



MARCH 2018 REGISTRANT’S HANDBOOK UPDATES

<p><i>Guideline for Managing the Second Stage of Labour</i></p>	<p>This guideline has been updated with new references and improvements to content and flow. Key content updates include the addition of the recommendation for EFM with prolonged second stage (keeping with PSBC guidelines) and consideration for the amount of time it takes to transport to the hospital in order to facilitate timely consultation and access to monitoring and/or intervention in cases of prolonged second stage</p>
<p><i>Midwifery Data Collection Requirements (Policy on Midwifery Data Submission)</i></p>	<p>This document has been renamed <i>Policy on Midwifery Data Submission</i> to reflect the scope of the policy. The purpose of birth rosters and process regarding home birth data submission has been updated and clarified. Emphasis has been placed on the requirements for monthly (not quarterly or annually) submission.</p>
<p><i>Policy on Continuing Competence in NRP</i></p>	<p>The required level of completion was updated to Levels 1-11 to reflect the implementation of NRP 7th edition on September 30, 2017.</p>
<p><i>Policy on Continuing Professional Development</i></p>	<p>Total number of CPD credits per cycle shall be prorated by 15 for each 12 consecutive months spent non-practicing. For leaves less than 12 consecutive months, midwives are expected to remain currency through ongoing CPD.</p>
<p><i>Leave of Absence Requirements for Continuing Competency in NRP, CPR, ESW and CPD Policy</i></p>	<p>The policy was renamed to <i>Policy on Cessation of Practice Requirements for Continuing Competency in NRP, CPR, Emergency Skills and CPD</i> to align with naming changes in related registration documents. Language was updated to reflect current requirements and documents required for submission. A provision was added that for each 12 consecutive months spent non-practicing, CPD credits shall be reduced by 15 per cycle.</p>
<p><i>Policy on Peer Case Review</i></p>	<p>Following the 2016/2017 Peer Case Review audit, CMBC noted 24% of midwives did not meet the requirements set out in policy due to various barriers and misunderstandings. Subsequently, the QA committee agreed to</p>

	streamline the policy. The minimum number of registrants required to attend a peer review session has been changed from four to two as long as two practices are represented, the requirement for number of cases has been changed from eight to four , and accommodation has been made for interprofessional peer review.
<i>Peer Case Review Log</i>	This log has been updated to reflect the requirements of the new <i>Policy on Peer Case Review</i> .
<i>Guideline for Protection from Blood and Body Fluid Exposure</i>	This Guideline has been updated with references and information to reflect current provincial standards on protection from blood and body fluid exposure.
<i>Standards for Postpartum Care</i>	This standard has been updated in a new effort to review all QA standards, policies and guidelines on a three year cycle. Revisions are primarily for brevity and clarity.
<i>Position Statement on Vaccination</i>	This standard has been assessed in a new effort to review all QA standards, policies and guidelines on a three year cycle. This document has been archived: both the <i>Standards for Postpartum Care</i> and the <i>Policy on Informed Choice</i> adequately cover the necessity for registrants to provide the required information regarding vaccinations.
<i>Indications for Discussion, Consultation and Transfer of Care</i>	The preamble for this document now provides registrants with direction should a client refuse an indicated consultation or transfer of care. This document has also been updated to clarify indications for action with regards to hypertension, in line with the SOCG terminology: clients with “pre-existing (chronic) hypertension” or “gestational hypertension without evidence of preeclampsia” require a consult, whereas clients with “preeclampsia” (not just severe pre-eclampsia) requires a transfer of care. Additionally, “cigarette and/or marijuana smoking” has been updated to be more inclusive, to “cigarette and/or cannabis use.”

<p><i>Policy on Hospital Privileges</i></p>	<p>The requirement for general registrants and hospital privileges has been changed from “when on call” to “when acting as principal midwife” for clients. It was noted that “on call” is difficult to define in midwifery practice. “Principal midwife” is a term used in CMBC Bylaws and is defined as “midwife who... takes responsibility for and provides midwifery services as the primary care provider during the intrapartum period” (Bylaws for College of Midwife of British Columbia, 2017). In essence, general registrants who plan to attend labours and births as principal midwife must have admitting privileges in the communities where they work. The policy also clarifies the midwives’ obligation to notify CMBC once their hospital privileges applications have been accepted or denied.</p>
<p><i>Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics</i></p>	<p><u>Dicloctin</u> Midwives may now prescribe up to eight tablets of Dicloctin per day. Updated drug information for newly added clinical indications and contraindications has been added.</p> <p><u>Cervical Ripening Agents</u> Proposed changes are extensive, to bring information in line with best practices, specialized practice certification requirements and the UBC CPD <i>Induction and Augmentation of Labour Course</i>. Significant formatting changes have been made and extraneous information removed.</p> <p><u>Rhlg</u> The indication “every 12 weeks until delivery with ongoing vaginal bleeding” has been added for 1500 units of Rhlg, to bring practice up to date with Manitoba’s Rh Clinical Program. Minor grammatical and flow changes were also made.</p> <p><u>Vaccines</u> Substantial edits have been made to standardize and update information and formatting for all vaccines, with input and oversight from the BCCDC. Most significantly are changes to the recommendations for Tdap in pregnancy, and the addition of the varicella</p>

	vaccine for postpartum administration when indicated.
<i>Policy on Re-Attempting the BC Jurisprudence Examination</i>	The section on re-grading the BC Jurisprudence Exam for candidates who received a borderline pass is removed from the policy as it is no longer necessary. Also the pass mark for the exam has been increased to 78%. The name, content and the format of the policy have been updated to reflect these changes.
<i>Policy on CMBC Expectations of Supervisors</i>	The last section of the policy regarding considerations for supervisors and principal supervisors has been reworded and the name of the policy has been changed.