

CMM CIRCULAR

Winter 2013

Inside This Issue



REGISTRATION RENEWAL REMINDER MEETING WITH THE MINISTER

COMMITTEE UPDATES

- Standards Committee
- Board of Assessors Committee
- Quality Assurance Committee
- Perinatal Review Committee
- Kagike Danikobidan (KD)

BABY ANNOUNCEMENTS

- New Arrivals

TOPICS OF INTEREST

- Midwives for Haiti (MFH)
- CMM Data
- Update on Assessment & gap training for Internationally Educated Midwives (IEMS)
- Discontinuing Care With a Client: A Guide for Midwives

BOARDROOM NEWS

- Council/Committee meeting dates
- Holiday schedule

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

Submissions are subject to editorial changes.

CMM CIRCULAR DESIGN & LAYOUT

Kathy Kirby

It looks like we have winter!! Brrrr...

As you all may know our Chair of the Council Kelly Klick, RM, resigned in June 2013 due to a heavy midwifery work load. We already miss her beaming smile around our table and all the work she willingly took on! The College presented a call for nominations in September. Ballots were mailed out on Monday, November 25th and results of the election will be announced early in January.

Our office will be moving from suite 235 to suite 230 in mid-January. We have been very cramped for some time, and our boardroom and equipment room were never able to be retrofitted with a suitable ventilation solution. When the office right next door became vacant - at a very decent rate - we grabbed it. The space is a bit larger and has a much more functional layout. We are looking forward to this change and will advise of any temporary disruption due to the move.

We would like to remind all members to keep the CMM up to date with your address as we don't want you to miss out on any pertinent College business. This is important. We had a member who did not receive the recent election materials due to an unreported change in address. Please email Kathy at admin@midwives.mb.ca with any changes to your contact information. Thank you, Kathy

REMINDER THAT REGISTRATION RENEWAL IS QUICKLY APPROACHING

Application packages for renewal of registration will be circulated in February. Your applications for renewal of registration and all supporting documentation must be received at the CMM by March 3, 2014. Please be reminded that in order to receive your annual registration card, you must be current in CPR, NRP and ES. Please plan ahead to ensure that you meet these important requirements.

MEETING WITH THE MINISTER

Meeting with New Minister of Health

The College of Midwives of Manitoba and the Midwives Association of Manitoba have been invited to attend a meeting with the newly appointed Minister of Health, the Honorable Erin Selby on December 19, 2013. We are pleased that this will be an opportunity for the CMM to discuss the province's goals for increasing midwifery capacity and ensuring continued good outcomes for midwifery clients. If you have a message or issue that you think should be shared with the Minister please let us know and we will try our best to include it. Feel free to email Kathy, with a subject line of "Meeting with the Health Minister" by the end of the day on Friday, December 13.

COUNCIL OF THE CMM

Darlene Birch, RM (KD Rep) Northern
 Thelma Mason, (KD Rep) Northern
 Kari Hammersley, RM (Rural)
 Gisele Fontaine, RM (WRHA)
 Sheila Mills, RM (WRHA)
 Shannon Lavell (Pub. Rep) (Rural)
 Carolyn Markmann (Pub. Rep)
 (Rural)

CURRENT CMM MEMBERSHIP AS OF NOV 26, 2013

42 Practicing Midwives
 19 non-practicing Midwives

NEW CMM MEMBERS

Alethia Swanson - August 2, 2013
 Heba AL Nashef – August 19, 2013
 Janeth Minero – November 27, 2013

Standards Committee: The Standards Committee has already met three times this fall. The most recent/ new approved document the committee has developed is the *Registrant's Policy/New Registrants Clinical Experience Reporting* forms. This has been circulated to the membership. The Standards Committee welcomes two new members, Kellie Thiessen, RM and Heba Al Nashef, RM, each for three-year terms. We also extend sincerest thanks and appreciation to Marla Gross, RM, who sat as a committee member for the maximum allowable number of terms.

Board of Assessors: The members of this committee have met twice this fall and will continue to review new registrants applying for registration in Manitoba. The Committee welcomes new member, Doris Young, Kagike Danikobidan Representative.

Quality Assurance Committee: The members of this committee have met twice, and are reviewing the recommendations from the reflective practice presentation at the CMM Annual General Meeting held on June 14, as well as the *Standard on Quality Assurance for Midwives* and its components (currently in the *Registrant's Handbook*). The Board of Assessors welcomes two new members, Julia Allen, RM and Baileigh Kaptein, RM. We also extend sincerest thanks to He Hu, RM who has recently resigned from the committee.

Perinatal Review Committee: The Perinatal Review Committee met on November 22nd and is scheduled to meet again on December 13th. A new 'case submission form' template is almost finished being developed, and will be distributed to CMM members soon. The form has been designed to simplify the case-reporting process.

Kagike Danikobidan (KD): Members of Kagike Danikobidan met on October 11, 2013. The meeting was well-attended. Freda Lepine, Chairperson opened the meeting with a lovely prayer. A number of recommendations were put forth for consideration by Council after much discussion. Members reviewed their current membership and new members were selected to sit on various committees of the College. Staggered membership terms were suggested as a way to keep work flowing smoothly when the retirement of many of the originating Committee members occurs in 2014. KD is honoured to have newly-registered midwife, Sandi Howard on board also! And congratulations are extended to her for being the first graduate of an Aboriginal Midwifery Baccalaureate program in the world!

CMRC Update:

The 2012-2013 is the sixth year that the CMM has had the honor of providing administrative leadership and support to the CMRC as the CMRC Secretariat. Consortium members unanimously endorsed the Chairperson and Secretariat to continue to lead the organization for another term of three years at the CMRC member meeting in St. John's Newfoundland in October 2012.

CMRC Goals for 2013-2014

- Development of a national approval process for Canadian midwifery education programs.
- Development of a plan for incorporation of the CMRC.
- Development of a strategy to ensure sustainability of bridging programs for internationally educated midwives.
- Continued support for the development of midwifery regulation in the Yukon, PEI and Newfoundland.
- Continued efforts with the International Congress of Midwives to support midwifery regulation in all areas of the world through involvement on the ICM Regulation Committee (2012-2015). This will include the development of a tool kit for Implementation of the *Global Standard for Regulation* and a regulation workshop at the ICM Congress in Prague, June 2014.

It cannot go without saying that the two original midwifery registrars in Canada – Robin Kilpatrick of the College of Midwives of Ontario, and Jane Kiltwei of the College of Midwives of British Columbia have both recently announced their retirements from their regulatory colleges. This is a profound transition in the history of Canadian midwifery. We wish them both the very best in this accomplishment and extend gratitude for the foundational work that they have provided for regulated midwifery.



New Arrivals

Meet and welcome Bernard Mark Taylor, born to proud and adoring parents Crystal Williams and Brett Taylor. Little Bernie was born on Oct. 2, 2013 in Bridgewater, Nova Scotia weighing in at 7 lbs 12 oz.



Meet and welcome Hugh Craig Ebbers, born to proud parents Megan Wilton and Craig Ebbers on July 18th, 2013 weighing in at 6 lbs 14 oz.



TOPICS OF INTEREST

MIDWIVES FOR HAITI (MFH)

At the end of January 2014, a team of Brandon health care professionals made up of two midwives, a maternity nurse, and a family physician, will be travelling to Haiti to volunteer with the non-profit organization Midwives for Haiti (MFH). They are in need of support in the form of donations to help fund their trips to Haiti and to produce much needed medical supplies. For further information, please see www.midwivesforhaiti.org.

BIRTH OUTCOME DATA

Manitoba Health is now able to provide the College with midwifery attended birth outcome data. Please see below for specifics on the number of midwifery attended birth in Manitoba by location.

	Received into Care	Midwife Reported Births	Actual Birthplace-home	Actual Birthplace-hospital	Actual Birthplace-other
2012 – 2013	984	904	110	665	129

UPDATE ON ASSESSMENT AND GAP TRAINING FOR INTERNATIONALLY EDUCATED MIDWIVES

The CMM is currently working with Manitoba Health to develop a long-term sustainable assessment and gap training process for internationally educated midwives. The intended outcome is to develop the capacity to assess applications for registration and prepare internationally educated midwives (IEMs) to practice in Manitoba. This will be done by building and testing an assessment process for designed to assess a full range of competencies and to design a locally accessible and sustainable gap training model and program that supports IEMs in meeting registration requirements. The development of this process is currently funded via MB Health by the Health Canada Internationally Educated Healthcare Providers Initiative and has funding until March 31, 2016.

A search for a program development consultant took place in September/October and we were successful in hiring Holliday Tyson into the position. Holliday is the director of the International Midwifery Pre-Registration Program at Ryerson University, and brings with her a wealth of experience and tools related to developing assessment process and gap training programs. The CMM is looking forward to working with her on this exciting project. It is our goal to have an assessment process available to IEMs in the first half of 2014.

In the immediate future and over the next two and a half years the CMM will be also be working with multiple local stakeholders to ensure the process that is developed is sustainable and deliverable in the longer term. We are looking forward to involvement and input of CMM members throughout this time.

DISCONTINUING CARE WITH A CLIENT: A GUIDE FOR MIDWIVES (ADAPTED AND REPRINTED WITH PERMISSION FROM THE COLLEGE OF MIDWIVES OF ONTARIO)

Midwives are caring for a growing proportion of Manitoba women and their families. For the vast majority of midwives and their clients, the experience is positive, professional and satisfying. In rare circumstances the relationship, for a variety of reasons, becomes ineffective or detrimental and may need to end. There are nearly always opportunities for reconciliation and improved communication, and the decision to discontinue care must come only at the conclusion of efforts to improve the relationship and be seen at the far end of the spectrum in a continuum. Once efforts to improve the care relationship have been exhausted, a midwife may be in a position of needing to end the midwife-client partnership. This must be done professionally with sensitivity and clear communication as well as careful documentation by the midwife when she is initiating this cessation of care.

In order to be prepared for these instances, practices would be well advised to establish ways to support midwives in the process of deciding whether or not to terminate care. As well, practices may wish to review the policies and procedures in place to manage such a situation before it arises. One such measure is to assign a midwife or other individual to handle dispute resolution. The appropriate training and skills are important considerations when deciding who is best suited to take on this duty.

Tips for Midwives

Engaging in the process of discontinuing the care of a client can require a considerable amount of time, and discussions need to be handled with both tact and clarity.

Being prepared for the conversation with the client is important; know what you are going to say and be consistent in your message.

This can be a very difficult disappointing and stressful experience for both you and the client. While it may be difficult not to take it personally, your responsibility is to approach the situation professionally.

If care is discontinued midwives must provide the client with a copy of her records and a *Client Evaluation of Midwifery Care* form.

As with all aspects of midwifery care, this process needs to be based on the principles of good relationships and trust.

Situations in which midwives decide to end a relationship with a client may include a breakdown in trust and respect between the midwife and the client. This may occur when there have been instances of:

- The Client providing inaccurate or incomplete information that impacts the ability of the midwife to provide safe care.
- Serious threat of harm to the midwife, staff and /or other clients.
- Other forms of inappropriate behaviour towards the midwife, staff and /or other clients (this may include inappropriate behaviour on the part of the partner)
- A conflict of interest that compromises the midwife's duty to put the client's interests first.
- A communication breakdown that makes it impossible to provide high quality care.
- The client requests services inconsistent with the standards of practice of the profession and the midwife has adhered to the policy for discontinuing care in such circumstances.

Topics of interest cont'd

When a client raises a concern, midwives will want to consider the following approaches prior to discontinuing care:

- give serious consideration to changing the care team;
- consider adjusting the time that the midwife and client experiencing conflict spend together while ensuring that required visits are maintained;
- prepare a written plan for the client and midwife (or midwives, if applicable) to address any issues and repair trust, include a review of the success of that plan, and consider a contingency plan;
- share the plan at a meeting with the client, face-to-face;
- follow-up in writing with the client.

The provision of midwifery care is subject to the *Manitoba Human Rights Code*. Therefore dismissing a client based on any prohibited ground in the *Human Rights Code* (including ancestry, colour, race, nationality or national origin, ethnic background or origin, religion or creed, or religious belief, religious association or religious activity, age, sex, gender identity, sexual orientation, marital or family status, source of income, political belief, political association or political activity, physical or mental disability or related characteristics or circumstances, or social disadvantage) may lead to an allegation of discrimination, which could lead to a proceeding before the Human Rights Tribunal, as well as disciplinary action before the College.

When care is discontinued documentation is paramount. Record all discussions and consultations in the client record and when notifying a client of the decision to cease care, notify the client by registered mail for confirmation of the date of termination of care and provide the client with a specific amount of time to find an alternate caregiver, if this has not already been arranged. If care is being discontinued due to a client requesting care outside the standards of practice of a midwife please ensure you have referred to the *Policy for when the Client Requests Care Outside the Midwifery Standards of Practice*.

Midwives have a fiduciary responsibility to their clients; maintaining professionalism in the face of difficult situations. Understanding the line between a "difficult" client and a situation that is unsafe is the duty of the midwife. Ensuring a safe and satisfactory environment for all clients is in everyone's best interest.



Council and Committee Membership

Council of the College

Darlene Birch, RM (Kagike Danikobidan) (Northern RHA)
 Thelma Mason (Kagike Danikobidan Rep) Northern
 Gisele Fontaine, RM (WRHA)
 Kari Hammersley, RM (Prairie Mountain RHA) Rural
 Sheila Mills, RM (WRHA)
 Carolyn Markmann (Appointed Public Rep) Rural
 Shannon Lavell (Appointed Public Rep) Rural

Board of Assessors

Marla Gross, RM (Non-prac.) 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)
 Doris Young, (Kagike Danikobidan Rep) Northern

Complaints Committee

Karen Macloskie, RM, (Non-prac.) Rural
 Shannon Lavell (Appointed Public Rep) Rural
 Darlene Mulholland (Kagike Danikobidan Rep) Northern

Education Committee

Carolyn Nykiforuk, RM (WRHA)
 Kari Hammersley, RM (Prairie Mountain RHA) Rural
 Freda Lepine (Kagike Danikobidan Rep) Northern
 Sandi Howard, RM (Alternate for F. Lepine) Northern
 Sara Corrigan (Appointed Public Rep)
 Adrienne Ryan (Appointed Public Rep)
 Tracey Novoselnik, RM (Non-prac.)

Perinatal Review Committee

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

Standards Committee

Darlene Birch, RM (Kagike Danikobidan) (Northern RHA)
 Gisele Fontaine, RM (WRHA)
 Joelle Ross, RM Chairperson (Southern RHA) Rural
 Gordana Lemez, RM (WRHA)
 Jocelyne Anderes, RM (Non-prac.)
 Lyn Hotchkiss (Appointed Public Rep) (Rural)
 Daniele Bajus (Appointed Public Rep)
 Kellie Thiessen, RM (WRHA)
 Heba Al Nashef, RM (WRHA)

Quality Assurance Committee

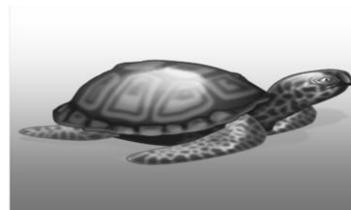
He Hu, RM (WRHA)
 Karen Macloskie, RM (Non-prac.)
 Rebecca Wood, RM Chairperson (WRHA)
 Kelly Klick, RM (WRHA)
 Darlene Mulholland (Kagike Danikobidan) Northern
 Julia Allen, RM (WRHA)
 Baileigh Kaptein, RM (Northern RHA)

Kagike Danikobidan (KD)

Darlene Birch, RM (Northern RHA)
 Maggie Flett (Island Lakes) Northern
 Freda Lepine (Chairperson) Thompson
 Thelma Mason (Garden Hill) Northern
 Nelliane Cromarty (Garden Hill)
 Darlene Mulholland (Thompson)
 Doris Young (The Pas) Northern
 Sandy Howard, RM (Northern RHA)
 Melissa Brown (Student rep UCN)

Committee to Select Public Representatives

Trina Larsen (Rep appointed by the Women's Health Clinic)
 Andrea Keeping (Appointed Public Rep)
 Doris Young, (Kagike Danikobidan Rep) (Rural)





COUNCIL & COMMITTEES MEETINGS

- Standards Committee – December 20, 11:30 – 2:30 p.m.
- Education Committee – December 6, 12:00 – 2:30 p.m.
- Perinatal Review Committee – December 13, 9:30 - 1:30 p.m. January 10, 9:30 – 1:30 p.m.
- Quality Assurance Committee – January 9, 12:30 - 2:30 p.m.
- Council Meetings – January 20, 2014, March 17, 2014, May 12, 2014.

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! No Grace period!

UPCOMING HOLIDAYS:

- Christmas Eve: December 24th - closed at noon
- Christmas: December 25th – office closed
- Boxing Day: December 26th – office closed
- New Years Eve: December 31st – office closed at noon
- New Years Day: January 1 – Office closed
- February 17, 2014 – Louis Riel Day – Office closed

CONTACT THE CMM

College of Midwives of Manitoba (CMM)
 235-500 Portage Avenue
 Winnipeg, Manitoba R3C 3X1
 Phone: (204) 783-4520
 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

NOVEMBER						
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