

Registrant Handbook Updates: March 18th, 2019

Policy/Standard/Guideline

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

NEW- General Standards for Prescribing

In keeping with best regulatory practice, CMBC has created new, general standards for safe prescribing. These standards serve to ensure regulatory policy is aligned with clinical practice.

NEW- Acetylsalicylic Acid (Aspirin)

The efficacy of low-dose aspirin at reducing the incidence of pre-eclampsia in those at risk is linked to initiation of treatment at an early gestational age. Given their early contact with clients, midwives are well positioned to discuss and offer this therapy prior to required obstetrical consultation. Consequently, standards, limits and conditions for this non-prescription medication have been created to assist midwives in their informed choice processes with clients in a timely manner.

Immune Globulins

On advice of BC's Transfusion Medicine Advisory Group, CMBC has made updates to standardize the process of consent for all immune globulins (HBIG and WinRho), as well as minor updates to specific dosing regimens.

Standard, Limits and Conditions for Prescribing, Ordering and Administering Contraceptives

In keeping with best regulatory practice, CMBC has substantially revised the standards, limits and conditions for the safe prescribing of contraceptives by midwives with specialized practice certification in this area. This document now includes clear standards, limits and conditions for prescribing hormonal contraceptives and intrauterine contraceptives, without including reference to contraceptives by product name. CMBC expects midwives with specialized practice certification in prescribing contraceptives to follow the general prescribing standards, limits and conditions set out in these revised *Standards*, and use their knowledge, skills and judgement obtained in their speciality training to prescribe the appropriate contraceptive for each individual client. CMBC recognizes that the hormonal contraceptives on the market frequently change: midwives should refer to their original course material or consult with their local pharmacist to assist in choosing the most appropriate hormonal contraceptive for their clients.

Prior to making these changes, CMBC undertook consultation with the 53 midwives with specialized practice certification in prescribing contraceptives, to determine how they use these standards as a prescribing support tool. A quarter of those surveyed responded. Results suggest that very few midwives reference CMBC *Standards* to assist in their prescribing of specific products, and that they

appropriately use other, more contemporary resources to stay up to date in their prescribing practices.

Policy on Alternate Practice Arrangements

This policy now directs new registrants to the revised *Policy on New Registrant Requirements* where practice requirements and restrictions are explicitly stated.

Policy on New Registrant Requirements

This policy now ensures the requirements for mentorship and volume of practice are clearly articulated. Revisions include: reference to the *Policy on Active Practice Requirements* to ensure new registrants set themselves up well to meet their initial two-year birth numbers, the removal of terms and definitions that are no longer relevant, the requirements/restrictions on new registrants seeking to work in alternate practice arrangements and the clarification and definition of the term "New Registrant".

Policy on Active Practice Requirements for Registrants in their First Two Years of Practice

Revisions to this policy include a new policy name (*Policy for Active Practice Requirements*) and ensure requirements for volume of births in the first two years of practice are clearly articulated. Consideration was given to change the number of homebirths required during the first two years of practice (for skills consolidation): the Quality Assurance Committee elected to keep the requirements the same, but to reconsider CMBC's approach to active practice shortfalls. Changes to the *Policy on Requirements for Registrants Active Practice Shortfalls* are under development and will be presented to the QA Committee for review in May 2019.

Policy on Infection Prevention and Control

This new Policy outlines the CMBC's overall expectations of midwives regarding infection prevention and control. It replaces the *Policy on Disinfection and Sterilization*.

Framework for Hormonal Contraceptive Therapy

This framework has been revised following routine review and includes updates to equivalency assessment and midwives' authority to prescribe intrauterine contraception.

Policy for Midwife Certification for Inserting Intrauterine Contraception

This framework has been revised following routine review and includes updates to equivalency assessment, and clarification that specialized practice certification in this area is for inserting IUC but not for prescribing IUC. Additional revisions include updates to required courses for certification, and references.

Policy on Change of Practice or Cessation of Practice

The policy has been rewritten to provide more specific requirements and responsibilities for registrants who change practice, close practice, temporary cease to practice and resign from the profession. The requirements and responsibilities include the appropriate form completion, client notification and records management. The policy has also been renamed the *Policy on Change of Practice or Cessation of Practice*.