



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

ORDRE DES THÉRAPEUTES RESPIRATOIRES DE L'ONTARIO

August 20, 2008

Response to the Midwifery Scope of Practice Review Submission

The College of Respiratory Therapists of Ontario (CRTO) would like to commend the College of Midwives of Ontario (CMO) on a thoughtful and well researched submission. We appreciate the opportunity provided by the Health Professions Regulatory Advisory Council (HPRAC) to provide a response to this submission.

The CMO is requesting access to a portion of the Regulated Health Professions Act (RHPA) controlled act #2 (*“performing a procedure on tissue below the dermis”*) for the purpose of allowing Midwives to perform **umbilical catheterization**. This is a technically complex procedure utilized during resuscitation of critically-ill infants. In the vast majority of cases, this emergency intervention would be best performed in a hospital setting by a health care provider who has the opportunity to practice the skill frequently. In as much, we wish to bring forward a few points for your consideration and they are as follows:

- Midwives primarily provide care during low-risk deliveries and so there is a concern about their ability to develop and maintain competence in this task. Critical emergency situations such those that necessitate central access to circulation generally require the extended health care team be on hand in order to recognize and manage complications.
- It is possible that there is a need for a few select Midwives to be able to perform this procedure in medically underserved areas of the province. However, in those situations the act could be authorized via a delegation process which would have mechanisms built in to ensure training and on-going maintenance of competency.

The CMO is requesting access to a portion of RHPA controlled act #6 (*“putting a instrument, hand or finger beyond the larynx”*) which would permit Midwives to perform **endotracheal intubation** on newborn infants. Intubation is as also a critical, life-saving skill that is difficult to develop and sustain competency in. The margin of error in the performance of this procedure is especially small in the neonatal population. We have several concerns about this aspect of the submission and they are as follows:

- It is unclear in the submission as to how it is proposed that additional education, training and re-training would be obtained to perform clinical mastery of this

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procedure. The Canadian Paediatric Society's Neonatal Resuscitation Program (NRP) provides initial education in neonatal intubation on mannequins only. Thus, it is the current position of the National NRP Steering Committee is that the NRP program does not intend to certify competency as the skills are taught in simulation and is not profession-specific. Therefore, ongoing training in a controlled clinical environment on live infants would be essential to ensure proficiency in the select group of Midwives providing care in underserved areas.

- As is the case with umbilical catheterization, intubation is an emergency intervention that would not often be utilized with Midwives providing primary care in low-risk deliveries. In geographical locations where this particular skill might be necessary for them to have at their disposal, then the same closely-monitored delegation process might best service the patient public.
- There are other effective means by which to secure an airway until advance life support can be accessed. In order to best manage potential complications, it is vital that on-going ventilation and advanced airway management be monitored in an acute care setting as soon as it is possible.

Midwives are an important member of the interdisciplinary health care team. The true value in this team lies in ensuring that each task is performed by the practitioner who is most skilled in that area. This is not only the essence of interprofessional collaboration, it is in the interest of optimal patient care. The CRTO would embrace any opportunity to collaborate with the CMO in future endeavors.

Yours truly,

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