

# CMM CIRCULAR



## IN THIS ISSUE

### Committee updates

- Standards Committee
- Board of Assessors
- Education Committee
- Quality Assurance Committee
- The Committee to Select Public Representatives
- CMRC Update

### Reminders:

- Annual General Meeting
- Chairperson's Reports

### Topics of Interest

- Risk Assessment Checklist (RAC)
- Manitoba Indigenous Doula Initiative

### New Arrivals:

- Crystal Williams (Baby)

### LIST OF COUNCIL AND COMMITTEE MEMBERS OF THE CMM

### Boardroom news

- Council/Committee Meeting Dates

CMM CIRCULAR DESIGN & LAYOUT

Kathy Kirby



## Happy Spring!

Let Spring clean up begin! Soon is time to get down and get dirty...garden gloves, garden tools out.... planting! I love this time of year! Glorious days with sunny blue skies. Now that the warmer weather has arrived, time to dream about dining Al Fresco! Summer camping trips with the family and playing huck it with the dog at the lake! As the holiday season approaches, we wish you all a safe and happy summer creating wonderful memories wherever your journey may take you! Kathy

## CMM Events

- The CMM hosted the Canadian Midwifery Registration Exam on May 5.
- The Clinical Assessment (OSCES) was held on May 18 for those internationally educated midwives who had passed the written assessment in 2015/16.
- The next written assessment for internationally educated midwives is June 22, 2016.

## International Day of the Midwife

- May 5, 2016. There was an Open House celebration organized by MAM at the Women's Health Clinic, Birth Centre. It was a well attended event. There were games for the children, T-Shirts and free food. They even had a photo booth with the midwives! Several clients and babies came for a visit. There was an information booth available as well as tours of the centre. Janice Erickson attended and answered questions on behalf of the College.



## Committee Updates

**Standards Committee:** Members have been meeting regularly. At their last meeting in March, they approved revisions to the Standard for Out of Hospital Birth, the Policy on Records and Record Keeping and the Code of Ethics, which have all been sent to Council for final review. Work continues on revising the Guideline on Vaginal Birth After Caesarean. A survey regarding the Standard for Continuity of Care was sent to the membership for their review and comments.

**Board of Assessors:** Another busy time for the Committee! Registration renewal for 2016-2017 has been completed. There are currently 53 practicing midwives, 22 non-practicing midwives and 13 students.

**Education Committee:** The Education Committee and Council of the CMM provided its approval of the proposed Joint Bachelor of Midwifery Program in January. The Committee will have its first of regular meetings with the program in June and looks forward to learning soon if the program has received final confirmation and when they will be ready to accept applications.

The Education Committee has also approved the ongoing offering of the CMM's Manitoba Assessment and Gap Training (MAGT) program for internationally educated midwives. The program has just completed assessments for its third cohort of applicants, with plans to offer gap training beginning in June.

**Quality Assurance Committee:** The Quality Assurance Committee has organized a speaker for the 2016 CMM Annual General Meeting to give guidance to the CMM on our collective and individual responses to the "Truth and Reconciliation Commission of Canada Calls to Action."

A Random Practice Audit took place in March and is now in the review process. The Committee is currently reviewing best practices in quality assurance programs with specific focus on Random Practice Audits and alternatives.

**The Committee to Select Public Representatives:** The Committee has completed its interview process and is pleased to appoint to the Education Committee, Kristy Davies! Kristy will attend her first meeting in May. Welcome!

**CMRC Update:** The CMRC is pleased to announce that it has completed consultations and is conveying its support for gender identity by issuing a position statement on the use of gender-inclusive language. The reasons are twofold; to highlight the relevance and importance of the matter, and to ensure that the CMRC leads by example, and encourages its members - regulators of midwifery - to adopt gender-inclusive language when providing service to clients. The statement can be found on page 5.

The CMRC is also completing consultations regarding improper use of the title of 'midwife'. The CMRC is aware that there are individuals and organizations using the title of "midwife" to describe the services they provide. A recent example is the title of "death midwife" used by individuals to describe the service they provide throughout the human process of dying, death and grief. The CMRC wishes to clarify that the title of "midwife" is a protected title, and will be finalizing a statement in the near future.

**15th CMM Annual General Meeting:** The AGM will take place this year on June 24, 2016 at the Norwood Hotel. We are very pleased and honored to welcome Dr. Marcia Anderson DeCoteau, MD MPH FRCPC to begin the proceedings of our meeting. Dr. DeCoteau is Head, Section of First Nations, Métis and Inuit Health Department of Community Health Sciences, Faculty of Medicine, U of M. She will present on the "Truth & Reconciliation Commission of Canada, Calls to Action" from 10:30 a.m. to 11:30 a.m.

We will enjoy lunch from 11:30 to 12:30, followed by the formal AGM meeting from 12:30 to 1:30. We look forward to seeing you. Please watch your mailboxes for your formal invitation and details about your RSVP.

## REMINDERS

**Chairpersons:** Please have your Annual Chairperson Report in to the CMM by June 1, 2016.

**Contact information:** Please keep the CMM informed of any changes in your contact information.

# Topics of Interest

## Quality Assurance

### Attention Midwives: Go for Quality! Join the Midwifery Risk Assessment Checklist Program

By Rebecca Wood and Julia Allen (CMM Quality Assurance Committee members)

The phrase “quality care” likely characterizes your personal goals as a midwife and is also the essence of the College of Midwives mandate. Quality implies safety, and includes evidence-informed practice, client-centered care, and overall excellence.

At the College of Midwives we have a Quality Assurance (QA) committee that aims to “promote sound practice and maintain high standards of care” which we accomplish by promoting both Quality Assurance and Quality Improvement activities. Quality Assurance and Quality Improvement are related concepts but have some key differences. Quality Assurance is ensuring adherence to standards and guidelines, usually through audits or practice reviews. Quality Improvement focuses on seeking opportunities to enhance our practice, usually by creating and implementing quality improvement plans.

The first step in Quality Improvement is knowing the gaps that exist in practice and the issues that have been ranked as high-risk. HIROC (our insurer) has done the work of identifying knowledge gaps and high-risk situations by collating data on midwifery claims from across Canada over the last two decades. The top 17 risks have been ranked by the frequency of claim and the cost of the claims. Examples of some of the high-ranked risks include:

- Failure/delay in diagnosis
- Failure/delay in consulting/transferring care
- Mismanagement of shoulder dystocia
- Inadequate documentation of ICD
- Mismanagement of client complaints

In an effort to support Quality Improvement in practice, HIROC has developed a new program, called the Risk Assessment Checklist (RAC) Program. They have created Risk Reference Sheets (RRS) for the clinical scenarios most likely to result in a claim. The RRS describes the issue, provides some case examples, and most importantly suggests evidence-based “Reliable Care Processes” that will improve practice and prevent adverse outcomes. The RAC Program starts with a self-assessment questionnaire that uses the Reliable Care Processes as the standard of care. Wherever you and your practice group identify an “unmet” Reliable Care Process, you are encouraged to take the opportunity to create a quality improvement plan (what you plan to do to get better) and integrate that Reliable Care Process into your practice.

### The HIROC Midwifery Risk Assessment Checklist Program

All Manitoba midwifery practices or midwifery programs are invited and encouraged to participate in the Midwifery Risk Assessment Checklist Program. Here is what you need to do:

1. Contact HIROC, Kimberly Dieleman, HIROC Risk Management Specialist, to learn more about the RAC Process and sign up. Email [kdieleman@hiroc.com](mailto:kdieleman@hiroc.com)
2. Appoint a “lead” from your program or practice group who will submit the results of your checklists into an online platform.
3. Divide up the Risk Assessment Checklists among a group of midwives.
4. Each midwife will take a checklist for a different risk and self-assess their practice group by asking: Are we currently following the most Reliable Care Processes? The midwife may consult midwifery colleagues if it seems uncertain if the reliable care process is presently implemented or not.
5. The results of the questionnaire will be inputted into the online platform by the lead team member.
6. Create a plan for improvement for any of the Reliable Care Processes that are not being met within your practice group.
7. In year two, ideally the same group of midwives will again complete the RAC.
8. The RAC process is repeated in the third year of the program and the cycle is completed.
9. It is a three-year cycle which will track and demonstrate that your practice is getting better.

The HIROC Midwifery Risk Assessment Checklist Program is an excellent way to improve the quality of midwifery practice.

## Update on Proposed Changes to the Midwifery Regulation

Despite the efforts of CMM Council and members, the proposed changes to the Midwifery Regulation were not approved by government prior to the provincial election on April 19, 2016. The Final Draft of the Regulation amendment is ready, along with amendments to Schedules A and B, and was approved by members at a Special General Meeting on March 4, 2016.

The new Minister of Health, Seniors and Active Living, Honourable Kelvin Goertzen, was appointed on May 3, 2016. The CMM has reached out to Minister Goertzen and staff at Manitoba Health to determine a new timeline for approval of the proposed changes. Currently no timeline has been set.

In the meantime the CMM continues to develop the required Education modules related to the amendments to Schedules A and B. Modules related to lab tests are completed and modules related to prescriptions are being finalized. Once a timeline for approval of the proposed amendments has been identified members will be informed of when these modules will be available.

## Manitoba Indigenous Doula Initiative



The Manitoba Indigenous Doula Initiative is a project led and co-founded by Indigenous Midwife Melissa Brown. The doula initiative will be partnering with The Winnipeg Boldness Project, Mount Carmel Clinic and The Manitoba First Nations Health & Social Secretariat to deliver its first Indigenous doula training and to provide mentorship and support for the first cohort later this year.

The Indigenous-led Doula Initiative envisions a full-spectrum doula training program that will encourage traditional approaches to healthy pregnancies, healthy sexuality, culturally-appropriate childbirth education, and breastfeeding and parenting support through community-based programming. The Manitoba Indigenous Doula Initiative envisions a program that will be a step towards the healing and strengthening of Indigenous families and communities for many generations to come. Congratulations Melissa!

## New Arrival



### Carys Evangeline Taylor

This little girl belongs to Crystal Williams. We must have missed her birth announcement, so we are introducing her now at 6 months of age! She is adorable!!



## CMRC Position Statement on the Use of Gender Inclusive Language

Gender identity is now understood as going beyond the traditional expression of male or female. Gender identity is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. It includes but is not limited to people who identify as transgender, trans woman (male-to-female), trans man (female-to-male), transsexual, cross-dresser, gender non-conforming, gender variant or gender queer. Discrimination happens when a person experiences negative treatment or impact, intentional or not, because of their gender identity or gender expression.<sup>1</sup>

There are compelling reasons for developing and using gender-inclusive language. For example, the Canadian Association of Midwives (CAM) statement relies on its roots in the feminist movement and its commitment to human rights and social justice.<sup>2</sup> Other defenders of gender-inclusivity argue that midwives must respect the autonomy and self-determination of any person who gives birth and who does not identify as female or as a woman.<sup>3</sup> The CMRC supports all efforts aimed at providing an inclusive and more welcoming midwifery practice.

As a council of midwifery regulators we rely on Canada's human rights law to encourage our members to respect the dignity and unique worth of all people as we regulate those that provide midwifery care. Canada's *Constitution* guarantees equality to all persons living in Canada. Canada's *Constitution* is the supreme law of Canada and is the standard that all federal/ provincial/ territorial laws must meet.

In addition, every provincial/territorial government in Canada and the federal government has human rights legislation. This legislation prohibits discrimination on grounds such as race, sex, disability and sexual orientation in areas such as housing, employment and the delivery of services. Note: Some jurisdictions explicitly prohibit discrimination on the ground of gender identity. Where gender identity is not explicitly listed, other grounds such as sex are interpreted to include this ground.<sup>4</sup> In all jurisdictions, human rights legislation has primacy over all other laws.

The CMRC recognizes that some jurisdictions specifically use the term "women" when referring to clients of midwifery care. However, given the primacy of human rights legislation over all other laws in Canada, it is legally acceptable for such jurisdictions to use language in its documentation and conduct that expands their client base to include those clients who prefer and/or choose terms, other than "women", to describe their identity.

Each midwifery regulator is bound by both Canada's *Constitution* and the respective human rights legislation of their jurisdiction. The CMRC supports and respects the human rights of all people and therefore encourages the use of gender-inclusive language in all forms of communication.

April 2016

<sup>1</sup> "Gender Identity and Gender Expression" - Ontario Human Rights Commission - [www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure](http://www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure)

<sup>2</sup> <http://www.canadianmidwives.org/87-news/September-25-2015-Trans-Inclusivity-Human-Rights-A-Statement-from-CAM-ACSF.html>

<sup>3</sup> "Response to the Open Letter to MANA - Birth for Every Body" - <http://www.birthforeverybody.org/response-to-open-letter/>

<sup>4</sup> *Forrester v. Peel (Regional Municipality) Police Services Board et al*, 2006 HRTO 13 (CanLII) - <http://www.canlii.org/en/on/onhrt/doc/2006/2006hrt013/2006hrt013.html>



# Council and Committee Members of the College

## Council of the College

Darlene Birch, RM (Kagike Danikobidan Rep)-  
(Northern RHA/Southern RHA)  
Thelma Mason (Kagike Danikobidan Rep) Northern  
Tracey Novoselnik, RM (WRHA)  
Jenna Mennie, RM (Prairie Mountain RHA) Rural  
Gina Mount, RM (WRHA)  
Carolyn Markmann (Appointed Public Rep) Rural  
Lori Peters (Appointed Public Rep) Rural  
Vacancy ( pending election)

## Board of Assessors

Marla Gross, RM (Non-prac.)  
Sheila Mills, RM Chairperson (WRHA)  
Mary Beens (Appointed Public Rep)  
Cara McDonald, RM (Southern Health)Rural  
Janet Macaulay, RM (WRHA)

## Complaints Committee

Carolyn Markmann (Appointed Public Rep) Rural  
Leah Walkty, RM (Non-prac.)  
Jenna Mennie, RM (Prairie Mountain RHA) Rural  
Darlene Mulholland (Kagike Danikobidan Rep) Northern

## Education Committee

Marla Gross, RM Chairperson (Non-prac.)  
Kari Hammersley, RM (Prairie Mountain RHA) Rural  
Freda Lepine (Kagike Danikobidan Rep)Northern  
Sandi Howard, RM (Alternate for F. Lepine)Northern  
Susie Penner (Appointed Pub Rep)Rural  
Tracey Novoselnik, RM (WRHA)  
Emily Weigelt, RM (WRHA)  
Kristy Davies (Appointed Pub Rep)

## Perinatal Review Committee

Gisele Fontaine, RM (Non-prac.) Chairperson  
Lara Petkau, RM (Southern Health) Rural  
Ling Ou Chen, RM (WRHA)  
Abigail Tackie Larson, RM (WRHA)  
Megan Wilton, RM (Non-prac.)  
Lisa Harcus, RM (Southern Health) Rural  
Dr. Ferd Pauls, OBS

## Committee to Select Public Representatives

Trina Larsen, (Chairperson) (Rep appointed by Women's  
Health Clinic)  
Bibiane Lafleche (Appointed Public Rep)  
Sandi Howard, RM (Kagike Danikobidan Rep)(Northern)  
Kari Hammersley, RM (Prairie Mountain RHA) Rural  
Lori Peters (Appointed Public Rep)Rural

## Standards Committee

Darlene Birch, RM (Kagike Danikobidan Rep)-  
(Northern RHA/Southern RHA)  
Joelle Ross, RM Chairperson (Southern Health) Rural  
Gordana Lemez, RM (WRHA)  
Jennifer Bamford, RM (WRHA)  
Lyn Hotchkiss (Appointed Public Rep)(Rural)  
Kellie Thiessen RM (Non-prac.)  
Bibiane LaFleche (Appointed Public Rep)

## Quality Assurance Committee

Rebecca Wood, RM Chairperson (WRHA)  
Julia Allen, RM (Non-prac.)  
Baileigh Kaptein, RM (Northern RHA)  
Darlene Mulholland (Kagike Danikobidan Rep)Northern

## Kagike Danikobidan (KD)

Darlene Birch, RM (Northern RHA/Southern RHA)  
Maggie Flett (Island Lakes)Northern  
Freda Lepine (Chairperson) (Thompson) Northern  
Thelma Mason (St. Theresa Point)Northern  
Nelliane Cromarty (St. Theresa Point)Northern  
Darlene Mulholland (Thompson)Northern  
Doris Young (The Pas)Northern  
Sandra Howard, RM (Northern RHA)  
Melissa Brown, RM (WRHA)  
Nathalie Pambrun, RM (Non-prac.)



## Board Room News

### COUNCIL & COMMITTEES MEETINGS

Standards Committee – June 2, 2016 – 12:00 p.m.

Education Committee – TBA

Quality Assurance Committee – TBA

Board of Assessors Committee – TBA

Perinatal Review Committee – June date pending.

Council Meetings – October 14, 2016 – 9:00 – 2:30 p.m.

### UPCOMING HOLIDAYS:

Friday July 1, 2016 - Canada Day

Monday August 1, 2016 – Civic Holiday

During the months of July and August, due to vacation observance and part-time status of Janice and Patty, please call the office first at (204) 783-4520 if you need to come to the office in person.

### 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!**

### Contact the CMM:

College of Midwives of Manitoba (CMM)

230-500 Portage Avenue

Winnipeg, Manitoba R3C 3X1

Phone: (204) 783-4520

Fax: (204) 779-1490

Email: [admin@midwives.mb.ca](mailto:admin@midwives.mb.ca)

Website: [www.midwives.mb.ca](http://www.midwives.mb.ca)

### Office Hours:

The CMM office is open during the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday and is closed on Statutory Holidays. Visitors to the office are advised to call ahead to be sure that the appropriate staff is available.

### CMM STAFF:

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

Executive Director: Patty Eadie, BA, BSW

Administrative Officer: Kathy Kirby

*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.*

## MAY

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## AUGUST

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