COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

NEWSLETTER

Winter 2003

Endangered Species:
Preserving Maternity Care in Nelson

by Ilene Bell RM

Cutbacks and reorganization have caused havoc in health care all over our province in the last year. Nowhere has the impact on a major hospital in a sizable rural community been as great as in Nelson where, in the Spring of 2002, maternity care providers, including midwives, suddenly became an endangered species.

Nelson is a small city of 10,000 with a hospital serving an additional 25,000 people scattered through neighbouring valleys and small towns. When I arrived here in 1980, there was a fairly large and active group of women providing various styles of midwifery care or labour support, a number of whom later became registered midwives in other parts of the province. The medical community was not generally supportive of midwifery and initially reacted with shock to its legislation.

In 1999, after a full year of meetings of the midwifery integration committee, the medical staff refused privileges to midwives. The local health council met with representatives from Children's and Women's Hospital, the Ministry of Health and the College of Midwives and on Christmas Eve, 1999, they overturned the earlier decision. We were hastily installed in the hospital with privileges to the quiet approval of a few and the disagreement of many.

Over the next two years babies were born, and the midwives worked hard and diplomatically. Slowly but steadily the atmosphere for midwifery improved and we were gradually accepted as colleagues and a part of the local maternity care team.

Then, in early January, 2002, the medical staff at the Kootenay Lake Hospital was asked to meet with representatives from the Interior Health Authority (IHA). We were told that our region was overspending massively on health care compared to the provincial standard and that huge financial cuts had to be made. What is this provincial standard? Apparently it is based on North Vancouver which, of course, is in a very different situation – a concentrated population with quick and easy transport to big city services and resources.

We were told that one city, Nelson or Trail, would be chosen as the single regional health center for the entire West Kootenay. Although the IHA indicated that the decision between the two cities had not yet been made and that our input was welcome, we believed that for political reasons Trail would be chosen.

After additional meetings with IHA officials, the doctors in Nelson remained somewhat anxious but were nonetheless convinced that things would work out. They were also given the message that it would be best not to appeal to anyone outside the IHA. Nelson City Council was given the same message.

Initially, we believed that money was the core issue in these decisions.

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Board Membership

In 2002, several members completed their terms on the Board, including professional members Kim Campbell, Deb Little and Sandy Pullin, and public members Rita Stern and Debbie Clelland. The Board expressed its appreciation for their many and varied contributions. Joining the Board in 2002 were Registered Midwives Joanne Daviau, Catherine Holland and Julia Atkins.

As is stipulated in the College's Bylaws, public members are appointed by the provincial government. Cabinet, on the recommendation of the Board Resourcing Development and the Premier's office, appointed Rhoda Witherly to the Board in June 2002. Rhoda is a notary public and runs a small business in Prince Rupert. She has considerable experience on Boards and local government, and she has worked to improve services for women in northwest BC.

One public seat remains open and the College continues to consult with the government about potential appointees. If you know of anyone with board and committee experience or related skills and a broad-based interest in women's health and midwifery or maternity care who might be willing to put their name forward to sit as a public member, please contact the College office. Public members do not need to have any special expertise in health care.

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However, as more questions were asked, it became clear that nobody really knew how much money had been spent in the past or how much, if any, would be saved by the new regime. The provincial government emphasized that it wanted to *regionalize* health care, but the proposed changes would actually result in *centralization*. We discovered that IHA managers were bound to demonstrate budget cuts to a certain level. If they did not succeed they would be penalized financially through their own salaries. If they fell too far behind, they would lose their jobs.

I began writing letters to the minister and other officials at the Ministry of Health and the IHA. I was not successful in persuading the doctors to take some kind of action before the final decision was made. I wrote to Dr. Michael Klein at UBC asking for advice on how to proceed. He suggested that the BC Reproductive Care Program (BCRCP) might be willing to do an independent assessment of the situation, but only if invited by either the IHA or the community as a whole. I wrote to the mayor and city council, contacted the local newspapers and again tried to interest the doctors. City Council never responded. The councilor I spoke to on the phone insisted that there was nothing to be done. The newspaper editor did not reply to my phone calls. Shortly afterwards he became the communications officer for the IHA.

In April 2002, we were informed that Trail was to be the centre for the region's health care system. Nelson was to lose virtually all its surgery, the ICU, and the obstetrician. There still would be "low risk maternity care" with cesarean sections done by family physicians, although no one had asked the doctors if they were willing to provide this service. All high risk cases would go to Trail. There would be three obstetricians in Trail for about 200 births a year and no OB for Nelson's 300 births a year. The family physicians in Nelson made it clear that they would not continue to do obstetrics without OB backup. In a truly remote community, this might be acceptable, but with three obstetricians an hour away, the liability issues around keeping patients in Nelson were too troublesome.

Ilene Bell RM and one of her clients in Nelson, BC

It is important to understand the geography at this point. Trail and Nelson are 50 miles apart on a winding mountain road that can be unpredictably hazardous under winter conditions. On a dry road the trip takes an hour - in winter, up to an hour and a half. The Nelson hospital serves a population covering a wide area including the Slocan Valley, the main and west arms of Kootenay Lake, and the area south to the US border. People living to the north and east of Nelson could have to travel up to three hours to Trail. Apart from the obvious risks in emergency situations, the difficulties involved in having mothers giving birth in Trail, potentially isolated from families and friends, was a big concern for people in the area.

At this point, one of Nelson's family doctors read an article about the impact on communities of cuts to local maternity care. The midwives and a few doctors decided to invite Dr. Klein, who was one of the authors of the article, to visit Nelson. This was really a turning point. We made a decision to ask the IHA to bring in the BCRCP to do an assessment.

In the meantime, a group called Save Our Services (S.O.S.) was formed to mobilize the community. There were marches and demonstrations, and over a hundred people met weekly in the S.O.S. office to discuss what they could do to preserve health services in their community. Also, a group of young mothers organized themselves. They demanded to see our MLA and were also given an interview with the regional manager of the IHA. This group of very determined and articulate women, with their pregnant bellies and babes in arms, really made an impression. At the next meeting with the IHA, officials suggested bringing in an arbitrator from Alberta. We asked for the BCRCP instead and the IHA agreed.

The BCRCP formed a committee that included a family doctor, an OB, a nurse, and a midwife. When the committee visited Nelson in the summer of 2002, we were relived to talk to people who value quality maternity care. The committee presented a report in September, completely in our favour.

While the Nelson hospital has lost some of its services as a part of the past year of reorganization and cutbacks, it has retained its obstetrician, allowing full maternity services to continue.

Had Nelson lost its obstetrician, the family physicians would have stopped practicing obstetrics, maternity nurses would have left, and it would have been difficult if not impossible for midwives to continue working here. We realized how much midwives truly are a part of the team effort to provide good maternity care to our community. Even more significantly, as a result of the importance the BCRCP report placed on rural midwifery, and in recognition of our active role in fighting the cutbacks, midwives have become even more warmly welcomed and appreciated members of the community of maternity care providers.

Update on Changes to Drug and Diagnostic Schedules

by Jane Kilthei, Registrar

The CMBC anticipates that the long-awaited updates to Schedules 1 and 2 of the bylaws (*Drugs and Substances*, and *Screening and Diagnostics Tests* respectively) will be in place by the end of April or early May 2003.

These changes will allow midwives to order tests like toxoplasmosis and cytomegalo virus antibodies and other common screening and diagnostic tests without a prior physician consultation and to administer the emergency drug carboprost when indicated during transfer to a physician.

On January 7, 2003, Executive members of the Board Sylvia Robinson and Luba Lyons Richardson, and Registrar Jane Kilthei, met with Alan Moyes and Mary Falconer of Legislation and Professional Regulation, as well as other key representatives of the Ministry of Health, to express concern over the ongoing delays in implementing these changes.

This application to update the schedules has been in process for a number of years, and both the College of Physicians and Surgeons of BC and the College of Pharmacists expressed their support for these changes many months ago. We had expected to have them in place in the fall of 2002. The current delay hinges around a recommendation that more explicit enabling references to midwives' ability to prescribe drugs and order tests be put into the *Midwives Regulation*. This was agreed to by the CMBC over a year ago, but had not been made a priority on Cabinet's agenda until recently. A three month consultation period is required by the *Health Professions Act* before making this addition to the *Midwives Regulation*.

At our meeting in early January with the Ministry, we raised concerns about the lengthy process for amending the schedules in terms of keeping midwifery practice current. CMBC reps told government that it is unacceptable to have new drugs and tests become part of the standard for safe maternity care in BC, and yet have it take years for midwives to gain access to prescribing and ordering them. The additional consultations midwives must make with physicians to get clients care in these circumstances are not only adding unnecessarily to the cost of maternity care, but women's access to needed treatment can be delayed. This has the potential to affect client safety, especially in the area of emergency drugs.

Government representatives acknowledged that there is a need to keep midwifery practice current and that the CMBC's experience with these amendments has not been optimal. The legislation now requires a three-month consultation period, but we have been waiting far longer than three months. Government reps indicated that they would work hard to move future changes forward in a timely way. They said they did not see any reason why a change could not be implemented in three months or less with the Health Minister's support. Subsequently, however, we have been told that Legislative Counsel has said that the Schedules must be attached to the Midwives Regulation rather than the CMBC bylaws. This means that we are tied to the three month consultation requirement under the current legislation.

A number of amendments to the *Health Professions Act* are being introduced in the legislature in the spring of 2003. We have asked that the minister be given the power to shorten the consultation period for these types of changes as a part of those amendments.

Meanwhile, as we have been waiting for the current proposals to be implemented, new drugs and tests continue to become a part of routine obstetrical practice. It was agreed at our meeting with the Ministry that the CMBC Board would consider a resolution for new prescribing items that are needed by midwives at its next meeting in February 2003. The College will initiate the required inter-professional consultations and track how long it takes for these changes to be approved by Cabinet, keeping in close touch with government reps throughout the process.

As other health professions with prescribing and test ordering in their scope are added to the *Health Professions Act,* the CMBC will continue to lobby government to find better and more appropriate mechanisms for making changes to health professionals' prescribing and diagnostic test ordering abilities. As the government looks at issues surrounding advanced nursing practice we hope to have further opportunities to continue these discussions from a multidisciplinary perspective.

CMBC welcomes applications from other provinces

Graduates of the Ontario Midwifery Education Programme and registered midwives in Alberta, Manitoba, Ontario or Quebec are able to apply for General or Temporary Registration in BC through a streamlined and inexpensive process. BC midwives may therefore seek locums from outside the province. And if you know midwives in other provinces, you may wish to encourage them to register and set up practice in BC to meet the growing demand for midwives. Sharyne Fraser, RM, recently did just that. Sharyne moved from Alberta and has opened the first midwifery practice in Penticton.

With the exception of new Ontario grads, who can apply immediately after graduation, applicants must have been registered and practicing in their home province for at least one year, and they must be General Registrants in good standing at the time of application. The CMBC's *Policy on Inter-provincial Registration Reciprocity* contains greater details about eligibility. In terms of locums, it is important to note that new graduates from the Ontario MEP are subject to the New Registrants' Policy, while experienced registrants from other provinces are not. Contact Mary or Jane at the College office if you have questions.

Baby's Best Chance

Baby's Best Chance, BC's popular guide to pregnancy and baby care, will soon be distributed to the public through public health units. Starting in March 2003, pregnant and postpartum women can receive a complimentary copy at their local health unit or from a public health nurse during a home visit. Previously, new parents were provided with a voucher to pick up *Baby's Best Chance* at their local pharmacy.

Acupuncture Treatment During Labour

A randomized controlled trial in Sweden on "Acupuncture treatment during labour" described in last June's issue of the *British Journal of Obstetrics and Gynecology* has captured the interest of many BC midwives. The results are very favorable in terms of acupuncture significantly reducing women's need for epidural anesthesia. Many midwives already successfully use sterile water injections on acupuncture points to relieve back pain in labour.

Currently "the insertion of acupuncture needles for the purposes of acupuncture" is a reserved act for registrants of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA). The CMBC has approached the CTCMA to see if they are interested in working together on a process that would allow midwives to be appropriately trained and certified in this discrete application.

Raven Lang, a former BC midwife who is currently working and teaching as an acupuncturist and TCM practitioner in the US, has expressed an interest in offering training to BC midwives. Ms. Lang is willing to work with instructors approved by the CTCMA in offering such a program. There has also been some interest voiced in approaching the University of British Columbia to see how acupuncture for pain relief in labour might be incorporated into the curriculum of the midwifery education program there, as well as talk of the possibility of doing a study on the use of acupuncture in labour in BC.

Aboriginal Midwifery Survey

The College's Committee on Aboriginal Midwifery has sent out a survey to gauge the need and desire for traditional and non-traditional midwifery services across Aboriginal communities in BC. In October 2002, the survey was sent to nearly 600 recipients, including the governing bodies and health centres in most First Nations communities in BC, friendship centres, and other organizations, both rural and urban, that deal with issues affecting Aboriginal health. Recipients were encouraged to copy and distribute the survey to anyone else with an interest.

Nearly 100 completed surveys were received by the New Year, and responses continue to trickle in. In the Committee's initial review of the results, they noted a significant amount of support for Aboriginal Midwifery and interest in reviving traditional birthing practices, as well as some specific concerns. There is also support for having Aboriginal Midwifery training available. Many respondents included their names and contact information, so the Committee may draw on the valuable knowledge and ideas of these people later in the process. The Committee's next steps are to do an in-depth review of the survey responses and then to develop an appropriate work plan.

If you know of anyone in your community who might be interested in completing a survey, please contact the College office to have one sent.

Staff Changes

In January, the College said goodbye to Juniper Glass, who has been the Administrative Assistant during the last year. Juniper will be moving to Montreal to take up a position at *ascent magazine*. The Board and staff are pleased to welcome Danie McAren to the team. Danie is a strong supporter of midwifery care, as midwives attended both her birth and the birth of her daughter. She fills the position of Administrative Assistant and will be answering the main College telephone line, 604.875.3580. Wendy Martin has been hired part-time to continue as the Assessment Coordinator for 2003.

Become involved in your College

The College's committees, subcommittees and panels periodically have openings for new members. Several midwives have said that committee membership is an excellent way to become informed and active in the College. It is also a good step in becoming oriented to the work of the College before running for a position on the Board.

In general, committees and subcommittees develop policies, standards and guidelines and recommend them to the board for review and approval. Panels apply the College's bylaws, policies, etc. to individual situations (for example the Supervision Panel reviews and approves individual supervision plans). Committee members are appointed by the Board. Panel and subcommittee members are appointed by the appropriate responsible Committee.

College committees include: Quality Assurance, Registration, Inquiry, Discipline, Client Relations and Aboriginal Midwifery. Inquiry and Discipline Panels are struck from the general membership of those committees. Other panels and subcommittees include the Approval Panel, the Supervision Panel, the Active Practice Panel and the Education Sub-Committee, all of which are overseen by the Registration Committee.

If you are interested in being considered for appointment to a committee, please inform the College office and indicate your particular areas of interest. This information will be passed on to the Board and the appropriate committee chairperson.

Each committee and panel also includes non-midwife members of the public. If you know someone who you would recommend as a potential public member of the Board or its committees, subcommittees or panels, please ask them to send a CV to the office indicating their area of interest, or to contact the office for more information.

Changes in Registration Status

The following list shows changes in registration status during the period between January 1, 2002 and January 1, 2003. The list includes all new members and all members that went to Non-Practicing status during the period who remained so on January 1, 2003.

As of January 1, 2003, there were 81 registrants in BC in the following categories of registration: general, conditional and non-practicing.

Member	Registration Status	Effective Date
Aneke, Esther Ohajekwe	General	9-Oct-02
Barta, Barbara	Conditional	17-Jan-02
	General	25-Jul-02
Carlson-Rink, Cathy	Non-Practicing	1-Feb-02
Ellis, Cathryn	Conditional	25-Jul-02
	General	9-Dec-02
	Non-Practicing	1-Jan-03
Erikson, Marion	Conditional	1-Jan-03
Espie, Rosemary	General	13-May-02
	Non-Practicing	13-May-02
Evans, TerryLyn	Conditional	17-Jan-02
	General	27-Jun-02
Fraser, Sharyne	General	3-Jul-02
Friesen, June	Conditional	10-Jan-02
	General	29-May-02
Golf, Sabrina	Non-Practicing	1-Jan-03
Hird, Carol	Non-Practicing	1-Oct-02
Johnston, Carolyn Iris	Conditional	1-Apr-02
	General	9-Dec-02
Keith, Patricia	Conditional	28-Jan-02
	Resigned	1-Oct-02
Kelly, Katherine	Non-Practicing	1-Jan-03
Maddalozzo, Joanna	General (return to practice)	1-Oct-02
Meggison, Caroline	Non-Practicing	1-Jul-02
Morris, Jane	Non-Practicing	1-Jan-03
Millar Lewis, Kim	Non-Practicing	21-Feb-02
Miskelly, Margaret	Conditional	1-Jan-03
Nicholson, Sylvia	Conditional	17-Jan-02
	General	25-Jul-02
Norberg, Shannon	Conditional	1-Jan-03
Page, Jeannette Nye	General	1-Apr-02
Perrault, Valérie Yvonne	General	17-Jul-02
Rogers, Judy	Temporary	17-Jan-02
	Resigned	1-Mar-02
Ryan, Elizabeth	Non-Practicing	1-Jan-03
Sara, Natasha	Conditional	1-Jan-03
Sivers, Jillian	Conditional	17-Jan-02
	General	27-Jun-02
Walter, Renee	General	25-Mar-02
	Non-Practicing	1-Apr-02
Zarchikoff, Bonnie	Conditional	1-Mar-02

About Changes in Registration Status

As you can see from the table at the left, many registrants change their status throughout the year. In many cases, non-practicing status is not a long-term situation. In the past year, midwives have converted to non-practicing status for periods as short as three months for the purposes of parental leave, education leave, sabbaticals, or to teach in the midwifery education program. The reasons why registrants choose to go on short-term leave are especially understandable in a female-dominant and growing profession. As well, non-practicing status allows midwives to be exempt from paying significant fees for liability insurance while they are focusing on other aspects of their lives.

In response to inquiries from registrants, the CMBC, the MABC and the liability insurers have recently determined that midwives with non-practicing status may become approved as second birth attendants. To gain approval, the request must come from the general registrant seeking approval for the second attendant, and the non-practicing member must have current certification in CPR and neonatal resuscitation.

Temporary Registration allows for short-term registration and has been used by both BC and out-of-province midwives who wish to do short locums for other midwives.

New Student Members

The College is pleased to welcome its first student members. In January 2003, nine second-year students of the Midwifery Education Program at the University of British Columbia gained student registration in the College. They are: Sharon Barber, Lindsay Brimblecombe, Erin Bruchet, Liz Grose, Kelly Hayes, Heather Munro, Gaelyn Richardson, Carolyn Thibeault, and Susan VanOs. The students will be entering their first clinical placements in the coming months at established midwifery practices. The Board and staff of the College extend best wishes to the students and staff at UBC Midwifery as they continue in their pioneering effort.

As well, Jane Ballaro, a third year student in the Ontario Midwifery Education Programme (Ryerson University site) has registered as a student midwife for a clinical placement in BC.

English for Midwives

In December 2002, eleven students completed Advanced English for Midwives, a pilot course developed by the CMBC and Kwantlen University-College. The students came from a diversity of countries, including Germany, Japan, China, Iran, the Philippines and Peru. Course participants are eager to learn more about midwifery in BC, so do not be surprised if they contact your practice asking about observing midwifery care at your practice or attending rounds at the hospital. We hope you will welcome them.

As primary caregivers, midwives in BC are required to have a high level of English language fluency. The course was designed to assist people with midwifery education and work experience from non-English speaking countries to improve their language skills. The course also helped orient them to the model and scope of midwifery practice in BC. Registered Midwives from the greater Vancouver and Fraser Valley area attended many of the classes, providing the class with information about the culture and context of midwifery practice in the province and interacting with students.

The course will be significantly revised and updated before it is offered again, incorporating the evaluation feedback received from this first offering. The College would very much like to thank the pilot participants for all of their helpful input.

CMBC will offer Advanced English for Midwives again whenever there are enough students to offset the cost of running the course. If you know people who may be interested, please have them contact the College office.

A Midwifery-specific English Language Fluency test, the BCMLPT, will be offered by the College prior to the deadline for registering for PLEA exams.

PLEA 2003 Begins

The College has begun its call for applications for the 2003 Prior Learning and Experience Assessment. This is the first year that PLEA will be run without external funding from HRDC, and the Registration Committee is hopeful that an adequate number of applications will be received in order to run the process on a cost recovery basis. Please spread the word to anyone who was formally educated as a midwife outside of Canada and who may be considering registering in BC. Remember, neither continuity of care experience nor home birth experience is needed to apply, although applicants must understand and be willing to work in the BC model once they are registered.

To publicize the 2003 PLEA process, the College has placed advertisements in the MIDIRS Digest and the New Zealand Midwives Newsletter. The College has also sent a call for applications to international midwifery organizations, to BC hospitals, and to the long list of midwives around the world who have contacted us in the past two years with an interest in becoming registered in BC.

The first step for potential applicants is to purchase the PLEA Applicant Handbook and complete a portfolio application. The PLEA Handbook is being revised and should be available in early February, and the College has been taking orders for handbooks since December 2002. The deadline for portfolio applications for those wishing to take exams in 2003 is April 29, 2003.

A number of steps have been taken to streamline the PLEA process for 2003, based on an extensive evaluation of the 2001 and 2002 cycles of assessment. The cost of an examination exemption stream application has been reduced to encourage highly qualified applicants to apply. Non-continuity-based clinical experience can now be assessed and credited toward meeting up to a third of an applicant's continuity of care requirements for general registration, significantly reducing supervision requirements for many applicants. Candidates may send in their portfolio applications at any point during the year, and the CMBC will assess them once five applications have been received. And, the College is making arrangements to accept fee payments by VISA for a small service charge.