



MEMBER COMMUNIQUÉ

Fall 2010

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COMMUNICATING WITH MEMBERS

OHA resource manual a useful tool for integrating midwives into hospital setting, promoting interprofessional communication

In September 2010, the Ontario Hospital Association (OHA) released the *Resource Manual for Sustaining Quality Midwifery Services in Hospitals*. The manual was developed by the OHA, the CMO and the Association of Ontario Midwives (AOM); it provides information, resources and tools drawn from current leading practices as well as guidelines and templates for integrating midwives into the hospital setting. The manual is available for download [on the OHA website](#).

Midwives have obtained privileges in over three quarters of Ontario hospitals with obstetric units. Approximately 80% of midwifery clients choose to give birth in a hospital, so it is increasingly significant to cultivate interprofessional relationships.

Here are a few key points to assist with supporting successful interprofessional care:

- Focus on **defining roles** and **establishing accountability** within the framework of collaboration. Defining roles in an interprofessional team is essential to ensure good communication.
- **Information and opinions must be shared freely**, regardless of roles, to ensure that the best decisions are made.
- **Listen carefully** to what others are saying and validate it, even if you do not agree. For example, saying "I understand what you're saying" to indicate that you are being attentive.
- **The process influences the outcomes.** The process is what happens in the interpersonal communications and the outcomes are the desired results for patients. There must be **clear roles, a unified purpose, sharing of ideas, and a mutual respect and professionalism** for interprofessional collaborations to succeed.

The CMO hopes that members will use the manual to support any work they are doing to establish, improve or maintain good relationships with their hospital colleagues. Integrating midwifery services into hospitals can help improve access to maternity and newborn care and services. Effective integration will help members in their efforts to ensure that every client has access to needed services from the hospital and the interprofessional team.

COMMUNICATING WITH MEMBERS

Registration Renewal Update

The College recently completed another busy membership renewal and would like to thank members for their patience through the ongoing transition to paperless communications.

Overall, the renewal process went smoothly and few technical issues were reported. A total of 441 members renewed their memberships. Eighteen members resigned their memberships this year.

The College once again noted that the most renewal traffic is experienced 7 days prior to the October 1 deadline. To avoid high traffic and last minute complications, members should allow a sufficient amount of time to resolve potential problems. Members should also note that if their registration certificate is required soon after the renewal deadline, early renewal will ensure that their certificate is among the first to be mailed out.

All certifications and/or payments must be received at the College office by October 1. The College does not depend on the Canada Post postmark as this is often illegible and unreliable. When sending in certifications and payments closer to the renewal deadline, members should take special care to ensure that all documents are received at the CMO in a timely manner. Members are encouraged to scan and upload their certification documents into the member database when they renew. As an alternative to this, members can still submit their certifications via fax or email or consider using a courier delivery service. Members can also ensure prompt delivery of payment by paying online.

The College would once again like to remind members:

- The College **no longer allows a grace period on NRP, ES and CPR** certifications. All certifications must be current as of **October 1**.
- CPR course must be at **Health Care Provider level**, as per [the policy](#)
- The renewal deadline for all members (including new registrants, members on leave and active members) remains **October 1**.
- If members are submitting cheques as their form of payment, they must be accompanied by the confirmation of renewal sheet or a note indicating member name and registration number. Member registration numbers should also be written on the cheque.
- Members are also reminded to submit certification proofs only once, i.e., if you upload your certifications during your online renewal, do not fax or mail a copy to the College as well.
- Only update certification data where necessary - if the CMO's online data indicates that your certifications are current, please do not resubmit information.
- Complete the online renewal first, and then pay. Members on leave are advised to refer to the *Reduced Fees and Installment Schedule* and the official notification of renewal.

CMO has a seat on the Health Professions Database (HPDB) Advisory Committee

The HBDB Advisory Committee is responsible for providing advice on issues related to HPDB operations and implementing recommendations to improve the HPDB. Through our involvement, we were able to change the rationale and wording of some questions, support the addition of American Sign Language as an official language as well as add two questions in relation to teaching and on-call hours. We will continue to make recommendations to help ensure that the data reported is complete and reliable and reflects the practice of midwifery in Ontario.

COMMUNICATING WITH MEMBERS CONT'D

Midwives and warrants for seizure of records by Ontario Coroner's Office

Midwives will, from time to time, be served with a Coroner's Warrant for Medical Records for a woman or an infant that has died when the midwife has provided care in the antepartum, intrapartum or postpartum period or provided consultation services for the individual named in the warrant.

In such cases, the member will be required to copy the entire contents of the midwifery record or copies of the midwifery consultation request and report they provided for the named individual whose records are being seized.

The midwifery record may include but is not limited to: Antenatal 1 and 2, all laboratory results, all diagnostic imaging results, additional narrative notes, midwifery checklist, midwifery signature sheet, OMP consent, client profile, client birth plan, phone and in-person consult notes, all communications and letters and a birth plan. Copies should be prepared and provided in a timely manner and include a copy of the warrant.

Below are the references from the [Ontario Coroner's Office](#) and the Association of Ontario Midwives.

Statement on Home Birth Revised

At its November 19 meeting, the College's Council approved changes to the *Statement on Home Birth*, which now includes current research on home birth. The statement will soon be posted on the CMO website.

Duty to give information

10. (1) Every person who has reason to believe that a deceased person died,

(a) as a result of,

- (i) violence,
- (ii) misadventure,
- (iii) negligence,
- (iv) misconduct, or
- (v) malpractice;

(b) by unfair means;

(c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto;

(d) suddenly and unexpectedly;

(e) from disease or sickness for which he or she was not treated by a legally qualified medical practitioner;

(f) from any cause other than disease; or

(g) under such circumstances as may require investigation,

shall immediately notify a coroner or a police officer of the facts and circumstances relating to the death, and where a police officer is notified he or she shall in turn immediately notify the coroner of such facts and circumstances. R.S.O. 1990, c. C.37, s. 10 (1).

Warrant for possession of body; investigation

15. (1) Where a coroner is informed that there is in his or her jurisdiction the body of a person and that there is reason to believe that the person died in any of the circumstances mentioned in section 10, the coroner shall issue a warrant to take possession of the body and shall view the body and make such further investigation as is required to enable the coroner to determine whether or not an inquest is necessary. R.S.O. 1990, c. C.37, s. 15 (1).

COMMUNICATING WITH MEMBERS CONT'D

Midwives and warrants for seizure of records by Ontario Coroner's Office, *cont'd*

Investigative powers

16. (1) A coroner may,

- (a) view or take possession of any dead body, or both; and
- (b) enter and inspect any place where a dead body is and any place from which the coroner has reasonable grounds for believing the body was removed. R.S.O. 1990, c. C.37, s. 16 (1).

Idem

(2) A coroner who believes on reasonable and probable grounds that to do so is necessary for the purposes of the investigation may,

- (a) inspect any place in which the deceased person was, or in which the coroner has reasonable grounds to believe the deceased person was, prior to his or her death;
- (b) inspect and extract information from any records or writings relating to the deceased or his or her circumstances and reproduce such copies therefrom as the coroner believes necessary;
- (c) seize anything that the coroner has reasonable grounds to believe is material to the purposes of the investigation. R.S.O. 1990, c. C.37, s. 16 (2).

Relevant references from the Association of Ontario Midwives

The Bulletin, Issue 2 - April 11, 2007 - Featured Articles - Disclosure Obligations: What You Need to Know.

Management of Critical Occurrences: A Guide for Members of the Association of Ontario Midwives, Section IV: Being Contacted by the Police, Children's Aid Society, or the Coroner page 16.

PROFESSIONAL PRACTICE UPDATE

Essential Equipment Maintenance

The auditor findings from the 2009 random practice audit brought forward the issue of equipment maintenance and management. It is important for practices to make sure that their equipment is current, reliable and secure in order to avoid misdiagnoses and to ensure safe and effective client care. The CMO's *Proposed Records Regulation*, section 3 states:

An equipment service record shall be kept that sets out the servicing of equipment controlled by the midwife used to examine, treat or render any service to clients.

Should any problems arise with the equipment, it is essential for practice members to know how to address it. The AOM members' area includes a template protocol to help practices develop consistent equipment management systems.

Designating a midwife or assembling a small team within the practice who will assume responsibility for overseeing maintenance of equipment in the clinic may be helpful. Equipment maintenance should include assets such as IT equipment, mobile equipment, furniture and office equipment, midwifery equipment and clinic premises and grounds (if applicable). Members can also reference AOM's *The Bulletin, Issue 14* for more information on equipment maintenance.

**Welcome to our newest
midwives who became members
from Nov. 1, 2009 to Nov. 8, 2010**

Natalie Ann Espinet
Monica Rose Weber
Yuefang Liu
Jacqueline Kerry Curran
Sabrina Faith Roy
Kathleen Anne Saurette
Cindy Wye
Jennifer Marie Aylward
Deborah Anne Baker
Beverly Ann Langlois
Joanne Rack
Christine Elizabeth Sandor
Min Liu
Jillian Elizabeth Sarah Portelance
Leanne Rachel Lynn Lubberts
Gera Froukje Ingeborg Roorda
Emily Lauren Viets
Elise Simone Williamson
Lynlee Jean-Marie Spencer
Jasmine Monique Paule Chatelain
Amanda Lee Richard
Amy Elizabeth Sjaarda
Andrea Helen Kenny
Kaelyn Nicole Koepke
Marie-Eve Lord
Michaela Iris Danhousen
Shannon May Taylor
Shirley Anne Grove
Tina Teresa Eunice St. John
Rachel Anne Sutton
Sara Mary Ellen Vildis
Kathleen Babe
Olubukunola Folasade Chatrath
Frances Anne Philpott
Gyulane Balazs
Lyanne Mary Pinto
Terri Lee Barlow
Sabine Gudrun Fella
Jacquie Marie Klan
Tiffany Sue Kyer
Lindsay Jade Sanderson
Mojgan Naminiasl
Masoudeh Kazemiashtiani
Kimberly Anne Brown
Jenna Marie Konkle
Jessica Jordanna Kraitberg
Christina Heike Berger
Naomi Audianna Wolfe
Yvonne Stephanie Davis
Kelly Erin Graff
Erin Jean Little
Mhairi Siân Colgate
Leah Joan Colden Hackett
Amanda Gayle Levencrowne
Marla Saraid Mowat
Claire Courtney Osepchook

Members who have resigned

Frédérique Marie Picker
Sylvie Berthe Marie Lemay
Katherine Louise Nicholl
Leslie Frances Niblett
Bethany Doerksen
Kimberley Deanne Fera
Jennifer Lee Mooradian
Tatiana Demishkevich
Amanda Stephanie Reid
Leslie Gayle Chapley
Allisoun Lesley Fern
Samantha Roseanne Schuster
Renata Katrin Rothenbuehler
Li Yan
Chantale Bernadette Johanna Salme
Leduc
Sherrie Lynn Logan
Elizabeth Loretta Smit
Ann Pennington

PROFESSIONAL PRACTICE UPDATE

Primary Care: Physical Assessments & PAPs

Midwives are regulated to provide primary maternity care. The primary care provider is responsible to ensure that any care that is required is received. Primary care is focused on health promotion and illness prevention, and includes awareness of the social, economic and environmental determinants of health.

Midwives are responsible for providing any health care services within the midwifery scope of practice that a client or her newborn requires. Not only should the health care system view midwives as primary care providers, but midwives should represent themselves as such. The CMO recognizes that there are also legislative barriers to midwifery being viewed as a primary care profession (e.g., limiting drug and lab test lists) and is working with government to facilitate the removal of these obstacles.

It is the responsibility of the midwife to ensure that all necessary exams and evaluations are performed throughout the client's pregnancy and the postpartum period, and that appropriate follow-up is arranged. The CMO expects that all midwives are competent and capable of providing the full scope of midwifery care to all clients. The midwife must also facilitate the client's ongoing health care needs when she is discharged from the midwife's care and into the care of her family doctor.

Performing physical assessments and PAP tests are within the midwifery scope and are part of the provision of primary care. It is best practice to perform physical assessments upon client intake as part of a management plan for pregnancy. Performing physical assessments in the first trimester helps to ensure any underlying health care issues are addressed. The CMO's amended drug prescribing regulation increases the importance of performing physical assessments; with midwives prescribing antibiotics and administering vaccines it is imperative that members are aware of a client's medication history.

Vitamin D counselling

During the College's review of the 2009 Quality of Care Evaluations, the College noted a number of client comments referring to a lack of information provided by their midwife regarding the recommended vitamin D supplementation for newborns. The comments indicated that the midwife did not provide information on vitamin D supplementation and the clients only learned of its importance from their family doctor after being discharged from midwifery care.

Midwives are reminded to include this information as part of the informed choice information in newborn care as a part of informed choice. Parents should also be informed of the administration, dosage and storage instructions of vitamin D.

If parents have concerns about the additional ingredients in generic brands, such as colour and sucralose, pharmacists can prepare the drops without these additives.

To view the Canadian Pediatric Society's statement on vitamin D, please visit: <http://www.cps.ca/english/statements/11/FNIM07-01.htm>

PROFESSIONAL PRACTICE UPDATE CONT'D

Health Professions Database, 2008, statistical fact sheet on midwifery in Ontario

The following statistical data was collected during the 2008 CMO membership renewal period, prior to the introduction of online renewal. The College now has complete membership data, thanks to member compliance. Next year, we will be able to provide a more comprehensive picture of midwifery in Ontario.

Data Element	Value	Total	Percentage
Age Distribution	Less than 45	287	71%
	45 - 54	80	20%
	55 and greater	36	9%
	Unknown	0	0%
Sex	Female	403	100%
	Male	0	0%
Practice Status	Practising in Profession	0	0%
	Not practicing in profession	0	0%
	Unknown	403	100%
Employment Site by LHIN (first practice site only)	Central	28	7%
	Central East	32	8%
	Central West	1	0%
	Champlain	35	9%
	Erie St. Clair	10	2%
	Hamilton Niagara Haldimand Brant	46	11%
	Mississauga Halton	26	6%
	North East	25	6%
	North Simcoe Muskoka	19	5%
	North West	12	3%
	South East	13	3%
	South West	51	13%
	Toronto Central	63	16%
	Waterloo Wellington	42	10%
	Ontario postal code not mapped to LHIN	0	0%
	Other provinces/territories	0	0%
	USA	0	0%
	Outside Canada & USA	0	0%
	Country/Province/Postal Code not matched	0	0%
	Unknown	0	0%
Not Applicable	0	0%	

QAP UPDATE

Changes to QAP definitions of compliance for 2010 reporting

Upon reviewing the definitions of QAP compliance, the Quality Assurance Program Planning Group (QAPPG) decided to revise these definitions beginning in the 2010 reporting year. Going forward, the definitions of compliance are as follows:

Complete	The member has fulfilled all of the required components of the QAP. Complete QAP reporting forms were received on or before the due date.
Complete – late 30 days or less	The member has fulfilled all of the required components of QAP. Complete QAP reporting forms were received within 30 days of the due date.
Complete – late 60 days or less	The member has fulfilled all of the required components of QAP. Complete QAP reporting forms were received within 60 days of the due date.
Incomplete	The member has not fulfilled all of the required components of the QAP.
On Leave	The member was on leave for the full calendar year.
Non-Compliant	The member did not return the QAP reporting forms on or before the final date, i.e. 60 days after the due date.

QAP going green with introduction of online reporting

As part of the College’s ongoing effort to “go green,” for the 2010 reporting year all members will be able to complete their QAP reporting forms online through the CMO website. This also includes the ability to submit the SAQ Declaration Form online. A mass email communication will be sent to members when the forms are up and running on the College website.

The QA random practice audit program has also started the process of “greening.” This year the program tested four electronic audit tools and auditors received all audit materials in electronic format.



A reminder email will be sent to all members prior to the due date. A second (and final) reminder letter will be mailed to members who have not completed the QAP reports 30 days after the due date. Members will be charged a \$50.00 administrative fee for this reminder in accordance with the CMO By-law:

15.10 – Administrative Fee for Notices

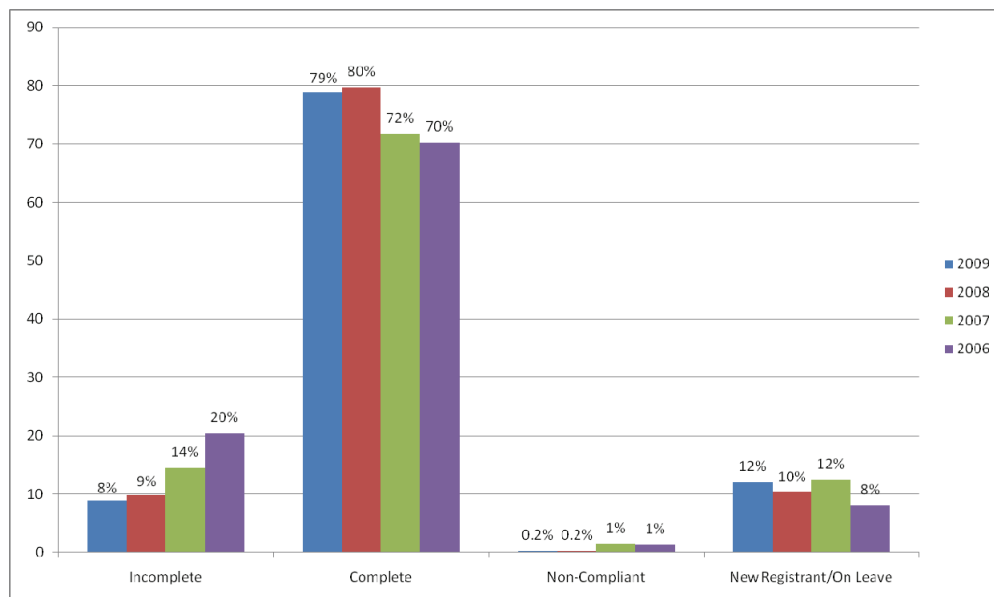
A Member shall pay an administrative fee of \$50 for each notice sent by the Registrar to the Member for failure to provide information or a form to the College or a Committee of the College within thirty (30) days of being requested or required to do so.

Members will be considered non-compliant with the Quality Assurance Program if they have not submitted their reporting forms to the College by the final date, i.e. 60 days after the due date, and no further reminders will be issued once this deadline has passed.

QAP UPDATE CONT'D

QAP Member Compliance Report, 2006-2009

The CMO has recently compiled the QAP compliance statistics from the 2006-2009 reporting years. The College is pleased with the high compliance rates and the increase in the number of compliant members over the three-year period. Below is a chart indicating the percentage of compliant, non-compliant, incomplete and members who were on leave/new registrant for the reporting years 2006-2009.



Annual Report available on College website

The College has recently posted the 2009-2010 Annual Report on the CMO website. As part of our ongoing efforts to reduce the amount of paper we use, the College council took the step of designing the report to be available online. The report is available [here](#).

Random Practice Audit

Random practice audits are a required part of the College’s Quality Assurance Program. The audit is an examination of the group practice and each member’s practice of midwifery in accordance with the CMO regulations, standards and policies. In 2010, the College increased the audit to include two practices to participate in the annual random practice audit.

The audit includes a review of both clinical and administrative business practices, client chart reviews and an interview with each practice member. At the conclusion of the audit, recommendations and suggestions are presented to the members in order to improve the quality of midwifery care provided to the clients. The member may submit a written response to the Quality Assurance Committee (QAC) Panel in response to the auditor’s report. The auditor’s report is provided to the QAC Panel. The Panel makes their decision based on the auditor’s report and the member’s response.

2009 Outcomes Report

The 2009 QAP random practice audit took place in November 2009. A small mixed rural/urban practice consisting of less than four members was randomly selected for the audit.

The auditor’s report and the QAC Panel’s decision indicate that the practice’s clinical practice reflects the Ontario Midwifery Model of Care.

The practice was found to be compliant with the following list of Regulations, Standards and Policies of the College:

QAP UPDATE CONT'D

Random Practice Audit, *cont'd*

- **REGULATIONS** *Registration, Professional Misconduct, Designated Drugs, Quality Assurance Regulations*
- **STANDARDS** *Philosophy of Midwifery Care, Code of Ethics, Continuity of Care, Indications for Mandatory Discussion Consultation and Transfer of Care, Indications for Planned Place of Birth, Number of Midwife Attendants at a Birth, Supportive Care Standards*
- **POLICIES** *Midwifery Model of Practice in Ontario, Statement on Homebirth*

The practice was found to be non-compliant with respect to the CMO's *Proposed Records Regulation, Standard on Record Content, Informed Choice Standard, Policy Statement on Records, Policy on Practice Protocols, and Policy Statement on Eye Prophylaxis*. The College defines "non-compliance" as errors or omissions in greater than 10% of charts reviewed and any direct contraventions of the RHPA, the Midwifery Act and its regulations.

Each of the regulations, standards and policies where non-compliance was indicated were tested during the member's random clinical practice audit through written or in person interviews, an audit of discharged client charts and the completion of a group of prescribed practice audit tools.

The following areas for improvement were identified in the auditor's report:

- Performance of maternal physical assessments
- Access to PAP screening for all clients
- Record keeping requirements
- Equipment maintenance and records
- Security of client charts and electronic devices
- Practice Protocol development relevant to a rural/urban midwifery practice
- Informed choice decision making and documentation

Based on the auditor's recommendations, the Quality Assurance Committee Panel's decision required the practice to take the following actions:

- Develop a protocol on parental refusal of neonatal ophthalmic antibiotic ointment.
- Develop a system to regularly service and calibrate equipment used in clinical care and keep a service record of that maintenance.
- Ensure that all entries in each chart contain the designation, name, signature, initials and CMO registration number of the caregiver.
- Develop or adopt a set of records that contain all the information required in *Proposed Records Regulation, Standard on Record Content and Policy Statement on Records*.
- Develop systems to protect confidential information on electronic devices to comply with current provincial privacy legislation.
- Develop a protocol on Physical Assessments and PAPs.
- Ensure competence to perform physical assessments and PAPs through participation in a continuing education activity intended to refresh the skills required to competently perform these examinations.
- Develop a protocol on the mechanism for recording of informed choice discussions, suggestions/recommendations, client's decision-making and care management plans.
- Develop practice protocols for *Death and Bereavement, Emergency Situations, and Conditions for Safe Practice* as required by *Policy on Practice Protocols*.
- Develop a clinical practice protocol on Vitamin K prophylaxis that includes current research and evidence-based care.
- Participate in a follow-up audit in one year from the date of the receipt of the decision to ensure adherence to the required changes.

As with all QA Panel recommendations, the practice is required to undertake the actions specified above by the Panel in the time frame that has been provided.

REGULATIONS UPDATE

Pharmacology Exam - Authorization for the Expanded Designated Drug List

In accordance with the College of Midwives of Ontario's *Standard on Certification for Prescribing and/or Administering Certain Drugs Designated in the Regulation*, members are required to demonstrate competency before they prescribe and administer from the expanded list of drugs included in the O. Regulation 13/10, Designated Drugs Regulation under the Midwifery Act.

CMO Designated Drug Exam results to date:

- 433 members wrote the exam
- 34 or 7.85% failed the exam on their first attempt
- 399 or 92.15% passed the exam
- 53 members requested and received an extension to write the exam for the first time in January

To satisfy the requirements established by this standard, the majority of members have written a 50-question online exam set by the College.

The exam site, which was hosted by McMaster University, was available from Monday, September 27, 2010, until Sunday, November 14, 2010. With the exception of a 12-hour period during which McMaster University lost its internet connection, the exam site proved to be generally reliable.

Every member who wrote and passed the exam will have received a letter from the College confirming that they have demonstrated competency to prescribe and administer from the expanded list of drugs. Any member who passed the exam and who has not received this letter should contact the College.

Members have two opportunities to pass the exam. A second offering of the exam - for those who failed their first attempt and those who are writing for the first time - will take place from Monday, January 10, 2011, until Sunday February 20, 2011 (i.e., for six weeks). If you have not already registered for the exam and paid the \$75 fee, a reminder will be going out in the coming weeks.

An updated *Guideline to Prescribing and Administering Amended Ontario Regulation 884/93 Designated Drugs* and *Standard on Prescribing Drugs* were passed by the College's Council on November 19 and provided to members. The College is developing a *Frequently Asked Questions* sheet based on the issues raised by members about the expanded authority; this will be made available to members as soon as it has been compiled.

The College has also been working with our colleagues at the College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists to ensure that their members are aware - through college publications, web site postings and clinical practice advisors - of the changes to the midwifery designated drug list.

MESSAGE FROM THE PRESIDENT

At the 2010 Canadian Association of Midwifery conference, I gave a presentation on the College's progress with the review of the policies, guidelines and standards that govern the model of midwifery in this province. The College's consultations regarding any possible changes have shown that midwives in Ontario overwhelmingly support flexibility within the current model. Midwives have also strongly expressed their desire to see the philosophy of midwifery remain intact. The CMO believes that sustaining the philosophy of midwifery while allowing for and supporting the evolution of the profession is entirely possible if rigorous standards are maintained. Given this, is there room for flexibility within the Ontario model of midwifery care, while protecting that body of expertise, sustaining the culture of normal birth and maintaining the excellent results that we have? We believe the answer is yes, but with that comes change.



Andrea Lennox, President

Change can be stressful. My hospital recently went through the biggest change in its history by moving the entire maternity floor to a new site. It was a much anticipated, well-planned move that was welcomed by most in the community. Despite the thorough planning involved to ensure the move was seamless, it added an additional stress to the staff that many did not anticipate. In unprecedented numbers, nurses were calling in sick from the stress of the transition. I am happy to say that we are now almost three months into the move and are settling in at our new space. Sick calls are down, laughing is up and we are able to concentrate on our patients and clients.

Midwifery also recently went through its biggest change in post-legislative history. Over 400 midwives wrote and passed the pharmacology exam and have begun utilizing their expanded drug list. This much needed and fought for expanded list has been on all midwives "wish list" for most of their careers; however, what we saw at the College was much stress and anxiety about the exam and the new prescribing authority. College staff went on-call full time, monitoring email and phones into the evenings and over the weekends to respond to the increased number of phone calls and emails from anxious members. Despite the excited anticipation of being able to prescribe, there was a transition that everyone had to make. And with transition comes stress.

I have been using my new prescribing authority and am happy to report that my transitional stress is now in the past and I am embracing my increased professional autonomy. My colleagues are reporting the same experience of moving from feeling anxious about the prescribing authority to feeling considerable satisfaction at being able to provide needed prescriptions to their clients.

Similarly, the review of the policies, guidelines and standards that govern the model is also a potential impetus for change to our profession. As we have seen with the new drug regulation, this change will be welcomed by most but will inevitably be a source of stress for some. I think that it's important to keep in mind that, ultimately, any changes have the possibility of creating many new opportunities. We at the College are looking forward to these opportunities and are confident that they will have a positive impact for both members and the women they serve.

FROM THE REGISTRAR'S DESK

New strategic plan reinforces College's commitment to tenets of midwifery care

Council met from November 17 to 19 to develop the strategic plan that will take the College from 2011 through 2013. At this meeting, the Council established new priority goals aimed at meeting the College's regulatory mandate. The resulting three-year plan will be made available to members as a separate report.



Deborah Adams, Registrar

At the meeting, Council also reaffirmed the College's commitment to the preservation of the three tenets of midwifery: informed choice; continuity of care; and choice of birthplace. The Council believes that these tenets are at the centre of its ability to carry out its regulatory mandate effectively.

As the profession matures and the health care system continues to change, the means by which the tenets of midwifery will be preserved must be evaluated and the focus of the College's efforts refined. Over the next three years, this focus will be on normal birth, scope of practice and the policies, guidelines and standards that govern the model of care.

SCOPE OF PRACTICE While midwives have seen some expansion to their scope of practice through Bill 179 (specifically the authority to intubate newborns, take blood from fathers/donors, and communicate a diagnosis), there are still members who are restricted in their ability to provide services that encompass the existing full scope of practice. These restrictions, which typically result in clients being transferred to the care of a physician, often arise from hospitals and/or physician groups limiting what midwives can do in the hospital through policies or through the credentialing process; and practices having insufficient resources or capacity (e.g., to attend women whose labour is being augmented and to cover other births)

The CMO will be working to support full scope of practice for its members by removing any regulatory barriers that may exist; by working to affect change to better integrate midwifery services into the maternity care and wider health care system; by setting high standards for all aspects of midwifery care and ensuring that these standards are met.

MIDWIFERY MODEL The College began to address this issue through the review of the policies, guidelines and standards that govern the model of care that began in 2009. For the purpose of considering the review of the model as a means by which the College can achieve its priority goals, the key consideration needs to be: how can this review contribute to the continued quality and safety of care at the same time as it promotes sustainability of the profession in this province?

NORMAL BIRTH The World Health Organization states that approximately 80% of all pregnancies should be considered normal. This means that 80% of women giving birth in this province fit the criteria for midwifery care. Despite this, midwives attend only 10% of Ontario's births and intervention rates continue to rise for women receiving obstetrical care during their pregnancy and birth. As the primary care providers most experienced in normal birth, midwives have a considerable body of knowledge and experience to contribute to a safe, effective maternity care system. Midwives are experts in normal birth and this expertise needs to be protected and promoted as a means of improving maternity care in this province.

Both Council and staff are proud of the progress that has been made over the last three years and are excited about the work that will be undertaken over the next three. I look forward to keeping members updated.

STAFF PROFILE

New I&H coordinator brings experience in social service, legal support

The CMO would like to welcome Investigations & Hearings Coordinator, Kelly McNeill, to its staff.

As a graduate of Seneca College's Paralegal and Social Service Worker diploma programs, Kelly has provided extensive social service and legal support in the GTA and has worked with a wide array of clientele, from preschool-aged children with severe autism to homeless youths. She has completed several training sessions on crisis prevention and behavioural intervention, and has worked in hospitals, schools and private homes with clients dealing with severe aggression and behavioural issues.

Beginning in 2005, Kelly worked as a court clerk for Corporate Services at the York Civic Centre where she provided clerical and administrative services to ensure successful operation and procedure of court trials and hearings. Most recently, Kelly acted as a student prosecutor for the Ministry of the Attorney General at Old City Hall in an advocacy role.

In her spare time, Kelly enjoys volleyball, Muay Thai kickboxing and running. She recently ran in her first 5 km race in October at the Toronto Zoo.

New bookkeeper brings 20 years of accounting experience to CMO

Please join us in welcoming Mary D'Andrea, who will be providing bookkeeping services to the CMO.

Mary graduated in 1981 from Toronto's York University with a B.A. Mathematics. After graduation Mary entered the banking industry at Central Trust and worked her way to the position of Assistant Branch Manager.

Mary decided to establish a home based part-time bookkeeping venture when she chose to be a full-time mother rather than a full-time bank employee. She has been providing accounting services for over 20 years. Mary has worked with public companies, professional practitioners and associations, retail, commercial, industrial and contractor organizations.

Mary is a Quickbook Pro advisor presently working on her certification and a member of the Institute Professional Bookkeepers of Canada.

Mary is a proud and devoted mother to her two daughters. She has two siblings – a twin sister and older brother - and is a proud Aunt of four nieces and nephews. In her spare time, Mary enjoys cooking and baking. She enjoys travel, tennis, gardening and collecting knick-knacks to decorate her Maple, Ontario home.

New Policy Analyst passionate about women's health

The College is very pleased to have Rachel Rapaport Beck filling in for Policy Analyst Julie Kivinen while she is on maternity leave. Rachel has recently returned to Toronto after spending a decade in Winnipeg, where she finished a degree at the University of Manitoba in Women's Studies and a Master's in Health Studies through Athabasca University.

Rachel has worked in the policy area with different midwifery organizations for a number of years. She has worked with the Canadian Midwifery Regulators Consortium (CMRC) on their National Midwifery Assessment Strategy as part of the Multi-Jurisdictional Midwifery Bridging Program in disseminating information on the projects to local and international audiences. More recently, she has worked with the CMRC members on the development of information guides to the new federal legislation, the Agreement on Internal Trade. She has written for a variety of publications and audiences on maternity care issues in Canada.

While in Winnipeg, Rachel worked with the Prairie Women's Health Centre of Excellence (PWHCE) as a Research and Policy Associate. While there, she worked on a number of projects relating to the impact of poverty on women's health, the unique health needs of women living in rural and remote Canada, Aboriginal women's health issues and gender-based analysis in health planning. In her role at the PWHCE she also participated in the steering committee for the Winnipeg Birth Centre.

Rachel has two children: a 10-year-old daughter and a 4-year-old son. She is happy to be re-settling into Toronto life and exploring the city with her husband and kids.



Congratulations!

Two beautiful baby girls recently joined the CMO family: former Investigations & Hearings coordinator, Naakai Garnette, welcomed baby Kyra in August and Policy Analyst, Julie Kivinen, welcomed baby Olive in September. Congratulations to both of you on your growing families!

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COUNCIL UPDATE**College Council expanding**

At the September 15 Council meeting, the College's new professional Council members began their 3-year terms. The College is pleased to welcome new professional members Wendy Murko, Tiffany Haidon and Mary Hunking. The College would also like to welcome its newest public member, Rochelle Dickenson, to Council.

Wendy Murko has been with the Community Midwives of Halton, located in Oakville, for 11 years. Tiffany Haidon has been practicing midwifery for 8 years and in 2008, she founded Uxbridge Community Midwives. Mary Hunking began practicing as a pre-legislation midwife in 1990 and currently works with new Toronto-area practice, West End Midwives.

Rochelle Dickenson joined the College's Council as its newest public member, representing the community of Niagara-On-The-Lake.

At the same Council meeting, 5 members were acclaimed for 1-year terms to serve on the Executive Committee. After the October 13 Executive meeting, these members were elected to the following positions: Barbara-Ann Borland, professional member; Samantha Heiydt, public member; Andrea Lennox, president; Ann Montgomery, vice president professional; Eleni Palantzas, vice president public.

Outgoing Registration & Complaints Committee Chair expresses gratitude

Former Registration Committee and ICRC chair, Carron Canning, recently completed her term with the College's Council. Carron had been a part of the College's Council for nine years. The CMO would like to thank Carron for her contributions over the years.

Carron says: "I have learned a lot over the last nine years. I feel I have benefitted from my time with the College and it has made me a better midwife. By seeing what other midwives in the province were doing, it made me think about and evaluate the care that I provide to clients. It gave me a great appreciation for providing good, safe care, fully informed choice discussions and good documentation. I thank you all for helping make my stay at the College such a great one."

Carron was recently appointed to ICRC as a non-Council member. This appointment will allow the committee to call on Carron's considerable experience as part of the complaints panel reviews.

Financial Statements Course may be useful for members

The Chartered Accountants of Canada is currently offering a course on *Understanding Financial Statements*, which may be helpful to members as they balance their responsibilities as independent practitioners and as part of a practice. Some of the CMO's Council members participated in the course and found the information provided to be useful. More information on the course can be found [here](#).



CMO COUNCIL, Front row (L-R): Samantha Heiydt, Ann Montgomery, Andrea Lennox, Eleni Palantzas, Barbara-Ann Borland. Middle row (L-R): Tia Sarkar, Tiffany Haidon, Mary Hunking, Caroline Brett. Back row (L-R): Margeree Edwards, Rochelle Dickenson, Wendy Murko, Gemma Salamat. Not pictured: Sharon Swift and Joan Pajunen.