

NEWSLETTER



INTERVIEW: SPECIALIZED PRACTICE CERTIFICATION

Tanya Momtazian is a midwife practicing at Apple Tree Maternity in Nelson, BC. She was one of the first midwives in BC to attain specialized practice certification when she completed the first course offered for specialized practice, Acupuncture for Use in Labour and the Immediate Postpartum. Since then the College has approved specialized practice courses and certification in administering hormonal contraceptives, intrauterine contraception (IUC) insertion, treatment of sexually transmitted infections (STIs) and first assist for cesarean section.

She was interviewed about her experiences with learning about and using specialized practices.

1) What specialized practice certifications do you have?

I have all of them! I get really excited when there are opportunities to learn new skills and be able to better serve women in my community.

2) Did you enjoy the courses? Which was your favorite? Why?

I really enjoyed the surgical assist at cesarean section because it was very practical and hands-on, we worked closely with obstetricians and were
continued on page 10

In this Issue:

Midwives and the CRRA.....	2
Registration Certificates.....	3
A Note from the Registrar.....	4
Upcoming Acupuncture Course.....	5
Who to Contact.....	6
Call for Committee Members.....	6
Healthy Mothers and Healthy Babies.....	7
Inquiry Case Study.....	8
Peer Case Review Tips.....	9
Random Practice Review Tool #3: Privacy.....	11

The CRRA

The purpose of the CRRA, which is under the responsibility of the Ministry of Justice, is to help prevent the physical and sexual abuse of children and the physical, sexual and financial abuse of vulnerable adults. The CRRA prevents this abuse by requiring individuals to whom this act applies to undergo Criminal Record Checks.



Midwives and the Criminal Record Review Act (CRRA)

How the Act Applies to Midwives

The CRRA is applicable to midwives and student midwives as registered members of a governing body who work with both children and vulnerable adults. Applicants for registration to the CMBC must have a criminal record check before they are registered. Additionally once a midwife is registered with the College, they must undergo a criminal record check at least once every five years. If a midwife is due for a criminal record recheck, this will be indicated by requiring them to consent to one when completing the online renewal of registration application or the midwife will be informed by the College. In order to renew their registration, midwives who have not undergone a criminal record check for five or more years will be required to do so prior to renewal. If

a midwife does not comply with this requirement, their registration will not be renewed.

If a registered midwife of the CMBC is charged with or convicted of a relevant offence or specified offence subsequent to a criminal record check, the midwife must promptly report the charge or conviction to the College and provide a criminal record check consent for a further criminal record check. If at any point an outstanding charge or conviction indicates that the individual presents a risk to children or vulnerable adults, the CMBC must investigate or review the midwife's registration or application for registration and take appropriate action.

For further information on this Act and others, please visit: www.bclaws.ca.





Registration Certificates

With the new information technology system that the College implemented, registrants can download their annual certificate of registration from the College website after their application for renewal of registration is approved. Registrants will receive an email notification from the College and after 24 hours can access the new certificate of registration in the registrant portal under Members Login.

The certificate of registration will stay in the registrant portal until a change of registration class takes place during the year or the next renewal of registration cycle starts. In each case once the registration change or the new renewal is granted, the new certificate of registration will replace the last certificate which will be archived and can no longer be accessed.

Registrants who wish to maintain a printed certificate are strongly recommended to download/print the certificate as soon as it is available.

Given that registrants can access the certificate using this platform and the CMBC Register on the College website confirms the registration of a midwife including information on registration, practice, hospital privileges and specialized certification, the College will no longer mail an annual certificate of registration and registration card to registrants. However, the College will for one time only issue a new initial certificate of registration to every registrant. This one time certificate is suitable for framing and includes basic registration information. It does not show an expiry date but references the CMBC Register for current registration status. Registrants should expect to receive the new, one time certificate of registration in the mail in April/May.



A NOTE FROM THE REGISTRAR

I want to start by thanking registrants for their patience, understanding, and feedback with regards to our new online renewal of registration process. This has been a learning experience for all of us that is not without its timeouts, glitches, and errors. Your feedback is very important to the process so that we can learn, correct and improve as we go. That said, it is so exciting to be able to process renewal applications this way, to allow for online payments made by registrants, and to be able to provide the public with a new online Register that provides additional information regarding registrants.

Here are a few questions we've received and answers we've provided about online renewal – just in case you have the same questions:

Q: Why do you need to know my place of birth?

A: The new system links directly to the Ministry of Justice's Criminal Record Check (CRC) system should your CRC be due to renew. The information required for the Ministry to conduct a CRC that the College had not previously collected is place of birth. (See page 2 regarding CRCs.)

Q: Why are you asking for our birth numbers when we already submit birth rosters?



A: CMBC collects birth rosters in partnership with Perinatal Services BC (PSBC) to assist with the strategic planning of perinatal services in BC. The rosters are submitted to PSBC and kept on file at CMBC. They are not currently included in any College database, but are used to verify information as needed.

The rosters do not provide us with all the information required to determine a midwife's active practice numbers or if bylaw 46. (1) (b) has been met in order to renew as a general registrant. The roster does not report if there was continuity of care or if there was a transfer of care as examples. Currently you are required to submit your birth numbers every 2 or 5 years for the College to assess that you continue to meet the active practice requirements. This requires looking back up to 5 years to report the number of births attended. With the

new online renewal system, we are able to automate this aspect of the requirements and have the numbers submitted online, into the database at renewal. This will eventually replace the 2 and 5 year reporting for active practice requirements.

The rosters will continue to be collected by CMBC for the primary purpose of reporting to PSBC.

Q: How can I tell if my document uploaded? Can I send supporting documents other ways?

A: We have reported the concern regarding document uploads to the system developers and they are working to upgrade the document upload process to show progress of any uploads and reflect when a document has successfully been uploaded.

Yes, you can still fax or email documents to the College if you did not upload them.

Q: Why can't I change my practice information?

A: When a registrant changes their practice information - name, location, changing practices - CMBC is required to send a notice to relevant agencies such as MABC, MSP, BC Laboratories, Pharmacare, etc. In order to ensure those changes are completed quickly and accurately, registrants need to notify CMBC directly of the changes.

continued on next page



A NOTE FROM THE REGISTRAR *continued from previous page*

It is also important for data integrity that a practice only be in the database once and not multiple times with slight variations, i.e. The Midwives, The Midwives Inc, The Midwives Ltd.

Since the last newsletter ([link](#)), we have launched the new CMBC website. We hope you are finding it easy to navigate and that the information - especially policies and standards in the Registrant's Handbook - is more accessible. You will note a new look to the Register of midwives ([Find a Midwife](#)) and, after you have submitted

your renewal application, you will see it now lists your practice information, where you hold hospital privileges, as well as any current specialized certifications.

We are only a few midwives away from having 300 registered midwives in BC. The College registered 30 new midwives this year - a record number of midwives for a year since initial registration.

I hope you enjoy the newsletter and welcome your feedback as always.

Louise.



UPCOMING ACUPUNCTURE COURSE

We are pleased to announce the [2016 Acupuncture for Pain Management in Labour course](#).

This course is now only offered once every 2 years.

Intensive course:

Dates: August 22nd to August 27th, 2016

Time: 9am-5pm

Location: Vancouver

Extra special early bird registration:
Everyone who registers before April 15th will receive the student rate. (\$700 discount!!)

- Early bird: \$1,850 (From April 16th to June 15th)
- Regular registration: \$2,200 (All registration after June 16th)
- Student rate: \$1,500

Courses require a minimum of 4 registrants to be offered.

In this course you will learn the foundations of Traditional Chinese Medicine, food therapy, moxibustion, acupressure, how to safely perform acupuncture, and learn effective acupuncture protocols to address complications that cause pain during labour.

You will learn to manage pain with acupuncture due to: General pain, back pain, unfavorable cervical dilation and effacement, anxiety, fatigue, failure/slow to progress, malposition, cervical lip, nausea and vomiting of pregnancy, prodromal labour, precipitous labour, retained placenta, after pains, perineal discomfort, hemorrhoids and more...

For more information or to register, visit:

<http://acupunctureformidwifery.com/registration/>

Who to contact?

All staff at the College are happy to hear from you and will do our best to answer your questions. However, each of us is best equipped to answer questions specific to our area of expertise. Here are some sample topics you might want to contact the College about and who to direct your inquiry to.

I have a question about my renewal application.

I'd like to change my registration status.

I need to submit my Cardiopulmonary Resuscitation, Neonatal Resuscitation or Emergency Skills Certificates.

Please contact Sonia Price, Registration Coordinator at 604-742-2237 or registration@cmbc.bc.ca

I'm not sure if my birth roster was received.

I can't log into my member account on the College website to update my personal information.

Please contact Heidi Schmeiser, Office Administrator at 604-742-2230 or information@cmbc.bc.ca

I have a strange situation with a client and I'm not sure which standard or policy will apply.

I know we have a standard on x, but I can't find it.

Joanne Daviau, our Quality Assurance and Clinical Practice Director, works part-time for the College and can be reached at 604-742-2238 or qa.director@cmbc.bc.ca. If Joanne is not available, please try Louise Aerts, Registrar and Executive Director at 604-742-2234 or registrar@cmbc.bc.ca

I've received a letter letting me know the College has received a complaint about me and I'm not sure what the next steps are.

I am supervising a conditional registrant and have concerns/questions.

You should contact MPP with regards to the letter, but if you have any questions about the College process at any time during the inquiry, please contact either Doris Chan, Deputy Registrar, at 604-742-2235 or dep.registrar@cmbc.bc.ca or Louise Aerts, Registrar, at 604-742-2234 or registrar@cmbc.bc.ca.

I have a question about supervision.

Please contact Doris Chan, Deputy Registrar, at 604-742-2235 or dep.registrar@cmbc.bc.ca

I'd like to verify my payment was received.

Please contact Lisa Robinson, Office Manager, at 604-742-2233 or om_admin@cmbc.bc.ca

CALL FOR COMMITTEE MEMBERS

The following committees of the College are in need of professional members and are calling for registrants who have an interest in being involved in the College work in regulating the profession in the interest of the public:

Committee on Aboriginal Midwifery:

A position available as of October

Client Relations Committee:

A position available as of December

Inquiry Committee:

Positions available as of June

Standards of Practice Committee:

A position available as of June

A committee member may sit for a term of three years and is eligible for reappointment for another three years term.

If you are a general registrant, not a board member of the Midwives Association of BC or Canadian Association of Midwives and can commit to the time required for working as a committee member including attending meetings and reviewing materials prior to meetings, please email Doris Chan at dep.registrar@cmbc.bc.ca. Please include your bio and indicate the committee that you are interested in.





HEALTHY MOTHERS AND HEALTHY BABIES:

Advances in Clinical Practice and Research Across the Continuum

The Healthy Mothers and Healthy Babies conference, hosted by Perinatal Services BC, will take place on March 11th and 12th, 2016 at Marriott Vancouver Pinnacle Downtown. It is expected that over 300 professional delegates will attend the conference. As described in the conference brochure, conference participants will be able to:

- review clinical best practices and new research acquired from researchers, experts, and fellow participants, which will inform the care of pregnant and postpartum women and newborns;
- reflect on five new developments across the continuum of care from conception to postpartum that will impact clinical practice;
- discuss current surveillance and system improvements in perinatal services that are relevant to improving maternal/fetal and newborn outcomes; and
- integrate knowledge learned by engaging in dialogue with other health care professionals from a range of disciplines.

The CMBC will exhibit at the conference, displaying information on CMBC's mandate, the Midwifery Model of Practice and core midwifery standards.

We will also present at a session on the morning of March 11th, giving an overview of the ongoing development of the College's Quality Assurance Program. The presentation will look at how the program is being developed, its purpose, the roll-out, a sample review, and seek feedback from the health professionals in attendance. Midwives will also learn how to prepare for and what to expect from a review.

For those registrants who will attend the conference, come visit our booth and join us at our presentation - see you there!



INQUIRY

A LOOK AT THE PROCESS: A SAMPLE COMPLAINT

The College received a complaint from Cindy in which she expressed her displeasure with the midwifery care she received from practice partners RM Williams and RM Jacobson. In her letter, Cindy stated that the practice partners lacked consistency in their approach which lead to miscommunications between the two midwives regarding her care. Cindy expressed frustration that she would spend much of each visit updating the midwife present about what had occurred in her last prenatal visit. She also stated that the practice partners had failed to track and inform each other of the results from screening and diagnostic tests. During her pregnancy Cindy had an appointment with her family doctor for an issue unrelated to her pregnancy, however after she told the midwives about the appointment their reaction indicated to her that they did not support her in maintaining a relationship with her family doctor. Furthermore, according to Cindy the midwives had not provided her with the information necessary to make an informed choice concerning the administration of Vitamin K, as they left this discussion until she was already overdue. In the weeks following the birth Cindy began to feel depressed. She reported that her postpartum depression was overlooked by RM Williams and RM Jacobson and that they had

not offered her the support and resources she needed during her most vulnerable time.

RM Williams and RM Jacobson provided a response to the complaint that offered a very different version of events. The midwives stated that at each intake visit clients are given written information on how the shared care practice functions. One morning a week was reserved for the midwives to meet and review

In their response RM Williams and RM Jacobson referenced the client checklist where it was indicated that a discussion had occurred about Vitamin K. Finally, regarding the allegation that they had not recognize Cindy's postpartum depression the midwives stated that they are both well informed about postpartum depression, having both attended continuing education workshops on the subject as well as remaining up-to-date on current research.



each of their clients' charts. They would also update one another by phone when roles changed over on Thursdays. RM Jacobson stated that she recalled a prenatal visit with Cindy in which she had documented discussing the ultrasound results, which had been transcribed into the antenatal record by RM Williams. The midwives noted that Cindy had wanted to receive prenatal care from them as well as her family doctor and that she became angry when they explained that this was not allowed.

They reported that Cindy had received written information about postpartum depression during her prenatal and postnatal care, which is their standard practice for all clients. RM Williams and RM Jacobson added that Cindy had not presented with any signs of postpartum depression in their postnatal visits, reporting that she was tired but well. Her Edinburgh Postnatal Depression Scale Score at 30 weeks was six and at six weeks postpartum it was ten.

continued on next page

INQUIRY *continued from previous page*

The College referred the complaint to the Inquiry Committee and the case was investigated by a panel of three members, two professional midwives with no knowledge of this case or the midwives involved, and one public member. The panel reviewed the letter of complaint, the response from the midwives, the midwifery charts, the hospital records, and the informational materials provided to Cindy during the time she was a client of the practice. The panel noted that it was documented in the antenatal record that the ultrasound test results were followed up. They also found no indication of inconsistency in approach from visit to visit reflected in the chart. It appeared to the panel that a miscommunication had occurred between the midwives and the client in regards to her relationship with her family doctor. In the records, a discussion of Vitamin K was documented in the third trimester and it was also documented that the client had declined the administration of Vitamin K. Having reviewed the postpartum notes and the informational handouts provided to the client concerning postpartum depression, the panel found that the advice given to Cindy as documented in the record to be within the midwifery standard of care. After a thorough investigation of the documentation before it, the panel could find no evidence that RM Williams and RM Jacobson provided unsafe care or practised outside of College standards. Although the panel found generally thorough documentation of informed choice discussions evident in the charts, they reminded the midwives of the importance of consistently documenting informed choice discussions and clients' responses to these discussions. Based on these findings, the panel decided to take no further action on the matter.



PEER CASE REVIEW TIPS

During peer case reviews, midwives should have the opportunity to review client records to assess record completion, accuracy of entries and documentation. The purpose of the review is to reflect on the quality of care and the clinical management and to ascertain if there is a clear management plan and a footprint of the decision-making process. Peer reviews are not meant to be punitive; they are meant to provide a learning opportunity for both the midwife presenting a case and the midwives in attendance during the presentation.

The following are points to consider in chart reviews:

- Informed Choice Discussion, Decisions, Care Plans and Follow up
- Continuity of Care
- Choice of Birth Place
- Indications for Discussion, Consultation and Transfer of Care Standards
- Consultation and Consultant Reports
- Client Communications
- Standards on Laboratory Tests, Diagnostics and Drugs
- Documentation



As part of the Quality Assurance Program, remember to keep your Peer Review Logs up to date!



INTERVIEW *continued from page 1*

able to practice in the fancy surgical learning suite at Vancouver General Hospital. The BCIT courses felt a little bit removed and I would have loved to learn more from other participants in the course with their vast experience.

3) How much use do you get out of them?

I do cesarean section assists regularly for women in my practice. We have just started an IUC clinic in our office with physicians and midwives and can offer all the postpartum women in our care IUC insertions. Since we started our collaborative practice with physicians, we are seeing a different population of women and it is helpful to treat STIs and bacterial vaginosis immediately.

4) Which do you use most often? Why?

I actually practice the acupuncture the most. I am still figuring out how to best insert acupuncture needles to a mobile woman in labour. However, I often choose just a few specific points to needle or use press tacks on points in most labours.

5) Are you planning on taking more specialized certification courses in the future?

Of course! I love learning new skills and I am excited about the narcotics course soon to be offered.

6) What other courses would you like to see developed?

I would like to see more hands on courses. I would love to see a point of care ultrasound course for early pregnancy and other reproductive ultrasound (there is already a great one for the third trimester).



7) Would you recommend specialized practice certification to other midwives?

Yes, I understand that the cost can be prohibitive for some midwives. But in my community it is great to be able to provide more and more comprehensive care.



COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Random Practice Review Tool #3 Self-Assessment Checklist for Privacy of Information

Midwives have a responsibility to ensure they have procedures in place to guide how client information is collected, used and disclosed. Midwives must also familiarize themselves with the privacy and confidentiality standards as established by the *Personal Information Protection Act (PIPA)*.

Practices should review all aspects of their client information and communication systems which include electronic means of communications to ensure appropriate measures for privacy and confidentiality of client information are in place.

The following is a self-assessment checklist for your own purpose and is meant to be used as a practice tool for all members of a practice group to self-evaluate practice procedures around privacy of information. Any additional information that you'd like to elaborate on can be entered in the comments section at the end of the questions.

Questions	Yes	No
Does your practice have a process for ensuring security and privacy regarding client information?		
Is the process for ensuring security and privacy of client information in a written document?		
Is every midwife familiar with and using the security measures that are part of your electronic and/or paper charting system?		
Do you maintain electronic and/or paper client records in a secure manner (eg. In a locked cabinet or password protected)?		
Do you use a password for accessing electronic records?		
Do you use encryption for accessing electronic records?		
Do you have a designated staff person or midwife to assist with orientation of privacy systems to midwives, locums, students, staff and clients?		
i) For paper files?		
ii) For electronic files?		
Do you maintain client information in a way that ensures privacy of information?		
Do any of your electronic devices carry client information?		
Do your devices have password protection or encryption for client information?		
When discussing with clients about their care or when discussing client care with other health care providers, is confidentiality maintained? How is this maintained? (enter comments at end of the section)		

Do you have your client's consent to use their information for all the purposes you use it? i.e. Sharing with health professionals, statistical data, reporting.		
--	--	--

Comments:

Does your practice have privacy policies that are provided and accessible to all midwives, locums, students, staff and clients?		
--	--	--

Is privacy information documented and accessible to all practice members?		
---	--	--

Is it included as part of orientation for all staff, midwives, locums and students?		
---	--	--

Is there a process in place in the event of a breach or potential breach of privacy?		
--	--	--

Comments:

Does your practice have a website?		
---	--	--

Are there measures in place to direct how content is approved?		
--	--	--

Who is responsible for making changes: i) One midwife? ii) All the midwives of the practice group? iii) The staff?		
---	--	--

Who is responsible for ensuring the information is current and accurate: i) One midwife? ii) All the midwives of the practice group? iii) The staff?		
---	--	--

Comments:

Does your practice maintain personal social media sites (e.g. Facebook, LinkedIn, Twitter)?		
--	--	--

Does your practice allow clients access to these social media sites?		
--	--	--

Does your practice have a documented policy in place with regards to clients taking photos and videos of members and posting such images, video or member's names on social media websites?		
---	--	--

Comments:

Do members of your practice maintain personal social media sites (e.g. Facebook, LinkedIn, Twitter)? If so:		
Do they allow clients access to these social media sites?		
Does your practice have a policy regarding members and social media site use?		
Does your practice have a documented process for managing privacy for clients and members?		
Comments:		

Does your practice ensure that you are not sharing personal information with clients who are connected to you via social networking sites (e.g. Facebook, a personal log, a Twitter account)?		
Comments:		

Does your clinic practice space allow for privacy and confidentiality for clients?		
Comments:		