NEWSLETTER

Interview: Second Birth Attendant

It is a requirement for each primary midwife to have a second birth attendant (SBA) assisting during each birth. For many midwives, this role is usually fulfilled by a nurse in hospital or in a home birth setting by another practising midwife. However, sometimes circumstances such as geographical location, require midwives to choose a SBA that is not another midwife or a licensed physician. In this newsletter for homebirths we are highlighting the work of second birth attendant, Gail Mussell RN, who has brought her nursing expertise to the role for over a decade.

1) Tell us a bit about yourself, Gail. What first drew you to work as a SBA?

I moved to Salt Spring Island about 38 years ago with my husband at the age of 25. I had graduated from nursing school in Saskatoon the year prior to moving so was essentially a new grad. I am still working full time at Lady Minto Hospital with retirement planned for about 2 years from now. Working in a small hospital is a bit of a specialty in that we have a very wide scope of practise. Our scope includes covering the ER where anything and everything presents; working on the ward, which is a very mixed bag of medical conditions i.e. cardiac care, palliative care; and on and on. Our hospital has also always delivered babies so when I first started working here nearly 38 years ago I learned my way in the case room with the help of more experienced nurses, took courses etc. Over the years I gained a special love for the births. When midwifery became part of the system our General Practitioners opted to stop delivering babies and our midwife Maggie Ramsey became the primary care provider here for our deliveries both home and hospital. I believe in bigger centers second attendants are also midwives but in a small place with one midwife for the most part this isn't as much of an option. Maggie already had one nurse working for her as a second birth attendant when I came on board about 11 years ago.

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2) How long have you been working as a SBA?

About 11 years. The other nurse, Jackie, was finding it hard to be on call all of the time and by then had children too. At that time my youngest child was old enough to be home alone if I was called out, so I asked to be the second, second birth attendant.

3) What do you enjoy most and what are some challenges, if any, that you have faced during your 11 years of experience?

Maggie, Jackie and I are a team. Jackie and I both work full time at the hospital and have busy lives so we always do lots of communicating and texting when due dates are coming up for home births and when someone starts labour. Our biggest stress is juggling things so that one of us will be available. We deliver about 40 babies a year on Salt Spring. The mix of home versus hospital is variable. I enjoy all our births, hospital and home, but there is something very special about the home births. I like being able to support the families' choice in the matter of where they give birth. The challenges for me aren't great. It's sometimes nerve wracking to find places in the dead of night. You'd have to drive around our winding country roads to understand this. I've managed to get lost only a couple times. The only other challenge is just trying to be available but still work, go away for holidays and day trips. It's really good that we have two of us.

4) What inspires you to continue working in the role of a second birth attendant?

What keeps me the most inspired to keep doing this job is my love and deep regard for our midwife Maggie. I trust her and admire her in every aspect of her practise. I still find each and every birth amazing. I love getting to know the families, they are very welcoming when I go in their homes. Being a small community we get to see the babies grow up and in fact have delivered quite a few second generation babies. Being that this is a low volume practise and the number of home births is variable, it's not a big money maker, I think of it as a continuum of my work as an RN at the hospital. The births both home and hospital help to balance out for me the often very sad aspects of nursing practise. I'm sure that when I retire in a couple of years that the births will be at the top of my list of great memories.

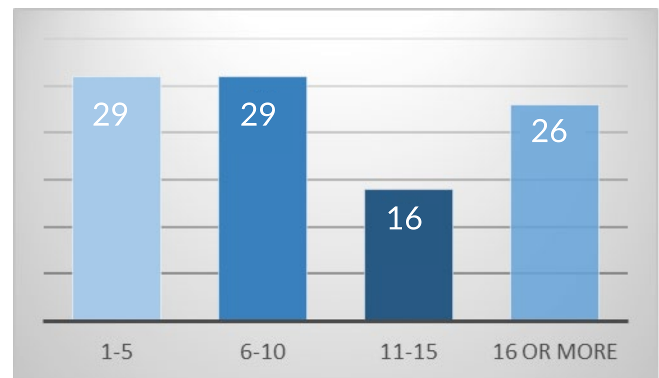
Practice Protocols Survey Results and Next Steps

CMBC's Quality Assurance (QA) Committee conducted a survey about the use of practice protocols. According to the CMBC Policy on Practice Protocols and Standards of Practice Policy (Standard 9.1), midwives are required to adopt or develop and maintain clinical practice protocols to support evidence-informed practice, transparency in providing client informed choice, and a consistent approach to practice within a group of midwives sharing care.

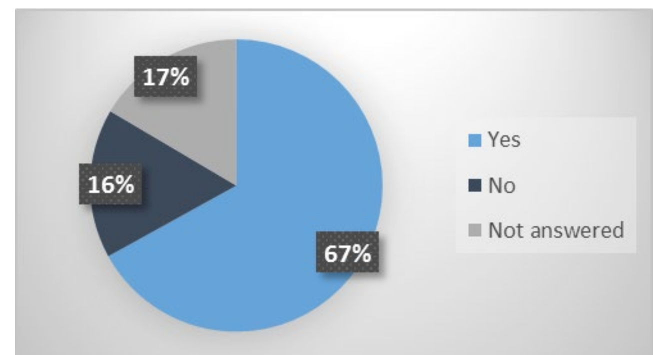
The goal of the survey was to evaluate how midwives are implementing practice protocols in their midwifery practices, which practice protocols are in place, are these midwifery specific or other profession specific and how practice protocols are guiding practice. The survey on practice protocols went out to 295 CMBC registrants on January 18, 2016. There were 109 respondents (36.9% of total).

The results demonstrated that there is no overall pattern to how practice protocols are being created and used in the province. When asked the origins of the protocols there was almost an even number of responses for CMBC guidelines, SOGC, PSBC, midwifery practice, hospital, and MORE OB. The number of protocols being used at practices also covered the range – see chart. The largest group of respondents, over 50%, said they were using 1-10 protocols.

Number of Practice Protocols



Practitioners were asked if they think that protocols impact client care and safety and 67% felt yes. Of those yeses, 62% that standardization of care was the largest impact of protocols on client care and safety.



The most commonly referred to protocols identified by the survey are GBS, postdates, and diabetes/nutrition.

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The majority of respondents experience barriers in developing, implementing and maintaining practice protocols and a lack of time is the number one barrier. 62% of respondents indicated that they would be willing to share their protocols with the BC Midwifery community.

Next steps

Staff will review and list the protocols that are required by policy against those which are most commonly used. The QA Committee will review the list of required protocols with the intent to reduce the number while ensuring safety and recognizing that there are a number of sources of these types of protocols already available and in use by many midwives. QA will then make a recommendation of which, if any, protocols should be required by policy, which, if any, should be created/sourced by CMBC, and which, if any, should be optional. The QA Committee may also explore ways to share protocols amongst the BC Midwifery community.

MARK YOUR CALENDARS

The CMBC 2016 Annual General Meeting (AGM) will be held on the morning of Monday, October 17, 2016. The AGM will be held at the Holiday Inn at 711 West Broadway in Vancouver. Virtual attendance will also be available.

To all registrants –

CMBC is seeking your input for ideas for guest speakers and professional development / information items for the AGM. Your great ideas helped us host two great sessions last year on Anxiety in the Perinatal Period and Transgender 101. Please send any ideas for topic and suggested speakers to Louise Aerts – **registrar@cmbc.bc.ca.**

A Note From the Registrar

When I wrote my last note, CMBC was only a few midwives away from breaking 300 midwives in BC. I am pleased to report that as of July 1, 2016, we have 313 registered midwives in BC. There are 259 general registrants, 2 temporary registrants, 1 conditional (return to practice) registrant, and 51 non-practising registrants.

We have seen the numbers grow a little more rapidly of late with the expansion of seats in the UBC Midwifery Program – this year UBC anticipates 21 graduates from the program. UBC's new Internationally Educated Midwifery Bridging Program also has 8 seats a year to bridge internationally educated midwives. Some midwives from its pilot program have just been registered by CMBC. Further we have seen an increase in the number of midwives coming to BC through the Agreement on Internal Trade (AIT). We are currently on track to have another record breaking year for registrations.

All registrants received an email from me at the end of June letting you know that the Ministry of Health has posted a proposed amendment to the Midwives Regulation.

Specifically the amendments will allow certified midwives to autonomously prescribe, compound, dispense, or administer three new categories of drugs for specific purposes:

- Narcotics for pain relief in labour and the postpartum period;
- Benzodiazepines for the purpose of therapeutic rest in prodromal labour and/or for short term management of excessive anxiety during the postpartum; and
- Anti-coagulants for the purpose of prophylaxis or treatment of thrombosis.

Registered Midwives will need to be certified by CMBC before they can prescribe the three new categories of drugs. With the support of the Midwives Association of BC and UBC's Continuing Education Program, an online course is being developed and should launch in the fall. Moving forward, this will be an entry level skill and will be taught in UBC's midwifery programs. All midwives will require certification to prescribe these three new categories of drugs for the above mentioned specific purposes. This is an exciting step in the expansion of scope for midwives and should alleviate a stress point on the health system freeing up unnecessary consults and delays in client care.

Healthy Mothers and Healthy Babies 2016 Conference

The Healthy Mothers and Healthy Babies 2016 conference was held on March 11-12, 2016, in Vancouver. According to Perinatal Services BC who hosted the conference, more than 330 professional delegates participated at the conference and attended presentations focusing on advances in clinical practice and research across the continuum of perinatal care.

CMBC had a booth at the conference exhibiting information on CMBC's mandate, the Midwifery Model of Practice and core standards. CMBC staff, Doris Chan and Sonia Price, managed the booth and had the opportunity to meet with conference participants and answered any questions they had regarding regulation of the midwifery profession.

Photo taken by Kim Campbell RM

Doris also made a presentation in one of the concurrent sessions and provided the audience with an overview of the development of CMBC's Quality Assurance Program, which is being implemented in stages. The presentation was well attended and received.

Call for Committee and Panel Members

"I really enjoy committee work. I learn a lot, it improves my practice, and it is a great way to serve midwifery without draining too much of the energy I need for family and a full caseload." Susie Lobb RM

CMBC is calling for registrants who have an interest in being involved in the College's work in regulating the profession in the interest of the public, to join its committee and/or panels. A committee member may sit for a term of three years and is eligible for reappointment for another three year term.

CMBC Committee and Panels:

- Aboriginal Committee
- Client Relations Committee
- Inquiry Committee
- Discipline Committee
- Quality Assurance Committee, QA Active Practice Panel, QA Approval Panel
- Registration Committee, Approval Panel, Supervision Panel
- Standards of Practice Committee

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 or panel member, including attending to 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.

Interested to know members' experience and thoughts on serving on committees? See quote above.

Inquiry Takeaways

1. Cell Phone use during Labour

Ensuring that a client feels well supported during their time in your care is an essential part of being a midwife. This is especially important during a client's labour and delivery. In recent years, CMBC has received a number of complaints in which clients felt ignored or unsupported during their labour due to midwives being on their phones. It is common practice for midwives to use their cell phones for a variety of work related reasons during labour, for example: to reference the time when charting, to contact a second attendant or the hospital, to arrange for transport to hospital, or the cell phone may be part of the midwife's paging system. However, if a client is unaware that their midwife is using their cell phone for these purposes they may misinterpret the cell phone use as personal, which can leave the client feeling unattended or ignored. It may be beneficial to inform clients prior to labour if you will be using your cell phone for midwifery-related purposes during that time.

2. The Value of Debriefing

A key element of postpartum care is to ensure that a debriefing is offered to all clients. This is particularly important in instances where a client's labour or birth was complicated or required interventions. A supportive debriefing session shortly after the birth allows the client to have questions answered, and provides the midwife with an opportunity to help the client understand the reasoning behind clinical decisions that were made during the labour and birth.

If a client does not wish to debrief with the midwife that attended the birth, this may be a cause for concern. Offer to have the client debrief with another practice partner and ensure that debriefings are thoroughly documented in the chart. In the case of a solo practitioner, if the client is willing, arrange for them to debrief with one of the midwives at your hospital as this midwife will be familiar with the hospital protocols.

It can also be of value for midwives to seek support following a traumatic birth, whether it be by debriefing with a practice partner or speaking with a counsellor through the Employee and Family Assistance Program offered by the MABC to all MABC members. To access the resources available through the Employee and Family Assistance Program, please call 1-844-880-9142 or visit workhealthlife.com.

3. Interprofessional Communication

Many of the complaints received at CMBC stem from poor communication in its various forms. One aspect of communication that is often overlooked is the significance of appropriate interprofessional communication. It is important to remember that interprofessional communication is critical to client safety in collaborative maternity care. Part of interprofessional communication is thorough documentation which helps to ensure that all care providers are aware of what is happening at any given time, as well as the reasoning behind clinical decisions. Additionally, interprofessional communication impacts a client's perception of their care and can alter their birthing experience.

If you think that you might have an issue with professional communication, you may consider taking the Optimizing Communication for Excellence in Patient Care course that is offered through the Division of Continuing Professional Development at the University of British Columbia.

4. Documentation

Although a complaint may be received at CMBC outlining communication issues between a client and their midwife, oftentimes during the complaint review process the Inquiry Panel finds that the midwife has provided inadequate documentation in the charts. Some areas where inadequate documentation have been noted are a lack of documentation of informed choice discussions, a failure to document fetal heart rate in accordance with CMBC's Guideline for Fetal Health Surveillance in Labour, the absence of an intellectual footprint, as well as general incompleteness in the charts.

Cases where the Inquiry Panel finds extensive documentation issues are most commonly resolved by the midwife signing a consent agreement whereby she agrees to take a CMBC approved documentation course and, afterwards, to undergo a random chart review.

Privacy Breach – Who to Report to

The Office of the Information & Privacy Commissioner (OIPC) for British Columbia publishes a guidance document named Privacy Breaches: Tools and Resources https://www.oipc.bc.ca/guidance-documents/1428. The document says "a privacy breach occurs when there is unauthorized access to or collection, use, disclosure or disposal of personal information. Such activity is unauthorized if it occurs in contravention of the Personal Information Protection Act. The most common privacy breaches happen when personal information of customers, patients, clients or employees is stolen, lost or mistakenly disclosed." The guide also sets out the steps in responding to a privacy breach which include (1) contain the breach, (2) evaluate the risks, (3) notification and (4) prevention.

As professionals in private practice, midwives are required to comply with the Personal Information Protection Act and follow the steps in responding to a privacy breach if it occurs.

CMBC's Policy on Records and Record Keeping provides further guidance to midwives regarding notification of a privacy breach:

If client records containing personal information are stolen or lost, the midwife must notify the College and the midwifery practice's privacy officer immediately, as well as file a police report and notify the Office of the Information and Privacy Commissioner (OIPC). The midwife should also notify the individual(s) whose personal information has been stolen or lost, telling them the kind of information that has been compromised and steps that are being taken to recover it. (See Personal Information Protection Act Requirements). The Midwives Protection Program also requests that they be notified.

Should an unfortunate privacy breach happen to you, please be reminded to notify CMBC and all relevant parties as required and use the guidance document from OIPC for reference.

In case you wonder if the hospital should also be notified, you should first consider which client records are lost. Was the record generated by the hospital? If the answer is yes, and/or the hospital had the custody and control of the record, then this privacy breach should be reported. If the answer is no, the hospital should not be notified.

Here is an example to illustrate the difference. Say you just conducted a day of postpartum visits. You first saw a client at the hospital and while there, you downloaded some labs and an ultrasound report from the hospital computer. You put the records in your bag along with a list of clients* for whom you were doing home visits the same day. If you lose your bag which contains the record you obtained from the hospital, you will need to report the loss to the hospital in addition to reporting to CMBC and the other parties. If you only lose the home visit list, you are not required to report to the hospital, but just to CMBC and the other parties.

*Client lists should contain as few identifiers as possible and should list only current clients.

REMINDER: Never leave any client records unattended, and if you lose a record, follow the OIPC guideline and report to CMBC and other appropriate parties immediately. Client records need to be kept in secured/locked locations when unattended.

Reference Tips for Using the Registrant Portal on the CMBC Website

Registrants have access to the registrant portal on the CMBC website year round. During registration renewal, registrants may log into their account to complete the renewal application online. Throughout the year, the registrant portal gives registrants the ability to:

1. Access annual registration certificate: In June, CMBC mailed a one-time only initial certificate of registration to every registrant including basic registration information. Registrants can download and save, or print their annual certificate of registration which indicates their class of registration and expiry date by selecting "Certificate of Registration" in the registrant portal. The certificate of registration remains in the registrant portal until a change of registration class takes place throughout the year or the next renewal 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 of registration.
2. Pay an outstanding fee: If a registrant has a fee payable throughout the registration year (eg. request for certificate of professional conduct) they may pay this by credit card by selecting "Pay outstanding balance" in their registrant portal after being informed by CMBC that this fee is available to pay.
3. Update personal contact information: If a registrant's personal contact information changes throughout the year, they may update this information with CMBC by selecting "Update personal information" in the registrant portal. Here they may update their name in the case of a name change (with supporting documentation and payment), email address, phone number, home address and mailing address information. Change of practice information must still be submitted to CMBC via the change of contact information form in order to allow for relevant agencies to be notified.

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OF BRITISH COLUMBIA

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Personal information

Certificate of Registration

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Make click on the text for a detailed description

Payment

Personal Information

Certified Specialized Practice Upcoming Courses

Contraception Management 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 06 – October 14, 2016
October 24 – December 02, 2016
For detailed course information and to register, please visit the link below:
www.bcit.ca/study/courses/nspn7720

Sexually Transmitted Infections Management Course for Midwives

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 provides students with knowledge and information for diagnosing and treating various sexually transmitted infections (STIs). Within the scope of nursing practice with clients experiencing, or at risk for STI, students will learn the theory related to the development of the clinical skills in STI practice. This is important because some STI syndromes or infections may be asymptomatic. Comprehensive assessment integrates history or present illness and review of system into the sexual history when appropriate.

Location: online course - Vancouver BCIT
Dates: Fall session:
September 06 – November 11, 2016
For detailed course information and to register, please visit the link below:
http://www.bcit.ca/study/courses/nspn7735

PHOTO APPEAL!

We need a number of great images to use on our website, in our newsletter, and other publications such as our annual report. We know that you have amazing clients with super cute babies who are capturing all sorts of 'midwifery in action' digitally. Can you please post this appeal in your practices and talk to your clients about submitting photos to CMBC. We are looking for pregnant bellies, excited siblings with bumps and babes, midwives in action, newborn bundles, baby shower festivities and so on.

The College of Midwives of BC (CMBC) is looking for new images to use online and in our publications. Do you have any amazing photos from your pregnancy, labour, birth, and/or first few weeks of baby bliss? CMBC is always looking for wonderful images that capture the essence of midwifery to use in our publications. Your photos could be included on our website, in our newsletters, or annual report.

If you would like to share your photos – please send them along with your consent to have the photo used to information@cmbc.bc.ca. Please also include the photo credit if you would like the photographer acknowledged. No names will be used with the photos (except for photo credits if included).