NEWSLETTER

Welcome, Congrats & Farewell

Office Staff: Sonia Price, Lisa Robinson, Heidi Schmeiser, Mary Burgoyne, Louise Aerts, Joanne Daviau, and Doris Chan

The CMBC would like to welcome two new members to their team, Sonia Price and Heidi Schmeiser.

Sonia Price is the new Registration and Quality Assurance Coordinator at CMBC and will be covering Kamila Krol-DeProphetis' maternity leave. Sonia has a Bachelor of Science in Health Information Science from the University of Victoria and has worked in many of the Health Authorities in BC. Outside of work she enjoys travelling and spending time being active outdoors. Sonia is excited to contribute to the work of CMBC and will be happy to assist with registration and quality assurance matters.

Heidi Schmeiser joined the CMBC on May 25th as the new Office Administrator. Heidi has a Master of Museum Studies from the University of Toronto. She has been working as an Office Administrator in various capacities for the past four years. She moved to Vancouver in December, just in time to escape the worst of the Montreal winter. In her free time Heidi enjoys assisting with art installations, travelling and spending time with family. She is delighted to be working with the dedicated individuals that make up the CBMC team.

IN THIS ISSUE

Mark your calendars

The College of Midwives 2015 Annual General Meeting will be held on Tuesday, October 27, 2015.

To all registrants –

The College of MIdwives of British Columbia is seeking your input for ideas for guest speakers and professional development / information items for the AGM. The results of our AGM survey from last year found that 76% of members want there to be professional development opportunities at the AGM.

Please send any ideas for topics, speakers, and/or agenda items, to the Registrar, Louise Aerts by email at registrar@cmbc.bc.ca.

Congratulations to Kamila Krol-DeProphetis and her husband Tom on the birth of their daughter, Emilia Nina Mary DeProphetis. Kamila will be on maternity leave for the next year as she enjoys watching Emilia grow. CMBC wishes you much joy and many wonderful memories. All the best!

MARY BURGOYNE RETIRES FROM CMBC

The trouble with retirement is that you never get a day off.
~Abe Lemons

We know that this quote will be true for Mary as she heads into retirement from her position as Director of Operations at CMBC and moves into full time photography and gallery ownership. It is with mixed emotions that we wish Mary well in her future endeavours and write this farewell piece. I, Louise Aerts – Registrar, sat down with Mary two weeks from her official retirement to talk about her time at the College.

Mary was employee number four at the College and started almost 15 years ago in July 2000. At that time the College was being run from a four bed ward room at BC Women's Hospital. Part of her orientation was heading to the 'junk place' at the hospital to claim a desk as her own and dragging it back to the office. When I asked Mary about a big difference between then and now – she laughed and recalled that all the staff shared one stapler back in the early days.

Mary's fondest memories with the College are of the triumph over adversity nature. She related to me a story of when the College was preparing to host prior learning education assessment exams for internationally trained midwives. Two days before the exam, the pipes burst in the room in the basement of Vancouver General Hospital where the exam was to be held. The College employees rolled up their sleeves and the day before the exam were all on hand to mop up and ensure the exam would go forward as scheduled. With the help of some plumbers, a spaghetti western tune, and a lot of laughs – the exam happened as planned the following day.

Mary – with her purple hair – has been a face of the College and an approachable staff person who will find you the answer to any question you might have. Likely – she knows the answer off the top of her head! She has left her mark in this way and the College will miss her for this, not to mention the incredible corporate history she stores in her mind. As a challenge I asked her to name all the staff who had worked at the College and she was able to list off the names in order, with ease. She also remembers that the first person registered after she was hired was our 72nd registrant and she has been a part of the 282 registrations in the past 15 years since then.

We wish you much success and many visitors to your gallery.

MIDWIFERY PRACTICE

This section of the newsletter will address key areas of midwifery care. 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 invites BC practicing midwives to submit requests for specific practice issues or concerns they would like addressed.

INQUIRY

A LOOK AT THE PROCESS: A SAMPLE COMPLAINT

The college received a complaint from a couple, Max and Ruth, which outlined their concerns about the midwifery care they received from RM. They reported that 10 days before giving birth Ruth started to experience sharp pains in her upper right quadrant of her abdomen and she generally felt lethargic. Max called RM to report these conditions and in his complaint letter states he was told that the baby might be kicking Ruth's liver and that perhaps Ruth had the flu. Max called again a few days later to report that Ruth was feeling so sick she couldn't get out of bed and was still experiencing pain - and they were reassured when RM said that this was normal for women near the end of their pregnancy. Ruth went into labour the next day and they proceeded with their homebirth plans. In actuality, Ruth had developed HELLP Syndrome and experienced major complications at birth which required emergency transport to hospital and to spend several days in the ICU recovering.

The midwife provided a response to the complaint which included many contradictions to the above account. RM stated that Max reported his wife was not feeling well, ached all over, and was crampy. RM offered a visit, but Max said Ruth was resting at the time. He later turned down another offer for a visit and assessment. Suggestions offered for why Ruth may be feeling that way included Braxton Hicks, the flu, prodromal labour, and baby kicks.

The College referred the complaint to the Inquiry Committee and a panel of three (two professional midwives with no knowledge of this case and one public member) to investigate. The panel reviewed the letter of complaint, the response from the midwife, the midwifery charts, and the hospital records.

Continued on page 5

What types of questions should the panel be asking each other at this point?

Will the panel be able to determine the actual facts from the evidence in front of them?

Is it possible to diagnose HELLP from the descriptions provided by Max of his wife's condition?

Is it important that this client wasn't assessed in person?

How about the idea that the client was offered in person assessments and turned them down?

CMBC DOCUMENTS UNDERGOING REVISION

The College is in the process of updating all documents with the goal of ensuring that language throughout is inclusive and gender neutral. All new documents will be developed applying gender neutral language and older documents will be changed over time as revisions are made. For more information, midwives are encouraged to refer to the Guidelines for Gender-Neutral Language and Tip Sheet at the link below:
www.noslangues-ourlanguages.gc.ca/bien-well/fra-eng/style/nonsexistguidelines-eng.html

CERTIFIED SPECIALIZED PRACTICE

Under the Midwives Regulation and the Bylaws for the College of Midwives of BC a BC general registered midwife may acquire additional certification through a certification course or program established by the Quality Assurance Committee and approved by the Board. There are available programs in the following areas of specialized competency:

1. hormonal contraceptive management:
    a. prescribing contraceptives;
    b. insertion of intrauterine device;
2. sexually transmitted infection management;
3. first surgical assist at cesarean sections in hospitals with cesarean capabilities;
4. insertion of acupuncture needles for pain relief in labour or the postpartum period.

Upon completion of CMBC approved programs, Registered Midwives will apply to receive specialized practice certification in that competency area. When approved, the College will issue a certificate and card to the midwife which lists all specialized certifications.

CARING FOR CLIENTS WITH RESTRICTED MOBILITY

Midwives may provide care to a client who currently has or develops a physical or emotional condition which restricts mobility and impacts their ability to receive the usual midwifery care in a clinical setting.

A client experiencing restricted mobility may be on bed rest or in a wheel chair where contributing factors may include but are not limited to pain or pregnancy related and non-pregnancy related medical illness or physical condition.

The College encourages midwives to review the CMBC Standards of Practice Policy and incorporate this into caring for a client with restricted mobility. These may include – working collaboratively with other health care providers and the client's community resources, including in-home care support if necessary, to ensure the client's needs are being met, evaluating the condition of the client on a regular basis, develop an individualized care plan with the client which is based on need and will include structure of visits, frequency of visits, place of visits; and review with the client how their care is coordinated, the practice call schedule, and emergency pager or contact number of the on call midwife.

Review the Standards of Practice Policy

Inquiry Case Study Continued

The panel found that HELLP Syndrome is difficult to diagnose and noted from the hospital records that the doctors were also initially unsure of the diagnosis. They found, however, that flu like symptoms in the third trimester should be taken seriously and the panel found there was a failure to conduct an in-person assessment with Ruth.
In summary, the panel found:

- A lack of documentation including phone calls, and particularly around informed choice discussions
- A failure to arrange for an assessment and/or consult given the complaints late in pregnancy
- A failure of RM to follow up on labile blood pressure in the late antenatal period as labile blood pressure can mask a developing serious clinical condition such as HELLP Syndrome
- A failure to perform a third trimester hemoglobin
- A lack of monitoring and recording of maternal vital signs during labour. (While HELLP Syndrome does not always manifest with blood pressure irregularities, it sometimes does and the lack of regular monitoring of blood pressures in labour and the immediate postpartum is a breach of standards.)

The complaint was closed with RM signing a consent agreement whereby she agreed to ensure future clients reporting flu-like symptoms in the third trimester will be assessed in person and follow up with lab work and consults as necessary. She also agreed to thoroughly, appropriately, and contemporaneously chart client care in a way that shows an intellectual footprint and demonstrates critical thinking, consideration of risk factors, and appropriate plans of care, including appropriate consultations. RM agreed to monitor and document maternal vital signs upon arrival at a labour, on a four-hourly basis as a minimum throughout active labour, immediately after birth and in the immediate post-partum. RM also agreed to a follow up chart audit.

In addition, in an effort to further address concerns of public safety, the panel also requested that the QA Committee consider setting standards for the documentation of telephone consultations.

INQUIRY THOUGHTS

Do you think this decision was appropriate?

Was it surprising that what the complainant alleged had nothing to do with documentation and charting and yet this was one of the consent agreement items?

Do you think you would have handled things differently in the first place?

After reading the panel's decision, would you change anything about your management plan should you be faced with something similar in the future?

HAVE YOUR PEER REVIEW LOGS READY

Over the next several weeks, as part of the Quality Assurance Program Random Practice Review, the College will be randomly asking 20 practices to submit their Peer Review Logs.

Peer Review logs are maintained by midwives annually but are not required to be submitted to the College. They do, however need to be made available to the College for inspection upon request, so please ensure your 2014 log is complete and ready to submit should you be from one of the 20 lucky practices chosen.

For additional information, please refer to the CMBC Peer Review Policy and Peer Review Log.

UPCOMING COURSES

1 Acupuncture Course for Midwives - Pain in Labour and the Immediate Postpartum

Under sections 5 (1) (c) and 6 (2) of the Midwives Regulation, midwives with specialized training who are certified by the College of Midwives of BC (CMBC) may insert acupuncture needles for pain relief in labour or the postpartum period.

The objective of the specialized practice certification is to understand the theoretical and practical knowledge in the foundation of acupuncture treatment with a special focus on learning how to appropriately use acupuncture to provide pain relief to women in labour or during the postpartum period while implementing the highest standards of safety.

Acubalance Studio continues to offer acupuncture training designed for midwives and would like to extend a special invitation to new midwifery grads.

Location: Vancouver
Dates: Intensive Program: November 9-15, 2015, 9 am – 5 pm:
Acubalance Studio, Suite 120 – 828 West 8th

Review: November 14, 2015, 9 am – 5 pm:
Acubalance Studio, Suite 120 – 828 West 8th

Exam: November 15, 2015
Acubalance Studio, Suite 120 – 828 West 8th

For detailed course information and to register, please visit the link below:
http://acupunctureformidwifery.com/course-dates-location-and-fees/http://acupunctureformidwifery.com/registration/

2 Contracteptive Managment in Reproductive Health

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 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.

Location: online course - Vancouver BCIT

Dates: Fall session – September 8 – October 16, 2015
For detailed course information and to register, please visit the link below:
www.bcit.ca/study/courses/nspn7720

3 Inserting Intrauterine Devices

Specialized practice certification in inserting intrauterine devices (IUDs) is offered to all Registered Midwives who have successfully completed the Contraception Management in Reproductive Health course. The Pilot Project Specialized Practice Certification course in inserting intrauterine devices (IUDs) has been extended until October 16, 2015. 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 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. 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. This training course is currently on hold until a replacement online pre training course is available. For more information please contact the College.

NEW THIS FALL AT BCIT: SEXUALLY TRANSMITTED INFECTIONS MANAGEMENT COURSE FOR MIDWIVES – SEPTEMBER 8TH, 2015

4 Midwife Certification for Sexually Transmitted Infections Management

Under Schedule B to the Midwives Regulation, midwives with specialized training in treating infections such as sexually transmitted infections who are certified by the College of Midwives of BC (CMBC) may prescribe, order and administer drugs and substances for the treatment of sexually transmitted infections. Specialized practice certification in this competency area will be made possible through a course at BCIT which has been approved under the authority set out in the Bylaws for the College of Midwives of BC and meets the requirements set out in the Framework for Midwife Certification for Sexually Transmitted Infections Management.

This course will be offered three times per year – September, January and April. To register please go to the following link:

http://www.bcit.ca/study/courses/nspn7735

Update: The First Offering of UBC's Surgical First Assist Course

UBC, in partnership with McMasters University, created a course to provide training in a Canadian context for entry level skills for surgical assistants with a focus on obstetrics. There is a 40 hour online module followed by a 2 day in-person workshop complete with written and O.S.C.E exams. Midwives then take part in a clinical practicum in their community under the direct supervision of a surgical faculty.

Sixteen midwives took the April 17 and 18th offering of the course and are currently completing their clinical practicum. The College anticipates being able to certify its first midwife with the specialized certification of First Surgical Assist shortly.

Stay tuned for notice of a future offering.

COULD YOU PLAY A MIDWIFE ON TV? TAKE THE QUIZ ...

1 If you have a protocol in place that is based on the CMBC standards and your hospital has a different protocol during the intrapartum care while in hospital, which do you base your plan on?
a. Midwifery practice standards
b. Hospital/community standards
c. Both are acceptable

2 Midwives can order and initiate phototherapy for a newborn.
a. True
b. False
c. With orders
d. It depends

3 Which of the following statements is incorrect about the use of Fentanyl during the intrapartum period?
a. Fentanyl should not be used in the presence of atypical or abnormal fetal heart tones
b. Give rapidly through the intravenous route during a contraction
c. Give slowly through the intravenous route over 1-3 min during a contraction
d. Dilute 100 mcg (2ml) into 8 ml N/S to obtain 10 ml solution

4 Which of the following are College approved Specialized Certifications a midwife can obtain after successful completion of the certification process? Choose all that apply.
a. Acupuncture for use in labour and in the immediate postpartum
b. Hormonal Contraceptive Therapy
c. Massage Therapy
d. Intrauterine Contraception
e. Induction and Augmentation of labour in hospital

Bonus point – name one more specialized certificate

5 Which of the following is a correct prescription for compression stockings?
a. A midwife cannot prescribe compression stockings
b. Compression Stockings
c. Compression Stockings – 15 mmHG
d. Compression Stockings – 30 mmHG

6 If a midwife has reasonable and probable grounds to believe that the continued practice of another midwife might constitute a danger to the public, she
a. Should speak to that midwife about her concerns
b. Should inform the hospital where the midwife in question practices of her concerns
c. Has a duty to report her concern in writing to the registrar of CMBC
d. All of the above

Bonus Point – this answer applies only to midwives and not to other registered health professionals? True or False.

7 Midwives are required to submit Birth rosters to the College and they are due:
a. Monthly – by the 15th of the following month
b. Quarterly – July 15, October 15, January15, April 15
c. Annually – December 31st
d. Never

8 Midwives are required to participate in at least four peer case review sessions with at least four midwives at each session in a registration year.
a. True
b. False
c. It depends how many midwives are in my practice

Answers next page

Answer sheet

1. b. Hospital/community standards

While in hospital, the hospital policies and protocols are the expected standards that midwives need to work with although they may be different from the CMBC standards. Although client choice must always be taken into consideration, midwives need to be aware of the hospital and community standards in order to have informed discussions around care.

2. a. True

Midwives can order and initiate phototherapy for their newborn clients. A consult and physician order is NOT required to order or initiate phototherapy. A midwife is required, however, to follow up with a physician consult after phototherapy is underway.

3. b. is incorrect

Fentanyl should never be administered rapidly.

4. a, b, d, and e

Massage Therapy is a regulated profession and there is no current specialized certification for this practice for midwives.

Bonus Point – other specialized certificates:

Emergency Vacuum Assisted Birth (course not yet available)

Surgical First Assist for Cesarean Section

5. d.

Compression stockings can be prescribed by midwives. Stockings that are 20 mmGH or less do not require a prescription. All prescriptions over 20 mmHG require a prescription and midwives should always include the strength being prescribed. Most pregnant women will require anywhere from 15-20 mmHG for mild cases to 20-30 mmHG for more moderate cases.

6 c.

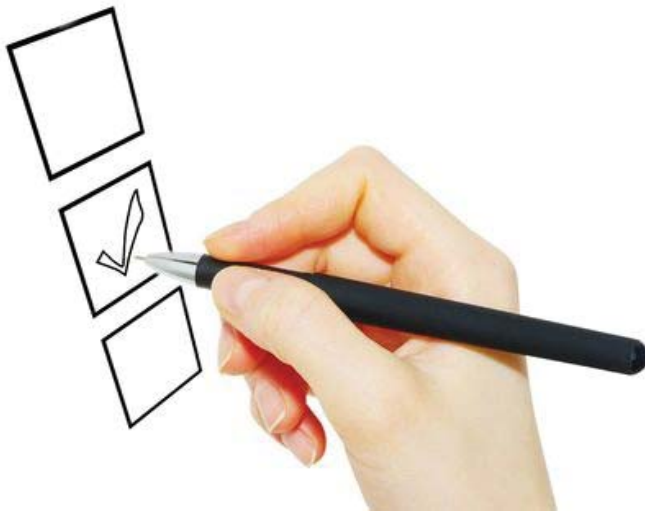
While d. all of the above is likely the correct answer professionally speaking, the Health Professions Act legislates a duty to report in writing to the registrar in these situations. As a legislated duty, your own registration is at risk if you do not act on your duty to report. This can be a delicate and difficult situation,

RANDOM PRACTICE REVIEW

An updated plan and timeline for the Random Practice Review within the Quality Assurance Program is under development and will be posted in the next issue of the newsletter.

The College is committed to ensuring that midwives receive the necessary information in order to be adequately prepared for a Random Practice Review. 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.

One aspect of the Random Practice Review will be chart audits. A minimum of 5 charts will be randomly reviewed and assessed for their thoroughness, the ability to see an intellectual footprint of the decision making process and informed choice discussions, as well as evidence of management as a primary care provider. **What can you and your practice do to prepare for the review?** On Pages 11 and 12 of the newsletter you will find Random Practice Review Tool #1 which is a checklist you can use to self-assess your charts.



Answers continued on page 10

Answers Continued

especially if the midwife in question is a friend or a practice partner. However, in order for self-regulation to be successful, this type of reporting is required. The College will then investigate the concerns to determine if there is an actual risk to the public.

Bonus Point – False.

The Duty to Report extends to all registered health professionals. If you had concerns about the fitness to practice of a nurse or a chiropractor – the same duty to report applies and you must report your concerns in writing to the registrar of their health profession's College.

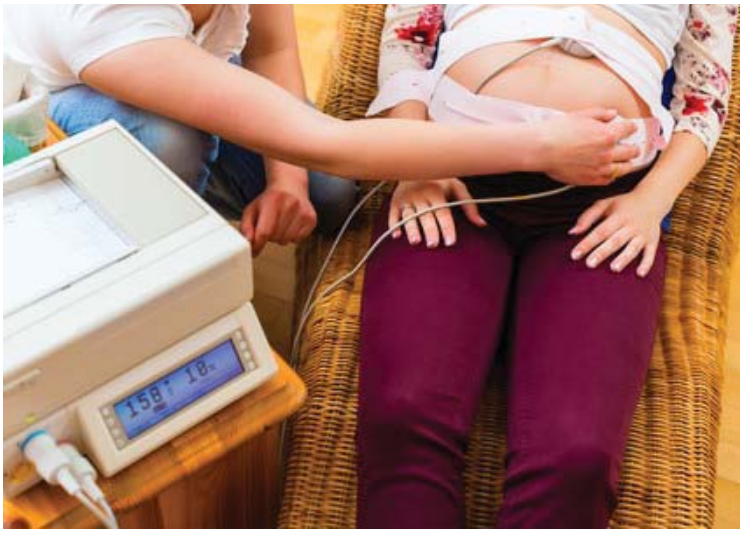
7. Birth Rosters must be submitted to CMBC every month by every individual midwife – by the 15th of the following month. This is a policy found in Section 16 of your handbooks. As long as you are a current registrant – you must report regardless of whether you attended a birth or not.

8. True

As a part of the College's Quality Assurance Program, every practicing midwife member must participate in at least four peer case review sessions in every registration year. For each peer case review session, a group of at least four midwives shall meet to discuss the clinical care of clients, reviewing a minimum of two cases at each session, or a minimum of eight cases per year. Each midwife must also participate in at least one peer case review each year that includes participation from midwives belonging to at least two different practice groups.

Where practices are small and the review must be done among midwives that are at a distance, peer case reviews may be done by conference call or other electronic means.

Each midwife shall maintain an annual peer case review log. No details of the cases reviewed need be recorded. The Peer Case Review Log shall be made available to the College on request.



Total out of 10.

8-10 – Hang on, you not only could play a midwife on TV – you ARE a midwife!

5-7 – You could probably get away with pretending to be a midwife – just don't get too technical

3-5 – Um, we're thinking you should call your agent for a different gig

1-3 – Maybe you were taking a different quiz?

RANDOM PRACTICE REVIEW TOOL #1 - CHECKLIST FOR CHART REVIEW

The following checklist is meant to assist midwives evaluate their record-keeping practices. It is also recommended that you refer to the standards, policies and guidelines of the College related to record-keeping when filling in the checklist.

Item	Question	Yes	No
Completeness of Record	Are all areas and sections complete? If not, include notation below in the notes section.		
	Antenatal 1		
	Antenatal 2		
	Labour Record		
	Birth Summary		
	Postpartum Record		
	Maternal record		
	Newborn record		
Access and Retrieval of Record	Can past client records be easily located and retrieved?		
	Was a copy of the chart offered to the client at time of discharge?		
	If the client has a copy, was this noted on the record?		
Organization of the Record	Is the coordinating midwife identified?		
	Is the record legible?		
	Is there a signature sheet in the hospital record that includes the printed name, signature, initials and CMBC registration number of all midwifes that provided and documented care?		
	Is each visit initialed by the midwife making the entry?		
	Are all midwives and midwifery students present at the visit documented in the chart?		
	Is there a client identifier on every page of the record?		
	Are allergies clearly documented?		
	Are the narrative/encounter notes effective and complete?		
	Are telephone calls with the client documented in the record?		
	Are entries contemporaneous?		
	If a late entry is made, is it documented?		
	Are accepted abbreviations consistent and standardized?		
Prescribing According to CMBC Standards	Was a medication history taken?		
	Are symptoms and treatment recorded?		
	Is a follow up plan recorded?		
	Was the client's response to the therapy documented?		
	Was all prescription information recorded including: drug name, dose, frequency, and route of administration?		
Informed Choice Discussions	Are all informed choice discussions and decisions and management plans documented?		
	Is the content of the discussion available? (In chart or practice protocol?)		
	If you use a checklist: is the checklist initialed and dated for each entry?		
Tests and Screening	Are all requisitions and results documented?		
	Is there a system in place that is known to all in the practice (midwives, including locums, students, administrators) for managing test results and follow-up with clients?		

Item	Question	Yes	No
Consults/Referrals	Are the discussions, consultations and transfers recorded in the chart?		
	Are the date and content of all conversations with other care providers regarding the client documented?		
	Is the advice from the consult recorded?		
	Are the client's decisions documented?		
	Are the outcomes, management plans documented?		
	Are consultation letters maintained in the record?		

Notes