

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POLICY ON MIDWIFERY PILOT PROJECTS TO SERVE WOMEN WITH DIVERSE NEEDS¹

This policy provides a framework for the College of Midwives to explore and evaluate innovative approaches in the delivery of midwifery services to women and newborns from - targeted populations or communities while ensuring that care remains within the *Standards of Practice* set out in the *Bylaws for the College of Midwives of BC*.² These midwifery pilot projects to address community or population needs may explore collaboration with other health care providers and/or alternative care delivery models where midwifery standards, such as those for continuity of care, informed choice and choice of birth place, as set out in the *Standards of Practice* in the *Bylaws for the College of Midwives of BC* are met in innovative ways. Proposals for such innovative projects involving care provided by registered midwives must be submitted and approved before they begin offering care. Pilot projects will initially be approved to operate and be evaluated for a defined time period and, on the basis of a positive evaluation, may be approved for the ongoing delivery of care.

Midwives must apply to the Quality Assurance Committee of the College to provide care within a midwifery pilot project if that project proposes to deliver midwifery care in a manner that varies in detail from that described in the CMBC *Midwifery Model of Practice* while still meeting midwifery standards of practice. The Quality Assurance Committee will review project applications based on the criteria outlined below. Approved pilot projects require a signed interim approval agreement with the CMBC that outlines the project parameters and reporting and evaluation requirements for the project. All projects are required to participate in an arms-length evaluation process carried out by a neutral external evaluator for a minimum of one year (depending on caseload volume a longer period may be required) as outlined in the project's *Interim Midwifery Project Approval* established with the College. At the end of the evaluation period an evaluation report will be provided to both the project and the CMBC QA Committee. The period of interim approval will usually be two years of operation unless otherwise specified, which allows for time to make adjustments based on evaluation feedback, and for the QA Committee to review and approve recommendations for ongoing approval.

An overview of the process and the criteria for approving these Midwifery Projects to assist the Quality Assurance Committee in assessing project applications is provided below. The criteria will also form the basis for the evaluation of success and approval for ongoing delivery of care under an ongoing approved project agreement.

Priorities and Criteria for Approving Midwifery Projects

In reviewing an application for approval the Quality Assurance Committee will consider how the midwifery pilot project will:

- address the maternity care needs of the target population or community served;
- contribute to a high quality of maternal and newborn care;

¹ Formerly the *Policy on Midwifery Projects to Serve Women with Special Needs*

² The College does not have the authority to exempt midwives from meeting the Standards of Practice.

- meet the standards set out in the *Standards of Practice* in the *Bylaws for the College of Midwives of BC* including:
 - provide women with access to known care providers throughout their care, including during labour and birth (see Standard Six);
 - provide opportunities for women to develop trusting relationships with their care providers (see Standard Six);
 - support women’s participation in their care (see Standards Four and Five);
 - provide women with opportunities to make informed choices about care options throughout their care (see Standards Five and Seven); and
 - respect women’s right to choice of birth setting and provide care in all appropriate settings (see Standard Seven).
- contribute to a high level of client satisfaction;
- be responsive to community needs; and
- carry out ongoing evaluation of its effectiveness in meeting these criteria.

In addition, the Committee will consider how the project may:

- support collaboration among maternity care providers;
- improve access to maternity care;
- contribute to health promotion and disease prevention;
- maintain or increase clinical learning opportunities for midwifery and other students;
- increase opportunities for community involvement in the planning, delivery and evaluation of services; and/or
- create research opportunities to support improvements in maternity care practices.

Review and Approval Process

Applicants are required to submit their proposals using the application provided by the College below. Questions should be numbered and answered in the order that they appear in the application. The application should not exceed 30 typed, double-spaced pages. Additional supporting material may also be included.

If the project involves shared care with physicians, a completed *Request for Approval of Shared Primary Care with a Physician* form for each midwife should also be included.

There is a \$500 application fee which must be included with the application in order for it to be reviewed by the Committee. The Committee will provide an initial written response within 60 days of receiving a complete application.

The Committee will use the priorities and criteria listed above to assess the potential impacts and benefits of the project. The process of considering an application for project approval is an iterative process. The Committee may ask the applicant(s) for more details and may request a presentation or meeting with the applicants prior to making a decision.

College staff is available to meet with the applicants to discuss their application prior to submission. The Quality Assurance Committee will review each project application and may request additional information before providing applicants with a draft *Interim Midwifery Project Approval* to review. The applicants may provide feedback and request changes. It is important to note that the College does not have the authority to exempt projects from meeting the *Standards of Practice* set out in the *Bylaws for the College of Midwives of BC*. In general,

a draft *Interim Midwifery Project Approval* is arrived at through an iterative process involving dialogue between the applicants and the QA Committee, which may include meeting with members of the QA Committee or its Pilot Project Panel supported by College staff.

Project Approval and Monitoring

As noted above, requests for approval under this policy must be submitted and approved by the QA Committee before the applicants begin offering the care described in the application.

When a Midwifery Project is approved, the lead midwives for the project (including other project leaders in the case of an interdisciplinary collaborative project) will sign the *Interim Midwifery Project Approval* that outlines the project parameters and the reporting and evaluation plan for the project.

Each pilot project is unique to the diverse needs of the women and community to be served and will be approved on a case-by-case basis. Approval of any given project does not constitute a precedent for approval of other project applications.

Framework for Project Evaluation

Each project must have an approved plan for an arms-length evaluation in place, with both the plan and the neutral external evaluator approved by the QA Committee. A project evaluation should address: 1) the *Priorities and Criteria* listed above and in Question 8, and in particular any key areas of innovation/variation from the *BC Midwifery Model of Practice* being piloted by the project; 2) numbers of clients served and relevant demographic data related to how many are and are not from the project's target population (how well the project is reaching its target group); 3) key outcome data, for example such things as cesarean section and other intervention rates, breastfeeding rates at six weeks postpartum, etc.; 4) how well the care satisfies the needs of women in the project's target population using feedback obtained directly from the women served and gathered using tools and supports appropriate and accessible to the target population. This may include a project client satisfaction questionnaire as adapted from the CMBC *Client Evaluation of Midwifery Care* or other tools as appropriate, and must address midwifery standards-related areas such as continuity of care and choice of birthplace; and 5) how well the project is responding to community needs. A draft evaluation plan, any tools the project proposes to use in its evaluation, and the name of the proposed external evaluator may be included with the project application, or the project may ask to be referred to a previously approved evaluator who can work with the project and a representative of the QA Committee on the adaptation of an existing project evaluation plan if appropriate, or the development of a new evaluation plan.

If a project application is not approved, the applicants may re-submit their application, with the requisite application fee, using the feedback provided by the Committee. The Committee will require an additional review period to consider a re-submission.

New Registrant Requirements

A new registrant working within the *New Registrants Policy* in her first year of practice is expected to work in an established midwifery practice that offers full continuity of care and choice of birth place, as described in the *Midwifery Model of Practice*, and, as much as possible, should focus on providing care to a healthy, low-risk population. This will provide the new registrant with a solid base of clinical experience consistent with the midwife's scope of practice, and will enable her to meet her two-year active practice requirements, prior to considering work within an approved project.

A Midwifery Project approved under this policy may make application to the Quality Assurance Committee for permission to have a new registrant work within the project during her new registrant year, as long as such an arrangement is not specifically excluded under the terms of the project's interim approval agreement or ongoing approved project agreement. This application must include a mentorship plan that describes how the new registrant will be supported to meet her new registrant and active practice requirements.

Active Practice Requirements

Where a Midwifery Project is approved by the Quality Assurance Committee to deliver care in a manner where the midwives working in that project would not otherwise meet the CMBC's five-year active practice requirements (e.g. attend fewer than 60 births overall in a five year period, or fewer than five hospital or five out-of-hospital births over a five year period, or provide less than 30 women with continuity of care) because of the nature of the needs of the population served, project midwives may be deemed to be eligible to meet their five-year active practice requirements under section five of the *Requirements for Active Practice*. All registered midwives must meet the two-year active practice requirement before being eligible for this option. Midwives working within an approved Midwifery Project need to be aware that the minimum births numbers to maintain ongoing registration as set out in Bylaws 46 (2) (b) and in section five of the *Requirements for Active Practice* may result in practice limitations or conditions that affect the member's class of registration or eligibility for inter-provincial registration reciprocity. Amendments to the College's registration bylaws are currently under consideration and would be required to maintain general registration in these circumstances.

Midwifery Project Application

1. Name of Project:

2. Name(s) and contact information for the midwife applicant(s) including address, telephone and email. If more than one midwife applicant, please underline the principal contact person.

3. Location of the Project:

4. Describe the needs of the target population of women or the community to be served.

5. Describe the geographic catchment area to be served and provide available population and demand data related to the target population in the catchment area:

6. Describe the project briefly, including a brief description of how care will be delivered a) antepartum, b) intrapartum and c) postpartum.

7. Describe any specific variations from the *Midwifery Model of Practice* that are proposed for this project, the rationale for why these variations are being proposed to serve the needs of the target population and how midwifery standards as set out in the *Standards of Practice* in the *Bylaws for the College of Midwives of BC* will be met. Please specifically address the following aspects of the *Model*: community-based care, continuity of care, informed choice, choice of birth place, collaborative care and evidence-informed practice.

8. Describe how your project will:

a) address the diverse maternity care needs of the population served;

b) contribute to a high quality of maternal and newborn care;

- c) provide women with access to known care providers throughout their care including during labour and birth (if this proposed project involves a multidisciplinary team or a team of more than four midwives, please provide a rationale and description of practice communication protocols and how continuity is maintained);

- d) provide opportunities for women to develop trusting relationships with their care providers (if this proposed project involves a multidisciplinary team or a team of more than four midwives, please provide a rationale and description of practice communication protocols and how trusting relationships are fostered);

- e) support women's participation in their care;

- f) provide women with opportunities to make informed choices about care options throughout their care, including choice of birth setting;

- g) contribute to a high level of client satisfaction;

- h) be responsive to community needs;

and

- i) carry out ongoing evaluation of its effectiveness in meeting these criteria.

9. Describe how your project is intended to address any of the following:

- a) supporting collaboration among maternity care providers;
- b) improving access to maternity care;
- c) contributing to health promotion and disease prevention;
- d) maintaining or increasing clinical learning opportunities for midwifery students;
- e) increasing opportunities for community involvement in the planning, delivery and evaluation of services; and/or
- f) creating research opportunities to support improvements in maternity care practices.

10. How many women/families do you believe that this project will serve annually?

11. Please describe your evaluation plan. It should address: 1) the *Priorities and Criteria* listed above and in Question 8, and in particular any key areas of innovation/variation from the *BC Midwifery Model of Practice*; 2) numbers of clients served and relevant demographic data related to the project's target population (how well is the project reaching its target group?); 3) key outcome data, for example such things as cesarean section and other intervention rates, breastfeeding rates at six weeks postpartum, etc; 3) data compiled from the project's client satisfaction questionnaire; and 4) how well the project is responding to community needs. Please provide the name of your proposed external evaluator and attach a copy of your draft evaluation plan and the tools you propose to use as a part of your evaluation, including how you plan to obtain feedback from the women you will serve, including those in your target population; OR request a referral to a previously approved evaluator to work with your project on the adapting of an existing project evaluation plan if appropriate, or developing an evaluation plan.

12. Are other health care providers involved in this project? If so, what is their role and how will the team work together? If the project involves shared care with physicians, please complete and enclose a *Request for Approval of Shared Primary Care with a Physician* form.

13. Please provide the names and contact information for any collaborating health care providers or organizations (address, phone, fax, email). Letters of support may be attached.