



# NEWSLETTER

COLLEGE OF MIDWIVES OF BC

AUGUST 2017

## **Note from the Registrar**

I have recently returned from Toronto where I attended my first International Confederation of Midwives Triennial Congress. There is nothing like 4,000 midwives in one space to create a buzz. There were representatives from over 100 countries around the world. I definitely left with a renewed sense of privilege. And a renewed understanding of what midwifery can and does bring to the world.

I enjoyed many sessions, discussions with midwives and other regulators, and workshops throughout the Congress. I attended a workshop where the newly commissioned Swiss TPH Consultant group presented on developing an accreditation scheme for a midwifery education program to be used by the ICM throughout the world. Attendees provided feedback on the scheme and expert consultation. I tried to attend sessions where we are looking at similar issues in Canada to get other countries perspectives on these matters: Sustainable Rural Practices in New Zealand and Scotland, Maintaining Competencies Through Life Long Learning, Creating Facilitative Regulation, Midwives Facing Investigations, Liability and Discipline: Midwives in Belgium, Netherlands, and France, Continuity of Care, Mental Exhaustion and Unsafe Practices, Issues Around Professionalism, to name a few.

This Congress was preceded by a number of smaller professional development sessions that were held locally in Vancouver. Malcom K. Sparrow, Professor of the Practice of Public Management at John F. Kennedy School of Government at Harvard University did a two day presentation for the BC Health Regulators which included staff and board members. Prof. Sparrow is a world leader on the concepts of risk-based regulation and spoke to the implications of adopting a harm-reduction framework for regulating and got everyone thinking about looking at risk in a new light. Discipline Committee members and staff were invited to a one day discipline hearing workshop hosted by Lisa Fong. This was a hands on training session on being a member of a discipline panel. The

## *Inside*

*Ordering Tests Outside of Midwifery Scope...02*

*Bylaw Bits & Bytes...03*

*Unattended Birth Checklist...03*

*Peer Case Review Logs  
Random Review...03*

*AGM 2017...03*

*Blanket Ceremony...04*

*Ask The Midwife...05*

*Full Course of Care - PAP Smears  
Update...05*

*Call for Committee and Panel  
Members...06*

*Secondhand Smoke...06*

*Inquiry A Look At The Process: A  
Sample Complaint...07*

*Continuing Professional  
Development - New!...08*



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*continued from page 1*

Continuing Legal Education Society of BC held a one day Self-Governing Professions 2017 conference which included sessions on Regulating Professional Businesses, Labour Mobility, Difficult Inquiry Issues, Unauthorized Practice, and Trends in Professional Regulation. Finally, the Council on Licensure, Enforcement and Regulation (CLEAR) held a one day Symposia in Burnaby: The Privilege of Self-Regulation: Use it or Lose It.

The CMBC Board also took part in a half-day session called Regulatory Governance 101 put on by Bradley Chisholm and Mark MacKinnon. This was a great review of what good governance looks like and the specific regulatory governance context that is provided to Health Regulators in

BC by the Health Professions Act. While CMBC knows its purpose is to protect the public, it was beneficial to take the step back to review the legislation with regards to our legal obligations in every decision we make to protect the public.

All this said, I am now faced with a massive To Do List. These education sessions are invigorating and I have pages and pages of great notes and ideas to bring forward. The Board and staff in attendance have also been doing the same and we are now completing our lists and targeting the best pieces to take on first. Of course the day to day business of the College continues in the meantime and we are pleased to report that we are getting close to having 300 practising midwives in BC (344 total).

## Ordering Tests Outside of Midwifery Scope

In recent months, LifeLabs has brought it to the attention of CMBC that an increasing number of midwives are ordering tests that are outside of scope and non-billable fee items for registered midwives. Mistakes can happen, however if a midwife repeatedly orders non-billable fee items, they will be considered in breach of CMBC's *Standards of Practice Policy*, particularly Standard Sixteen – The midwife shall only order, perform or collect samples for and interpret screening and diagnostic test in accordance with the *Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests*. Continued ordering of such tests may also result in the Inquiry Committee authorizing an inquiry into the breach of Standards of Practice. Further, midwives will be required to either pay out of pocket for the non-billable fee item or consult with a physician to submit a new requisition to LifeLabs.

Some examples of tests ordered in breach of Standards are:

- venous blood lead levels
- progesterone
- zinc
- Factor V Leiden
- Von Willibrand etc.

If in doubt of what you can order, refer to Section 2: Prescribing and Testing Standards of the Registrant's Handbook, and the list of billable tests that midwives can order, which can be found [here](#).

CMBC Standards of Practice Committee makes recommendations for tests and medications to be added to Standards. Is there a lab test or medication that you would like to see added to the Standards? If so, please send the name of the test or drug, and rationale & supporting evidence to support its inclusion to [qa.director@cmbc.bc.ca](mailto:qa.director@cmbc.bc.ca)

# Bylaw Bits & Bytes

**A**s a registrant, you are expected to know the CMBC Bylaws or at a minimum be familiar with how you can reference relevant sections in the bylaws for any questions you have. To help refresh your knowledge of the bylaws, this column is added to the newsletter and random part(s) of the bylaws are highlighted for your attention.

## **Temporary Registration (Section 51)**

Did you know that with the latest amendments effective April 1, 2017, a General registrant can apply to change status to Temporary registration directly? There is no need to go non-practising for a short period and apply to return to practice as a Temporary registrant.

## **Marketing and Advertising (Section 85)**

According to subsection (2), any marketing activity undertaken or authorized by a registrant in respect of their professional services shall not be false or inaccurate; reasonably expected to mislead; unverifiable; contrary to public interest; or in bad taste, offensive, self-laudatory, or otherwise contrary to the honour and dignity of the profession or maintenance of a high standard of professionalism. Subsection (3) goes on to discuss potential violations of subsection (2), please read it to avoid undertaking those activities.

# AGM 2017

The 2017 CMBC Annual General Meeting (AGM) will be held on Monday, October 30, 2017 at Holiday Inn Vancouver Centre from 9:00 am to 1:00 pm. Please expect to receive an official notice in September with detailed information on the AGM, including professional development program(s) and guest speaker(s). Please mark your calendar to attend this important CMBC annual event either in person or online.

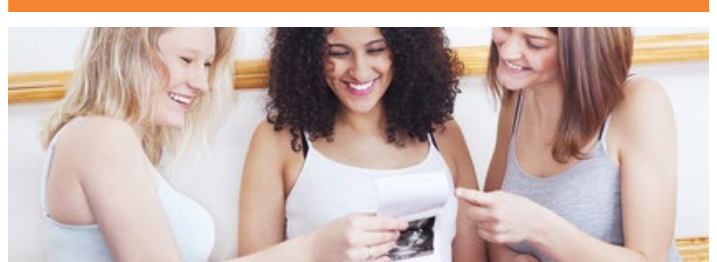
## Unattended Birth Checklist

**QUIZ:** Your client intentionally gives birth unattended and calls you the next day. Do you complete the Notice of Live Birth?

Yes  No

The answer is... **No.**

When a client gives birth unattended (without a medical practitioner, nurse practitioner or midwife present), direct them to the Vital Statistics Agency's Unattended Birth Checklist, which outlines the required documentation for birth registration in the absence of a valid submission of the Notice of Live Birth. This checklist can be found on and printed from the following [webpage](#). Birth registration is the only way to create a permanent legal record of a child's birth in British Columbia and is essential for applying for important services like birth certificates, the Medical Services Plan, Canada Child Benefits and a social insurance number.



## Peer Case Review Logs Random Review

It is that time of year again! Over the next several weeks, as part of the Quality Assurance Program, CMBC will be randomly asking 20 practices to submit their Peer Case Review Logs.

Midwives are required to maintain Peer Case Review logs annually, but are only required to submit logs to CMBC upon request for review. Peer reviews are meant to provide a learning opportunity for both the midwife presenting a case and the midwives present during the presentation.

Make sure your 2016-2017 log is complete and ready to submit should you be one of the 20 lucky practices chosen. For additional information, please refer to the CMBC [Peer Case Review Policy](#) and [Peer Case Review Log](#).

# Blanket Ceremony



*Elder Leonard George (Səlilwətaʔ First Nation) speaks to BC's Health Regulators during a FNHA Blanket Ceremony held at the College of Registered Nurses of British Columbia on Coast Salish Territory, May 11, 2017*



*Eighteen of BC's Health Regulators wear blankets and headwraps during a FNHA Blanket Ceremony held at the College of Registered Nurses of British Columbia on Coast Salish Territory, May 11, 2017*

**A**s reported in our April Newsletter, CMBC's Board, along with the 22 other Health Professional Colleges in BC, endorsed the Declaration of Commitment to Cultural Safety and Humility. The declaration was signed on March 1, 2017, however the next step in the partnership took place when the Registrars of the Colleges, including Louise Aerts, Registrar at CMBC, took part in a First Nations Health Authority Blanket Ceremony. Led by Elder Leonard George (Səlilwətaʔ First Nation), the ceremony was to honour the commitments made by the Colleges to work towards cultural safety.

Each of the health regulators were sung into the room by Gabriel and Leonard. As they stood in a half circle, they were blanketed and wrapped. Blankets carry important meaning in many other BC First Nations cultures. Among Səlilwətaʔ people they represent wealth, nobility and reciprocity. Gabriel George (Səlilwətaʔ First Nation; Leonard's son) said: "Our Elder here, he is covering you with his love. Your heart is covered and your mind is covered. The job you have is not easy – protecting the public interest, making sure that the public is going to be okay, knowing that lives are at stake. These blankets honour you but also help you in your work, to help you have a strong heart and strong mind, and an open heart and open mind." When each regulator had received a blanket, FNHA staff in attendance joined Leonard and Gabriel in singing the Coast Salish Anthem. Witnesses were recognized and shared their observations of the day.

CMBC's Registrar & ED, Louise Aerts, reported that it was a very moving ceremony and she was struck by the impact of the emphasis on work. "We were being honoured for the commitment, but also for the work that still has to be done. It was welcomed to be helped along in the work that will be need to be done to ensure cultural safety and humility for those seeking health care in BC." Jerome Marburg, Registrar and CEO of the College of Dental Surgeons said, "Every regulator, every provider needs to be a part of this. It is complex, there isn't one solution. We have to think about things not from our perspective, but from the prospective patient and their view of health, sickness...their historical experiences."

This Fall, regulated health providers will convene a gathering with BC First Nations health leaders to identify further opportunities for embedding cultural safety and humility into their health practice. "Cultural safety, cultural humility – it isn't a tick box, it isn't just one training. It is a journey and a partnership. It is about creating a new relationship between the health system and First Nations," said FNHA CEO Joe Gallagher (Tla'amin Nation).

# Ask the Midwife

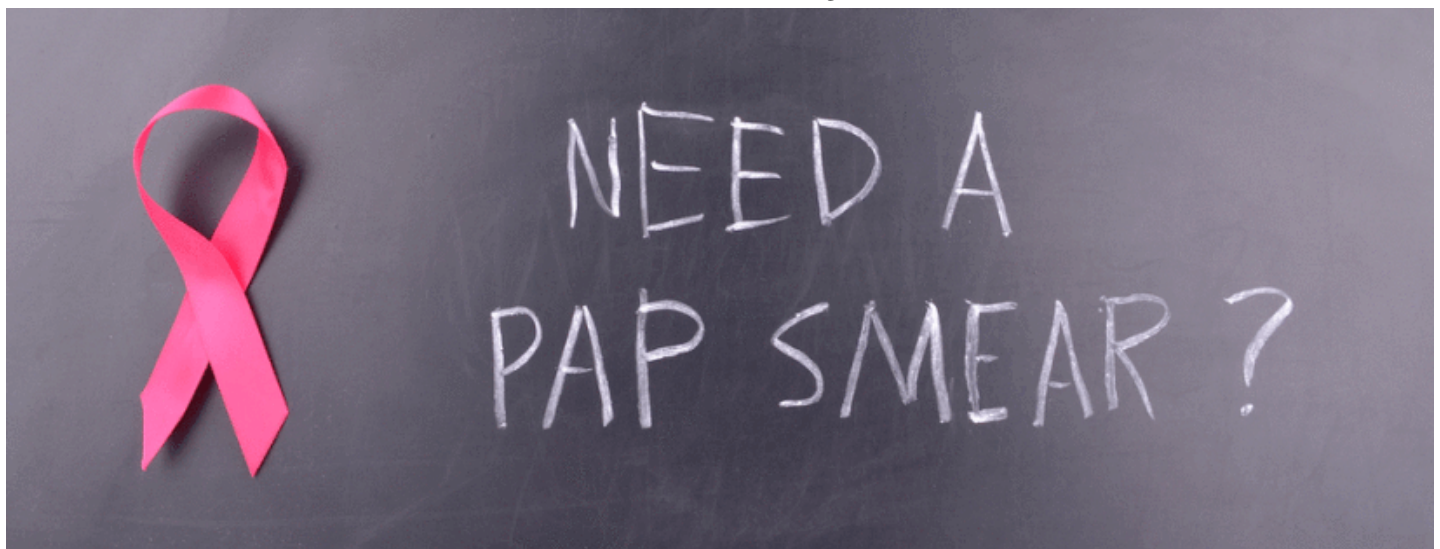
**Q**: Dear Midwife,  
I am currently 16 weeks pregnant with my first child. I am feeling pretty overwhelmed and anxious about little things right now. I've always been a worrier- just like my mom- but now it's keeping me up at night. I'm also worried about this leading to postpartum depression. How can I make this better?

Sincerely,  
Your client

**A**: Mental health is really important and you are not alone in your feelings- thank you for reaching out. Let's get you in for an appointment so we can discuss strategies and resources as soon as possible. In the meantime, have you heard of Bounce Back®? It's a free program offered by the Canadian Mental Health Association that provides high quality online programs, coaching and resources to anyone dealing with mild to moderate anxiety or depression. If you'd like a referral, please let me know and I'll fill out a form to get you started.

Sincerely,  
Your Midwife

## Full Course of Care – PAP Smears Update



The BC Cancer Agency has updated its recommendations for screening of cervical cancer. It is now recommended that screening should begin at age 25, and continue in intervals of every three years until the age of 69, at which point it can stop if results have always been normal.

This is due to evidence that shows that screening is relatively ineffective in younger women, and that risks associated with unnecessary follow-up and treatments outweigh the benefits of screening at a younger age.

Furthermore, the evidence now shows that testing every three years is just as effective as annually or biannually.

CMBC has updated its [Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests](#) to reflect these new recommendations. For more information and clinical evidence, visit the [BC Cancer Agency](#).

## Call for Committee and Panel Members

Thank you to those registrants who answered to the call for members in the last newsletter. While those positions have been filled successfully, we have again positions available for the following committees and panel and are 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 October 1, 2017.

### Registration Supervision Panel

The Registration Supervision Panel is responsible for reviewing and approving supervision plans for applicants eligible for Conditional or Conditional (Return to Practice) registration and recommending a Conditional or Conditional (Return to Practice) registrant for General registration upon completion of their supervision plan. The Panel meets when necessary.

One position is available as of December 1, 2017.

### Quality Assurance Approval Panel

The Quality Assurance Approval Panel is responsible for reviewing and adjudicating second birth attendant applications that fall outside of policy requirements. 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.

## Secondhand Smoke



### Important Information for New Families who Smoke

Midwives have an important role in the promotion of public health. In order to reduce risks to infants associated with second hand smoke exposure (including but not limited to Sudden Infant Death Syndrome, hospital admissions in the first year of life, ear infections, asthma and bronchitis), midwives should advise parents who smoke:

- to adopt a smoke-free home by smoking only outside the house;
- to change their clothing after smoking and before holding a newborn;
- to not co-sleep with their newborn;
- how to access resources that help individuals reduce or quit smoking ([www.quitnow.ca](http://www.quitnow.ca));
- that it is against the law in BC to smoke in cars with children under 16 years of age, according to The Motor Vehicle Act.



# Inquiry

## A Look At The Process:

### A Sample Complaint

**C**MBC received a complaint from a client, Mary, expressing concerns that the midwife, RM, who attended her labour lacked energy and alertness, which Mary believed may have put her and her baby at risk. In her complaint, Mary stated that when RM arrived at the hospital and assumed care of her labour she was slow-moving and inattentive. As labour progressed, Mary felt that RM did not provide her with emotional support and she found the midwife to be abrupt and irritable. At one point, Mary's partner overheard RM tell a nurse that she had been up for over 30 hours and was exhausted. Mary's baby was delivered by caesarean section and she wondered if this could have been avoided had RM been more alert and responsive to what was occurring during her labour.

In RM's response to the complaint, she acknowledged that she had been up for over 30 hours when she arrived at the hospital to assume care of Mary's labour. She asserted, however, that the quality of care she provided to the client was not affected by her tiredness and she denied that she was abrupt, irritable or unsupportive. It was stated that RM did not have any other option but to attend the client in labour as one of her practice partners was dealing with a family emergency and the one was away for the weekend. In response to the allegation that a caesarean section could have been avoided had RM been alert and responsive to the client's progress, it was stated that when RM noted an abnormal fetal heart rate pattern she called for an obstetrician who reviewed the electronic fetal monitoring strips and recommended a caesarean section.

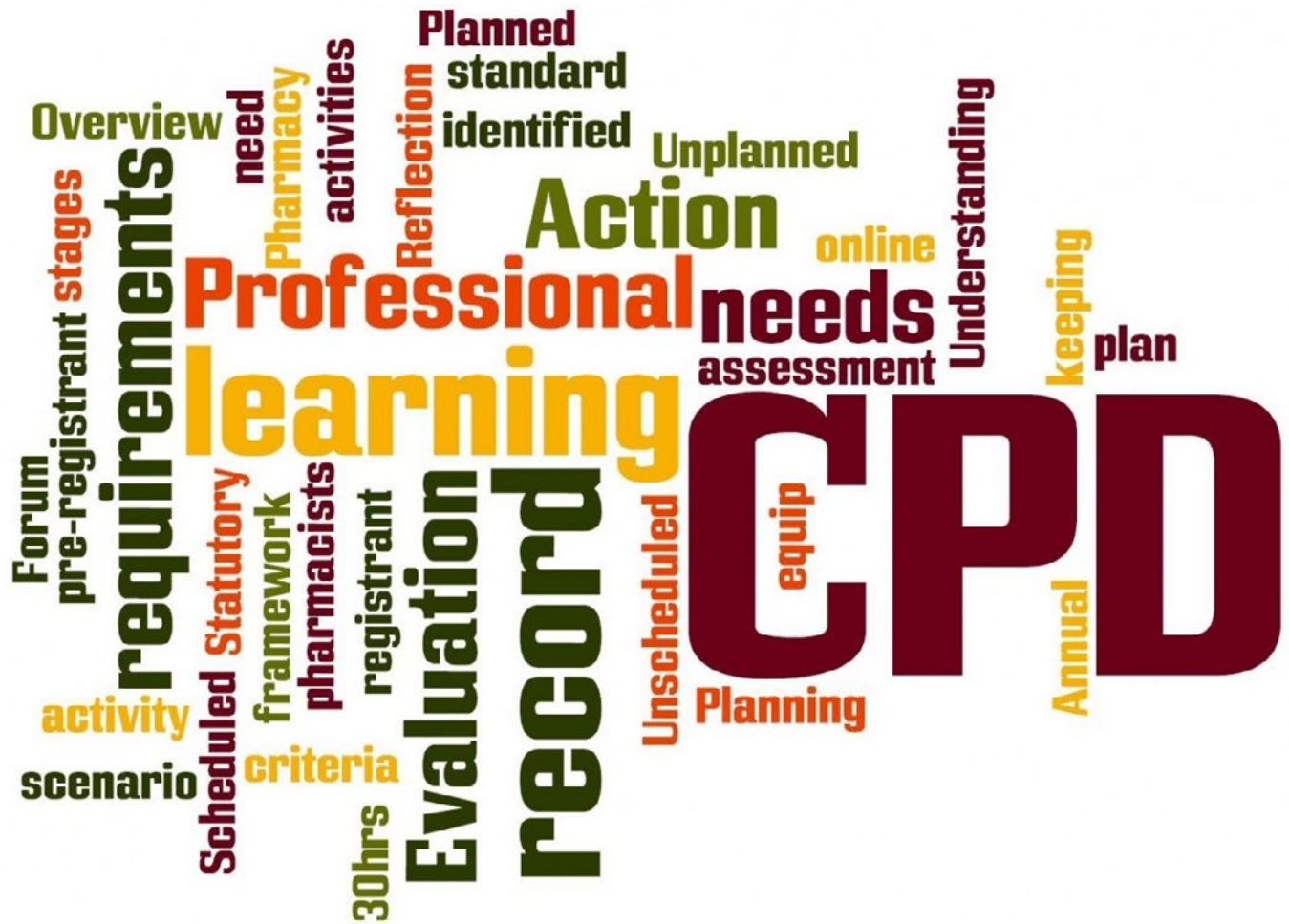
CMBC referred the complaint to the Inquiry Committee. The case was investigated by a panel of three members, two professional midwives with no knowledge of this case and one public member. The panel reviewed the letter of complaint, the response from RM, witness interviews, as well as the midwifery and hospital records. No evidence was found to support the allegation that RM's communication with the client was unprofessional or that her behaviour

was unsupportive. Moreover, there was no documentation in the hospital records to indicate that the midwife's fatigue was of concern, although the attending nurse stated in an interview that she recalled RM being somewhat groggy and appeared tired during the labour. The panel determined that RM's clinical management of the client's labour was within standard and that she called for an obstetrician consult at the appropriate time. The panel found no evidence in the charts that a debriefing took place following the birth and they recommended that RM ensure debriefings are offered to all clients in the postpartum period.

The panel considered dismissing the complaint; however, they found criticism with regard to RM's lack of self-care. It was noted that fatigue can impair one's ability to think clearly, make sound judgments and act decisively. For these reasons the panel considered what steps RM had taken to get the rest she required in order to manage the labour accordingly. They considered the community in which RM practiced and determined that there were many midwives practicing in that area and none had been called to assume care. They interviewed the nurses to see what steps RM might have taken to get some rest or ensure back up while in hospital and found none were taken. Given that it appeared RM had taken no steps to obtain a safer care provider for her client given the number of hours she had been awake, they did propose a consent agreement.

The Panel reminded RM that she is expected to use her professional judgment to determine whether fatigue might put herself, her clients or others at risk. They also reminded that it is her responsibility to take appropriate action. The complaint was resolved by way of a consent agreement whereby the midwife consented to a reprimand for a breach of the Standards of Practice, specifically Standard Nine – "The midwife shall ensure that no act or omission places the client at unnecessary risk." Further, 9.6 which states, "refers to another appropriate practitioner when the ability to practice safely is mentally or physically impaired."

# Continuing Professional Development - New!



**C** MBC has officially jumped on the (evidence-based, and long overdue) bandwagon of requiring a minimum amount of continuing professional development hours from registrants for registration renewal.

Starting at registration renewal in 2018, CMBC will replace the five-year Requirements for Active Practice with a currency and competency-based assessment model. One distinct component of the currency and competency-based assessment model will be registrant proof of continuing professional development (CPD) or continuing medical education (CME). Registrants are strongly advised to keep ongoing records and certificates of completion (where applicable) for their CPD/CME activities between April 1st, 2017 and March 31st, 2018. Examples of CPD/CME activities include, but are not limited to:

- Enduring printed, recorded, audio, video and/or online material;
- Attending a course, forum, lecture, rounds and/or a workshop;

- Attending journal club;
- Attending a conference;
- Reviewing a clinical practice guideline;
- Committee participation (clinical);
- Volunteering in a resource-poor setting;
- Participating in an experience related to cultural competency;
- Midwifery curriculum review;
- Teaching activities (clinical or academic);
- Presenting at conferences;
- Pursuit of related degree, Masters or PhD program
- Preparing a manuscript for publication;
- Conducting research relevant to maternity care.

More specific information about CPD/CME requirements and policy will be forthcoming. If you have any questions regarding Quality Assurance, please contact Ruth Comfort, Quality Assurance and Clinical Practice Policy Director at [qa.director@cmbc.bc.ca](mailto:qa.director@cmbc.bc.ca).