College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

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Member Communiqué

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MESSAGE FROM THE PRESIDENT AND REGISTRAR

It was such a pleasure to gather with so many of you in the Waterloo, Sudbury and Ottawa regions in recent weeks. Thank you to everyone who took the time out of your busy schedules to attend the member forums and meet with us. We were pleased to be able to live stream from the Sudbury forum, so if you are interested in seeing what took place, click here to review the saved recording.

Our regional forums created an opportunity for members to learn about the College's Transparency Initiatives that are underway and for the College to receive important feedback to share with Council. Overall, we have received mostly positive feedback for Council's proposed bylaw changes. You can still have your say by providing your comments here. The survey has been open since October 2nd and closes on December 31st 2015.

Some members posed thoughtful questions about the College's Inquiries, Reports and Complaints processes. While we were able to answer those questions at the forums, we realized we could make improvements to our website to provide all members and the public with clear and concise answers. Please explore our recently updated "Protecting the Public" section of the website and specifically visit the Complaints Process Flowchart and the Complaints Process for Midwives created for you. We look forward to developing a similar flowchart with respect to Mandatory Reports and Registrar's Investigations in the coming weeks.

We hope you all have a chance to celebrate the holidays and find some time for rest and rejuvenation in the New Year. We recognize that many of you will be on call and providing much needed care to your clients at this time of year and we thank you from the bottom of our hearts for your service. In honour of this season of giving, the College staff has made a donation to help our newest Syrian families as they settle in for the winter.

Happy holidays and wishing you a safe and successful new year!

Kelly Barb

Barbara-Ann Borland, RM
President

Kelly Dobbin, RM, MA, MSc
Registrar

MATERNAL AND PERINATAL DEATH REVIEW COMMITTEE

The College of Midwives regularly receives recommendations from the Office of the Chief Coroner's (OCC) Maternal and Perinatal Death Review Committee (MPDRC).

The MPDRC makes recommendations based on a careful review of all maternal deaths and a small number of neonatal deaths in Ontario. While the cases reviewed may not be of midwifery care, members of the CMO might be interested in and learn from current clinical recommendations and identified areas of concern in obstetrical care.

The following recommendations are adapted from MPDRC reports and support midwives in providing high quality care to women and newborns in Ontario.

1. Documenting client care should be full, accurate and completed at the time of care or as soon as possible thereafter.

2. Ultrasound and laboratory results should be provided to all health care providers involved in the client's care and be made available at the location of birth.

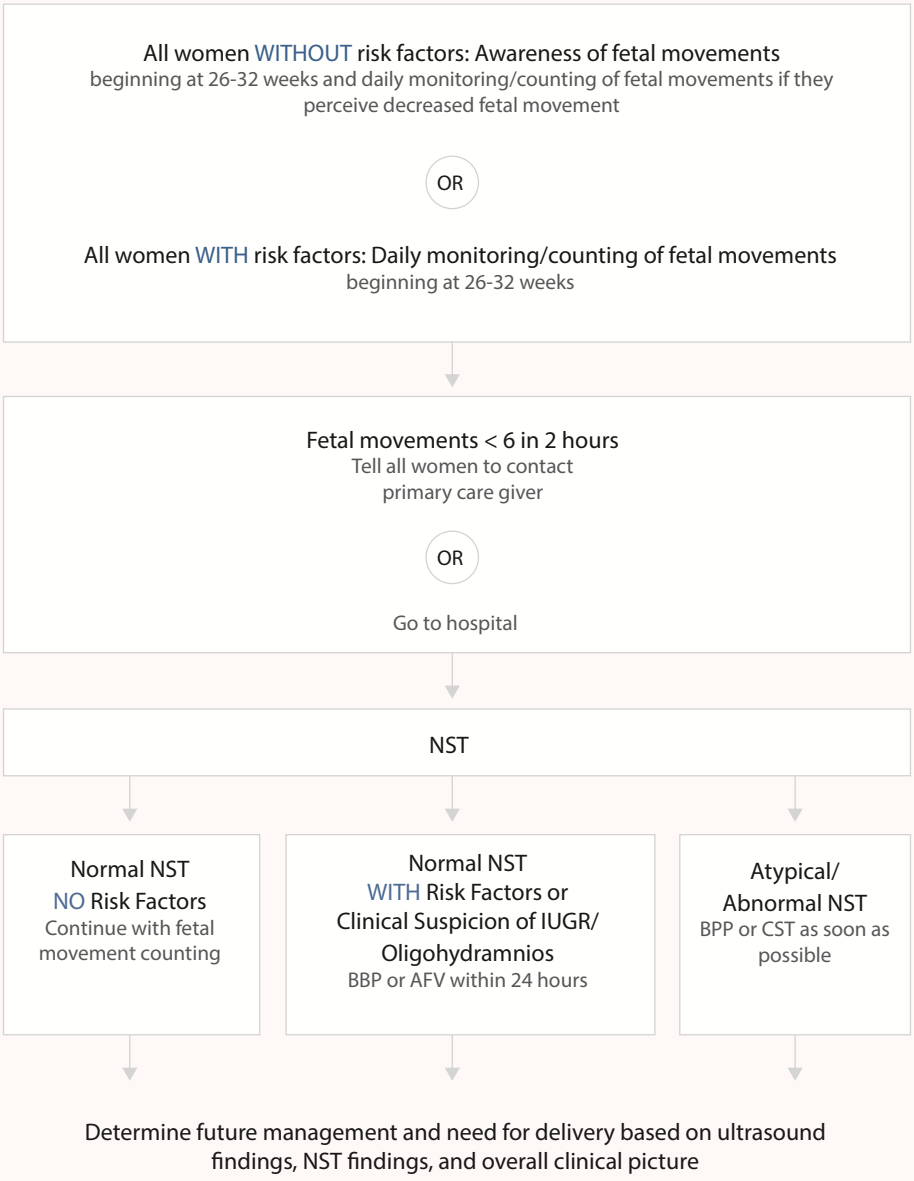
3. The Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on labour dystocia should guide intrapartum decisions. The guidelines describe labour dystocia as follows:

   a. In active labour – greater than 4 hours of <0.5 cm per hour cervical dilation.

   b. In active second stage – greater than 1 hour of active pushing and no descent of the presenting part. (ALARM Manual 19th ed. , SOGC. 2012-13, Management of Labour section, pg. 1).

4 The SOGC's algorithm should guide current decision-making about fetal movement. Please note that the algorithm is from 2007 and the SOGC is in the process of revising it.

Figure 3. Fetal movement algorithm



Reproduced with permission from the SOGC

PHOTOTHERAPY AND MIDWIFERY SCOPE OF PRACTICE

The CMO's Consultation and Transfer of Care Standard (CTCS) has been revised to clarify the management and treatment of newborn hyperbilirubinemia. College Council passed the motion to change the CTCS consultation from hyperbilirubinemia requiring medical treatment to hyperbilirubinemia unresponsive to phototherapy. While the CMO's position has been that phototherapy for the treatment of jaundice does not require a consult, the wording of the CTCS did not provide enough clarity. In the CTCS revisions, midwives are still required to consult with a physician for any jaundice that appears within the first 24 hours and to consult for jaundice that does not respond to phototherapy. Additionally, the Standard on Practice Protocols has been updated and requires that midwives ordering phototherapy for clients must develop a relevant practice protocol.

How did Council make this decision?

Council's decision was guided by the work of the Quality Assurance Committee that sought legal and expert opinion and engaged in a literature review and a jurisdictional scan on the issue of phototherapy for the treatment of hyperbilirubinemia.

Phototherapy is not a controlled act under the Regulated Health Professions Act (RHPA); it is in the public domain. The seventh controlled act in section 27 of the RHPA is 'applying or ordering a prescribed form of energy'. Phototherapy is not a form of energy listed in Regulation 107/96 under the RHPA and is therefore not a 'prescribed' form of energy. Phototherapy is also not limited in the Midwifery Act or any of its regulations.

Midwives, however, must have the knowledge, skills and judgment to treat hyperbilirubinemia with phototherapy. The expectation is that midwives will be guided by the Clinical Pathways included in the provincial Quality-Based Procedures (QBP) Clinical Handbook for Hyperbilirubinemia in Term and Late PreTerm Infants.

How did Council make this decision?

Council recognizes that the diversity of midwifery practices in the province, including hospital privileges, community standards and the knowledge, skills and judgment of individual practitioners will determine how midwives manage hyperbilirubinemia. The decision is intended to remove a barrier to midwifery scope for midwives and communities where access to phototherapy will improve client care. The decision is not intended to require all midwives to order phototherapy on one's own authority if the appropriate knowledge, skill and judgment, in addition to other supportive factors are not met. It is the responsibility of midwives to establish whether or not they have the necessary knowledge and skill to manage phototherapy treatment for clients and to determine if hospital policy permits one to do so.

The Association of Ontario Midwives is interested in hearing from midwives who are currently ordering and managing phototherapy treatment for clients, in order to facilitate professional education and knowledge sharing. Please contact Tasha MacDonald at tasha.macdonald@aom.on.ca.

Questions or comments can be directed to Johanna Geraci, QAP Manager, at j.geraci@cmo.on.ca or extension 230.

SEXUAL ABUSE PREVENTION PROGRAM

The Health Professions Procedural Code ("the Code") of the Regulated Health Professions Act (RHPA) requires all Colleges to have a program in place to prevent and deal with the sexual abuse of clients. While the CMO has had a sexual abuse prevention program in place since 1994, the program was due for extensive review and revision. The College's Client Relations Committee led this review, which included research regarding sexual abuse prevention strategies, tools and regulations across professions and jurisdictions, legal counsel review, expert review, and an open consultation with the public, members and stakeholders. At the recent November Council meeting, the revised Sexual Abuse Prevention Policy and Guideline to Appropriate Professional Behaviour with Clients were unanimously approved.

There are a number of important considerations for midwives in these two documents – they are highlighted below.

Treatment of Spouses

In acknowledgment of the power imbalance that is inherent in the care provider-patient relationship, the Regulated Health Professions Act (RHPA) defines all physical sexual relations between care provider and patient, and any sexual touching, behaviour or remarks from the care provider toward a patient as sexual abuse, even when a patient is a spouse. In 2013, Bill 70 amended the RHPA, granting Ontario health regulatory colleges the authority to make regulations exempting the treatment of spouses from the definition of sexual abuse described within the legislation, if appropriate.

Although some health Colleges have pursued a spousal exemption to the RHPA (e.g., Royal College of Dental Surgeons of Ontario), the College of Midwives will not pursue an exemption. The rationale for this is the recognition of the power imbalance that exists, between spouses, in the midwife-client relationship. A spousal relationship may compromise objective judgment by the midwife and the client and blur sexual boundaries. Some midwives have argued in favour of spousal exemption so that midwives could provide care to spouses in circumstances where midwifery services may be limited. While the College recognizes its decision may limit choice of care provider to a small number of individuals, the greater good of protecting the public from misconduct and sexual abuse is paramount.

One-Year "Cooling Off" Period

Council has approved a one-year "cooling off" period, whereby a sexual relationship that occurs between a member and a former client will not be prohibited if at least one year has passed since the termination of the midwife-client relationship.

SEXUAL ABUSE PREVENTION PROGRAM

Reporting of Sexual Abuse Allegations to the Police

Council has decided that the College will report allegations of sexual abuse against a midwife that have been referred to the Discipline Committee (and are therefore public, as that information appears on the public register) to the police. Council debated the matter of police reporting, asking if a client or member might hesitate to report sexual abuse allegations regarding a midwife if there would be an automatic report to the police made. Since referrals to Discipline are public information on the register, there is no increased risk to making the allegations referred to Discipline publically known to the police. This recommendation also protects members whose allegations against them are unfounded and/or frivolous and vexatious.

Task Force on the Prevention of Sexual Abuse of Patients

Earlier in the year, Health Minister Hoskins announced the development of a "Task Force on the Prevention of Sexual Abuse of Patients" that will review the provisions of the RHPA and make recommendations to strengthen College's authority in this area. The results of the Task Force are not available at this time, but will be reviewed by the Council, and shared with members, when they are released.

REMINDER: MIDWIVES ARE REQUIRED TO REPORT SEXUAL ABUSE

What are midwives required to report?

If a midwife believes that a regulated health professional has sexually abused a client or patient, the midwife is required to report the abuse to that professional's regulatory college. This is a requirement under the Regulated Health Professions Act (RHPA) and applies to all regulated health professionals. The obligation arises if a midwife has "reasonable grounds, obtained in the course of practising the profession, to believe" that another regulated health professional has sexually abused a patient or client. This means that mere suspicion is not enough.

A midwife is not required to make a report if she learned of the possible sexual abuse in some way other than in the course of practising midwifery. For example, if a midwife learns of the suspected sexual abuse through a social situation, the obligation to report does not arise.

What is sexual abuse?

The RHPA defines sexual abuse broadly to include:

- sexual intercourse or other forms of physical sexual relations between the member and the patient
- touching, of a sexual nature, of the patient by the member, or
- behaviour or remarks of a sexual nature by the member towards the patient.

While other sexual conduct might amount to professional misconduct (such as sexual harassment of a colleague), midwives are only required to report sexual abuse by a regulated health professional of a patient or client.

Why are midwives required to report?

Mandatory reporting is a critical element of the RHPA's objective to eradicate sexual abuse. If colleges are not aware of sexual abuse by their members, they cannot take effective actions to address the misconduct and prevent future abuse. At the same time, the RHPA aims to protect client consent and confidentiality. Midwives can only disclose the name of the patient or client who was the subject of the abuse if the patient or client provides his or her written consent. If a midwife's own client discloses that she has been sexually abused by another health professional, the midwife must use her best efforts to inform the client of the midwife's reporting obligations before making the report.

How should midwives make a report?

Midwives are required to make a mandatory report of sexual abuse to the Registrar of the college that regulates the health professional who is alleged to have committed the abuse. For example, if a client discloses to a midwife that the client was sexually abused by a physician, the midwife should report to the Registrar of the College of Physicians and Surgeons of Ontario. If a client discloses that she was sexually

REMINDER: MIDWIVES ARE REQUIRED TO REPORT SEXUAL ABUSE

abused by another midwife, the report should be made to the Registrar of the College of Midwives of Ontario. The report must include:

- the name of the midwife making the report;
- the name of the health professional who is the subject of the report (if the midwife does not know the health professional's name, the midwife is not required to make a report);
- an explanation of the alleged sexual abuse; and
- if the report relates to particular patient or client, the name of the patient or client, but only if the midwife has the patient or client's written consent.

When do midwives have to report?

The report must be made within 30 days. However, if the midwife believes that the health professional will continue to sexually abuse the patient or will sexually abuse other patients, the midwife must make the report right away.

Are midwives protected if they report?

Yes, the RHPA provides that a midwife cannot be sued for making a report as long as it was done in good faith.

For more information, please refer to the College's Guide on Mandatory Reporting Obligations. In addition, College staff are available to provide information to assist the public, midwives, and practices in meeting mandatory reporting requirements. For more information about making a report, please e-mail the Professional Conduct Department at iandh@cmo.on.ca or call 416.640.2252 ext. 224.

Intubation Update

Many thanks to all members who participated in the Intubation and UVC courses over the past year. A total of 39 NRP instructors and MEP faculty members partook in the "train the trainer" workshops in the fall of 2014 and went on to deliver over 100 courses throughout the province. As of October 1 2015, all general registrants had completed the training as well as many inactive members. Thank you to our dedicated trainers who did a fantastic job of meeting the training needs of 659 midwives in just a few short months!

2016 Council Meetings

All Council meetings are public and members are encouraged to attend. Council meets in Toronto at the College office at 21 St Clair Ave E, Suite 303. In 2016 Council will meet:

MAR 02 2016	JUN 22 2016
OCT 26 2016	DEC 07 2016

Quick Stats

Total of 805 currently registered midwives as of December 15, 2015.

- 598 General
- 72 General with new registrant conditions
- 11 Supervised Practice
- 124 Inactive

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We welcome your feedback.
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