



Registrant Handbook Updates: September 17th 2019

Policy/Standard/Guideline

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

NEW – Carbetocin

Carbetocin is a uterotonic used for the prevention of uterine atony and postpartum hemorrhage (PPH). It is a long-acting, synthetic nonapeptide analogue of oxytocin and is available in both heat stable and non-heat stable formulations.

Carbetocin has recently been added to the World Health Organization's list of approved medications. In its heat-stable formulation, it may be used in place of oxytocin IM for active management of third stage following vaginal birth. The SOGC also recommends its use, in addition to oxytocin IM for active management, immediately following vaginal birth for those at risk of PPH. BC Women's Hospital and Health Centre will be adding carbetocin following vaginal birth to their order sets and policy for PPH management by fall of 2019. The entry has been created for flexibility recognizing that how carbetocin is used is variable by site and place of practice. Please note these standards are also available in searchable form at medref.cmbc.bc.ca/

NEW – Acupuncture

On the direction of CMBC's Quality Assurance Committee, standards, limits and conditions for administering acupuncture have been formalized. These include: that CMBC specialized practice certification is required, that acupuncture should not delay standard of care in an emergency, and that acupuncture needles may only be inserted for the purpose of pain relief in labour and the immediate postpartum. Adding this entry ensures alignment and consistency within CMBC's regulatory approach.

Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs for Sexually Transmitted Infections

New general prescribing standards have been added to this document. All drug entries were reviewed and updated according to current Canadian guidelines for the treatment of STIs. Additional revisions to formatting, emphasis and layout were made to ensure ease of reading. Please note these standards are also available in searchable form at medref.cmbc.bc.ca/

Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests

REVISED – Zika Virus

Standards for Zika virus testing in pregnancy were reviewed and updated for clarity and consistency with the testing recommendations of the BCCDC (those made by Public Health Agency of Canada are slightly different).

As recommended by the BC Centre for Disease Control (BCCDC), testing for the Zika virus is recommended if a pregnant client:

- has travelled to a Zika virus affected area while pregnant;
- became pregnant within two months after travelling to a Zika virus affected area; or

- had unprotected sexual contact with:
 - someone diagnosed with Zika virus infection within the past six months; and/or
 - someone who travelled to a Zika virus affected area within the past six months; or
- has fetal ultrasound findings consistent with congenital Zika infection, and has a history of possible exposure to Zika virus.

Policy for Required Procedures for Midwife or Client-Initiated Termination of Care

This policy has been revised to provide clarification/expansion of why a midwife may terminate care prior to the natural end of the midwifery-client relationship: a midwifery practice unexpectedly closing, an irreconcilable breakdown in the midwife-client relationship, or a request for care outside of midwifery standards that the midwife cannot accommodate.

Policy on New Registrant Requirements

This policy has been updated to reflect and clarify when a new registrant may provide locum coverage.

Policy on Timeframe for Registration

This policy has been updated to clarify when a reassessment of clinical experience is deemed necessary.

New Registrant Mentorship Agreement

The *New Registrant Peer Case Review Log – Part 2* has been modified to provide simpler and more concise instructions on what constitutes an acceptable peer case review session under the policy.