

CMM CIRCULAR

Summer 2012

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Statements, claims & opinions made in articles are those of the author & don't necessarily reflect the views of the CMM or Executive.

Submissions are subject to editorial changes.

CMM CIRCULAR DESIGN & LAYOUT

Kathy Kirby

Oh glory days! Look outside and smile! As many of you know, this early spring has been one for the record books. We most certainly can't complain to date. I think for the most part, some of us are now in holiday mode....thinking about our summer vacation; plans are already under way....campsites booked, family reunions, road trips aheadLet's all have a great summer and be safe whatever it is we do! We hope you continue to enjoy our quarterly updates and your continued feedback is welcome. Kathy

NOTE FROM THE REGISTRAR:

How to 'count' and report births as a primary midwife:

Every year we receive inquiries at the CMM about how to report certain births in relation to the CMM currency requirements. The *Standard for Currency of Practice* describes the total number of births required, as well as the requirements for birth attendance as primary midwife, hospital birth, and out of hospital birth. In addition there is continuity of care requirements for those in their first two years of practice. The following are general guideline and examples of how to 'count' certain births that are not straightforward.

Guidelines

1. Up to 20% of the currency requirements for primary midwife may be births where care was transferred to a physician, so long as you were involved in the decision to transfer care and continued to provide supportive care for the birth.
2. Births where care was transferred to a physician, and you did not attend the birth do not count towards your currency requirements.
3. Planned out-of-hospital births that transport in labour may be reported as out-of-hospital births.
4. Planned out-of-hospital births that transport before labour should be counted as hospital births.
5. Births attended as second attendant count only towards the total number of births attended requirement.
6. Births where a supervised midwife and a Supervisor are both present and the supervised midwife is acting in the role of primary may be counted as primary by both the supervised midwife and the Supervisor.

Examples

1. You do all the prenatal care for a client who delivers with your colleague while you are off call. You return to do the postpartum and newborn care. This birth does **not** count as a birth to meet any of the currency requirements.
2. You meet a client of your colleagues once in the prenatal period; you attend her birth and do one postpartum visit. This birth counts as one primary birth, but **not** as a continuity of care birth.
3. You have a client who is planning a hospital birth; you attend her labour in hospital but transfer care to a physician in labour. You attend the birth in hospital. This birth counts as one primary birth (in hospital).
4. You have client who is planning a home birth, at 38 weeks she develops a condition that requires her to deliver in hospital. You attend the birth in hospital. This birth counts as a primary and a hospital birth.
5. You have client who is planning a home birth, she begins labour at home, and you attend her there for several hours. She transports to the hospital in labour and you transfer care to a physician but remain in attendance for the birth. This birth counts as primary and out of hospital.
6. You attended 40 births as primary midwife last year. Five of the births were transfer of care in which you were involved in the decision to transfer care, provided supportive care and attended the birth. 5/40 is less than twenty percent. These five births can be counted as primary midwife.

NOTE FROM THE EXECUTIVE DIRECTOR:

COUNCIL OF THE CMM

Kelly Klick, RM, Chairperson

Darlene Birch, RM (Rural)
(KD Council Designate)

Thelma Mason, (KD Rep) (Rural)

Kari Hammersley, RM (Rural)

Gisele Fontaine, RM

Sheila Mills, RM

Erin Eleuterio (Pub. Rep)

Carolyn Markmann (Pub. Rep) (Rural)

CURRENT CMM MEMBERSHIP

46 Practicing Midwives

14 Non-practicing Midwives

12 Students

NEW CMM REGISTRANTS

Mary Catherine Abbott, June 5, 2012

NEW CMM STUDENTS

Tricia Guse – May 2, 2012

Bronwen Agnew – April 30, 2012

Norah Keeper – May 9, 2012



This time of year is always extremely busy for me - the CMM financial audit duties, funding proposal submission to Manitoba Health and planning for the AGM and Annual Report. It is hectic, but, does provide the opportunity to view the accomplishments and challenges of the previous year all at once. I hope that you can join us on June 15th for the AGM either in person or via teleconference. If not be assured that you will receive a print or electronic copy of the Annual Report which will provide the details of the CMM's work over the year.

COMMITTEE UPDATES

Standards Committee: The committee members are currently working on a Guideline for Waterbirth as well as are reviewing the VBAC guideline, 'Code of Ethics', 'Philosophy of Midwifery Care' and 'When a Client requests Care Outside the Midwifery Standards of Practice', are all under review just to name a few.

Board of Assessors: The committee has met frequently as they do during annual registration time; review and approving all members' forms. We expect five new registrants this year from Ontario.

Quality Assurance Committee: The Quality Assurance has just completed its first Random Practice Audit.

Perinatal Review Committee: Cases continue to be received and reviewed by the committee. Kathy was asked to compile a record of cases submitted to the CMM PRC by midwives and perinatal morbidity and mortality committees. The data includes the recommendations that have provided by the committee to individual practitioners upon case reviews. Once compiled this information should be useful, especially if there are trends evident. We expect to roll out our summary by mid-October. On another note, the PRC is looking for a new member. The commitment involves a 4 hour meeting every second month and review of usually one case so that you can present it at the next scheduled meeting.

Education Committee: The committee has just recently reviewed and recommended interim approval of the midwifery education program at Université du Québec à Trois-Rivières (UQTR) & the Ontario's Bridging Program - International Midwifery Pre Registration Program (IMPP).

Kagike Danikobidan (KD): The Committee met April 20 to catch up and receive updates from all the members who sit on Council and committees of the CMM. Melissa Brown, student midwife, attended a portion of the meeting to share her perspective on being a student in the BMP Program. Lynda Ross and Betsi Dolin also attended a portion of the meeting to update KD members on the midwifery program.

Need for Appointed Public Representatives: As midwives do you know of any individuals willing to represent the best interest of the public for the CMM committees and governing council? Public reps. must be willing to become familiar with issues regarding midwifery care, be able to identify public concerns and conflicts of interest, and effectively bring these to the attention of the CMM. Essential qualifications for public reps. include familiarity with consensus decision-making, sensitivity to issues of culture and equity, and willingness to support the CMM in regulating the profession. Manitobans of all backgrounds are encouraged to apply. (Public reps may not be members of another regulated health care profession in Manitoba).

If you think that you might know persons who would be suited please have them contact Kathy at 783-4520 for more information. Thanks a million!

CMRC UPDATE

The CMRC reports that Multi-jurisdictional Midwifery Bridging Program (MMBP) is not currently operational until further funding is obtained. The transition from Pilot funding to ongoing funding amongst provinces for the MMBP has met with some challenges. Meetings are scheduled for June to determine the best way to proceed. In the interim we are suggesting that Internationally Educated Midwives contact the International Midwifery Pre-registration Program (IMPP) based out of Ryerson University in Toronto. The CMM has granted interim approval of this program. More information can be found at www.ryerson.ca/ce/midwife/

International Day of the Midwife

On Saturday, May 5th, The International Day of the Midwife Annual Picnic was held at the Legislative Grounds in Winnipeg. The second year UCN Midwifery students helped to organize some activities this year, which included face painting for the kids, and a special tribute to the Midwives in Manitoba. The Midwifery students said a few words in gratitude of all the Midwives and Honor songs were performed by Traditional Aboriginal singers. We all enjoyed the afternoon of reconnecting with one another and making new connections. We had beautiful weather and a great turn-out this year! Submitted by Melissa Brown, Midwifery Student, UCN.



TOPICS OF INTEREST



Council on Licensure, Enforcement and Regulation

The CMM has signed up to participate in some 'Board' member training offered by the Council on Licensure, Enforcement and Regulation (CLEAR). We hope this will be beneficial to many of you and you will take the opportunity to participate. The training is offered via 5 different modules via 'webinar'. The sessions will be accessed from the CMM offices and as many people who like can attend via our office; unfortunately we are unable to cover travel expenses. Below is a description of the 5 different modules and the date/time they take place. You may attend all modules or only the one(s) you are most interested in, or available for. We had a few midwives attend March & April; below are the last of the 5 module training sessions.

June 13, 1:00 - 2:00 p.m. **Professional Discipline**

Content includes: steps in the enforcement process; characteristics of a strong enforcement process; receiving and sharing information; types of disciplinary sanctions; and practitioner impairment

July 11, 1:00 - 2:00 p.m. **Assessing Competence**

Content includes: the board's role in entry to practice assessments, continuing education programs and their applicability; and ways to evaluate continued competence.

If you are interested in participating in any of the two above sessions, please call Kathy at 204 783-4520 to make arrangements.

Reminders

You will need to provide proof of current CPR, NRP and Emergency Skills training for renewal next year (March 31, 2013). Every year we have an increasing number of members who indicate that they were unable to schedule a renewal course in time. It is your professional responsibility to ensure these requirements are up to date, please plan ahead.

Common Documentation Omissions:

The CMM recognizes that all midwives strive to make their documentation thorough and accurate. Please pay attention to the following common omissions.

- Documenting your role/presence as a Supervisor
- Documenting students present and roles of students
- Signature and/or initials on the Postpartum Record for Mother or Baby
- Documentation of client education/ informed choice discussions in the Postpartum Record

TOPICS OF INTEREST *cont'd*

Regional Health Authorities Update

The Manitoba government has reduced the number of regional health authorities (RHA) across the province from 11 to five. Front line health services will be maintained throughout the transition.

The following regional health authorities will be merged.

Assiniboine, Brandon and Parkland RHAs will form a new western health region; Burntwood and NOR-MAN RHAs will form a new northern health region; Central and South Eastman RHAs will form a new southern health region; Interlake and North Eastman RHAs will form a new eastern health region; and

Winnipeg and Churchill RHAs will also be merged as the regions already have a close connection, with health professionals and patients transferring between the regions when needed.

Newborn screening to include Cystic Fibrosis Test

As of April 24, all Manitoba regional health authority (RHA) boards approved the government's proposal to reduce the number of authorities to five from 11, enabling the province to take the next steps in the merger process.

The province of Manitoba is ensuring families and their newborns have the best start in life through an expanded universal newborn screening program, Health Minister Theresa Oswald announced today.

"We want to provide peace of mind to new families and ensure disorders are found early so infants can receive the care and treatment they need immediately," said Oswald. "We have expanded the newborn screening program so newborns in the province can be tested for cystic fibrosis and more than 40 other serious health conditions."

Newborns are screened for serious and sometimes life-threatening genetic, hormonal, inherited and metabolic disorders that may not be obvious at birth. Early diagnosis and treatment can optimize outcomes for children found to be affected. Once samples are collected, they are sent to Cadham Provincial Laboratory for analysis.

"Without early diagnosis, children with cystic fibrosis are not diagnosed until symptoms appear and irreversible and potentially life-threatening lung damage may have already occurred," said Maureen Adamson, chief executive officer, Cystic Fibrosis Canada. "Cystic Fibrosis Canada is delighted that Manitoba has joined the fight for early detection, allowing earlier treatment and care for babies born with this devastating disease."

Expanded newborn screening uses a technology called tandem-mass spectrometry to detect dozens of different conditions with one test. Like many other screening tests, a positive result does not mean that a baby has a metabolic or genetic condition; only that further assessment and possible testing are recommended.

"We cover a broader array of rare metabolic disorders than most other provinces, leading the way with Ontario and Saskatchewan. These disorders were difficult to detect before the use of tandem-mass spectrometry," said Oswald.

The minister noted the universal newborn screening program was introduced last year and initial funding for cystic fibrosis screening was provided by the Children's Hospital Foundation.

"Our mission is to contribute to the improved health of children everywhere," said Lesia Sianchuk, executive director, Children's Hospital Foundation. "By having provided the initial funding for cystic fibrosis screening, we are helping to provide Manitoba children with cystic fibrosis a better quality of life. We are grateful to our donors from our Ice Crystal Gala event that helped us raise this seed money."

The province continues to work with the regional health authorities and other partners to develop additional screening programs for Manitoba children as recommended by medical professionals.

More information about newborn screening in Manitoba is available from health-care providers or at www.gov.mb.ca/health/publichealth/cpl/baby.html.

Council and Committee Membership

Council of the College

Darlene Birch, RM (NOR-MAN RHA) Rural
 Thelma Mason (Kagike Danikobidan Rep) Rural
 Kelly Klick, RM Chairperson (WRHA)
 Gisele Fontaine, RM (WRHA)
 Kari Hammersley, RM (Brandon RHA) Rural
 Sheila Mills, RM (WRHA)
 Carolyn Markmann (Appointed Public Rep) Rural
 Erin Eleuterio (Appointed Public Rep)

Board of Assessors

Marla Gross, RM (Central RHA) Rural
 Sheila Mills, RM Chairperson (WRHA)
 Mary Beens (Appointed Public Rep)
 Marlaine Anderson-Lindsay (Appointed Public Rep)
 Cara McDonald, RM (WRHA)
 Janet Macaulay, RM (WRHA)

Complaints Committee

Kelly Klick, RM Chairperson (WRHA)
 Carol Griffin, RM (South Eastman RHA) Rural
 Erin Eleuterio (Appointed Public Rep)
 Lourie Rose, RM (Brandon RHA) Rural
 Darlene Mulholland (Kagike Danikobidan Rep) Rural

Education Committee

Lori Peters (Appointed Public Rep) Rural
 Carolyn Nykiforuk, RM (WRHA)
 Kari Hammersley, RM (Brandon RHA) Rural
 Freda Lepine (Kagike Danikobidan Rep) Rural
 Sara Corrigan (Appointed Public Rep)
 Melissa Langlais, RM (Brandon RHA) Rural

Perinatal Review Committee

Gisele Fontaine, RM Chairperson (WRHA)
 Lara Petkau, RM (Central RHA) Rural
 Ling Ou Chen, RM (WRHA)
 Abigail Tackie Larson, RM (WRHA)
 Sari Fogg, RM (WRHA)
 Dr. Ferd Pauls

Standards Committee

Darlene Birch, RM (NOR-MAN RHA) Rural
 Marla Gross, RM (Central RHA) Rural
 Gisele Fontaine, RM (WRHA)
 Joelle Ross, RM Chairperson (Central RHA) Rural
 Gordana Lemez, RM (WRHA)
 Regina Legaspi (Appointed Public Rep)
 Rebecca Wood, RM (WRHA)
 Daniele Bajus (Appointed Public Rep)

Quality Assurance Committee

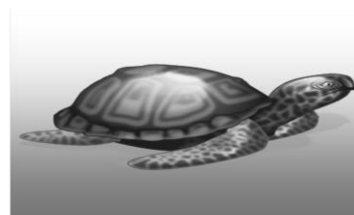
He Hu, RM (WRHA)
 Rebecca Wood, RM Chairperson (WRHA)
 Darlene Birch, RM (Kagike Danikobidan) Rural
 Kelly Klick, RM (WRHA)
 Darlene Mulholland (Kagike Danikobidan) Rural

Kagike Danikobidan (KD)

Darlene Birch, RM (NOR-MAN RHA)
 Maggie Flett (Island Lakes)
 Ruth Ellen Flett (Island Lakes)
 Freda Lepine (Chairperson) Thompson
 Thelma Mason (Garden Hill)
 Nelliane Cromarty (Garden Hill)
 Darlene Mulholland (Thompson)
 Doris Young (The Pas)
 Sandy Howard (Student rep)

Committee to Select Public Representatives

Kelly Klick, RM Chairperson (WRHA)
 Tanya Jonasson (Rep appointed by the Women's Health Clinic)
 Kirsten McFarlane (Appointed Public Rep) Rural
 Erin Elueterio (Appointed Public Rep)





COUNCIL & COMMITTEES MEETINGS

Standards Committee – June 11, 9:30 – 12:30

Perinatal Review Committee – Sept 14, 9:30 – 1:20 p.m. Nov 9, 9:30 – 1:30 p.m. & Jan 11, 9:30 – 1:30 p.m.

Education Committee – June 19, 2012 11:30 – 1:30 p.m.

Quality Assurance Committee – June 21, 12:00 – 2:00 p.m.

Council Meetings – September 17, 9:00–2:00 p.m. November 26, 9:00 – 2:00 p.m.

RETURNING TO PRACTICE?

Please remember that in order to return to practice you must submit your **RETURN TO PRACTICE FORM** 30 days prior to returning back to work. You must also be current in CPR & NRP.
No Exceptions!

UPCOMING HOLIDAYS/EVENTS

June 15, 2012 – CMM Annual General Meeting – Norwood Hotel – 112 Marion Street, 9:30 – 12:30 p.m.

CONTACT THE CMM

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Fax: (204) 779-1490

Email: admin@midwives.mb.ca

Website: www.midwives.mb.ca

CMM STAFF

Registrar: Janice Erickson, BA, RM (non-prac)

Executive Director: Patty Eadie, BA, BSW

Administrative Officer: Kathy Kirby

'Birth is not only about making babies. Birth is about making mothers ~strong, competent, capable mothers who trust themselves and know their inner strength'.

Barbara Katz Rothman

JUNE						
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