NEWSLETTER

COLLEGE OF MIDWIVES OF BC APRIL 2019

Policy on Cessation of Practice

In recognition of some confusion surrounding the steps registrants should take upon cessation of practice, CMBC has revamped its *Policy on Change of Practice or Cessation of Practice* to better clarify the requirements and responsibilities of registrants who:

- Change midwifery practices;
- Close a midwifery practice;
- Temporarily cease midwifery practice and change to Non-practising registration; or
- Resign from practicing midwifery in BC.

The updated policy clearly outlines what a registrant is expected to do in the above scenarios regarding forms that need to be submitted to CMBC, expectations around client care, and records and record keeping. For any questions or concerns regarding the updated policy, please contact Anaïs Forest-Cooter, Registration Coordinator, at registration@cmbc.bc.ca or (604) 742-6322.

Inside

New Registrants and Mentorship: Case Study

Riley graduates from the UBC Midwifery Program in May 2019. She is offered a position with an established midwifery practice, to join an existing team of two to create a new team of three, with a start date of July 1st, 2019. Her prospective team invites her to meet with them prior to her start date to discuss a practice orientation, scheduling and her mentorship requirements. To prepare for the meeting, they consider the following questions:

Question: What does CMBC consider "mentorship"?

ANSWER: CMBC considers mentorship to be the provision of support and advice (by phone/text and in person when required) during the time a new registrant is consolidating their skills and developing a solid foundation of confidence as a primary caregiver within the BC health care system. How midwives develop systems of mentorship for new registrants is variable but must always allow for immediate contact and meaningful support in clinical, administrative and interprofessional situations as related to the practice of midwifery. CMBC recommends that prior to practicing together, new registrants and their mentors discuss and enter into an agreement that covers the following terms:

a. expectations of the mentor;
b. expectations of the new registrant;
c. schedule and contact information;
d. financial arrangements;
e. schedule and method for providing and receiving feedback;
f. schedule of practice meetings, chart review and peer case review;
g. internal and external resources to address conflict, e.g. other midwives in the practice, an outside facilitator, etc.;
h. process for documenting and addressing concerns between mentor and new registrant; and
i. reporting to CMBC.

Question: How long must Riley's team provide her with mentorship?

ANSWER: Riley's team must provide her with mentorship according to the *Policy on New Registrant Requirements* minimum of six months, and for the time it takes Riley to attend 20 births as principal midwife in accordance with the principles of continuity of care. For some, this means the formal period of mentorship ends after six months; for others, it can take longer.

Question: What considerations should be given to the schedule when a new registrant joins a practice?

ANSWER: Riley should work full time or as close to full time as possible during her first year of practice, with reasonable time scheduled off call. Consideration should also be given to Riley's need to meet her 2 year active practice requirements, which include attendance at least 20 births as principal midwife in accordance with the principles of continuity of care, including attendance at a minimum of 10 hospital births and 10 home births as principal midwife, and attendance at least 40 births overall in her first **two** years of practice. Riley should have the opportunity to act as the principal midwife as much as possible to consolidate her skills. In addition, practice meetings should include a component of peer case review for Riley to be able to meet her new registrant peer case review requirement (six reviews in 12 months) Finally, Riley's practice partners must ensure that Riley is never without a mentor when she is on call and that an experienced midwife is available as her second attendant for home births.

Question: Do the mentors need to submit formal documentation of their mentorship of Riley?

ANSWER: Both Riley and her mentors are required to review and sign CMBC's *New Registrant Mentorship Agreement* prior to Riley registering with CMBC. Upon successful completion of her mentorship period, Riley's mentors are required to complete the *New Registrant Requirements Reporting Form – Part 1*. If Riley's mentors complete the *New Registrant Requirements Reporting Form – Part 1* and flag the need for additional mentorship, Riley, her mentors and CMBC will work together to develop a detailed mentorship plan moving forward.

After their meeting, Riley accepts the position and works with her mentors to develop a sustainable and accountable plan for mentorship. Her mentors satisfactorily complete and submit to CMBC Riley's *New Registrant Reporting Form – Part 1* after seven months of practice together. Riley completes her new registrant peer case review requirements and submits her completed *New Registrant Reporting Form- Part 2* to CMBC after 12 months of practice. Riley completes her time as a New Registrant well supported and suitably confident.

Call for Professional Members – CMBC Committees

Registered midwives interested in being involved in the regulation of midwifery and joining a CMBC Committee or Panel are encouraged to contact Doris at dep.registrar@cmbc.bc.ca A Committee 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:

Discipline Committee

The Committee is looking for one professional member.

Inquiry Committee

The Committee is looking for a professional member.

Standards of Practice Committee

The Committee is looking for a public member.

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

Scope of Practice

Dear Registrants,

The regulation of health professionals in BC is governed by a piece of legislation called the ***Health Professions Act (HPA)***. This sets out what a health regulatory College is and what it is required to do to regulate for public safety in the public interest. Changes to the HPA are required to go through the Legislature. A midwife's scope of practice is defined in the ***Midwives Regulation***, a document owned by the Ministry of Health and to which changes require Ministerial approval. This is to say that the Ministry of Health is the decider for Regulation changes and the Minister of Health must ultimately sign off on the changes.

As you know, many health professions also have an advocacy body to support them with issues such as pay, work conditions, professional development, insurance, and so on. For midwives this is the Midwives Association of BC (MABC). There is a clear distinction between the work of the CMBC – to ensure public safety; and the MABC – to advocate and support midwives. In most instances, the concept of scope expansion – adding additional competencies to midwifery practice, is considered advocacy and fits into the role of the MABC to advocate to the Ministry of Health for a change. The Ministry of Health may, in turn, approach the CMBC to determine how these new scope items can benefit and protect the public and how CMBC would regulate these new scope items to ensure public safety.

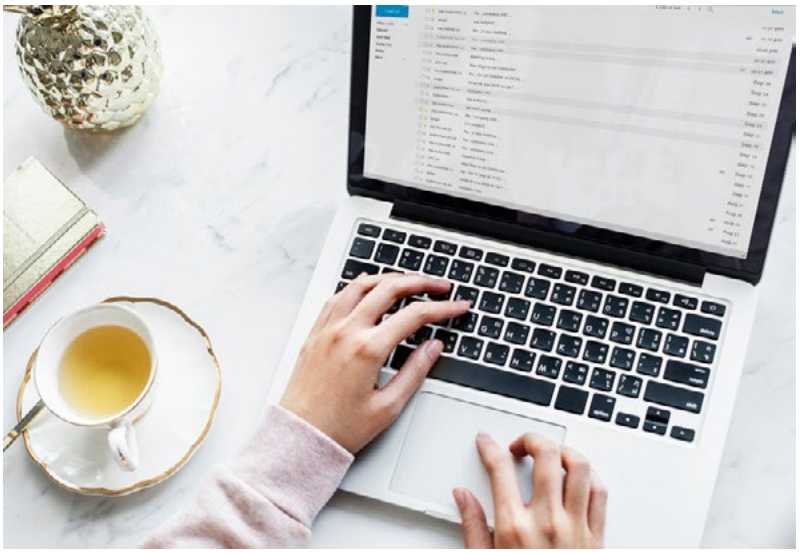
Back in 2013/2014, MABC and CMBC worked together on the beginnings of a Model and Scope of Practice Review and applied to the Ministry of Health for funding which was ultimately not approved. In that work however, several areas of scope expansion were identified by both the MABC and CMBC and were brought forward to the Ministry. The MABC brought them forward on behalf of midwives to increase their scope and, in some instances, billing opportunities. CMBC brought them forward as ways to reduce risk to the public or in the public interest – i.e. more timely access to essential and inclusive health care.

CMBC is aware of many areas where the scope of midwifery is restricted in BC in a way that negatively affects timely access to care, prohibits midwives working in smaller communities, and ultimately does not allow a midwife to work using their full knowledge, skills and judgement to meet the public interest in BC. To this end, CMBC is in dialogue regularly with the Ministry of Health to ensure they are aware of these gaps as well. To date, these changes have not been prioritized by the Ministry, as there are many competing priorities, but remain forefront in our discussions.

CMBC Baby Announcement

CMBC is excited to welcome CMBC's Inquiry Program Manager, Heidi Schmeiser's new baby girl, Hannah Rose! Hannah weighed 8lbs 2oz and is delighting her parents. We are so excited to meet her and wish Heidi, David and Hannah the best in their new life together. We also offer a special thanks to their midwives for their superb care.

CMBC Email Communication



CMBC has received notification from some registrants recently that email communication sent from CMBC staff emails has been filtered into their spam/junk folders. In particular, email providers that seem to have a higher likelihood of this issue occurring are Yahoo and institutional providers (ie. university emails). CMBC uses email as a primary form of communication to send out important information and reminders regularly. As such, it is recommended that registrants follow the below steps to ensure they are receiving CMBC communication:

1. Check the spam/junk folder of your email to see if there are any emails in there that came from CMBC staff members.
2. If there are emails from CMBC in your spam/junk folder, mark these as not spam/not junk.
3. Follow instructions from your email provider to add CMBC emails to your trusted address list, if possible. The following CMBC emails should be on your trusted list:
    a. registrar@cmbc.bc.ca
    b. dep.registrar@cmbc.bc.ca
    c. qa.director@cmbc.bc.ca
    d. information@cmbc.bc.ca
    e. registration@cmbc.bc.ca
    f. qa@cmbc.bc.ca
4. If you start using a different email address, ensure you update this with CMBC by signing into your account on the CMBC website and selecting "Update Personal Information" under Online Services.

Once you have followed these steps, you should receive all email communication from CMBC.

Fetal Health Surveillance Certification

In December 2018, CMBC published its new *Policy on Continuing Competencies*, which combined the previous policies on Emergency Skills (ESW), Cardiopulmonary Resuscitation (CPR) and Neonatal Resuscitation (NRP) recertifications.

Most significantly, it added a new requirement for recertification in Fetal Health Surveillance (FHS). Much like CPR and ESW recertification, FHS will need to be completed every two years. CMBC will require documentation of currency in FHS at the 2020-2021 renewal period. CMBC will accept certification from the following approved courses:

- Fundamentals of Fetal Health Surveillance – Self-Learning Online Manual and Online Exam (UBC CPD); or
- Fundamentals of Fetal Health Surveillance as offered by an accredited Canadian midwifery education program or university; or
- Fetal Health Surveillance Refresher course or workshop as provided by a hospital education program (including completion of the above named UBC CPD Online Manual and Online Exam)

For more information on or questions about this new requirement, please contact Ruth Comfort, QA Director at qa.director@cmbc.bc.ca or (604) 742-6320.

Inquiry Case Study Hemorrhage

CMBC receives a complaint from a hospital concerning the care provided by Registered Midwife (RM) during a postpartum hemorrhage at their level 1A hospital. The allegation is that RM lacks the competency to appropriately manage a postpartum hemorrhage. The nurse who was present during the incident brought forward her concern to her nurse leader, who brought it to the Chief of Staff who in turn, made a complaint to the CMBC.

The nurse reported that following a routine one-hour postpartum assessment after an otherwise uncomplicated birth, she observed the client to be actively bleeding. She removed the pads and weighed the fresh blood loss to be 600ml. She alerted RM, but RM seemed unable to recognize or manage the evolving hemorrhage. When the nurse asked what medication RM wanted to administer, RM first stated an incorrect drug. Once the nurse suggested the appropriate drug, the midwife agreed but ordered an incorrect dose. RM seemed to be frozen in place and needed prompting to catheterize, start bimanual compression, and administer additional medications. The nurse called a code and felt as though she almost had to take over care.

RM provided a response whereby she stated that she was completing her charting outside the room while the nurse had been conducting routine postpartum assessment. She acknowledged that she said the wrong medication to start, but stated that this was quickly caught and the correct medications were administered. She stated that she provided appropriate clinical care to the client until a higher level of care was available. She denied needing prompting or being frozen in place. She has reflected on this case and feels she may have underestimated the blood loss to start, and has learned from this mistake.

CMBC referred the complaint to the Inquiry Committee. A Panel of three members investigated the case: two professional midwives with no knowledge of this case and one public member. The Panel reviewed the letter of complaint and supporting documentation, the responses from RM, the hospital records, the midwifery records, as well as interview summaries from the nurse and the client's partner who were both present. The Panel found the competency of RM in managing a postpartum hemorrhage was unsatisfactory. The Panel reviewed the information and found that the midwife's ability to assess the quantity of blood loss was insufficient, her knowledge of medications to treat hemorrhage was lacking, and they were concerned about her hesitation in reacting to the emergent situation.

The Panel disposed of this complaint by way of a consent agreement whereby RM agreed to recertify in emergency skills within the next three months and research and write a paper (not more than 1,000 words) on postpartum hemorrhage, recognition, diagnosis, treatment and follow up. Further, RM agreed to spend at least four 12-hour shifts in a tertiary care hospital outside her community, shadowing an OB to observe and help manage postpartum hemorrhages.

Bylaw Bits & Bytes

The College of Midwives of British Columbia's Bylaws ("CMBC Bylaws") were amended again effective December 30, 2018. Notice of the proposed bylaw amendments was provided to the Ministry of Health (MOH), BC health professions colleges, midwifery colleges across Canada and posted on the CMBC website for a three-month period to ensure that interested stakeholders, registrants and the public had the opportunity to review and comment. There was no feedback or requests for changes during the notice period and the amended bylaws were filed with MOH who confirmed the effective date for the new bylaws.

Registrants should pay attention to the following major amendments:

Section 22 - Committee on indigenous midwifery

The CMBC "Committee on aboriginal midwifery" was renamed as "Committee on indigenous midwifery". The term "aboriginal" used within the section was changed to "indigenous".

Section 50 - Conditional (return to practice) registration

It was clarified that a Conditional (return to practice) registrant may not be nominated for Board election. This matches the other conditional categories.

Section 52 - Temporary (limited scope) registration

The duration for each Temporary (limited scope) registration and each subsequent renewal was increased from 180 days to 12 months. The maximum cumulative total time-period for this class of registration was increased from three years to five years.

Section 60 - Non-practising registrant returning to practice

The requirements for a Non-practising registrant returning to practice to different practising classes of registration were clarified.

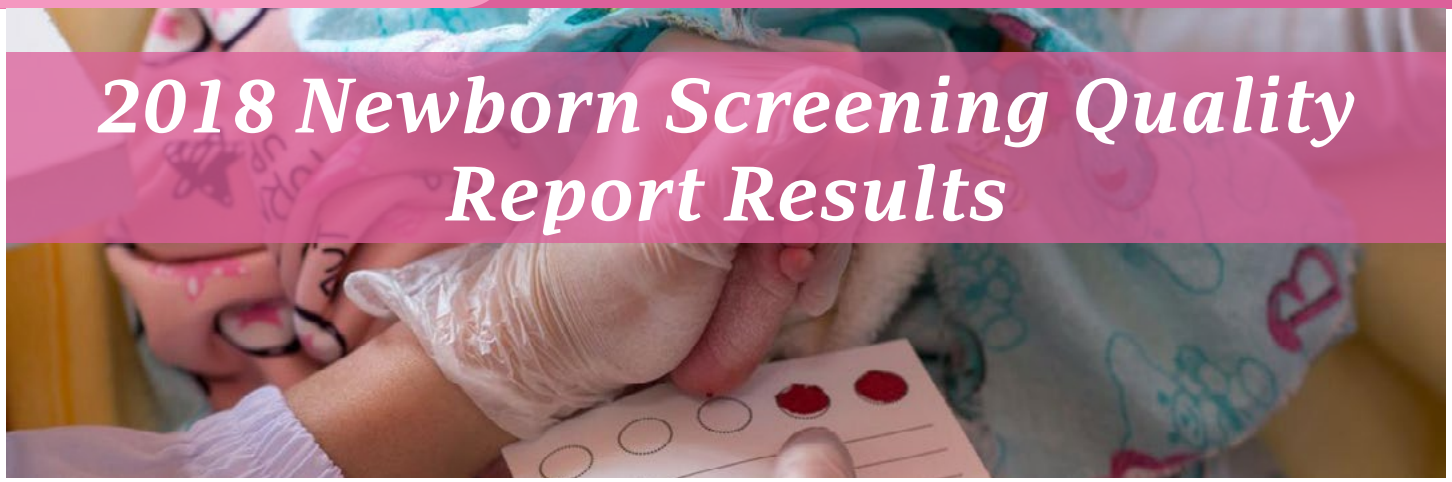
Section 79 - Privacy Requirement

The section was updated with current applicable legislations.

Section 80 - Storage and retention of personal information

The section was updated with current legislation which requires records to be retained for 16 years from either the date of last entry or from the age of majority, whichever is later.

2018 Newborn Screening Quality Report Results



Specimen Performance Summary

Statistics (January 01, 2018 - December 31, 2018)		
	Home	Performance Targets
Total Samples	1,514	
Unsatisfactory Samples	81 (5.4%)	<1%
Double Specimen	4	
Insufficient Quality	30	
Contamination	7	
Delayed in Transit	13	
Expired Card	18	
Collected by 48 hrs of age	47%	>90%
Transport Time < 72 hrs	50%	>90%

The BC Newborn Screening Laboratory has provided a summary of the quality and timelines of newborn screening bloodspot specimens collected at home by midwives in 2018.

Unfortunately, the incidence of unsatisfactory newborn screening bloodspot specimen collection by midwives is on the rise. In the April 2017 newsletter, CMBC reported that 2.6% of bloodspot specimens collected by midwives over a six-month period in 2016 were considered unsatisfactory. In 2018, this percentage of unsatisfactory specimen collection by midwives more than doubled to 5.4%. This is considerably higher than the percentage of unsatisfactory samples received province-wide from all provider types and locations (2%), and well above the performance target of <1%. In addition, midwives remain outliers in meeting performance target goals for age of collection and transport time.

These results are unacceptable and reflect poorly on midwives. Unsatisfactory collection can lead to clinically significant delays in diagnosis and unnecessary repeat pokes for newborns. This represents a serious risk to public safety and may require regulatory intervention in the form of required courses or inquiry.

The BC Newborn Screening Program, in concert with Perinatal Services BC, has recently completed an eLearning module on newborn screening bloodspot collection to assist collectors with honing their technique. CMBC is hopeful this course can help improve midwives collecting satisfactory samples and bring midwifery closer to meeting performance targets in 2019. We strongly encourage you, and any learners in your practice, to take this module if you have collected even just one unsatisfactory sample in 2018. The module can be accessed from anywhere in the province by logging into https://learninghub.phsa.ca/Courses/17826 or searching for "Newborn Screening" on the Learning Hub.

Home Birth Records Submission Reminder

CMBC has become aware through reconciliation of home births rostered with CMBC against PSBC's home birth records that not all home birth records are being submitted to Health Authorities' site-specific designated hospitals. Please be reminded that monthly submission of home birth records is required as per CMBC's *Policy on Midwifery Data Submission.* CMBC has been working with PSBC to follow up with a number of midwives to submit missing home birth records from previous fiscal years directly to PSBC.

Midwives should refer to the following two documents which outline the requirements for home birth record submission and details regarding the process:

1. CMBC's *Policy on Midwifery Data Submission:* https://www.cmbc.bc.ca/wp-content/uploads/2018/06/Policy-on-Midwifery-Data-Submission.pdf.
2. PSBC's Home Birth Records Submission FAQ: http://www.perinatalservicesbc.ca/Documents/Resources/HBSP/HomeBirthRecordsSubmissionFAQs.pdf

Failure to submit birth roster information and/or home birth records to your designated hospital can result in a complaint to the Inquiry Committee. Please ensure timely submission.

CMRE recruiting item writers, item validators or standards setters

The Canadian Midwifery Regulators Council is looking for registered midwives to participate in item writing, item validation, or standards setting for the Canadian Midwifery Registration Exam (CMRE). Successful applicants will have: an interest in the CMRE; at least five years experience as a registered midwife in Canada; a record of good standing with their regulatory College; recent clinical practice within the last three years; a demonstrated aptitude for evidence-based practice; and knowledge of Canadian midwifery and obstetrical clinical practice guidelines. Group members must be willing to travel to attend one workshop per year and/or participate in online working sessions. A commitment of 3-5 days per year is required. Travel and accommodation (if needed) are paid and a daily stipend is provided. Anyone interested in this opportunity should contact Tracy Murphy, CMRC Executive Director, at tracy.murphy@cmrc-ccosf.ca

CMBC Staff and Contact Updates

Staff Update

Heidi Schmeiser is currently on maternity leave from February 2019 until July 2020. CMBC's newest staff member, Robyn Murray, is our Inquiry Coordinator during the leave. Robyn can be contacted at information@cmbc.bc.ca or (604) 742-6321. CMBC would like to extend a warm welcome to Robyn and wish Heidi a wonderful 18 months!

Contact Updates

As a reminder, CMBC moved to a new office space in November 2018 and staff phone numbers have changed to the following:

- Louise Aerts, Registrar & Executive Director: (604) 742-6318
- Doris Chan, Deputy Registrar & Director of Finance: (604) 742-6319
- L. Ruth Comfort, Quality Assurance and Clinical Practice Policy Director: (604) 742-6320
- Anaïs Forest-Cooter, Registration Coordinator: (604) 742-6322
- Sonia Price, Quality Assurance Coordinator: (604) 742-6323

Email addresses for CMBC staff members have remained the same following the move. Our new fax number is : (604) 357-1867

Online Birth Rosters – Your Questions Answered

Since April 1st, 2018, midwives have logged a combined 9,600+ births using the new birth roster platform (www.cmbcbirthroster.com). CMBC would like to extend a huge thank you to all midwives for adapting to the new system. As we approach the one-year mark since implementation, CMBC has compiled a series of questions asked and answers to assist with accurate birth roster completion.

Question: What is the definition of "planned" place of birth for the purposes of the birth roster?

ANSWER: For the purposes of the birth roster, planned place of birth is defined as where the client plans to give birth at the *onset of the intrapartum period*. Here are a few examples for clarification:

a. A client plans a homebirth but has term prelabour rupture of membranes with meconium and decides to go into hospital for cEFM and induction: consider this a planned **home** birth.
b. A client plans a homebirth during pregnancy but has a persistent breech presentation and their plan changes to hospital birth at term: consider this a planned **hospital** birth.
c. A client plans a homebirth but develops a medical condition before term indicating hospital birth and gives birth in the hospital at term: consider this a planned **hospital** birth.
d. A client has not decided where to give birth and proceeds to give birth prematurely in the hospital: consider this a planned **hospital** birth (for now). CMBC will be adding an "undecided" option in our next set of revisions to the platform.
e. A client plans a hospital birth, but precipitously gives birth at home: consider this a planned hospital birth.
f. A client plans a homebirth, gives birth at home, and then transfers into hospital for retained placenta: consider this a planned home birth.

Question: How do I record a birth (or births) for twins who are born on different days (just before and just after midnight)?

ANSWER: Record this birth only once and make a narrative note about the other twin including their different date and time of birth.

Question: What is the definition of "transfer of care" for the purposes of the birth roster?

ANSWER: For the purposes of the birth roster, a transfer of care refers to any birth where the midwife is in a supportive care role, within their scope of practice, at the time of actual delivery. This includes any births involving forceps, vacuum and cesarean. It also includes any births where care has been transferred to a physician, but the midwife conducts or is present for the birth (e.g. pre-eclampsia, twins, preterm birth, etc.).

Question: What happens if I select "no" for "homebirth records faxed" after a homebirth, and then later fax the records?

ANSWER: This part of the birth roster serves as a reminder and is for your tracking purposes only. Once you fax the homebirth records, you can go back and edit the entry.

Best Practices in Immunizations- What's Changed?

Recent changes to CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics* may trigger a need for a refresher in immunization best practices. Not sure where to start? UBC CPD's free, online *Pearls for Immunization Practice* is now open to midwives. This course provides an opportunity to stay up-to date with the best evidence and can improve confidence while discussing immunization with clients and when prescribing and ordering immunizations within CMBC standards.
https://ubccpd.ca/course/pearls-immunization-practice