



JUNE 2018 REGISTRANT'S HANDBOOK UPDATES

Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics

Epinephrine IO

This entry has updated ratio expressions and incorporates the most recent Canadian Pediatric Society's Neonatal Resuscitation Program guidelines, which recommend administration of epinephrine to the neonate via intraosseous (IO) needle should there be barriers to umbilical vein catheterization. Please note that the training and equipment required to administer epinephrine by IO needle to newborns has not yet been made available to midwives in BC.

[Link](#)

Prochlorperazine (added May 2018)

Also known as Buccastem®, Compazine®, Nu-Prochlor®, Prorazin® and Stemetil®, Prochlorperazine is primarily used in adults for the management of psychotic conditions such as schizophrenia and mania. Prochlorperazine has also been approved by Health Canada to be used as a second line treatment for nausea, vomiting and hyperemesis in pregnancy. Midwives may now prescribe prochlorperazine according to CMBC *Standards, Limits and Conditions* as a second-line anti-emetic in an outpatient setting during pregnancy.

Standards for Ordering and Interpreting Diagnostic Tests

Amniocentesis

Midwives may now refer clients directly for amniocentesis for all indications listed by PSBC. Prior to this update, midwives could only refer clients directly for amniocentesis for advanced maternal age. This updated standard places emphasis on the midwives' responsibility to facilitate informed choice, initiate a referral pathway and or/consult as required, and communicate the results to the client.

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Diagnostic Ultrasound

The standard and limits for midwives ordering hip ultrasounds for newborns at risk of developmental dysplasia of the hip has been added to the section on diagnostic ultrasounds. This is in conjunction with the addition of the fee code for "Extremity B" scan code by the Ministry of Health to the Midwifery Referral list, as requested by CMBC.



Serum Creatinine

The entry for serum creatinine- a test used to evaluate kidney function in pregnancy- has been updated to reflect pregnancy specific reference ranges.

TSH/Free T4

Updates have been made to testing recommendations and the pregnancy-specific TSH reference ranges based on the 2017 *Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum*.

Policy on Hospital Privileges

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Prior to this update, the policy addressed hospital privileges only as related to the intrapartum period. This policy now clarifies the requirement for midwives to have hospital privileges when they are the primary care provider on call, to be able to assess their clients at any time during the perinatal period.

Policy on Continuing Competency in CPR

[Link](#)

Changes have been made to eligible recertification courses.

Policy on Continuing Competency in Emergency Skills

[Link](#)

Changes have been made to eligible recertification courses.

Framework for Acupuncture use in Labour

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This framework has been updated to clarify student eligibility for participation in the acupuncture course. Only fourth year midwifery students may take course, and the supervised practicum component may only be conducted once the student has graduated and is a temporary/general registrant.

Framework for Midwife Certification in Managing Infusion Pumps for IOL and Augmentation

This framework was created in 2016 in order to separate the skill of managing pumps from those required to order induction and augmentation of labour. However, it has been recognized that the skill of managing infusion pumps on its own does not require specialized practice certification - so this framework is being archived.

Standards of Practice & Standards of Practice Policy

[Link](#)

The *Standards of Practice Policy* has been integrated into a singular Standards of Practice. Please note that the amalgamated *Standards of Practice* will undergo a substantive content review later in 2018.



Supportive Care Policy

[Link](#)

This framework has reviewed due to the length of time since its last update. It has been updated with minor revisions to content and grammar.

Policy Statement on Complementary and Alternative Therapies

[Link](#)

This policy statement has been substantively revised for clarity and now outlines the midwife's responsibilities when offering and referring clients for complementary and alternative therapies.

Policy on Record Keeping, Storage and Retention

This new policy is an amalgamation of the *Policy on Records and Record Keeping*, and the Guide for Record Keeping, Storage and Retention. There was considerable overlap between the two documents and both needed the same critical updates:

[Link](#)

1. As required by the Limitation Act (amended in 2013), medical records must be retained for a minimum period of sixteen years from either the date of the last entry or from the age of majority, whichever is later. This means that midwives must retain medical records for 35 years, given that the antepartum maternal chart can be considered part of the newborn chart in the case of civil claims.
2. BC hospitals using electronic documentation (such as Nanaimo Hospital in VIHA and Lions Gate Hospital in VCH) are no longer using the standardized PSBC perinatal forms to capture information about births. As such, a footnote has been added to indicate that hospital based equivalent forms are also acceptable.

Please note that this Policy requires a comprehensive revision and will be converted to a more detailed and user-friendly document in the next six months.

Policy on Record Content

[Link](#)

This policy has been similarly updated to accommodate those BC hospitals using electronic documentation (such as Nanaimo Hospital in VIHA and Lions Gate Hospital in VCH) who no longer using the standardized PSBC perinatal forms to capture information about births. As such, a footnote has been added to indicate that hospital based equivalent forms are also acceptable.



Policy on Criteria and Expectations for Supervisors and Principal Supervisors

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The Criteria for principal supervisors were amended to allow for an alternate mean for General Registrants to meet the criteria. The Criteria for supervisors and principle supervisors and the Policy on CMBC Expectations of Supervisors were combined as one policy.

Policy on Timeframe for Registration for Approved Program Graduates

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The policy was updated to state that the suggested timeframes are expectations rather than being required. Redundant information was also removed.

Policy on New Registrant Requirements

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The policy was updated to provide clarity regarding mentorship arrangements for new registrants and changes to the home birth requirements. The document has been restructured to include a preamble and definitions followed by the policy.

