

Policy/Standard/Guideline

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

NEW- Tranexamic Acid

Tranexamic acid (TXA) is an IV medication used for the treatment of postpartum hemorrhage. In late 2017, the World Health Organization announced its recommendation for caregivers to initiate early use of TXA as part of the “standard PPH treatment” as soon as possible after onset of bleeding and within three hours of birth. Its use is taught in ALARM courses across the country. As primary care providers, midwives are in an ideal position to initiate early administration of TXA. Its addition to the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics* will facilitate best practices and safe clinical care by midwives treating PPH both at home and in hospital. The entry is written to ensure flexibility in practice according to medication availability and variable site-specific PPH protocols.

Antibiotics

An overall review and update of the standards, limits and conditions placed on all antibiotics prescribed by midwives has been completed in accordance with evolving evidence and correspondence from the BC Centre for Disease Control. Highlights include the addition of entries for fosfomicin, trimethoprim-sulfamethoxazole, amoxicillin-clavulanic acid and dicloxacillin.

Standards, Limits and Conditions for Prescribing, Ordering and Administering Controlled Substances

In alignment with recent revisions to *the Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics* and the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Contraceptives*, new general prescribing standards and additional standards for prescribing controlled substances have been added/merged. Entries for the individual controlled substances by name have been enhanced by minor revisions to formatting, emphasis and layout. Finally, references to controlled drugs and substances duplicate prescription pads have been updated in preparation for implementation, planned to take place in the next 12 months.

Policy on Requirements for Registrants with Active Practice Shortfalls

Substantial revisions have been made to this policy to allow for the QA Approval Panel to take a more nuanced approach to active practice shortfalls incurred by registrants in their first two years of practice.

The policy now requires the QA Approval Panel to be holistic in their review and to apply a risk-based tool to each shortfall case, in order to come to one of three outcomes: to determine equivalency, to create an active practice plan that includes clinical practice requirements and mentorship, or to refer to the Registration Approval Panel for specific terms, limits and/or conditions to be placed on the individual’s registration.

Policy on Active Practice Requirements

This policy has been revised to align with the substantive revision of the *Policy on Requirements for Registrants with Active Practice Shortfalls*.

Policy for Second Birth Attendants

Following changes made by the Canadian Pediatric Society to their NRP eligibility criteria, and QA Committee discussion over the past 12 months, revisions to this policy include the addition of respiratory therapists and any regulated/licensed health care providers where NRP is part of their professional role, to be eligible to work as second birth attendants approved by CMBC.

Framework for Midwife Certification in Surgical Assist for Cesarean Section

This framework sets the requirements for midwives to become certified in assuming the role of surgical assist during a cesarean section. Although recently revised, additional changes have been made to align the continuing competency requirements for this certification with other specialized practice certification requirements and with the literature on skill fade. Now, instead of requiring a minimum of two assists in 12 months to maintain certification, midwives will be required a minimum of three assists in 24 months. Additional, minor revisions have been made to remove redundancy in language (from “surgical first assist” to “surgical assist” in cesarean section) and consistency with other specialized practice frameworks.

Policy on New Registrant Requirements

The policy was updated to clarify the allowable transfers of care within the required births attended under the new registrant requirements.

Policy on Conditional Registration and Supervised Practice

The policy title was updated as per CMBC’s style guide. Minor grammatical changes were made. Redundancies regarding physician supervision and continuity of care requirements were removed.