



# NEWSLETTER

COLLEGE OF MIDWIVES OF BC

APRIL 2018

## **NEW! Policy on Registrants Infected with Blood-borne Pathogens (BBPs)**



**D**id you know CMBC has a new policy? The [Policy on Registrants Infected with Blood-borne Pathogens](#) outlines the Standards midwives must follow regarding knowledge of their serological and infectious status pertaining to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). The policy defines exposure-prone procedures (EPP) and how they specifically relate to midwifery care, as well as outline steps midwives should follow if they are infected with HBV, HCV and/or HIV.

### **Key policy highlights:**

- Registrants who are infected with HBV, HCV and/or HIV must notify the CMBC Registrar in strict confidence, as soon as possible.
- Once a registrant reports infection to the Registrar, CMBC will privately consult an interprofessional expert committee and seek advice from the registrant's treating physician.
- Registrants who test positive for a BBP and wish to continue to perform EPPs must consent to engage in health monitoring by CMBC.
- Based on current evidence that suggests that the risk of transmission of BBPs from health care providers to clients is low, registrants who are infected with controlled viremia are considered safe to perform EPPs.
- Periodic testing is required for both the registrant's health and to prevent exposing clients to infection.
- Registrants must be immunized against HBV, unless there is a contraindication.

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## Upcoming Courses for Specialized Practice Certification

**M**idwives who hold General registration in BC may obtain additional certification for the following areas of specialized practice: hormonal contraceptive management, inserting intrauterine devices, sexually transmitted infection management, surgical first assist, induction and augmentation of labour in hospital, and acupuncture for pain relief in labour or the postpartum period.

### Upcoming Courses:

#### Contraceptive Management in Reproductive Health

The BCIT Contraceptive Management in Reproductive Health Certification course is ongoing and is offered to all midwives who are seeking Specialized Practice Certification in Hormonal Contraceptive Management. 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). Midwives with specialized training in prescriptive contraceptive therapeutics who are certified by CMBC may prescribe hormonal contraception for postpartum women for the prevention of conception.

**Location:** online course - Vancouver BCIT

**Dates:** This course is offered six times per year. There are two course offerings during the Spring Term.

- April 9 – May 18 (6 weeks)
- May 28 – July 6 (6 weeks)

For detailed course information and to register, click [HERE](#).

#### Inserting Intrauterine Contraceptives

Specialized practice certification in inserting intrauterine contraceptives (IUCs) is offered to all midwives who hold Specialized Practice Certification for Hormonal Contraceptive Therapy. Please note that this is a CMBC approved Pilot Project for Prescribing

and Inserting Intrauterine Contraception as these acts are not currently listed under the restricted activities in the Midwives Regulation. Following an additional online IUC

training course, Dr. Ellen Wiebe and Dr. Konia Trouton provide in-person training for midwives and are authorized by the College of Physicians and Surgeons of BC (CPSBC) to delegate this act to midwives trained and certified in prescribing and inserting IUCs. Currently CMBC recognizes the [SOGC's IUC From A to Z](#) online course.

**Location:** online course

**Dates:** anytime. Once midwives complete the SOGC's IUC From A to Z course, along with the [CMBC Continuing Professional Development Reflective Exercise](#), they may proceed to the in-person training with Dr. Wiebe or Dr. Trouton.

For more information, please contact Kamila Krol-DeProphetis, QA Coordinator at [qa@cmbc.bc.ca](mailto:qa@cmbc.bc.ca)

#### Sexually Transmitted Infections (STI) Management

The BCIT Sexually Transmitted Infections Management course is ongoing and is offered to all Registered Midwives who are seeking Specialized Practice Certification in STI Management. The course provides a baseline knowledge for diagnosing and treating various sexually transmitted infections. Midwives with specialized training in STI management may prescribe, order and administer drugs and substances for the treatment of sexually transmitted infections.

**Location:** online course - Vancouver BCIT

**Dates:** This course is offered three times per year. There is one course offering during the Spring Term.

- April 9 – June 15 (10 weeks)
- For detailed course information and to register, click [HERE](#).

#### Surgical First Assist for Cesarean

The Surgical First Assistant in Obstetrics course is offered by UBC in partnership with McMaster University in Hamilton, Ontario. The course provides training in a Canadian

context for entry level skills for surgical assistants with a focus on obstetrics. The course has three components: pre-workshop online modules, in-person workshop and a clinical practicum. The clinical practicum takes place in the midwife's community under the direct supervision of surgical preceptors.

**Location:** Vancouver and Hamilton

**Dates:** The next Vancouver offering is being organized for June 2018; stay tuned! A minimum of 13 participants are required to run the course. The next Hamilton offering is scheduled for November 16 -17, 2018; click [HERE](#) for more information.

#### Induction and Augmentation of Labour

The Induction and Augmentation of Labour course is a new course offered through UBC CPD which provides midwives with the knowledge to safely prescribe and manage induction or augmentation of labour, and allow midwives to obtain CMBC Specialized Practice Certification for Induction and Augmentation of Labour in Hospital. The course has two components: self-learning online course and competency-based skills assessment. Following completion of the online component, under supervision of an obstetrician, family physician, or a midwife who is already certified and privileged in this area, midwives must demonstrate appropriate skills in managing pharmacological induction/augmentation of labour.

**Location:** online - Vancouver

**Date:** anytime

For more information and to register, click [HERE](#).

#### Acupuncture for Pain Management in Labour

The Acupuncture for Pain Management in Labour course is offered once every two years. The course designed specifically for midwives, provides students with an understanding of the theoretical and practical knowledge in the foundation of acupuncture treatment with a special focus on learning how to appropriately use acupuncture to provide pain relief to women in labour or during the postpartum period while implementing the highest standards of safety.

Location: Vancouver – in-person intensive program.

Dates: The next program will run in 2019. It will be a 3 day weekend in April and a 4 day weekend in May. Dates will be confirmed and registration will open in October 2018.

For detailed course information and to register, please visit the links below:

<http://acupunctureformidwifery.com/course-dates-location-and-fees/>

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

## Code of Ethics



**C**MBC's *Code of Ethics* is in place to help guide registered midwives' conduct with their clients and communities. As stated in the Code, "Midwives are professionals who recognise their accountability to their clients, public and their profession. Midwives should always act in a manner that enhances the reputation of, and inspires public confidence in the profession."

This document lays out the ways in which midwives can achieve this, including safe practice, professional standards and a client's right to informed choice and consent. This includes providing non-judgemental care regardless of personal beliefs. CMBC expects Registered Midwives to be familiar with and adhere to the *Code of Ethics* at all times. For any questions or concerns, please contact CMBC by e-mail or by calling 604-742-2230.

## Bylaw Bits & Bytes

**M**ost midwifery clinics have a website describing the midwifery care they offer. As a Registrant, you are obligated to ensure

the information provided to the public is in compliance with Part VIII Marketing and Advertising of the CMBC Bylaws. You may be in breach of CMBC Bylaws and subject to an inquiry investigation should you not follow the requirements. Some important sections to note:

### **Section 85 (2)**

Any marketing activity undertaken or authorised by a registrant in respect of her or his professional services shall not be:

- a. false or inaccurate;
- b. reasonably expected to mislead the recipient or intended recipient;
- c. unverifiable;
- d. contrary to the public interest in the practice of the profession; or
- e. 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.

### **Section 85 (3)**

Marketing activity violates subsection (2) if it:

- a. is calculated or likely to take advantage of or mislead the recipient, or intended recipient;
- b. implies that the registrant can obtain results;

- i. not achievable by other registrants;
- ii. by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient; or
- iii. by any other improper means; or
- c. compares the quality of services provided with those provided by another registrant or registrants of other regulated health professions;
- d. is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the services the registrant can perform or provide results which the registrant can achieve;
- e. makes claims of special skills that are not supported by the education and experience of the registrant, or announces or holds out that the registrant has special qualifications that are not possessed by the registrant; or
- f. is for the purpose of marketing products and:
  - i. the primary purpose of the registrant's activity is the sale of a product(s);
  - ii. the product being sold is not used in the provision of midwifery services; or
  - iii. the registrant's practice is based on the use of a particular product which the client must purchase in order to use the registrant's midwifery services.

Spend the time today in reading Part VIII of the bylaws. You are also recommended to review the information published on your website to ensure the compliance. Contact CMBC if you are in doubt about your published information.

## Board Meetings 2018

CMBC quarterly Board meeting for the year 2018 are scheduled on the following Mondays:

- March 5
- June 11
- September 17
- December 10

The information can also be found on CMBC's website:

<http://cmbc.bc.ca/about-cmbc/college-board/next-board-meetings/>

## Online Request for Certificate of Professional Conduct

Registrants can now request a certificate of professional conduct through their account on CMBC's website! Once you have signed into your account, select "Request Certificate of Professional Conduct" under the Online Services section. You will be required to fill out the same information as the paper request form. After filling out the appropriate information and consenting to the release of your information, you will be directed to pay by credit card online. Once CMBC has received payment and processed your request, you will receive a confirmation email that your certificate of professional conduct has been issued.

# Call for Committee and Panel Members



Some CMBC Committees and Panels are looking for professional and/or public members.

### Committee on Aboriginal Midwifery

The Aboriginal Committee's role is to advise and recommend to the Board on matters relating to Indigenous midwifery. The Committee meets quarterly at the call of the chair.

Though meeting the bylaw requirements, the Committee currently has four members only and is looking for more professional and public members.

### 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.

The Committee is looking for two public members, one position is available immediately and the second position is available as of July 1, 2018.

### Quality Assurance Active Practice Panel

The Quality Assurance Active Practice Panel is responsible for reviewing and adjudicating (a) two-year and ongoing active practice shortfalls, and (b) gaps in meeting currency and competency requirements where a change of registration class is not indicated. The Panel meets when necessary.

The Panel is looking for a public member.

### Quality Assurance Approval Panel

The Quality Assurance Approval Panel is responsible for reviewing and adjudicating (a) second birth attendant applications that fall outside of policy requirements, (b) alternate practice arrangement applications and their quality assurance reports, and (c) proposals from new registrants seeking to establish practices in underserved communities. The Panel meets when necessary.

The Panel is looking for a public member.

A Committee member or a Panel member once appointed shall sit for a term of three years, after which they are eligible for reappointment for another three-year term.

Any registered midwives who are interested in the positions or wish to recommend potential public members to join a CMBC Committee or Panel, please contact [dep.registrar@cmbc.bc.ca](mailto:dep.registrar@cmbc.bc.ca)

# Diclectin vs. Apo-Doxylamine/Pyridoxine



**R**ecently, Health Canada approved a new generic version of doxylamine-pyridoxine (Diclectin) called Apo-Doxylamine/Pyridoxine for the treatment of nausea and vomiting in pregnancy. Unlike Diclectin, the generic version contains mannitol. Because mannitol exposure has not been specifically tested in a pregnant population, the Society of Obstetricians and Gynecologists of Canada (SOGC) published a letter urging Health Canada to rescind their approval of the generic form. Since then, Health Canada responded to their letter and the SOGC subsequently accepted their reassurance.

Many midwives were left questioning how to approach this particular issue with their clients to ensure safety. Should they align their stance with the SOGC and write “do not substitute” on Diclectin prescriptions, or review the risks and benefits of each option given the financial burden to the client is much less with the generic form?

CMBC’s Standards of Practice Committee reviewed this issue and concluded that midwives may safely take the informed choice route with their clients. Important components of the informed choice discussion include the difference in medication ingredients, costs and effectiveness

of the two versions.

Helpful tidbits to aid in informed choice discussions include:

- Mannitol is a type of sugar commonly used as a non-medicinal ingredient in medications to help hold a tablet or capsule together. It is also found in supplements and naturally in foods that pregnant women consume regularly, including folic acid, vitamins, cauliflower, mushrooms and peaches. For comparison’s sake, 100 grams of mushrooms have 2.6 grams of mannitol, whereas one tablet of medication typically contains less than 0.25 grams of mannitol.
- Although mannitol exposure has not been specifically tested in a pregnant population, Health Canada states that “consumption of small quantities of sugar substitutes, including mannitol, during pregnancy does not pose a health risk”.
- Both Diclectin and Apo-Doxylamine/Pyridoxine are equally effective at improving nausea and vomiting symptoms in pregnancy.
- Apo-Doxylamine/Pyridoxine costs approximately half the price of Diclectin.



## Reminder: FNHA Webinars

As part of CMBC’s commitment to Cultural Safety and Cultural Humility, registrants are invited to peruse the [First Nations Health Authority’s \(FNHA\) webinars](#).

These webinars contain important information and insights into how to integrate Cultural Safety and Humility into health care, as well as providing background information on the reasons why this program was launched. Completed webinars are eligible for CPD credits.



**Q: WHAT DO I NEED TO DO TO CHANGE MY REGISTRATION STATUS?**

A: You will be required to fill out the appropriate application for your change of status and submit it to CMBC at least one month prior to the effective date of change. All of the application forms can be found in Section 4: Registration Forms of CMBC's Registrant's Handbook on CMBC's website here: <http://cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/>. Any requirements specific to the type of change in registration status will be indicated on the application form. Applicable payment may be made online through your account on the CMBC website only once you have submitted everything required for your change of registration status and CMBC has notified you that you may pay. You will also need to notify MABC.

**Q: I AM A NON-PRACTISING REGISTRANT. HOW DOES THIS AFFECT MY CURRENCY AND CONTINUING COMPETENCY REQUIREMENTS FOR REGISTRATION?**

A: Non-Practising Registrants are not required to maintain continuing competency in NRP, CPR or Emergency Skills while they are Non-Practising. They are required to comply with the [Policy on Continuing Professional Development](#) whereby at least forty-five credits of CPD activities must be completed per three year period unless they are non-

practising for 12 or more consecutive months. For each 12-month period spent Non-practising, CPD credits will be decreased 15 credits per cycle. Please refer to the *Policy on Cessation of Practice Requirements for Continuing Competency in NRP, CPR, Emergency Skills and CPD* here: <http://cmbc.bc.ca/wp-content/uploads/2018/03/Policy-on-Cessation-of-Practice-Requirements-for-Continuing-Competency-in-NRP-CPR-Emergency-Skills-and-CPD.pdf>

**Q: I AM CURRENTLY SUBJECT TO CMBC'S POLICY ON NEW REGISTRANT REQUIREMENTS. ONCE I HAVE COMPLETED THE REQUIREMENTS, HOW DO I REPORT THIS TO CMBC?**

A: You are required to fill out and submit the *New Registrant Requirements Reporting Form* and the *New Registrant Peer Case Review Log* once you have completed the associated requirements. Both documents can be found in Section 3: Registration of CMBC's Registrant's Handbook on CMBC's website here: <http://cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/>. CMBC's Registration Coordinator will contact you about this following your completion of one year of registration but you may submit the forms at any time once you have completed the requirements.

**Q: I HAVE CHANGED PRACTICES AND NEED TO UPDATE THIS INFORMATION WITH CMBC. HOW SHOULD I DO THIS?**

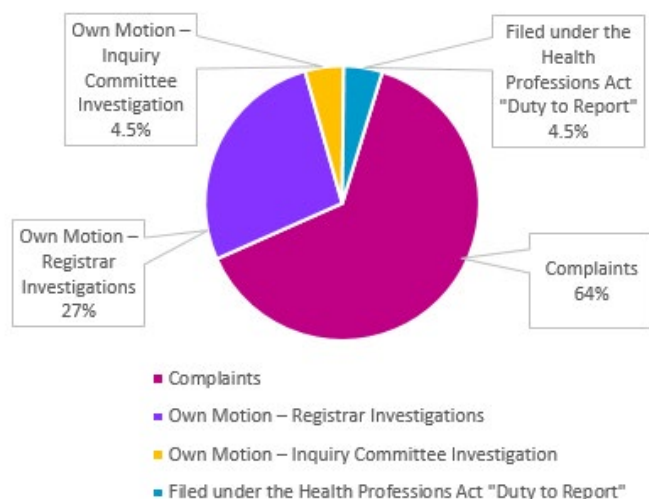
A: You must immediately notify CMBC of any changes to practice contact information, hospital privileges, and update to your home birth transport plan. You may do so by filling out the *Change of Contact Information* form: <http://cmbc.bc.ca/wp-content/uploads/2017/12/Policy-on-Change-of-Contact-Information.pdf> and submitting it to CMBC. If you need to update your personal contact information with CMBC, you can do so through the Registrant Login on CMBC's website.

# Inquiry Report

The Inquiry Committee investigates complaints regarding the conduct of registered midwives as required under the *Health Professions Act* (HPA). When the investigation stage of a complaint is complete, a three-person panel made up of two registered midwives and one public member from the Committee deliberates on the information before it and makes a disposition decision that is then communicated to the complainant and the registrant. While the majority of investigations stem from complaints made by members of the public, the Inquiry Committee also has the authority to initiate investigations on its own motion. These investigations are most often initiated in response to registrants' failure to comply with CMBC's Standards or Bylaws.

To date in 2017-2018, CMBC has opened 22 new investigations involving 31 midwives – 14 complaints made by members of the public, 6 Own Motion – Registrar Investigations (ex. failure to submit birth rosters), 1 Own Motion – Inquiry Committee Investigation (i.e. related to clinical competence) and 1 investigation that was filed under the HPA's Duty to Report a Registrant.

**New Inquiries 2017/2018**  
(as of February 16, 2018)



Issues of competence or conduct that are commonly investigated by the Inquiry Committee include the following:

## **Lack of Professional Attitude & Behaviour**

- Poor communication skills
- Inadequate informed choice or information sharing
- Uncaring and/or unsupportive attitude
- Not listening to the client's wishes or concerns
- Failure to collaborate with other care providers or to initiate appropriate interprofessional communication
- Poor conflict management

If complaints of this nature are substantiated, consent agreements related to a lack of professional attitude and behaviour most often require that the registrant complete a CMBC approved communications course.

## **Clinical Competency**

- Lack of clinical knowledge
- Inadequate clinical judgment and/or management (ex. failure to recognize labour dystocia, failure to apply appropriate fetal health surveillance)
- Incomplete or inadequate documentation
- Inadequate informed choice
- Failure to adequately assess a client or to assess in a timely manner
- Failure to consult and/or transfer as clinically indicated
- Incorrect or inadequate advice / inappropriate recommendations

If complaints of this nature are substantiated, consent agreements related to a lack of clinical competence may require remedial education or action such as a documentation course, breastfeeding course, fetal health surveillance course and/or chart review.

## **Professional/Ethical Conduct**

- Failure to comply with the *Health Professions Act*, *Midwives Regulation* and/or Bylaws for College of Midwives of British Columbia
- Altering records
- Practicing outside of scope
- Inappropriate termination of care

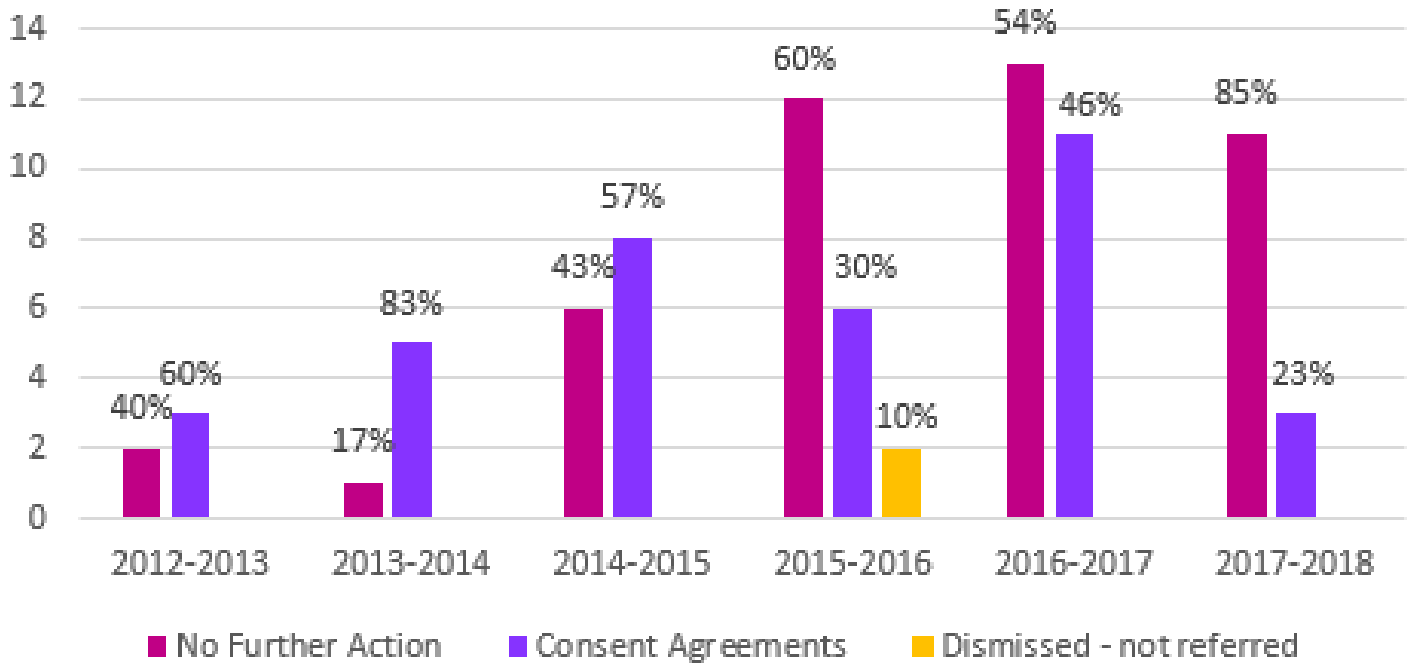
If complaints of this nature are substantiated, consent agreements related to issues of professional/ethical conduct may involve a reprimand, require that the registrant agree not to repeat the conduct, acknowledge that they breached a particular CMBC standard or policy and/or agree to follow a particular standard or policy.

## **Fitness to Practice**

- Addiction issues
- Mental health concerns

## Outcomes

(Data for 2017-2018 as of February 16, 2018)



### Failure to Submit Required Documents or Information to CMBC

Investigations of this nature are most often processed through the Registrar’s Stream of the Inquiry Process (i.e. Own Motion – Registrar Investigations) as directed by previous Inquiry Panel decisions. In these cases, the Registrar reviews the registrant’s response, which must be accompanied by the outstanding documents or information, and determines if further action is required.

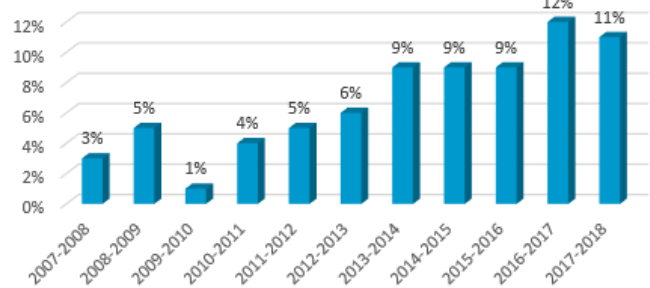
In 11 of the 14 cases that have been disposed of to date in 2017-2018, the Inquiry Committee concluded that the complaint was unsubstantiated and no further action was taken as the conduct or competence of the registrant was found to be satisfactory. Reminders and/or recommendations were issued to the registrants in all 11 cases, however. In the other 3 cases, the complaints were substantiated and resolved by consent agreements.

### Breakdown of the 3 consent agreements signed in 2017/2018 (as of February 16, 2018):

- 1 related to clinical competence requiring remedial action
- 1 related to a lack of professional attitude and professional/ethical conduct
- 1 related to fitness to practice

### Complaints per Year

(Data for 2017-2018 as of February 16, 2018)



The Inquiry Committee continues its work to process complaints with a fair, transparent, objective and impartial manner, while at the same time striving to reduce the length of time it takes to complete a complaint. CMBC recognizes that the complaints process is stressful for the parties involved and is pleased to report a further reduction in the number of days taken to complete complaints this year.

### Average Days to Close Complaints by Year

(Data for 2017-2018 as of February 16, 2018)





# ***Billing Tip: How to set-up billing payments with MSP***

**T**he Billing Integrity Program of the Ministry of Health is responsible for monitoring, investigating, and auditing the billing patterns and practices of medical and health care practitioners, and detecting and deterring inappropriate and incorrect billing of MSP claims. Recently, BIP has noticed a few instances where practitioners have improperly set up accounts with MSP.

When you register with MSP, you are given a practitioner number. This number is assigned to you for the duration of your registration with MSP. You are also assigned a payment number (also known as a payee number), which is the same five digits as your practitioner number; however, you can apply to have multiple additional payment numbers as needed. Payment numbers can be used to direct payments to specific bank account. Every claim submitted to MSP must have an associated practitioner number and payment number. Essentially, the practitioner number identifies the person who provided the service, and the payment number reflects the person/entity to which the payment is directed. For clinics with multiple practitioners, services provided by each practitioner must be claimed under that practitioner's number, even if paid to the clinic. All services at a particular clinic should not be submitted using a single practitioner's number. Each practitioner is responsible for all claims submitted under his/her own practitioner number.

MSP recommends that your personal payment number should always be linked to your personal bank account. If you are working for a clinic, and if your claims are going to be directly paid to the clinic, you should submit claims using your practitioner number and the clinic's payment number. You should not link your personal payment number with the

clinic's bank information. This is recommended to ensure that when practitioners change clinics, all payments are directed to the correct account.

Please review sections 4 and 5 of the MSC Preamble and Payment Schedule: Midwifery Services, available at: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/midwifery-payment-schedule-preamble.pdf>.

The following forms are relevant:

- Form 2996: Application for MSP Billing Number (Midwives). This is used to enroll in MSP. This form can also be used to link your personal payment number with your bank account. If you are in independent practice, claims should be submitted with your practitioner number and your personal payment number.
- Form 2870: Assignment of Payment. This is used to link your practitioner number with an existing payment number. This is the form to use when joining a clinic, or doing a locum, when your billing claims will be paid directly to the clinic. If you've joined a clinic, claims should be submitted with your practitioner number and the clinic's payment number.
- Form 2976: Application for Additional Payment Number. This is used to request a new payment number, if needed, for example when opening a new clinic with multiple practitioners.
- Form 2832: Application for Direct Bank Payment from MSP. Use this form to link a payment number to a bank account. This can be used if you are creating a new payment number or changing bank accounts. However, this should not be used to link your personal payment number to a clinic's bank account.

# *Dina Davidson RM, IBCLC: On Having Specialized Practice Certification in **Cesarean Section First Assist***



## ***What inspired you to obtain this practice specialization?***

Unlike some of the other practice specializations, this one didn't "inspire" me as much: I was not sure if I would like performing surgical first assists. I sometimes feel a bit claustrophobic when I wear a mask, and that concerned me.

Despite my concerns, the reason that I obtained the surgical first assist for cesarean section practice specialization was for safety reasons. There are times when there is not a first assist on site at the hospital where I work. In an emergency, I knew it would be much safer for the client if I were able to scrub in to assist rather than the team waiting for someone else with the skill to arrive on site.

## ***What course did you take? What was it like and how long did it take to complete?***

I did the UBC/McMaster Surgical Assistant in Obstetrics: C-Section course offered through UBC Continuing Professional Development in January of 2017. The preparation involved multiple readings of texts (which were generally interesting) and memorizing the names of surgical instruments (which was challenging until I found an app in which I could make my own photo flash cards). I combined the flash cards with some silly mnemonics to do the necessary soaking-in of information- but as with any learning, the in-person

portion of the course was where much of the important learning happened.

The two-day in-person course was excellent. It was attended mainly by midwives, featured a star-studded cast of instructors (who all shared great stories, which is a wonderful and memorable way to learn), and provided plenty of time for hands-on practice.

## ***Do you find it useful in your day to day practice? How often do you use it?***

I use the skill one to two times per month and as it turns out, I enjoy and use the skill much more than I thought I would. I have found being able to see and feel the position of the baby to very useful in both my own assessments and in debriefing with families afterwards. I also enjoy participating in delivering babies through the incision (midwives, I've heard, are really good at providing fundal pressure!) and helping to facilitate some immediate above-the-drape face-to-face time with the parents prior to handing baby away from the surgical field.

## ***Were there unexpected downsides or benefits to having this skill?***

It can be really humbling to practice a skill that I don't have a chance to perfect daily or even weekly. Like many health-care providers, I never want to make a mistake, and yet of course that is part of the learning process. I am a slow scrubber still,

after a bit more than a year of practising this skill. Self-gowning and self-gloving is also not second-nature for me yet, but luckily I only need to do that in unusual situations. Being humbled is of course a benefit, too--though it doesn't always feel so in the moment.

Another learning point for me was managing my time in the OR. For example, for a planned cesarean, I stay with the client during the spinal anesthesia for comfort and continuity, then excuse myself to scrub, participate in the surgery, then if possible and resources allow, facilitate skin to skin and breastfeeding in our post-anesthesia recovery area. It involves even more role shape-shifting than usual and as always, lots of communication with the OR staff, nursing, PACU, and the client and her partner.

The unexpected benefits have included a more collegial and mutually appreciative relationship with OR staff. Additionally, I have noted that I have absorbed increased suturing techniques via participation in surgery.

Finally, I have noticed that most clients really appreciate my involvement, both from a time/safety perspective and because I was able to be "right there" for the birth.

### ***Would you pursue any other specialized practice certification?***

So far, in addition to surgical first assist for cesarean, I have obtained specialized practice certification in three other areas: contraceptive management, STI management and induction & augmentation of labour. I have also been an IBCLC since 2013.

I am a life-long learner: one of those weird folk who like taking tests, and relish opportunities to expand my skill set. I look forward to more opportunities in the future, and wholeheartedly recommend advanced practice specialization to my midwifery colleagues. Not only is it a great way to log a nice chunk of Continuing Professional Development hours, but I really appreciate being able to directly apply new skills into optimal and evidence-based care for families.

# ***Update from the Registrar***

**D**ear Registrants,  
Spring is always a welcome time of year – the days get longer and there is the odd day of beautiful sunshine in between the rains. In keeping with the essence of spring and new beginnings I am pleased to be reporting on a few new developments. We heard your feedback at our AGM this year to please incorporate as many technological solutions as possible – no more paper logs! To that end, CMBC has been working to develop online tools to better enable registrants to track and interact with us. As mentioned in another article, you now have the ability to request a Certificate of Professional Conduct through your account's online services (Registrant Login) on the CMBC's website.

Further, the Quality Assurance Committee has launched, also through your online services, an electronic form for logging your CPD. This allows you to log your CPD on the fly and view a report at any time of how many credits you have and how many you need to complete your cycle. As a reminder, the first cycle is from when we announced the program October 1, 2017 until March 31st, 2021 (so you get an extra six months this cycle.)

Finally, CMBC is in the process of creating an electronic birth roster. This will allow you to record your births on any internet-connected device at any time and access your own reports with regards to births that you attended as principal midwife.

Switching topics, I would like to review a Midwife's Scope of Practice. This is defined in the *Midwifery Regulation* ([http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/281\\_2008](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/281_2008)). Health Professions in BC are governed by the *Health Professions Act*, which is a piece of BC Legislation.



Under this is the *Midwives Regulation*. In the *Midwives Regulation*, Midwifery is defined as:

the health profession in which a person provides the following services during normal pregnancy, labour, delivery and the post-partum period:

- (a) assessment, monitoring and care for women, newborns and infants, including the carrying out of appropriate emergency measures when necessary;
- (b) counselling, supporting and advising women, including provision of advice and information regarding care for newborns and infants;
- (c) conducting internal examinations of women, performing episiotomies and amniotomies and repairing episiotomies and simple lacerations;
- (d) contraceptive services for women during the 3 months following a birth;

It is the first sentence that limits the scope of a midwife to a person who is pregnant or is in the post-partum period. In other words, midwives must limit their practice to only these clients.

It is important to note that CMBC has made regulation change requests to the Ministry of Health to expand this definition to ensure midwives are working to the full scope of their education, knowledge, skills and judgement, but at this time, the regulations are clear.

The regulations go on to describe the restricted activities that a midwife registered with CMBC may perform in a very detailed and prescriptive format. Midwives may apply ultrasound for the purpose of fetal heart monitoring, for example, but no other purposes (i.e. placental location, positioning, amniotic fluid level, etc.). It is very important that registered midwives are aware of their scope of practice currently detailed in the regulations and only practice within it. CMBC's Policies and Standards further limit a midwife's practice, but the initial definition of the scope is found here in the *Midwives Regulation*.

That is to say, the *Midwives Regulation* allows midwives to prescribe narcotics for pain relief in labour or the post-partum period; CMBC's [Standards, Limits and Conditions for Prescribing, Ordering and Administering Controlled Substances](#) further narrow or limit this to specific narcotics, location – i.e. in hospital, under what indications, and so on.

If you are ever in doubt about your scope of practice or how to interpret a CMBC Standard, Policy or Guideline, please contact CMBC for assistance.

## Healthy Mothers & Healthy Babies

CMBC staff were happy to attend Perinatal Services BC's (PSBC) 2018 conference, Healthy Mothers & Healthy Babies. The conference brings together health care professionals who are invested in the care of pregnant and postpartum women and their infants. CMBC staff were there tabling a booth and meeting a variety of attendees who were able to learn more about the role that CMBC plays in protecting the public.

