funding and regulation changes as close as possible.



The College of Midwives of British Columbia will be relocating its offices in mid-April. We are moving to:

#603, 601 West Broadway

This is the Broadway Plaza building at the corner of Ash and Broadway, one block from the City Hall Canada Line Station. Further details will be distributed when we have an exact date for the move.

CMBC Directory

Louise Aerts, Registrar and Executive Director
Direct line: (604) 742-2234
email: registrar@cmbc.bc.ca

Doris Chan, Deputy Registrar/Director of Finance
Direct line: (604) 742-2235
email: dep.registrar@cmbc.bc.ca

Joanne Daviau RM, QA/Clinical Practice Policy Director
Direct line: (604) 742-2238
email: qa.director@cmbc.bc.ca

Mary Burgoyne, Director of Operations
Direct line: (604) 742-2233
email: om_admin@cmbc.bc.ca

Lisa Robinson, Office Manager
Direct line: (604) 742-2237
email: administration@cmbc.bc.ca

Kamila Krol-DeProphetis, Executive Assistant
Direct line: (604) 742-2230
email: information@cmbc.bc.ca

WANTED:

BC Jurisprudence Exam Markers

The College is seeking midwives who are interested in helping the College review and grade completed BC Jurisprudence Examinations. A potential exam marker:

- is currently a General registrant in BC and has been a General registrant in BC for more than five years;
- does not have current limits or conditions agreed to by consent or imposed on her midwifery practice by the College in relation to a serious matter as a result of an inquiry investigation or discipline proceeding;
- has experience as an educator (preferred).

If you are interested or for more information, please contact the College at (604) 742-2230 or information@cmbc.bc.ca.

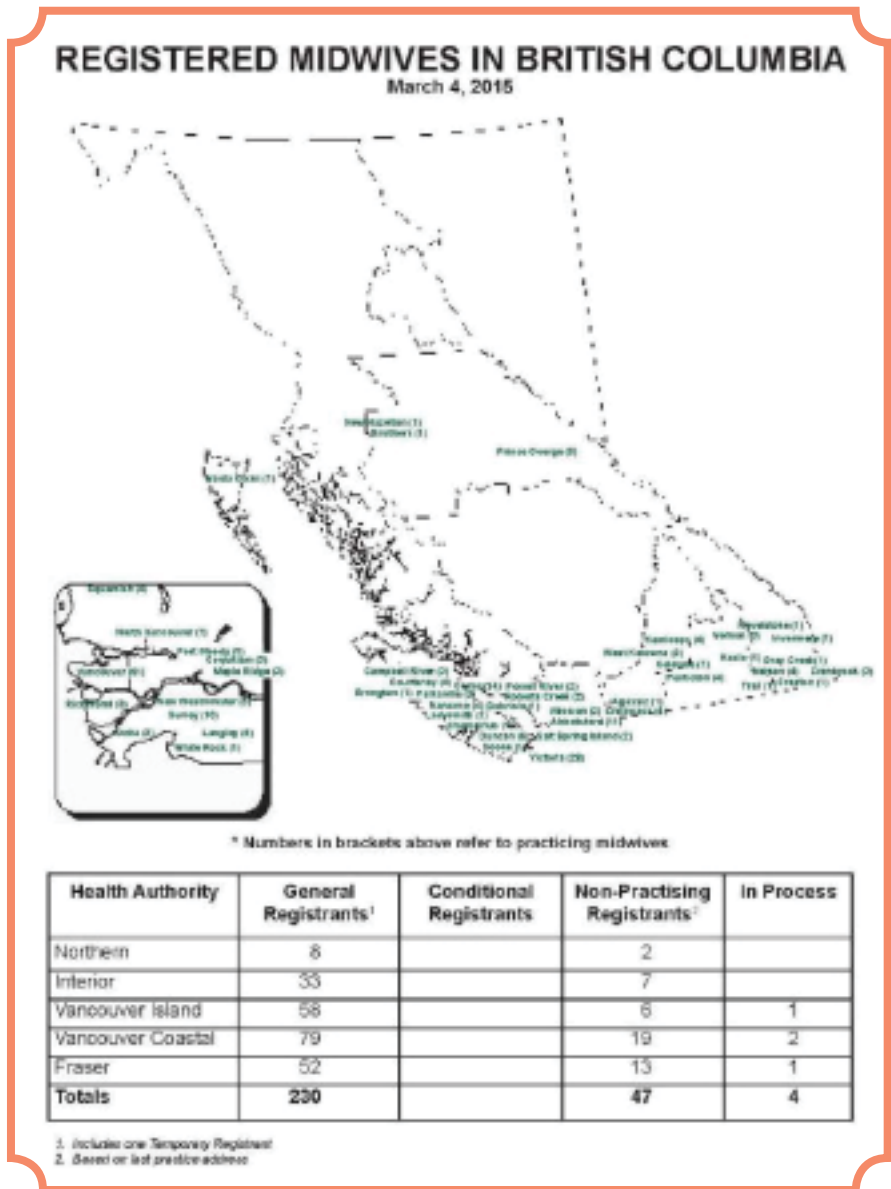
Mentoring New Registrants

All new registrants are required to work within the conditions set out in the CMBC's New Registrants Policy during their first 12 months of registration. Mentoring is expected to be covered by experienced general registrants in established practice in order to benefit new registrants in integrating themselves into the health care system as a primary care provider.

Experienced mentor midwives are expected to provide new registrants with the support and guidance they need to ensure they have opportunities to act as principal midwife in both the home and hospital settings. The support will assist new registrants in consolidating their prior knowledge and competence, gaining confidence in offering choice of birth place and meeting their two year active practice requirements.

Be a Good Mentor

There are different styles for mentoring. When to use which mentoring style depends upon the needs of new registrants and their progress during the new registrant year. While mentoring midwives are expected to create a supportive and welcoming environment and work collaboratively with new registrants, they should know their roles and boundaries. It may be beneficial for mentoring midwives and new registrants to clearly discuss and outline the learning objective and plan, including what to expect, what is acceptable and how to resolve any conflicts or problems, at the forefront. Ongoing constructive feedback should be provided to new registrants to help them grow into the profession. Mentoring midwives may find the guide for preceptors from UBC useful as reference and tools for mentoring new registrants.



Case Study Take-aways

Continued from page 4

While there is no definitive answer to state that the midwife acted appropriately and/or within standards, there are some learning points from this example. CMBC's Policy on Practice Protocols states that "Practice protocols should be adopted or developed as needed for care during pregnancy, labour and birth, postpartum (maternal and newborn), emergency situations, and death and bereavement." It is good practice to have a protocol that describes the debriefing process between a client and her midwife after birth. All births? Difficult births? Who should be involved? What would include an 'emergency situation' as stated in the policy? These are questions for you and your team to answer as you develop this protocol.

The College has noted a trend with regards to inquiry and the submission of complaints. Looking at complaints received, the College notes that on several occasions, the client refused to debrief with the midwife following her labour and delivery, perhaps even going so far as to ask not to be seen by that particular midwife again. Should this happen to you, it can be recognized as a sign that the client was not satisfied with her experience and this could include the fact that she was not satisfied with you specifically. You could reach out to other midwives in your practice to offer to meet the client together for the debriefing session. If that is declined, you could ask another midwife in your practice to conduct the debriefing to offer another professional perspective on the situation. Most importantly, do not lose the opportunity to understand the situation, learn how to improve from it, and make the client feel heard while still in your care.

REMINDER: Submit Your Birth Rosters!

The 2014/15 year end is fast approaching and we want to take this opportunity to remind each midwife of her responsibility to submit Birth Rosters and Demand Data. Individual notices will be going out to midwives in the coming weeks. If you are in doubt about which months are outstanding, please contact Kamila at information@cmhc.bc.ca.

2015-16

REGISTRATION RENEWAL

To this date, 82 % of registrants have submitted their application for renewal of registration. If you have not done so, you must fill out the application and send it to the College immediately with the required documentation, fees and payment for any outstanding invoices.

DEADLINES

Item	Due Date
Renewal application form	Immediately
Proof of NRP, CPR and ESW recertifications	NOON March 31, 2015
All fees and payments	March 31, 2015

Home Birth Transport Plan

Do you remember that as a registered midwife you are required to file a copy of your transport plan with the College?

If you have or are starting a new practice, you must file a transport plan for home births with the College. If you are joining a midwifery practice where a transport plan is already in place, you should review the existing plan, initial it and submit a copy to the College. Any changes to the plan must also be copied to the College. Please refer to the *Policy for Home Birth Transport Plan* which you can find in your Registrant's Handbook for further information.



Contraceptive Management in Reproductive Health Certification

The Contraceptive Management in Reproductive Health Certification course is ongoing and is offered to all Registered Midwives and Registered Nurses, who are seeking competencies for Contraceptive Management Practice. This course provides students with the minimum requirements for safe assessment, provision and management of Combined Hormonal Contraception (CHC) and Progestin-only Hormonal Contraception (POC) and includes prescribing privileges upon completion.

The course is a CMBC approved program for certification to prescribe contraceptives under Schedule B to the Midwives Regulation, meeting the requirements of the CMBC *Framework for Midwife Certification for Hormonal Contraceptive Therapy*. Midwives will become competent in Contraceptive Management (CM) including prescribing. Upon completion of the course, Registered Midwives will write an Exit Evaluation, and if successful, will apply to be placed on the CMBC Specialized Skill Register. When approved, the College will issue a certificate and card to the midwife which lists all specialized certifications. Midwives with specialized training in prescriptive contraceptive therapeutics who are certified by the College of Midwives of BC may prescribe hormonal contraception for postpartum women for the prevention of conception.

Documentation Do's and Don'ts

Research suggests that the use of certain medical abbreviations, acronyms and symbols in prescribing and documenting on client records often results in errors of misinterpreting orders. While efficiency for health care practitioners is important, illegible documentation or improper use of medical terminology can result in omission errors, administering of the wrong medication, improper doses, or applying the incorrect route when administering medications.

Midwives are professionally responsible for clear, correct and safe orders including the documentation of medication orders. Further information and a "Do Not Use" chart is available at: <http://www.ismp-canada.org/dangerousabbreviations.htm>.

CMBC certification for prescribing hormonal contraception is a prerequisite for undertaking the certification process for intrauterine contraception and obtaining specialized practice certification in inserting intrauterine devices (IUDs).

For more information and online registration for the Contraceptive Management in Reproductive Health course, please visit the following website:

www.bcit.ca/study/courses/nsfn7720

Did you know?

**Since Regulation, 346 midwives
have been registered in BC.**

IUD Pilot Project Extended

The Pilot Project Specialized Practice Certification course in inserting intrauterine devices (IUDs) has been extended until October 16, 2015. This course is offered to all Registered Midwives who have successfully completed the Contraception Management in Reproductive Health course.

The College has worked with Dr. Ellen Wiebe and Dr. Konia Trouton to establish a pilot project for midwives to insert IUDs. The physicians are authorized by the College of Physicians and Surgeons of BC (CPSBC) to delegate this act to midwives trained and certified in prescribing and inserting IUDs. Please note that this is a CMBC approved pilot project. Prescribing and inserting IUDs is not currently listed under the restricted activities in the Midwives Regulation.

The Midwives Protection Program (MPP), has endorsed extended coverage for midwives participating in the prescribing and inserting IUDs research study and pilot project from July 1, 2014 until October 16, 2015.

For more information please do not hesitate to contact the College.