NEWSLETTER

COLLEGE OF MIDWIVES OF BC DECEMBER 2018

Inside

Online Renewal of Registration – 2019/2020

All registrants will receive an email notification at the end of January or early February with information on how and when to submit their online application for renewal of registration. Once online renewal is open, registrants may sign in to the system and begin following the instructions to fill out their renewal application. Proof of certification in NRP, CPR and ESW can be uploaded to the system as required and payment can be made online.

Things to have handy when starting the renewal application:

- Account log-in credentials for the CMBC website
- Proof of NRP, CPR and ESW completion/certification
- Contact information (home and practice)
- List of hospitals where you hold and/or are applying for privileges
- Credit Card

CMBC staff have been working with the IT systems support group to improve the online renewal system based on feedback provided by registrants during previous renewals. We will continue to provide the opportunity for feedback in the renewal application in order to inform continual enhancements to the system.

Registrants can access their account in the Registrant's Login section of the CMBC website year-round to update personal contact information, pay applicable fees as necessary, download their annual certificates of registration and upload continuing competency certificates (NRP, CPR and ESW).

Phone: (604) 742-6558 | Fax: (604) 357-1867 | Email: information@cmbc.bc.ca

Bylaw Bits & Bytes

A registrant seeking renewal for General registration or a Non-practising registrant applying for return to practice as a General registrant is required to meet the requirements for continuing competency as set out in bylaw section 63:

> *"Each registrant must provide proof of compliance of the conditions and requirements established to ensure competency and currency of skills as recommended by the quality assurance committee and approved by the Board."*

To remind you, the above requirement was in force as of April 1, 2017 as a result of bylaw amendments to replace the five-year birth numbers requirement for General registration renewal or return to practice.

The Quality Assurance Program Framework was also updated by the Quality Assurance Committee and approved by the Board to describe in detail the requirements for section 63. The framework outlines the components of the Quality Assurance Program which currently include:

1. Currency and competency requirements
2. Provision of clinical information
3. Peer case review
4. Evaluation of midwifery care
5. Peer practice review

Although only currency and competency requirements must be met by a registrant for renewal of General registration or return to General registration, all registrants are required to be in compliance of the other components of the program. Non-compliance of any of these components results in various consequences, ranging from courtesy reminders from CMBC to referral for inquiry investigation.

Using component 4-Evaluation of midwifery care, as an example, registrants are required to distribute a copy of the Client Evaluation of Midwifery Care form to each client, within six months of that client being discharged from care, and request that the client complete and return the evaluation to the registrant's practice. Registrants are expected to review the evaluations at regular intervals throughout the year and keep a record of any action taken in response to client evaluations. Completed evaluation forms and the record of action taken in response to the client evaluations shall be kept for six years from the date the evaluation form is returned. Registrants must make these documents available to CMBC upon request.

Please take the time to again review the Quality Assurance Program Framework, which is readily available on CMBC's website under Registrant's Handbook, to ensure compliance.

Update on Antimicrobials for the Treatment of Mastitis

Recently, the BC Centre for Disease Control (BCCDC) prepared an individualized briefing note for CMBC with regards to detailed antimicrobial usage trends by midwives over time. Other colleges with registrants who prescribe were presented with similar reports. Not surprisingly or inappropriately, midwives' prescribing of antimicrobials has increased rapidly over time in conjunction with accumulated prescribing rights and growing numbers of registrants. However, due to the threat to the continued effectiveness of antimicrobials in BC, this report prompted the Board to issue a review of the antimicrobial entries within CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics*.

This review is currently underway but preliminary findings suggest that CMBC Standards may endorse a longer-than-necessary 10-14 course of antimicrobials for the treatment of mastitis. While 10-14 days of treatment may reduce the risk of relapse, shorter 5-7 day courses of treatment may be considered if the response to therapy is swift and complete. This is especially pertinent for Clindamycin, which should only be used if there is a history of serious penicillin allergy with anaphylaxis, or as a second line treatment if the infection is unresponsive to Cephalexin or Cloxacillin. Exposure to Clindamycin is a significant risk factor for Clostridium difficile infection, therefore limiting its use is key.

Ask the Midwife

Mentorship Edition

Dear Mentor Midwife,

I've just come across a laboratory result for client E.M. She is 13 weeks gestational age and her routine urine culture and sensitivity has come back positive for Group B Streptococcus, 10-100 M CFU/L:

MICRO3

Test Name(s)	Result	Abn
Report Status	Final	
Organism 1 info	GROUP B STREPTOCOCCUS 10-100 M CFU/L - Antimicrobial susceptibility testing is not routinely performed on urine isolates of Streptococcus group B because such infections usually respond to antibiotics commonly used to treat uncomplicated urinary tract infections, such as ampicillin, cephalosporins and nitrofurantoin. Susceptibility to fluoroquinolones is variable. - Maternal Group B Streptococcus bacteriuria is an indication for intrapartum antibiotic prophylaxis.	A

I'm always confused by this. Does she even have a urinary tract infection based on the comments? Should I offer antepartum treatment given the upper range of the colony count? Is she GBS positive in terms of labour management? Or should I just pretend I never saw this lab and let my partner deal with it tomorrow?

Dear Colleague,

According to the 2018 reaffirmed SOGC guideline on this topic (No. 298- The Prevention of Early- Onset Neonatal Group B Streptococcal Disease), there is no convincing evidence that GBS bacteriuria with a low colony count (<100 M CFU/L or $<10^8$ CFU/L or $<10^5$ CFU/mL – they're all the same) is associated with increased risks for pyelonephritis, chorioamnionitis, or preterm birth. Therefore, antepartum treatment for a colony counts below these levels is not required or recommended. Of course, a higher colony count of GBS >100 M CFU/L or $>10^8$ CFU/L or $>10^5$ CFU/mL would be an indication for treatment in pregnancy to avoid pyelonephritis, chorioamnionitis, or preterm birth.

However, the low and high colony count delineation does not apply to intrapartum IV GBS prophylaxis. IV GBS prophylaxis in labour is recommended for any documented GBS bacteriuria in pregnancy regardless of colony count.

And I would strongly advise against deferring this to your partner. Habits like that can catch up with you very quickly and avoiding the management of lab results, even normal ones, could be considered a breach of CMBC Standard Twelve: "the midwife shall be accountable to the client, the midwifery profession and the public for safe, competent and ethical care."

In summary, for GBS bacteriuria:

<100 M CFU/L or $<10^8$ CFU/L or $<10^5$ CFU/mL – don't treat in the antepartum period.

>100 M CFU/L or $>10^8$ CFU/L or $>10^5$ CFU/– treat in the antepartum period.

And for either of the above, recommend intrapartum IV GBS prophylaxis.

Holiday Closures

CMBC's office will be closed to the public for the Holidays from Monday, December 24, 2018 to Tuesday, January 1, 2019. We will reopen on Wednesday, January 2, 2019. Happy Holidays from CMBC staff! Staff will be available by email on December 24, 27, 28, and 31. Please contact registrar@cmbc.bc.ca if you have an urgent concern during this time.

Call for Members – CMBC Committee and Panel

Any registered midwives who are interested in being involved in the regulation of midwifery by joining a CMBC Committee or Panel or recommending potential public members are encouraged to contact Doris at dep.registrar@cmbc.bc.ca 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.

Currently the following positions are available.

Committee on Aboriginal Midwifery
The Committee is looking for a professional or public member who is an Indigenous person.

Inquiry Committee
The Committee is looking for a public member.

Registration Approval Panel
The Panel is looking for a professional member and a public member.

Registration Supervision Panel
The Panel is looking for a public member.

Terms of reference for the above Committee and Panels can be requested from CMBC by contacting Doris at dep.registrar@cmbc.bc.ca

Second Birth Attendant Renewal

If you have been approved to use a second birth attendant in the 2018-19 registration year, your approval will expire on March 31, 2019. In order to ensure you have continuous second attendant coverage as of April 1, 2019, you must reapply by submitting your *Request for Approval of Second Birth Attendant Form* and relevant documentation to CMBC no later than March 1, 2019. You may fax the form to (604) 357-1867 or email to qa@cmbc.bc.ca.

Why can't I treat BV without specialized practice certification? A look at adding new medications to midwifery prescribing standards through the lens of the Midwives Regulation

Bacterial vaginosis (BV) is a common, non-sexually transmitted lower genital tract infection caused by an overgrowth of pathogenic bacteria and a decreased concentration of lactobacilli. It has been linked to a variety of complications such as preterm labour, preterm premature rupture of membranes, spontaneous abortion, chorioamnionitis and other infections. Midwives offer screening for BV but cannot offer antibiotics (metronidazole) without a referral unless they have specialized practice certification in sexually transmitted infection (STI) management. To many, this doesn't make sense: access to timely treatment is key to risk reduction, and besides, BV is not (technically) a sexually transmitted disease.

Because of this conundrum, the suggestion to make metronidazole for the treatment of BV an entry level prescribing competency was examined by CMBC's Standards of Practice Committee through the lens of the Midwives Regulation. They concluded that no changes can be made. According to the Regulation, midwives must have specialized practice certification to prescribe antibiotics for anything other than topical infections, intrapartum GBS chemoprophylaxis, urinary tract infections, breast infections and prophylaxis of opthalmia neonatorum.

In addition, although BV is technically not an STI, it tends to be grouped as one by community standards and its treatment is included in the education program required for specialized practice certification in STI management. For those reasons, CMBC supports the continued inclusion of metronidazole in the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs for Sexually Transmitted Infections.* Until the Midwives Regulation changes, midwives without specialized practice certification in STI management should continue to refer clients wanting treatment for BV to either a colleague with specialized practice certification in STI management, a nurse practitioner or a physician.

Registration FAQ

If I am registered in another province and am applying for registration in BC, do I need to submit my CMRE results?
No, applicants who are applying through reciprocity do not need to submit any educational documents. You will be required to take and pass the BC Jurisprudence exam if you have not already done so. You can learn more about applying through reciprocity here.

How far in advance should I submit documents to CMBC for a change of status?
CMBC recommends submitting your documents 2-4 weeks in advance for any change of status or return to practice applications.

How far in advance should I submit my application if I want to be registered in BC?
CMBC recommends a minimum of 4-6 weeks for an initial application for registration in BC.

What's the difference between going Non-practising and resigning?
When going Non-practising, registrants are unable to provide midwifery care in BC, but maintain their registration with CMBC and the title of "midwife", "registered midwife" or "RM". When a Non-practising registrant is ready to return to practice, they submit an Application for Return to Practice, ensure their competencies are up-to-date and complete a Quality Assurance Currency and Competency Declaration.

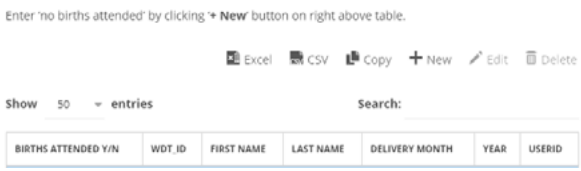
If a registrant resigns, they are no longer able to practice midwifery in BC and cannot hold the title of "RM", "registered midwife" or "midwife" in BC. To return to practice in BC, they must submit an Application for Reinstatement of Midwife Registration, and ensure that they have all of the applicable documents. Note that this option may involve re-writing the BC Jurisprudence Exam dependin on when the exam was last taken.

For registration related questions, please contact Anaïs Forest-Cooter, Registration Coordinator, at registration@cmbc.bc.ca or (604) 742-6322.

Birth Roster News

Auto-population of first and last names
Many asked and it is finally here: auto-population of first and last name is now enabled on the birth roster site! If you select "Enter a New Birth Attended" or "No Births Attended", your first and last name should appear in the pop-up window.

Edit and delete buttons
The edit and delete buttons were also added to the birth roster site. If you select "Enter a New Birth Attended" or "No Births Attended", you'll notice the edit and delete option above the table on the right.



To edit or delete an entry, select your entry first and click on edit or delete. Please use these options if the entries contain errors and share with your MOA!

If you encounter any issues with the birth roster site, please contact Sonia at qa@cmbc.bc.ca or (604) 742-6323.

Some numbers...

- Between April 1 and September 1, there were 4116 entries submitted to the birth roster site, an average of 820 entries per month!
- The majority of births (87%) are in a hospital setting.
- Midwives delivered babies in all regions of the province.

CMBC is on Twitter!

A reminder that CMBC is on Twitter as a way to inform the public of midwifery practices or regulations. Follow us @CMBCtweets for news and updates. Don't forget to retweet!

Here are a few tweets you may have missed from our feed:

CMBC @CMBCtweets
Did you know? In the 2017-2018 fiscal year, #CMBC registrant numbers grew at a rate of 7.85%! Find out more in our Annual Report, published here: bit.ly/2LMhNeX #BCMidwives #Midwifery #BCHealth

CMBC @CMBCtweets
#BCMidwives may obtain specialized practice certification through additional training. Areas of specialized practice include hormonal contraceptive therapy, acupuncture & more! See here for more information: cmbc.bc.ca/specialized-pr... #CMBC #BCHealth

CMBC @CMBCtweets
CMBC has updated our Policy on Appropriate Client-Midwife Relationships to establish clear guidance for RMs on appropriate professional boundaries. See details here: cmbc.bc.ca/wp content/upl...

CMBC @CMBCtweets
Did you know? Information on #CMBC's complaints process is available in 12 languages! For details, click here: cmbc.bc.ca/complaints/com.... #Midwifery #BCMidwives #BCHealth

Inquiry – A Look at the Process through a Sample Complaint

CMBC received a complaint from an obstetrician who expressed concern about a recent incident in which a midwife, RM, failed to accurately interpret the electronic fetal monitoring (EFM) tracings and consult in a timely manner.

As part of the investigation, CMBC interviewed the nurse, RN, who attended the labour and delivery. RN stated that she had expressed her concerns about the fetal heart rate to RM several times during the labour and asked that the OB be called to review the EFM tracings. According to RN, RM disagreed with RN's interpretation of the tracings and asserted that a consult was not indicated. Eventually, the OB was called by RM to consult for second stage dystocia. A fetal scalp electrode was applied at the OB's direction and the baby was born in an assisted delivery within 15 minutes of the OB's arrival.

In her response to the allegations, RM maintained that the EFM tracings were atypical and a consult was not indicated. She added that when decelerations were noted she performed a VE and stimulate the fetal scalp, which elicited a fetal heart acceleration of 15 bpm for 30 seconds. With respect to RN's description of events, RM denied that RN had expressed any concerns about the fetal heart rate or requested that the OB be called. RM added that she was focused on the client and relying on RN to communicate any issues with the EFM tracings.

CMBC referred the complaint to the Inquiry Committee. The case was investigated by a panel of three members (two registered midwives and one public member) who confirmed before reviewing the investigative material that they had not worked with and did not have a personal relationship with either RM or the complainant, and that they did not have prior knowledge of the complaint. In their investigation, the Panel reviewed the letter of complaint, the response from RM, the summary of CMBC's interview with RN, as well as the midwifery and hospital records.

The Panel noted that meconium-stained amniotic fluid was observed following rupture of membranes earlier in the labour. The Panel determined that EFM was not initiated until two hours after meconium was noted and there was no evidence that EFM had been recommended to the client once meconium was noted.

In their review of the EFM tracings, the Panel found the tracings to be uninterpretable in several places, which made the FHR pattern difficult to interpret. The Panel determined, however, that there were three late decelerations within a 30-minute period, followed by multiple complicated variable decelerations. Given the presence of meconium, the Panel found it especially concerning that the FHR tracings were uninterpretable for significant periods of time and a fetal scalp clip was not considered by the RM earlier in labour. In response to RM's statement that she was relying on RN to communicate any issues with the FHR, the Panel noted that it is the responsibility of the primary care provider to review, interpret and take action on the FHR tracings in collaboration with other care providers.

Having identified repetitive complicated variable decelerations, the Panel disagreed with RM's assessment that the FHR was atypical as they found that the tracings were more consistent with an abnormal FHR classification. The Panel noted that according to CMBC's *Indications for Discussion, Consultation and Transfer of Care*, an abnormal fetal heart rate pattern unresponsive to therapy is an indication for transfer of care.

The Panel also noted a lack of contemporaneous documentation by RM in the progress notes.

Finally, in reviewing the RM's response, the Panel expressed concern that RM did not appear to have learned from this case or made any changes in her practice.

In conclusion, the Panel found that RM:

- failed to recognize that the FHR tracings were uninterpretable and that it was necessary to obtain better monitoring by way of a fetal scalp electrode;
- failed to recognize when the FHR tracings indicated a shift from atypical to abnormal classification;
- failed to consult in a timely manner; and
- did note leave adequate evidence of an intellectual footprint in her documentation.

The complaint was closed with RM signing a consent agreement whereby she agreed:

1. to acknowledge failure to follow CMBC's *Indications for Discussion, Consultation and Transfer of Care* by failing to consult as indicated;
2. to take an in-person fetal health surveillance course approved by CMBC within six months of signing the Consent Agreement; and
3. to undergo a random chart review process of a minimum of five and a maximum of eight charts, at least half of which are cases where EFM was used.

Update from the Registrar

I write this fresh from completing our Annual General Meeting. This always represents a wonderful opportunity to connect with registrants and stakeholders and to share the goings on of CMBC. I am pleased to report that we had a great turn out this year with over 80 registrants and 15 students attending in person or via video conference. A big thank you goes out to Dr. Caroline Klein for her very informative presentation on Vulvodynia (a word I would have sworn was made up prior to the presentation!). For those of you online, I do apologise for the glitches along the way. CMBC has committed to hosting the AGM in a new venue next year using new technology as a way to hopefully reduce any technical issues for those attending remotely. This should be facilitated by one of the announcements made at the AGM – We've Moved!

The College of Registered Nurses (includes Nurse Practitioners, Licenced Practical Nurses and Psychiatric Nurses) amalgamated as of September 4th this year into one nursing regulator called the BC College of Nursing Professionals. As a result of this amalgamation they required a new space that could house all three Colleges. While exploring this they also invited any other Health Regulatory Colleges who were looking to collaborate and achieve economies of scale by sharing space, resources, facilities, staff and so on to join them at the new space. Twelve of the health colleges in BC indicated their interest – including CMBC. The HUB, as the new space is called, is located at 200 Granville Street (steps from Waterfront Station). It houses the Colleges of Nursing Professionals, Chiropractors, Optometrists, Dental Technicians, as of November 26th, Midwives, with other Colleges such as Physical Therapists, Traditional Chinese Medicine, Dieticians, etc., moving in as their leases come due. There are many meetings spaces and new technologies available at the HUB, which should support our future Board meetings and AGMs.

In October I had the opportunity to visit beautiful Banff, AB, for the Canadian Midwifery Regulators Council (CMRC) annual face-to-face meeting. This was my first face-to-face meeting since being elected as the CMRC Chair and it was an incredibly productive 2 days of meetings. The CMRC recently hired its first Executive Director and is going through a process of formalizing its functions. Our meetings included a strategic planning session which included a vision statement, a mission statement, the identification of strategic goals, as well as, the key performance indicators to measure our success. Here is a photo of the regulators in the historic Fairmont Banff Springs Hotel (we later found out the doors we are standing in front of are now worth 3.5 million!).

Back Row: Louise Aerts, Registrar BC; Janice Erickson, Registrar MB; Tracy Murphy, ED CMRC; Sharon Prusky, Registrar AB; Dina Davidson, President BC; Joanne Cotes, Registrar QB.

Middle Row: Kelly Ebbett, Registrar NB; Nancy Meagher, Director MOH YK; Barbara Harvey, Director MOH NU; Veronique Bazinet, RM NWT; Cassie Evans, President AB.

Front Row: Debbie Harding, Chair NB; Marie-Eve St-Laurent, President QB; Kelly Dobbin, Registrar ON, Anne Jackman, Registrar NS; and Doris Chan, Deputy Registrar BC and Chair CMRE.

Directly following the CMRC meeting, we were able to engage in meaningful professional development by attending the national conference for regulators – the Canadian Network for Agencies of Regulation. There were amazing presentations and thoughtful conversations to be had as we explored recent developments and international trends in the field of regulation.

As I highlighted in my Registrar's Report at the AGM, there appears to be change in the air in BC with regards to how Health Professions are regulated. The Ministry of Health has indicated that they are looking to create a new regulatory framework in BC that will be more collaborative, agile, transparent, and include more oversight mechanisms for the Colleges. They have also indicated that there will be fewer colleges, although how that will be achieved is unclear. There may be additional amalgamations, like the nursing Colleges; it may be assessing the need for regulatory colleges based on the level of risk to the public; or any other option. CMBC is staying connected and engaged in the process to ensure we are best poised for any eventuality.

An Announcement from Dr. Salomons at Acubalance Wellness Centre

We are pleased to announce our 2019 dates for the Acupuncture for Pain Management in Labour

Dates for the 7 day course: May 10 - 12 (3 days) and June 6 - 9 (4 days)

Time: 9am-5pm

Location: Vancouver

To register please go to : http://acupunctureformidwifery.com/registration/

Please note, we require 8 students to run this program. So please pass this information onto friends and colleagues that may be interested.

Fees:

Early bird: $2,000 (October 2018-February 2019)

Regular registration: $2,250 (All registration after March 1, 2019)

Once we receive your registration information, we will send you a Paypal invoice for the course fees.

In this course you will learn the foundations of Traditional Chinese Medicine, food therapy, moxibustion, acupressure, how to safely perform acupuncture, and learn effective acupuncture protocols to address complications that cause pain during labour.

You will learn to manage pain with acupuncture due to:

- General Pain
- Back Pain
- Unfavourable cervical dilation and effacement
- Anxiety
- Fatigue
- Failure / Slow to progress
- Malposition
- Cervical lip
- NVP
- Prodromal Labour
- Precipitous Labour
- Retained Placenta
- After pains
- Perineal discomfort
- Hemorrhoids and more...

Dr. Emilie Salomons Dr.TCM, R.Ac, FABORM, OBAAM, Doula
Acubalance Wellness Centre
208-888 West 8th Ave
Vancouver, BC V5Z 3Y1

email: emilie@acubalance.ca
twitter: @acubalance
visit: www.acubalance.ca
www.ob-acupuncture.com
call: 604-678-8600
fax: 604-678-8603

Specialized Practice Certification Renewal

If you hold specialized practice certification in Acupuncture, Surgical First Assist, or Intrauterine Contraception, please be reminded that your certification expires on March 31, 2019. You will need to submit your log by March 1, 2019 for CMBC to review and determine if you have maintained competency in this specialized practice area. If it is determined that you have maintained competency, this certification will be renewed as of April 1, 2019. For specifics regarding these certifications and the requirements for renewal, please refer to the Frameworks in section 5, Education and Competencies, of CMBC's Registrant's Handbook. You may submit the log by fax to (604) 357-1867 or email to qa@cmbc.bc.ca.

Midwives with specialized practice certification in STI Management, Hormonal Contraceptive Management and Induction and Augmentation of labour are expected to keep up to date with the latest evidence relevant to their specialized practice. If you are certified in one of these areas, you are not required to submit a log to CMBC to renew your specialized certification.

Specialized Practice Area	Requires Log (Y/N)
Acupuncture	Y
Surgical First Assist for Cesarean Section	Y
IUC	Y
STI Management	N
Hormonal Contraceptive Therapy	N
Induction and Augmentation of Labour	N