

## *BC Newborn Screening Program*

**B**C's Newborn Screening Program is a simple blood test to help identify babies who may have one of 22 treatable disorders. If not treated, these conditions are associated with recurrent illnesses, developmental disabilities and/or death. Early detection of these disorders allows for treatment that may prevent or greatly reduce negative outcomes. Newborn screening is to be performed on all newborns in the province unless declined by the parents following an informed choice discussion.

Blood spot cards for newborn screening are to be collected for both hospital and home births. In regards to midwives' collection of samples at clients' homes, CMBC received a Specimen Quality/Timeliness Report for January 1, 2016 to July 1, 2016. Of the 838 samples collected by midwives at clients' homes during that period, 2.6% were deemed to be of unsatisfactory quality (performance target is less than 1%). Almost half of these unsatisfactory samples were the result of an insufficient quantity of blood for testing, while a delay in transit and contamination were the other main contributing factors.

Additionally, the report indicated that only 33% of the 838 samples were collected by 48 hours of age as is recommended and only 42% had a transport time of less than 72 hours.

With the goal of quality improvement in mind, here are a few points to remember when collecting blood spot cards for newborn screening.

- The optimal collection time for blood spot cards is between 24 and 48 hours from birth (pre-term and term babies).
- Take blood from arterial lines, when available. Do not use cord blood as maternal blood contamination may interfere with screening result interpretation.

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- Do not allow the filter paper to come into contact with gloved or ungloved hands or substances such as alcohol, formula, water, hand lotions or powder, either before or after blood specimen collection.
- Fill all four areas of the blood spot card completely with the blood sample. Allow blood spots to thoroughly air dry for at least 3 hours before placing them into the sleeves provided.
- Ensure blood spot cards are shipped within 24 hours of collection and couriered to arrive within 72 hours of collection.
- To order blood spot cards, contact the Newborn Screening Laboratory at BC Children's Hospital by phone, 604-875-2148, or by email, [nbs\\_office@cw.bc.ca](mailto:nbs_office@cw.bc.ca). Ensure that you plan ahead to allow enough time for the cards to reach you by regular mail.

For further information, applicable forms and sample collection guidelines, please visit: <http://www.perinatalservicesbc.ca/health-professionals/professional-resources/screening/newborn>

<http://www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Newborn/NewbornScreeningGuideline.pdf>

### References

Perinatal Services BC Neonatal Guideline 9: Newborn Screening (December 2010). <http://www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Newborn/NewbornScreeningGuideline.pdf>

## Is Your Home Birth Transport Plan Up-to-date with CMBC?

If not, you may find a sample form for your use [HERE](#). A transport plan should clearly lay out the communication channels and the roles and responsibilities of all of the professionals involved in each of the stages of transporting clients from home to hospital in urgent or emergent situations.

CMBC should have on file a transport plan for each hospital where you hold privileges and/or may transport a client in the event of an emergency. If you have joined a practice that already has a transport plan in place, a copy of the reviewed and initialed plan must be submitted to CMBC.

If you have moved and the hospital where you hold privileges has changed, then you must also submit a new transport plan to CMBC. For more information about requirements for home birth transport plans, click [HERE](#).

Are you unsure which transport plans we have on file for you or if you are up-to-date? Then contact [qa@cmbc.bc.ca](mailto:qa@cmbc.bc.ca) to find out!

## Can I email a prescription?

**M**idwives can independently prescribe, order and administer drugs under the circumstances outlined in the Midwives Regulation.

Schedule F of the College of Pharmacists of BC (CPBC) Bylaws outlines community pharmacy standards of practice including the methods through which registrants of the CPBC may accept a prescription for non-restricted medication. There are three transmission methods through which prescriptions will be accepted:

1. Original paper copy given by a practitioner to the client,
2. Verbal authorizations directly from a practitioner or from a practitioner's recorded voice message, or
3. Facsimile sent only to the pharmacy of the client's choice.

As per section 6(2) of schedule F, a prescription must include:

- the date the prescription was written,
- the name of the client,
- the name of the drug or ingredients and strength if applicable,
- the quantity of the drug,
- the dosage instructions including the frequency, interval or maximum daily dose,
- refill authorization if applicable, including number of refills and interval between refills, and
- the name and signature of the practitioner for written prescriptions.

Please see the following documents for additional information: Schedule F (Part 1 – Community Pharmacy) of CPBC Bylaws and CPBC Prescription Regulations Chart.

***P.S. – the answer is no. Email is not one of the accepted methods of transmitting a prescription.***

# Update from the Registrar



Photo credit to Jesse Orrego

As I write this, we are days away from the 2017/2018 registration year and the April 1st date when midwives will begin to autonomously prescribe, order and administer opioids and benzodiazepines for specific purposes in pregnancy, labour and the immediate postpartum. It has been an interesting journey as a regulator. The regulation change request was first submitted in March 2014 by my predecessor. The Ministry of Health had responded to say that they were backlogged with regulation change requests and the Midwives Regulation had not been prioritized when I started in October of that year. As I learned the ropes and worked through the Scope and Model of Practice Review, it was apparent that these regulation changes (well women and baby care, narcotics, additional applications of the ultrasound, etc.) were vital to midwives working at their full scope as widely as possible to better serve the public in British Columbia.

This became an area of focus for the Board and staff. There were so many interconnected pieces that needed to fall into place with the priority being having these changes prioritized within the Ministry. I believe this happened through a very collective effort. A small crisis in one community highlighted the barriers to care, tensions between primary care providers, unnecessary time and costs, unacceptable delays for clients and so on. CMBC reached out to its community and the community responded. Letters of support for the regulation changes were sent to the Ministry of Health from the various Health Authorities, the Midwives Association of BC, and other

health colleges. At that time the Ministry agreed to review the change request with regards to the federal government's New Classes of Practitioner Regulations as added to the Controlled Drugs and Substances Act.

From there we have undergone public consultations, national reviews with regards to the Agreement on Internal Trade, the development and roll out of a certification course for practicing midwives, communication with the community about the changes, a complete overhaul of CMBC's bylaws, more public consultation, practising midwives taking time in their busy schedules to complete the course to expand their scope, updating internal systems to track, establishing a quality assurance

process for the integration into practice, and much more. I understand that this is not going to change the day to day practice of a midwife, but I also know that this is going to save unnecessary consults, ease practitioner tensions, and improve the timeliness of care. And for those reasons I am proud of the work of the Board and the staff on getting these changes in place for April 1, 2017.

Now, back to work on the other outstanding change requests!

In other news, we have had another record breaking year with registration. Last year I reported that we registered 30 new midwives in BC, which was a record since the initial registration. This year we have registered 38 midwives in BC. Ten of these were from UBC's MEP, 8 from UBC's Bridging program, 6 from other Canadian MEPs, and 14 who were midwives in other jurisdictions in Canada and moved to BC.

As I mentioned above, CMBC has revised its bylaws and these will come into effect on April 1, 2017. In responding to registrants' feedback at our Annual General Meetings, reviewing the evidence, and national and international trends: one of the most impactful changes in the bylaws has been to remove a required number of births as the determinant of currency and competency for renewal. The Quality Assurance Committee has been hard at work determining a new program to ensure a midwife's currency and competency and this will be in place for renewal next year. Please stay tuned for more information and requested feedback as we trial the new program.



## REMINDER

Midwives must provide information to their clients on immunizations based on the standards set by the BC Center for Disease Control (BCCDC). For further information and scheduling of immunizations, midwives should refer their clients to public health or to their own family physicians. Midwives must not advise or recommend based on their own opinions or beliefs. The BCCDC website contains a guideline for immunizations for health professionals that midwives can refer to [HERE](#).

## DID YOU KNOW?

Perinatal Services BC (PSBC) has published instructions and checklists for the insertion of Umbilical Vein Catheters using a stopcock.

This is a helpful resource for midwives that can be downloaded and printed from their website [HERE](#).

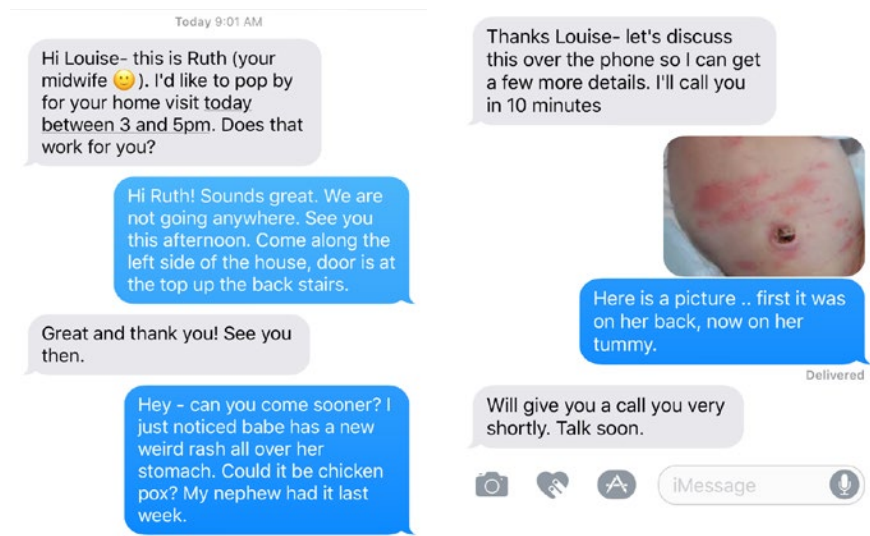
# Texting with Clients

**F**or many midwives texting can be an extremely convenient, practical and (sometimes) the only way to communicate with clients. If the text message exchange below looks familiar to you, please remember these key points from the CMBC's Guideline for Participating in Electronic Communications:

- Consent must be obtained by the client... and documented prior to sending any client information by email, fax, instant message or text message.
- The use of email, instant message or text message are not preferred methods of communicating with a client about a diagnosis or lab result, a clinical care recommendation or any other sensitive information.
- Midwifery records must include documentation of all emails, faxes, text messages, phone calls and other encounters related to client care.

In the exchange below the midwife used text message appropriately to set up an appointment and triage a client concern for further assessment. While it was tempting for her to respond to the nature of the rash by text, she chose to gather more information by phone as she continued to provide care. Her next step would be to document this text exchange in the client's medical record.

*Please refer to [CMBC's Guideline for Participating in Electronic Communications](#) for more details.*



## Lead Exposure and Screening in Pregnancy



Lead exposure prior to pregnancy and/or prenatally has known adverse effects on maternal health and infant outcomes. For this reason, clients may request serum lead screening in pregnancy. Unfortunately, midwives cannot order serum lead levels at this time. CMBC is looking for your feedback on the number of requests/referrals you might be making in your practice ([qa.director@cmbc.bc.ca](mailto:qa.director@cmbc.bc.ca)). Please refer anyone with risk factors for lead exposure to a physician for testing and follow up; please note that reference ranges are different for pregnant versus non-pregnant people.



## Ask the *Midwife*

Q

I am currently 11 weeks pregnant with my first baby and I think I have a yeast infection. I can take pill that works really well and really fast - is it safe for me to take it?

**A** The pill you describe is a single 150 mg oral dose of an anti-fungal medication called Fluconazole, which at the drug store will be labelled as Diflucan or CanesOral. It is used to treat vaginal yeast infections and is available without a prescription, so I'm glad you asked.

Human data on this medication suggests risk to the fetus (FDA Pregnancy Risk Category C) for daily doses over 400 mg per day, and safety data on lower, single doses (such as Diflucan or CanesOral) for pregnant women is limited. Some studies suggest no difference in outcomes between women exposed to 150 mg-300 mg oral Fluconazole in the first trimester compared to a control group in terms of preterm delivery, low birth weight or birth defects, but other studies suggest there may be an increased risk of miscarriage. Because we know that there are other topical treatments available with more established safety track records such as Clotrimazole (Canesten) and Miconazole (Monistat), I'd recommend treatment with one of those medications before considering Fluconazole during your first trimester. But first, let's book you in for an appointment to confirm the yeast infection with a swab, and then we can best determine a medication and/or other treatment options for you.



## *Call for Committee and Panel Members*

The following committees and panel are in need of professional members and CMBC is calling for registrants who have an interest in being involved in the CMBC's work in regulating the profession in the interest of the public.

### ***Registration Committee***

The Registration Committee's role is to register qualified and competent midwives in BC by establishing the conditions or requirements for registration. The Committee meets quarterly at the call of the chair.

One position is available as of July 1.

### ***Standards of Practice Committee***

The Standards of Practice Committee's role is to review and update CMBC's standards for prescribing and diagnostic test ordering to keep midwives' practices up-to-date with the current evidence and ensure a high standard of midwifery care. The Committee meets quarterly at the call of the chair.

Two positions are available as of July 1.

### ***Quality Assurance Active Practice Panel***

The Active Practice Panel's role is to review submission from registrants who do not meet active practice requirements and approve an active practice plan to address the shortfall. The Panel meets when necessary.

One position is available immediately.

### ***Terms of Office***

A Committee member or a Panel member shall sit for a term of three years, after which they are eligible for reappointment for another three-year 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 or Panel member including attending meetings and reviewing materials prior to meetings, please email [dep.registrar@cmbc.bc.ca](mailto:dep.registrar@cmbc.bc.ca) with your bio and expression of interest.

# Who to contact

All staff at CMBC 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 questions you might want to contact CMBC 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 CPR, NRP or Emergency Skills Certificates.***

Please contact Sonia Price, Registration Coordinator at 604-742-2237 or [registration@cmbc.bc.ca](mailto:registration@cmbc.bc.ca)

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

Please contact Anaïs Forest-Cooter, Office Administrator at 604-742-2230 or [information@cmbc.bc.ca](mailto:information@cmbc.bc.ca)

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

Ruth Comfort, our Quality Assurance and Clinical Practice Director works part-time CMBC and can be reached at 604-742-2238 or [qa.director@cmbc.bc.ca](mailto:qa.director@cmbc.bc.ca). If Ruth is not available, please try Louise Aerts, Registrar and Executive Director at 604-742-2234 or [registrar@cmbc.bc.ca](mailto:registrar@cmbc.bc.ca)

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

You should contact MPP with regards to the letter, but if you have any questions about CMBC's process at any time during the inquiry, please contact either Heidi Schmeiser, Inquiry Coordinator at 604-742-2233 or [inquiry@cmbc.bc.ca](mailto:inquiry@cmbc.bc.ca) or Louise Aerts, Registrar, at 604-742-2234 or [registrar@cmbc.bc.ca](mailto:registrar@cmbc.bc.ca)

***I have a question about Second Birth Attendants.***

Please contact Kamila Krol-DeProphetis, Quality Assurance Coordinator at 604-742-2236 or [qa@cmbc.bc.ca](mailto:qa@cmbc.bc.ca)

***I'd like to verify my payment was received.***

Please contact Doris Chan, Deputy Registrar, at 604-742-2235 or [dep.registrar@cmbc.bc.ca](mailto:dep.registrar@cmbc.bc.ca)

***Please note:***

CMBC endeavors to maintain the privacy of its registrants. If you are involved with an inquiry, for example, only staff specific to inquiry related activities will be aware. This holds true for registration and quality assurance as well. If you are in doubt of who to speak to, do not hesitate to contact Louise Aerts, Registrar and Executive Director at 604-742-2234 or [registrar@cmbc.bc.ca](mailto:registrar@cmbc.bc.ca).



# *Declaration of Commitment to Aboriginal people and CMBC's Board*

**O**n March 1, 2017, CMBC was one of 23 BC health professions to pledge commitment to making our health system more culturally safe and effective for First Nations and Aboriginal people. CMBC was a signatory to the Declaration of Commitment to Cultural Safety and Humility. The declaration, which acknowledges racism in health care, was also signed in 2015 by all provincial health authorities and the Ministry of Health. It has three main pillars: creating a climate for change; engaging and enabling stakeholders; and implementing and sustaining change. CMBC's board has endorsed this declaration and by signing has agreed to report on progress in our annual reports, outline strategic activities and accountability measures that demonstrate how we are meeting our commitment to cultural safety. The First Nations Health Authority reports that increasing the level of cultural safety in the health care system through approaches such as cultural safety, cultural humility, health literacy and relationship-based care will assist in improving the quality of health services for First Nations and Aboriginal people.

## *Joe Gallagher Quote, CEO First Nations Health Authority:*

"With today's commitment, the members of every regulated health profession in B.C. have permission to address prejudice and other problematic behaviours without fear of reprisal. This Declaration will ultimately make the health system safer not only for First Nations and Aboriginal people but for all British Columbians.

## *Health Minister Terry Lake:*

"We've worked hard with our partners to make sure that our health-care system is inclusive and supports all patients. This commitment by health-care regulators will raise awareness of the importance of culturally respectful care and in doing so, help improve the quality of care for First Nations and Aboriginal people in B.C."