



Interprofessional Collaboration

Midwifery Scope of Practice Jurisdictional Review

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Introduction

This review of the regulation of the midwifery scope of practice in Canada begins with an overview. The second section offers a summary of the applicable regulations in each Canadian jurisdiction. The third section reviews the specific proposals for expanded midwifery scope of practice that are currently under review in Ontario. The specific Ontario proposals are presented individually in table form along with the analogous regulatory provisions in each Canadian jurisdiction that regulates midwifery. A more detailed review of the proposed drugs and testing policies in Ontario can be found in the accompanying review (“Midwifery Jurisdictional Review – Drugs and Testing”).

1. Overview

Only five provinces and one territory outside of Ontario actively regulate midwives at this time. These are British Columbia, Alberta, Saskatchewan, Manitoba, Quebec and the Northwest Territories. Nova Scotia and New Brunswick have passed statutes governing midwifery but these statutes have not yet been implemented.

(a) The Regulatory Scheme and the Role of Regulatory Bodies

(i) Legislation

In the six jurisdictions that actively regulate midwives, the scope of practice of midwifery is specified in statutes or regulations to varying levels of detail. The legislation in each case authorizes midwives to perform certain acts that in Ontario would be considered controlled acts, although none of the jurisdictions employs that term.

Each jurisdiction grants a general authority to manage “normal” or “spontaneous” labour and vaginal delivery, with those terms presumably used to exclude caesarean sections and deliveries with serious complications. Other controlled acts are typically authorized in regulations and fall into three main categories:

- 1) performing minor surgical or invasive procedures;
- 2) prescribing and administering drugs; and
- 3) ordering, conducting and interpreting diagnostic tests.

Surgical and invasive procedures that are uniformly authorized include the performance of amniotomies and episiotomies, and the repair of episiotomies and other tears, with authority for repairs generally limited to 3rd degree or lesser tears. Repairs of the urethra and sphincter are generally not permitted.

Authority with respect to prescription drugs and testing varies more widely. The authority is often limited in one or more respects, such as requiring that drugs or tests be

prescribed for women or newborns only, or for certain limited purposes, or only under the direction of a physician.

(ii) Policies Prescribed by Regulatory Bodies

The regulatory body in each jurisdiction typically establishes a number of additional policies that govern midwifery practice. These policies are commonly labelled “standards”, “guidelines”, and, especially, “competencies” (the “Policies”). The Policies elaborate the basic authority established by statute and regulation, and in so doing they may clarify, expand or limit the ability of midwives to perform acts that have been authorized.

Regulatory bodies use several different mechanisms to shape the statutory authority granted to midwives:

(1) Inferred Authority

A regulatory body may interpret the broad language of its governing legislation and find authority for specific invasive procedures or other acts that are not otherwise expressly authorized. Broad legislative authority to “care for”, “monitor” and “assess” clients invites regulatory bodies to authorize specific acts in their Policies to achieve those ends, such as the application of fetal scalp electrodes or the insertion of umbilical vein catheters.

(2) Advanced Competencies

Several jurisdictions use their Policies to identify certain acts that may only be performed by midwives who possess some form of “Advanced Competency.” British Columbia, Saskatchewan, Manitoba and the Northwest Territories all have policies of this nature.¹ These “advanced” acts are often expressly authorized in legislation, and the policies thus serve to limit the authority of midwives. Alberta does not take this approach but the regulatory body does use “Guidelines” to restrict the authority of midwives to prescribe certain drugs that are otherwise authorized under provincial regulations.

(3) Consultation Requirements

Several jurisdictions have established detailed guidelines that require midwives to either consult with or transfer care to a physician when certain clinical conditions arise. These guidelines are often elaborations on broad statutory direction for midwives to consult when complications arise but may also be established in the absence of such direction.

(iii) Use of Policies to Shape Sensitive Areas of Practice

Regulatory bodies are particularly likely to use the described mechanisms, often in combination, to shape the scope of midwifery practice in two related and sensitive areas of practice:

(1) Induction and Augmentation of Labour

¹ In British Columbia the College of Midwives has proposed regulatory changes that would introduce “Specialized Practice” provisions into the provincial *Midwives Regulation*.

The governing legislation in each jurisdiction requires that the deliveries “conducted” or “managed” by midwives be “spontaneous.” In no case is the term “spontaneous” defined in the legislation. The legislation governing midwives also uniformly grants midwives the authority to perform amniotomies and episiotomies.

The various regulatory bodies manage this ambiguity by clarifying and restricting the authority of midwives to augment and induce labour by both pharmacological and non-pharmacological means. In Manitoba for example, “induction and augmentation of labour” requires “Additional Competency” standing and approval by the regulatory body. Saskatchewan imposes similar requirements. The same is true for “vacuum extraction” in Saskatchewan and the Northwest Territories. In British Columbia oxytocin may only be prescribed by a physician.

In addition, guidelines for consultation with a physician generally require it for indicators such as “abnormal labour pattern” and “failure to progress in active labour.”

(2) Emergency Measures

The legislation governing midwifery practice in emergency situations is often very general, or the legislation may even be silent with respect to emergencies. Regulatory bodies thus use their Policies to provide more detailed direction to midwives facing emergency situations. In most cases this direction includes substantial restrictions.

For example, the legislation in Manitoba is silent with respect to emergency practices in general, and manual removal of the placenta in particular. However, the regulatory body has included general emergency provisions in its Policies, and requires mandatory consultation with a physician in cases of “retained placenta”, and has issued an additional guideline for the “Emergency Manual Removal of the Placenta.”

As another example, the statute in the Northwest Territories authorizes “emergency measures when necessary.” The Policies of the regulatory body elaborate on this authority and authorize “vacuum-assisted birth”, “manual evacuation of the uterus” and “assist with caesarean section”, but only for midwives who demonstrate receipt of advanced in-service training. These procedures must also be performed in accordance with the guidelines of the national Neonatal Resuscitation Program.

2. The Regulatory Regime by Jurisdiction

Following is a summary of the primary regulatory provisions governing the midwifery scope of practice in each of the relevant provinces and territories of Canada. The review includes the applicable portions of the Policies in each jurisdiction. As previously indicated, a more detailed review of drugs and testing authority can be found in the accompanying review (“Midwifery Jurisdictional Review – Drugs and Testing”).

BRITISH COLUMBIA

Governing Act(s) and Regulations:

Health Professions Act, R.S.B.C. 1996, c. 183
Midwives Regulation, B.C. Reg. 103/95

Governing Body:

College of Midwives of British Columbia

Scope of Practice:

Section 4(1) of the Regulation: Subject to the bylaws, registrants may:

- (a) assess, monitor, and care for women during normal pregnancy, labour, delivery and the post-partum period,
- (b) counsel, support and advise women during pregnancy, labour, delivery and the post-partum period,
- (c) manage spontaneous normal vaginal deliveries,
- (d) care for, assess and monitor the healthy newborn, and
- (e) provide advice and information regarding care for newborns and young infants and deliver contraceptive services during the 3 months following birth.

Reserved Acts:

Section 5 (1) of the Regulation: Subject to section 14 of the *Health Professions Act*, no person other than a registrant may, for the purposes of midwifery:

- (a) conduct internal examinations of women during pregnancy, labour, delivery and the post-partum period.
- (b) manage spontaneous normal vaginal deliveries.
- (c) perform episiotomies and amniotomies during established labour and repair episiotomies and simple lacerations.
- (d) prescribe, order or administer drugs and substances specified in Schedule 1 to this regulation.
- (e) order, collect samples for, perform or interpret the results and reports of screen and diagnostic tests specified in Schedule 2 to this regulation.

Limitations on Practice:

Section 6 of the Regulation: Consultation with a medical practitioner is required for any deviations from normal course of pregnancy, labour, delivery and post-partum period, or if certain test results are abnormal. Allowed drugs in Schedule 1 include antibiotics, local anaesthetics, analgesics, and oxytocin, but certain medications may only be prescribed in certain situations or for certain purposes, and some, including oxytocin, may only be administered on the order of a physician. For certain tests, negative results require consultation with a physician.

Exceptions:

Midwives may perform acts as authorized by another regulated health profession, or as first aid or temporary assistance in case of emergency (without gain or reward or hope of gain or reward).

Additional Policies Governing Practice:

Competencies of Registered Midwives – This document from College of Midwives is an elaboration of the skills and abilities necessary for entry into midwifery practice (“General Competencies”). Although some of the competencies describe acts that are not expressly authorized by the governing legislation, the College asserts that all of the General Competencies are authorized under the general terms of the applicable legislation. The document also identifies those acts that require advanced training and authorization (“Specialized Practice”).

The College anticipates that some of the Specialized Practice competencies will require additional statutory authority, and the College has proposed the necessary amendments to the Midwifery Regulation (see below). The current Specialized Practice competencies are:

1. epidural monitoring in hospital;
2. fitting barrier methods of contraception;
3. induction or augmentation of labour in hospital for early rupture of membranes at term and/or for non-progressive labour and/or post-dates pregnancy where fetal assessment is reassuring and there are no indications for physician consultation or transfer of care;
4. vacuum assisted birth in hospital;
5. first surgical assist at cesarean sections in hospitals with cesarean capabilities;
6. providing well-baby care after three months postpartum and to healthy newborns in general;
7. providing well-woman care after three months postpartum and to healthy women in general;
8. suturing of 3rd degree tears;
9. evacuation of the uterus in hospital;
10. prescribing contraceptives; and

11. acupuncture.

Guidelines and Standards– the College of Midwives has issued numerous detailed guidelines and standards for various aspects of midwifery practice including:

1. Standards, Limits, and Conditions for Prescribing, Ordering and Administering Drugs (19 pages of detailed guidance on indications for prescription, dosages, and various forms of drugs and routes of delivery).
2. Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests (39 pages, including guidance mandating consultation with a physician for certain results).
3. Guideline for post-dates pregnancy.
4. Guideline for managing the second stage of labour.
5. Guideline for fetal health surveillance in labour.

Insurance Requirements – An amendment to the by-laws of the College of Midwives dated December 12, 2005 requires midwives to “be insured against liability for professional negligence in an amount of at least seven million dollars (\$7M).”

Proposed Regulatory Changes:

Not all of the “Specialized Practice” competencies listed previously is authorized under existing legislation. For the first two items, epidural monitoring and fitting barrier methods of contraception, the College has found authority for midwives to perform the act within the general language of its governing legislation. For the remaining acts on the list the College anticipates that an amendment to the Midwifery Regulation will be required, and it is currently negotiating such an amendment with the Ministry of Health.

The proposed amendment adopts a framework similar to that used in Ontario, where midwives would be authorized to “put an instrument, hand or finger” beyond certain anatomical thresholds. In some cases a purpose for the act is specified, but even where a purpose is specified the proposed language is general enough to allow the performance of a variety of invasive acts or procedures.

The proposed regulation would also authorize midwives to make a “midwifery diagnosis”, which is defined as:

a clinical judgment of a woman’s physical or mental condition, or that of her newborn, to determine whether the condition can be addressed by interventions within the registrant’s scope of practice to achieve outcomes for which the registrant is accountable or whether consultation with or transfer of care to another health professional is required.

Finally, the proposed amendment would alter the rules governing the prescription and administration of drugs, most notably by shifting from a schedule of specific drugs to a scheme wherein broader categories of drugs may be prescribed for specific purposes. These changes are discussed in greater detail in the accompanying Drugs and Testing review.

The College is optimistic that many of the proposed changes will be adopted, as it has negotiated the changes directly with the Ministry of Health staff and has received assurances that an amended regulation will be tabled in the legislature in the near future.

ALBERTA

Governing Act(s) and Regulations:

Health Professions Act, R.S.A. 2000, c. H-7

Midwifery Regulation, A.R. 328/94

Governing Body:

The profession is governed by the provincial Ministry of Health and Wellness through the Midwifery Health Disciplines Committee.

Scope of Practice:

Section 3 of Schedule 13 to the Act: In their practice, midwives do one or more of the following:

- a. provide comprehensive prenatal, labour, birth and postpartum care to clients experiencing normal pregnancy,
- b. provide counselling, education and emotional support related to the clients' physical, psychological and social needs, and
- c. provide restricted activities authorized by the regulations.

Controlled Acts:

Section 8 of the Regulation:

- (a) provide counselling and education related to childbearing,
- (b) carry out assessments necessary to confirm and monitor pregnancies,
- (c) advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk,
- (d) identify the conditions in the woman, fetus or newborn that necessitate consultation with or referral to a physician or other health professional,
- (e) care for the woman and monitor the condition of the fetus during labour,
- (f) conduct spontaneous vaginal births,
- (g) examine and care for the newborn in the immediate postpartum period,
- (h) care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning,
- (i) take emergency measures when necessary,
- (j) perform, order or interpret screening and diagnostic tests in accordance with Schedule 1,
- (k) perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra,
- (l) prescribe and administer drugs in accordance with Schedule 2, and

(m) on the order of a physician relating to a particular client, administer any drugs by the route and in the dosage specified by the physician.

Exemptions/Exceptions to Controlled Acts:

Screening tests are limited by Schedule 1 of the regulation. Prescriptions are limited by Schedule 2 and additional guidelines. Allowed drugs include antibiotics, local anaesthetics and oxytocin. However, Ministry guidelines regulate dosages and routes of delivery, and also specify that certain drugs, including antibiotics, must be prescribed by a physician. See the accompanying Drugs and Testing review for additional detail. The guidelines contain detailed lists of clinical conditions that require consultation with a physician.

Additional Policies Governing Practice:

Midwifery Health Discipline Standards of Competency and Practice – this 31-page document includes several “standards” and “guidelines” components that further regulate the practice of midwifery:

1. Standards of Competency (authorizes some procedures that are not expressly authorized in the governing legislation, presumably by inferring the authority from the more general language of the legislation. No “Advanced Competencies” are specified)
2. Standards of Practice
3. Guidelines for Primary Care and Medical Consultation (with detailed lists of conditions that require consultation with a physician)
4. Guidelines for Home Birth (specifying equipment requirements and conditions requiring transfer to a hospital)
5. Guidelines for Prescribing and Administering Drugs (specifying dosages and routes of delivery, and in some cases, including antibiotics, requiring that the drugs be prescribed by a physician, thus limiting the authority granted by the regulations).

Insurance Requirements – Insurance requirements are set by the regulatory body. This information was not available at the time of review.

Proposed Regulatory Changes:

The “Midwifery Health Discipline Standards of Competency and Practice” document is being revised. The copy made available for purposes of this review is subject to change, but major substantive revisions are not anticipated.

SASKATCHEWAN

Governing Act(s) and Regulations:

Midwifery Act, S.S. 1999, c. M-14.1

Midwifery Regulations, R.R.S. c. M-14.1 Reg. 1

Attending Health Professionals Regulations, R.R.S. c. R-8.2 Reg. 4

Medical Care Insurance Payment Regulations, 1994, R.R.S. c. S-29 Reg. 19

Governing Body:

Saskatchewan College of Midwives

Scope of Practice:

Section 23(1) of the Act: authorized practices:

- (a) assess and monitor women during normal pregnancy, labour and the post-partum period;
- (b) conduct the spontaneous normal vaginal delivery of a baby;
- (c) provide care to a woman and her healthy baby during a normal pregnancy, labour and post-partum period; and
- (d) for the purposes of clauses (a) to (c):
 - (i) prescribe, dispense or administer drugs in accordance with the regulations, the regulatory bylaws made pursuant to this Act and *The Drug Schedules Regulations*, 1997;
 - (ii) order, perform or interpret diagnostic tests in accordance with the regulations, the regulatory bylaws made pursuant to this Act and *The Medical Laboratory Licensing Act*, 1994; and
 - (iii) perform invasive procedures that are prescribed in the regulations and the regulatory bylaws made pursuant to this Act.

The *Midwifery Amendment Act, 2008* inserted clauses (a), (b) and (c) above in place of the following language: “act as a primary caregiver in managing pregnancy and labour, including the spontaneous normal vaginal delivery of a baby.”

Controlled Acts:

Invasive procedures permitted under Section 5/Table 3 of the Midwifery Regulations:

- | | |
|-----------------------------------|--|
| 1. Amniotomy | 4. Conducting internal examinations of women during pregnancy, labour, delivery and the post-partum period |
| 2. Applying fetal scalp electrode | |
| 3. Bladder catheterization | 5. Episiotomy |

- | | |
|--|--|
| 6. Fitting cervical caps and diaphragms for contraceptive purposes | 14. Nasopharyngeal suctioning |
| 7. Heel puncture of the newborn | 15. Placing umbilical venous catheters in the newborn |
| 8. Injections: subcutaneous, intramuscular and intradermal only | 16. Repairing episiotomy |
| 9. Inserting intrauterine contraceptive devices | 17. Repairing tears, not including fourth degree tears or repairs to the urethra |
| 10. Inserting nasogastric tube | 18. Taking cytological smears from the cervix |
| 11. Inserting rectal thermometer | 19. Taking vaginal and rectal specimens |
| 12. Intravenous cannulation | 20. Vacuum extraction |
| 13. Manual removal of the placenta | 21. Venipuncture |

Authorized prescription drugs listed in Table 1 of the Midwifery Regulations include antibiotics, local anesthetics and oxytocin. Authorized tests are listed in Table 2. The lists of drugs and tests include very broad categories such as “antibiotics” and “biochemistry.”

Exemptions/Exceptions to Controlled Acts:

Prescription, testing and invasive procedures permissions must be exercised “for a purpose that is within the scope of the practice of midwifery.” If an invasive procedure is not authorized under s. 5 of the Regulation it is not authorized for purposes of administering a drug. The College has determined that certain of the invasive procedures authorized in the Regulation require “Advanced Competency” (see below).

Additional Policies Governing Practice:

Canadian Competencies for Midwives – Saskatchewan has adopted the Canadian Competencies for Midwives document, which elaborates on the broad scope of practice language in the governing legislation. In so doing the College has also adopted the “Advanced Competencies” identified in that document, with the exception of items 12 and 13 on the list (which authorize well-woman and well-baby care after 6 weeks postpartum). The College reports that it will not provide training or certification with respect to these Advanced Competencies. Instead, regional health authorities in the province will be responsible for assessing and perhaps also training midwives with respect to Advanced Competencies. The complete list of “Advanced Competencies” in Saskatchewan is as follows:

- | | |
|--|--|
| 1. epidural monitoring; | 7. suturing of 3rd degree tears; |
| 2. application of scalp electrodes; | 8. evacuation of the uterus; |
| 3. pharmacologic augmentation of labour; | 9. fitting barrier methods of contraception; |
| 4. induction of labour for post-dates pregnancy; | 10. prescribing contraceptives; |
| 5. performing vacuum extraction; | 11. inserting umbilical vein catheters in the newborn; |
| 6. first surgical assist at cesarean sections; | |

Insurance Requirements – the Regulatory Bylaws passed by the College require liability insurance coverage for \$10,000,000 per incident and \$20,000,000 per year.

Proposed Regulatory Changes: The College initially determined that authority for midwives to conduct “oral intubation of the newborn” was unnecessary because other means of addressing respiratory distress were considered adequate. It is currently re-evaluating that position.

MANITOBA

Governing Act(s) and Regulations:

Midwifery Act, C.C.S.M. c. M125

Midwifery Regulation, Man. Reg. 68/2000

Governing Body:

College of Midwives of Manitoba

Scope of Practice:

Sections 2(1) – 2(3) of the Act:

2(1): The practice of midwifery means the assessment and monitoring of women during pregnancy, labour and the post-partum period, and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous vaginal deliveries.

2(2): In the course of engaging in the practice of midwifery, a midwife may (a) order and receive reports of screening and diagnostic tests designated in the regulations, (b) prescribe and administer drugs designated in the regulations (c) perform minor surgical and invasive procedures designated in the regulations.

2(3): A midwife may engage in the practice of midwifery as a primary health care provider who (a) is directly accessible to clients without referral from a member of another health profession; (b) is authorized to provide health services within the practice of midwifery without being supervised by a member of another health profession; and (c) consults with other health professionals, including physicians, if medical conditions exist or arise during pregnancy that may require management outside the scope of the practice of midwifery.

Controlled Acts:

Surgical and invasive procedures permitted under Section 14 / Schedule C of the Regulations:

1. amniotomy
2. bladder catheterization
3. episiotomy
4. fitting cervical caps and diaphragms for contraceptive purposes
5. injections
6. insertion of intrauterine contraceptive devices
7. intravenous cannulation

8. oral intubation of the neonate
9. repair of episiotomy and tears not including fourth degree tears. Repair of the anal sphincter and periurethral tears are permissible with advanced training approved by the college.
10. taking of cytological smears for cancer screening
11. venipuncture
12. placement of an umbilical venous catheter in the newborn

Medications that may be prescribed or administered pursuant to s. 13 / Schedule B of the Regulations include antibiotics, local anaesthetics and oxytocin. Tests are permitted under s. 12 / Schedule A of the Regulations.

Exemptions/Exceptions to Controlled Acts:

Drugs listed in Part 2 of Schedule B to the Regulations may only be administered under the direction of a physician. See below for discussion of additional policies and restrictions, including certain acts that the College has deemed to be “Additional Competencies” requiring additional training and certification.

Additional Policies Governing Practice:

Competencies – The College’s competency document includes an “Additional Competencies” section that states: “The knowledge and skills required to perform these competencies are found in individual course and/or certification criteria and require approval by the College of Midwives of Manitoba in order to perform them.” The Additional Competencies “include” the following:

1. managing epidurals,
2. applying scalp electrodes,
3. induction and augmentation of labour,
4. suturing 3rd degree lacerations, and
5. inserting intrauterine contraceptive devices.

Standards of Practice – Section 15 of the Regulation: A midwife shall comply with the standards of practice approved by the College, including standards concerning the following:

- (a) transfer of care to a physician;
- (b) out-of-hospital births;
- (c) in-hospital-births;
- (d) record keeping;
- (e) continuing competency.

The College has in fact promulgated standards in these areas. The detailed “Standard for Discussion, Consultation and Transfer of Care” distinguishes between indications for “discussion”, “mandatory consultation” and “transfer of care” at different stages of pregnancy, labour and the post-partum period.

Guidelines – The College has also established numerous guidelines for practice in certain scenarios, including “Management of the Third Stage of Labour”, “Management of Post-Term Pregnancy”, “Vaginal Birth After One Previous Low Segment Caesarean Section”, and similar topics.

Insurance Requirements – The regulation (s. 16) requires liability insurance coverage of \$7,000,000 per occurrence or \$14,000,000 per year.

Proposed Regulatory Changes:

The College has proposed a number of additions and clarifications to the tables in the Midwifery Regulation that authorize specific drugs, tests and invasive procedures. Changes that are relevant to the proposals made by Ontario midwives are identified in the accompanying analyses of those proposals.

QUEBEC

Governing Act(s) and Regulations:

Midwives Act, R.S.Q. c. S-0.1

Cases requiring consultation with a physician or transfer of clinical responsibility to a physician,
Regulation respecting, R.Q. c. S-0.1, r.1

Standards and conditions of practice for conducting home deliveries, Regulation respecting the, R.Q. c. S-0.1, r.2

Governing Bodies:

Ordre des sages-femmes du Québec

Office des professions du Québec

Scope of Practice:

Sections 6 and 7 of the Act:

“Any act the purpose of which is to provide the professional care and services required by a woman during normal pregnancy, labour and delivery and to provide a woman and her child with the professional care and services required during the first six weeks of a normal postnatal period constitutes the practice of midwifery.”

“The practice of midwifery by a midwife also includes the provision of 1) counselling and information on parenting, family planning, contraception, preparation for delivery and breastfeeding, the usual care to be provided to a child up to the age of one year, in particular as regards diet, hygiene and accident prevention, and on the resources available in the community; and 2) counselling and information to the public on perinatal health care.”

Controlled Acts:

Permitted under section 6 of the Act:

“(1) monitoring and assessing a woman and her child during pregnancy, labour, delivery and the first six weeks of the postnatal period, and include the provision of preventive care and the detection of any abnormal conditions in the woman or child;

(2) conducting spontaneous deliveries;

(3) performing an amniotomy, performing and repairing an episiotomy and repairing a first or second degree perineal tear or laceration.

In addition, in an emergency, while awaiting the required medical intervention or in the absence of medical intervention, applying suction, conducting a breech delivery, performing manual placental extraction followed by digital exploration of the uterus or performing resuscitation procedures on the woman or newborn also constitutes the practice of midwifery.”

Sections 8 and 9 of the *Act* permit midwives to prescribe and administer drugs and to prescribe, conduct and interpret examinations or analyses specified in the Regulations. No such regulations have been promulgated. In the absence of these Regulations Section 59 of the *Act* authorizes midwives to practice with respect to drugs and testing to the same extent as permitted under previous midwifery pilot projects. The Ordre des sages-femmes du Québec reports that updated schedules of permitted drugs and tests are under official consideration in Québec. More detailed discussion of both current and proposed policies can be found in the accompanying Drugs and Testing review.

Exemptions/Exceptions to Controlled Acts:

Home deliveries are governed under the Regulation respecting the standards and conditions of practice for conducting home deliveries. Division III of that regulation specifies “Conditions of Practice” for home deliveries, and Schedule II specifies certain equipment, supplies and medication that the midwife must have in her (sic) possession.

The Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician specifies situations in which 1) consultation by the midwife with a physician is mandatory, and 2) transfer of clinical responsibility from the midwife to a physician is mandatory.

The regulations governing drugs and tests distinguish between those drugs and tests that may be prescribed for infants and those that may be prescribed for adults.

Proposed Regulatory Changes:

The Ordre has proposed updated schedules of authorized drugs and diagnostic tests. This proposal is discussed in the accompanying review of Drugs and Testing.

NORTHWEST TERRITORIES (“NWT”)

Governing Act(s) and Regulations:

Midwifery Profession Act, S.N.W.T. 2003, c. 21

Midwifery Profession General Regulations, N.W.T. Reg. 002-2005

Screening and Diagnostic Tests Regulations, N.W.T. Reg. 004-2005

Midwifery Practice Framework with Prescription Drug List – NWT Minister of Health and Social Services

Standards of Practice for Registered Midwives in the NWT -- NWT Minister of Health and Social Services

Governing Body:

Northwest Territories Ministry of Health and Social Services

Scope of Practice:

Under s. 2(1) of the *Act*: A registered midwife is entitled to apply midwifery knowledge, skills and judgment:

- a. to provide counselling and education related to childbearing;
- b. to carry out assessments necessary to confirm and monitor pregnancies;
- c. to advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk;
- d. to identify the conditions in the woman, fetus or newborn that necessitate consultation with or referral to a medical practitioner or other health care professional;
- e. to care for the woman and monitor the condition of the fetus during labour;
- f. to conduct spontaneous vaginal births;
- g. to examine and care for the newborn in the immediate postpartum period;
- h. to care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning;
- i. to take emergency measures when necessary;
- j. to perform, order or interpret prescribed screening and diagnostic tests;
- k. to perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra;
- l. to prescribe and administer drugs authorized in the Midwifery Practice Framework; and

- m. on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner.

Controlled Acts:

Excerpt from Section 2(1) of the Act:

- to conduct spontaneous vaginal births;
- to perform, order or interpret prescribed screening and diagnostic tests;
- to perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra;
- to prescribe and administer drugs authorized in the Midwifery Practice Framework;
- on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner;
- to take emergency measures when necessary.

Diagnostic tests and examinations are authorized under the Screening and Diagnostic Tests Regulations. The schedule of drugs that midwives may prescribe and administer is set out in Appendix 1-C of the Ministry's Midwifery Practice Framework.

Exemptions/Exceptions to Controlled Acts:

Sections 1-4 of the Screening and Diagnostic Tests Regulations set conditions with respect to ultrasonograms and also identify tests that midwives may order and interpret but may not perform.

Drugs prescribed under the Midwifery Practice Framework must be within the practice of midwifery or in consultation with a physician. The Framework requires consultation with physicians in accordance with the Standards of Practice for Registered Midwives in the NWT.

Section 1.1(27) of the Standards of Practice also contains an expanded list of invasive procedures. Section 1.1.1 requires additional training and authority before midwives may:

- 1) perform vacuum-assisted birth,
- 2) perform manual evacuation of the uterus, and
- 3) assist with caesarean section, including role of first assist and receiving the infant.

Additional Policies Governing Practice:

As indicated, the Midwifery Practice Framework and the Standards of Practice are integral to the regulatory scheme in the Northwest Territories. Because the profession is regulated by the Ministry of Health and Social Services, these policy documents carry Ministerial approval. The Standards of Practice document is also unique in that it is expressly subordinate to the statute and regulations and is "not intended to expand the scope of practice specified in the Act." The Ministry's registrar for midwives is of

the opinion that NWT midwives are currently permitted to perform all of the acts currently identified in the Standards of Practice.

The Standards document includes standards of general competency and, as mentioned, requirements for additional training for certain acts. It also establishes detailed standards governing consultation with physicians and births outside of a hospital.

Insurance Requirements – The Ministry’s registration form indicates that professional liability insurance in the minimum amount of \$10 million is required.

NEW BRUNSWICK

New Brunswick's regulatory regime is not yet fully implemented.

Governing Act(s) and Regulations:

Midwifery Act, S.N.B. 1988, c. M-11.5

Governing Body:

Midwifery Council of New Brunswick (to be established)

Scope of Practice:

From Section 2 of the *Act*:

The, "practice of midwifery" means the care, assessment and monitoring of women during normal pregnancy, labour and the postpartum period and of their healthy newborns, and the management of low-risk, spontaneous vaginal deliveries.

In engaging in the practice of midwifery, a midwife may:

- (a) consult with, make a referral to or transfer care to a medical practitioner as set out in the standards of practice established by the regulations,
- (b) prescribe and administer drugs in accordance with the regulations,
- (c) order and interpret screening and diagnostic tests in accordance with the regulations, and
- (d) provide other health care services within the practice of midwifery as set out in the standards of practice established by the regulations.

Controlled Acts:

The *Act* received Royal Assent on June 18, 2008 and no regulations have yet been promulgated. The province expects to hire midwives into the public health system beginning in 2009.

NEWFOUNDLAND & LABRADOR

The *Midwifery Act* has not been implemented by the province since the 1960s. The *Act* has not been repealed, but midwifery is effectively unregulated in Newfoundland & Labrador.

Governing Act(s) and Regulations:

Midwifery Act, R.S.N.L. 1990, c. M-11

NOVA SCOTIA

Nova Scotia's regulatory regime is not yet fully implemented.

Governing Act(s) and Regulations:

Midwifery Act, S.N.S. 2006, c. 18 (not yet in force)

Governing Body:

Midwifery Regulatory Council of Nova Scotia (in formation)

Scope of Practice:

From Section 2(i) of the *Act*: the "practice of midwifery" means:

- (i) the assessment and monitoring of the health of a mother and her baby during pregnancy, labour and the post-partum period,
- (ii) the provision of care in the normal course of pregnancy, labour and the post-partum period,
- (iii) the management of vaginal deliveries,
- (iv) the ordering and interpreting of screening and diagnostic tests and the recommending, prescribing or re-ordering of drugs restricted to actual delivery and care, blood products and related paraphernalia respecting the provision of care in the normal course of pregnancy, labour and the post-partum period, and
- (v) invasive procedures restricted to actual delivery and care, as prescribed by regulation,

either within or outside of a hospital setting and research, education, consultation, management, administration, regulation, policy or system development relating to subclauses (i) to (v);

Controlled Acts:

As above for Scope of Practice. The *Act* is not yet in force and no regulations have yet been promulgated.

PRINCE EDWARD ISLAND

Midwifery is not regulated in PEI. The province's *Medical Act* regulates physicians, and the definition for "practice of medicine" in s. 1(q) of the *Act* includes the practice of obstetrics.

YUKON

Midwifery is not regulated in the Yukon. The territory's *Medical Act* regulates physicians and the definition for "practice of medicine" in the *Act* includes the practices of "obstetrics, gynaecology and paediatrics."

NUNAVUT

Midwifery is not regulated in Nunavut. The territory's *Medical Profession Act* regulates physicians and defines "practise medicine" very broadly such that it would apply to midwifery.

3. Jurisdictional Review of Ontario Requests

The tables below review the specific proposed policy changes to the midwifery scope of practice in Ontario in comparison with regulatory policy in the six Canadian jurisdictions that actively regulate midwifery. Each proposed policy change in Ontario is presented at the top of an individual table, with the corresponding policies from the six jurisdictions set out below.

Proposed:	Allow Well-Woman / Well-Baby Care		Type of Practice: EXTENDED	
Current Ontario Legislation	<i>The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour, and post-partum period.</i>		Proposed Changes:	Revise to allow well-woman/well-baby* (>6 weeks) care. *“Well-woman care” is routine reproductive health care that goes beyond pregnancy, childbirth and postpartum. “Well-baby care” is the routine care of infants that goes beyond the current legislated limit of six weeks.
British Columbia	<u>Proposed</u> General Competency	<p><u>Current Regulation:</u> Scope of practice includes “assess, monitor, and care for women during ... the post-partum period”; “counsel, support and advise women during... the post-partum period”; “care for, assess, and monitor the healthy newborn”; “provide advice and information regarding care for newborns and young infants and deliver contraceptive services during the 3 months following birth.”</p> <p><u>Proposed regulatory change:</u> increase duration for “advice and information regarding care for newborns and young infants” to one year, and add “deliver well-woman care and contraceptive services to women during the interconceptual period.”</p> <p><u>Competencies:</u> “assess the ongoing well-being and development of the newborn in early infancy and make appropriate referrals as necessary” and “provide responsive holistic care and advice to the woman and her family before and during pregnancy, labour, birth and the postpartum.”</p>		
Alberta	<u>Not</u> <u>Authorized</u>	<p><u>Statute:</u> “comprehensive prenatal, labour, birth and postpartum care to clients experiencing normal pregnancy.”</p> <p><u>Regulation:</u> Scope of practice includes “care for the newborn in the immediate post-partum period” and “care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning.”</p> <p>Midwives may “engage in the practice of midwifery as a primary health care provider” which entitles them to attend to clients without a referral, and without supervision from another profession, and to refer clients to other professionals.</p> <p><u>Standards of Competency:</u> For newborns: “provide basic newborn care” and “assess the ongoing well-being and development of the newborn in the first six weeks of life and make appropriate referrals as necessary.” For women: “assess the health and monitor the progress of the woman in the postpartum period” and “conduct the six week postpartum assessment.”</p>		

Saskatchewan	<u>Not expressly Authorized</u>	<p><u>Statute:</u> Scope of practice includes “provide care to a woman and her healthy baby during a normal pregnancy, labour and post-partum period.”</p> <p><u>General Competencies:</u> “Provide well-woman care according to provincial/territorial standards” and “provide ongoing newborn care and assessment of well-being and development.”</p> <p><u>Advanced Competencies:</u> Saskatchewan has adopted the “Canadian Competencies for Midwives” including items 1-11 on the list of “Advanced Competencies” in that document. However, the Registrar of the College of Midwives reports that the College has not adopted items 12 and 13 on that list, which would authorize midwives to provide well-woman or well-baby care beyond six weeks post-partum.</p>
Manitoba	<u>Partially Authorized</u> (well-woman care only) General Competency	<p><u>Statute:</u> “The practice of midwifery means the assessment and monitoring of women during pregnancy, labour and the post-partum period, and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period.”</p> <p>Midwives are also granted status as “primary health care providers” who may provide care without referral or supervision.</p> <p><u>General Competencies: Well Woman Care & Family Planning:</u> “assess the woman’s reproductive and sexual health; identify, evaluate and provide information on treatment for problems associated with reproductive health; inform and advise clients on issues of human sexuality, fertility and unplanned pregnancies; provide information on various methods of contraception.”</p> <p>Postpartum Care of Newborn: “provide ongoing care and assessment of well-being and development; recognize complications in the newborn and make appropriate referrals; administer medication in accordance with the Midwifery regulation and established standards.”</p>
Québec	<u>Not Authorized</u>	<p><u>Statute:</u> Section 6 limits postpartum care: “monitoring and assessing a woman and her child during... the first six weeks of the postnatal period.”</p> <p>Section 7 authorizes counselling only, not “care”: “counselling and information on parenting,... the usual care to be provided to a child up to the age of one year, in particular as regards diet, hygiene, and accident prevention, and on the resources available in the community.”</p>

Northwest Territories	<u>Partially Authorized</u> (well-woman care only) General Competency	<u>Statute:</u> “to examine and care for the newborn in the immediate postpartum period; to care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning.” <u>Midwifery Practice Framework:</u> Same authority as statute, plus definitions: “Immediate Post-Partum Period”: 42 days (six weeks). “Post-partum Period”: up to 12 months. “Infant”: up to one year of age.
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Proposed:	Pre-Conception Counselling	Type of Practice: Routine	
Current Ontario Legislation	<i>The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour, and post-partum period.</i>	Proposed Changes:	Revise to allow pre-conception counselling.
British Columbia	<u>Proposed</u> General Competency	<u>Current Competencies:</u> “provide responsive holistic care and advice to the woman and her family before and during pregnancy, labour, birth and the postpartum.” <u>Proposed regulatory change:</u> “deliver well-woman care and contraceptive services to women during the interconceptual period.”	
Alberta	<u>Authorized</u> General Competency	<u>Regulation:</u> Scope of practice includes “provide counselling and education related to childbearing” and in postpartum period advise on “family planning.” <u>Standards of Competency:</u> “provide holistic care and advice to women before pregnancy; provide education, health promotion and counselling related to childbearing and family planning for the woman, her family and the community.”	
Saskatchewan	<u>Authorized</u>	<u>Statute:</u> Scope of practice authorizes care beginning with “pregnancy” through labour and the post-partum period.	

	General Competency (contraceptives require Advanced Competency)	<u>Regulation:</u> authorizes prescription of “contraceptives” generally, and fitting of cervical caps and diaphragms, and insertion of IUDs (these are elsewhere deemed Advanced Competencies). <u>General Competencies:</u> “Provide education, health promotion and counselling related to childbearing, parenthood, and family planning for the woman, her family and the community.” <u>Advanced Competencies:</u> Prescription of contraceptives, “fitting barrier methods of contraception.”
Manitoba	<u>Authorized</u> General Competency	The authorized “Well Woman Care and Family Planning” component of the General Competencies, excerpted previously, would encompass pre-conception counselling.
Québec	<u>Authorized</u>	<u>Statute:</u> Provide “counselling and information on parenting, family planning, contraception...”.
Northwest Territories	<u>Authorized</u> General Competency	<u>Statute:</u> “provide counselling and education related to childbearing” and in the postpartum period advise on “family planning.” <u>Midwifery Practice Framework:</u> Same authority as statute, plus definition of “postpartum period” as 12 months.

Proposed:	Remove “Spontaneous” from “Vaginal Delivery” in Scope of Practice	Type of Practice: Routine	
Current Ontario Legislation	<i>The practice of midwifery is the... conducting of spontaneous normal vaginal deliveries.</i>	Proposed Changes:	Remove "spontaneous" to increase flexibility of scope – e.g. for conducting artificial rupture of membranes for induction.
British Columbia	“Spontaneous” w/ <u>Limited Flexibility</u> General Competency	<u>Regulation:</u> authority to “manage <i>spontaneous</i> normal vaginal deliveries” but limited flexibility to “perform episiotomies and amniotomies” and to administer oxytocin on order of a physician. <u>Proposed:</u> certification requirement for oxytocin.	

	(physician required for oxytocin)	
Alberta	<p>“Spontaneous” w/ <u>Flexibility</u></p> <p>General Competency</p> <p>(consultation requirements)</p>	<p><u>Regulation:</u> Authority is to “conduct <i>spontaneous</i> vaginal births” but also flexibility to “perform episiotomies and amniotomies” and to prescribe and administer intravenous and intramuscular oxytocin.</p> <p><u>Standards of Competency:</u> “assess the onset and progress of labour and take appropriate action according to the... contractions... fetal presenting part... cervix...”; determine the status of fetal membranes and perform amniotomy as necessary.”</p> <p><u>Guidelines for medical consultation:</u> consultation required for, <i>inter alia</i>, “premature labour” and “abnormal labour pattern unresponsive to therapy.”</p>
Saskatchewan	<p>“Spontaneous” w/ <u>Limited Flexibility</u></p> <p><u>Advanced Competency</u> induction / augmentation of labour</p>	<p><u>Statute:</u> Authority is to “conduct the <i>spontaneous</i> normal vaginal delivery of a baby” but regulation suggests limited flexibility of scope to the terms “spontaneous” and “normal.”</p> <p><u>Regulation:</u> Authorized to “perform and interpret” invasive procedures including “amniotomy”, “episiotomy” and “vacuum extraction.” Authorized drugs include oxytocin (some of these acts are elsewhere deemed Advanced Competencies).</p> <p><u>General Competencies:</u> Include “assist and support the <i>spontaneous</i> vaginal birth of the baby” but also “determine the status of the membranes and perform amniotomy when indicated” and “recognize maternal and newborn complications and initiate emergency measures as required.”</p> <p><u>Advanced Competencies:</u> “pharmacologic augmentation of labour”; “induction of labour for post-dates pregnancy”; and “performing vacuum extraction”.</p>
Manitoba	<p>“Spontaneous” w/ <u>Limited Flexibility</u></p> <p><u>Additional Competency</u></p>	<p><u>Statute:</u> Authority for “<i>spontaneous</i> vaginal deliveries” but regulations suggest limited flexibility of scope to “spontaneous.”</p> <p><u>Regulation:</u> Authorized invasive procedures include “amniotomy” and “episiotomy.” Authorized drugs include “prostaglandins F2” and “oxytocin and ergometrine for post-partum use.” Midwives may administer “oxytocin for induction/augmentation of labour” and “cervical ripening agents” only under the direction of a physician.</p> <p><u>General Competencies:</u> Include “assist and support the <i>spontaneous</i> vaginal birth of the baby” but also “determine</p>

	<p>“induction and augmentation of labour”</p>	<p>the status of the membranes and perform amniotomy when indicated” and “recognize variations of normal and abnormal labour patterns and identify probable cause and potential interventions.”</p> <p><u>Additional Competencies:</u> “induction and augmentation of labour” requires additional approval by the College of Midwives before a midwife may perform the act.</p> <p><u>Guidelines:</u> The College has guidelines for the management of “post-term birth” and spontaneous “pre-labour rupture of membranes at term.”</p>
<p>Québec</p>	<p>“Spontaneous” w/ <u>Limited Flexibility</u> (consultation)</p>	<p><u>Statute:</u> “conducting <i>spontaneous</i> deliveries” with flexibility to perform amniotomies and episiotomies. Also, “in an emergency, while awaiting the required medical intervention or in the absence of medical intervention, applying suction, conducting a breech delivery.”</p> <p><u>Consultation Regulation:</u> Mandatory consultation for “prolonged rupture of membranes” and “failure to progress in active labour”, mandatory transfer of care for “arrest of descent.”</p> <p><u>Drug Regulations:</u> Oxytocin and related drugs may only be prescribed for prophylaxis and treatment of post-partum bleeding.</p>
<p>Northwest Territories</p>	<p>“Spontaneous” w/ <u>Flexibility</u> (consultation requirement)</p>	<p><u>Statute:</u> Authority is to “conduct <i>spontaneous</i> vaginal births” but also authority to “perform episiotomies and amniotomies.”</p> <p><u>Midwifery Practice Framework:</u> Same authority as statute, and authority to prescribe oxytocin, “in consultation with a physician where clinical conditions warrant... as outlined in the Standards of Practice.”</p> <p><u>Standards of Practice:</u> “recognize abnormal conditions and recommend appropriate treatment and/or initiate consultations and referrals.”</p> <p>Indications for medical consultation include, <i>inter alia</i>, “abnormal labour pattern unresponsive to therapy” and “prolonged second stage [of labour].”</p>

Proposed:	Manual Removal of Placenta	Type of Practice: Routine (EMERGENCY)	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the labia majora during pregnancy, labour and the post-partum period.	Proposed Changes:	Clarify to allow emergency manual removal of placenta.
British Columbia	<u>No express authority</u> (emergency)	<u>Statute:</u> permits emergency assistance if given without gain or reward or hope of gain or reward. <u>Regulation:</u> Midwives must “consult with a medical practitioner regarding any deviations from the normal course of pregnancy, labour, delivery and post-partum period that indicate pathology and transfer responsibility when necessary.” <u>Competencies:</u> “use basic life support and other emergency measures when necessary.”	
Alberta	<u>No express authority</u> (emergency / consultation)	<u>Regulation:</u> “take emergency measures when necessary.” <u>Standards of Competency:</u> “identify abnormal conditions, recommend and initiate appropriate treatment and make referrals as required.” <u>Guidelines for medical consultation:</u> consultation required for “retained placenta.”	
Saskatchewan	<u>Authorized</u> Advanced Competency	<u>Regulation:</u> “manual removal of the placenta” (elsewhere deemed Advanced Competency) <u>General Competencies:</u> “recognize signs of separation of the placenta; assist in the delivery of, and inspect the placenta”; “recognize maternal and newborn complications and initiate emergency measures as required.” <u>Advanced Competencies:</u> “evacuation of the uterus”	
Manitoba	<u>Proposed</u> (emergency / consultation)	<u>Statute and Regulation:</u> No emergency provisions. <u>General Competencies:</u> “recognize maternal and newborn complications, initiate emergency measures as required and consult and/or transfer care for critical problems.” <u>Standards:</u> Retained placenta is indicator for mandatory consultation with a physician. <u>Guidelines:</u> established for “Emergency Manual Removal of Placenta.” <u>Proposed:</u> Express authority in circumstances where mother’s life is in danger.	
Northwest	<u>Authorized</u>	<u>Statute:</u> “take emergency measures when necessary.” <u>Standards of Practice:</u> Subject to requirements for medical consultation “use all of the emergency measures available	

Territories	Requires advanced training and authority (consultation)	to him/her in the absence of medical help” “ After documented in-service training and having been granted [the privilege] by a Board of Management: Perform manual evacuation of the uterus.” Indications for medical consultation: “retained placenta.”
Québec	<u>Authorized</u> (emergency, consultation)	<u>Statute:</u> “in an emergency, while awaiting the required medical intervention or in the absence of medical intervention... performing manual placental extraction followed by digital exploration of the uterus.” <u>Consultation Regulation:</u> Mandatory consultation for “retained placenta”.

Proposed:	Vacuum Extraction	Type of Practice: EXTENDED	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the labia majora during pregnancy, labour and the post-partum period.	Proposed Changes:	Clarify to allow vacuum extraction.
British Columbia	<u>Proposed</u> Specialized Practice	Not currently authorized. <u>Proposed regulatory change:</u> permitted for “specialized practice” requiring certification.	
Alberta	<u>No express authority</u>	<u>Regulation:</u> “If medical conditions exist or arise during the course of midwifery care that may require management by a physician, a midwife shall consult with a physician in accordance with the guidelines approved by the Board.” <u>Guidelines for medical consultation:</u> consultation required for, <i>inter alia</i> , “abnormal labour pattern unresponsive to therapy.”	
Saskatchewan	<u>Authorized</u> Advanced Competency	<u>Regulation:</u> “vacuum extraction” is authorized (elsewhere deemed Advanced Competency). <u>Advanced Competencies:</u> “performing vacuum extraction”.	

Manitoba	<u>No express authority</u> (Additional Competency)	<u>Regulation:</u> vacuum extraction is not addressed. <u>Additional Competencies:</u> “induction and augmentation of labour”. <u>Standards:</u> “Failure to progress” in labour is indicator for mandatory consultation with a physician.
Québec	<u>Authorized</u> (emergency, consultation)	<u>Statute:</u> “in an emergency, while awaiting the required medical intervention or in the absence of medical intervention, applying suction...” <u>Consultation Regulation:</u> Mandatory consultation for “prolonged rupture of membranes” and “failure to progress in active labour”, mandatory transfer of care for “arrest of descent.”
Northwest Territories	<u>Authorized</u> Advanced Training and Authority (consultation)	<u>Statute:</u> “take emergency measures when necessary.” <u>Standards of Practice:</u> Subject to requirements for medical consultation “use all of the emergency measures available to him/her in the absence of medical help”. “After documented in-service training and having been granted [the privilege] by a Board of Management: Perform vacuum assisted birth.” Indications for medical consultation include, <i>inter alia</i> , “premature labour”, “abnormal labour pattern unresponsive to therapy” and “prolonged second stage [of labour].”

Proposed:	Prescribe/Insert Barrier Contraception	Type of Practice: Routine	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the labia majora during pregnancy, labour and the post-partum period.	Proposed Changes:	Revise to allow Prescription / Insertion of Barrier Methods of Contraception (IUD, cervical cap, etc.).
British Columbia	<u>Proposed</u> Switch from specialized to routine practice	<u>Competencies:</u> permitted for “specialized practice” requiring certification. <u>Proposed regulatory change:</u> for routine practice, “deliver well-woman care and contraceptive services to women during the interconceptual period.” Notes to proposal by College of Midwives indicate intention for this language to include authority with respect to barrier methods.	

<p>Alberta</p>	<p><u>Partially Authorized</u> (inferred authority)</p> <p>General competency, (fit only, no IUDs)</p>	<p><u>Regulation:</u> Not expressly authorized.</p> <p><u>Standards of Competency:</u> “fit diaphragms and cervical caps”.</p>
<p>Saskatchewan</p>	<p><u>Authorized</u></p> <p>Advanced Competency</p>	<p><u>Regulation:</u> authorizes prescription of “contraceptives” generally, and fitting of cervical caps and diaphragms, and insertion of IUDs (these are elsewhere deemed Advanced Competencies).</p> <p><u>Advanced Competencies:</u> Prescription of contraceptives, “fitting barrier methods of contraception.”</p>
<p>Manitoba</p>	<p><u>Authorized</u></p> <p>General+ Additional Competencies (IUD)</p>	<p><u>Regulation:</u> authorizes prescription of IUDs, diaphragms and cervical caps, fitting of cervical caps and diaphragms, and insertion of IUDs (the latter is elsewhere deemed an Additional Competency).</p> <p><u>Additional Competencies:</u> “Inserting intrauterine contraceptive devices.”</p>
<p>Québec</p>	<p><u>Not Authorized</u></p>	<p><u>Statute:</u> Drug and testing authority in Section 8 is related to Section 6 authority to provide care and services during “pregnancy, labour and delivery and... first six weeks of a normal postnatal period.”</p>
<p>Northwest Territories</p>	<p><u>Partially Authorized</u></p> <p>(insert IUD not authorized)</p>	<p><u>Midwifery Practice Framework:</u> Authority to prescribe “cervical caps”, “diaphragms” and “intrauterine devices.”</p> <p><u>Standards of Practice:</u> authorized invasive procedures include “fitting cervical caps and diaphragms” (silent with respect to IUDs).</p>

Proposed:	Repair 3 rd and 4 th Degree Tears		Type of Practice: EXTENDED	
Current Ontario Legislation	Performing episiotomies and amniotomies and repairing episiotomies and lacerations, not involving the anus, anal sphincter, rectum, urethra and periurethral area.		Proposed Changes:	Clarify to allow 3 rd and 4 th degree tear repair.
British Columbia	<u>Proposed</u> Specialized Practice	<u>Regulation:</u> “repair episiotomies and simple lacerations.” <u>Proposed regulatory change:</u> Anticipated request for authority to repair 3 rd degree tears, for “specialized practice” requiring certification. Proposal language is not settled.		
Alberta	<u>No express authority</u>	<u>Regulation:</u> “repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra.” <u>Guidelines for medical consultation:</u> consultation required for “lacerations involving the anus, anal sphincter, rectum or urethra area.”		
Saskatchewan	<u>Partially Authorized</u> (3 rd degree) Advanced Competency	<u>Regulation:</u> “repairing tears, not including fourth degree tears or repairs to the urethra” (elsewhere deemed Advanced Competency). <u>General Competencies:</u> “examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair lacerations and episiotomies in accordance with provincial/territorial regulations and standards.” <u>Advanced Competencies:</u> “suturing of 3 rd degree tears”.		
Manitoba	<u>Partially Authorized</u> (3 rd degree) Additional Competency (Consultation)	<u>Regulation:</u> “repair of episiotomy and tears not including fourth degree tears. Repair of the anal sphincter and periurethral tears are permissible with advanced training approved by the college” (3 rd degree tears elsewhere deemed Additional Competency). <u>Additional Competencies:</u> “suturing 3 rd degree lacerations”. <u>Guidelines:</u> “Lacerations involving the anus, anal sphincter, rectum, urethra” are indicators for consultation with a physician. <u>Proposed:</u> Repair of anal sphincter and periurethral tears “permissible with advanced training approved by the college.”		
Québec	<u>Not authorized</u>	<u>Statute:</u> “repairing an episiotomy and repairing a first or second degree perineal tear or laceration.” <u>Consultation Regulation:</u> Mandatory consultation for “third or fourth degree perineal laceration.”		

Northwest Territories	<u>No express authority</u>	<p><u>Statute:</u> “repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra.”</p> <p><u>Standards of Practice:</u> Same language as statute.</p> <p>Indications for medical consultation: “lacerations involving the anus, anal sphincter, rectum or urethra area.”</p>
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Proposed:	Fetal Scalp Heart Monitor	Type of Practice: Routine	
Current Ontario Legislation	“Performing a procedure on tissue below the dermis” Taking blood samples from newborns by skin pricking or from women from veins or by skin pricking.	Proposed Changes:	Revise to allow midwives to apply a fetal scalp heart monitor.
British Columbia	<p><u>Authorized</u> (inferred authority)</p> <p>General Competency</p>	<p><u>Regulation:</u> “manage spontaneous normal vaginal deliveries”.</p> <p><u>General Competencies:</u> Authorized.</p>	
Alberta	<p><u>Perhaps Authorized</u> (inferred authority)</p> <p>General Competency</p>	<p><u>Regulation:</u> “monitor the condition of the fetus during labour.”</p> <p><u>Standards of Competency:</u> “assess fetal heart tones with a fetoscope, doppler and electronic fetal monitor”.</p>	
Saskatchewan	<p><u>Authorized</u></p> <p>Advanced Competency</p>	<p><u>Regulation:</u> authorizes “applying fetal scalp electrode” (elsewhere deemed Advanced Competency).</p> <p><u>Advanced Competencies:</u> “application of scalp electrodes”.</p>	
Manitoba	<p><u>Authorized</u> (inferred)</p>	<p><u>Statute:</u> “assessment and monitoring of women during pregnancy, labour... and of their newborn babies”.</p> <p><u>Regulation:</u> not addressed.</p>	

	authority) Additional Competency	<u>General Competencies</u> : “assess the fetal heart using a variety of methods such as a fetoscope, Doppler and electronic fetal monitor”. <u>Additional Competencies</u> : “application of scalp electrodes”. <u>Proposed</u> : Express authority in regulation for “placement and removal of spiral electrode on the fetus.”
Québec	<u>No express authority</u>	<u>Statute</u> : “monitoring and assessing a woman and her child during... labour, delivery...”
Northwest Territories	<u>Perhaps Authorized*</u> (inferred authority) General Competency	<u>Statute</u> : “monitor the condition of the fetus during labour.” <u>Standards of Practice</u> : “application of a fetal scalp electrode.” *The “Standards of Practice” document is explicit that the standards are subject to the <i>Act</i> and not intended to extend the scope of practice specified in the <i>Act</i> .

Proposed:	Fetal Scalp pH	Type of Practice: EXTENDED	
Current Ontario Legislation	“Performing a procedure on tissue below the dermis”; taking blood samples from newborns by skin pricking or from women from veins or by skin pricking.	Proposed Changes:	Revise to allow midwives to perform fetal scalp pH.
British Columbia	<u>No express authority</u>	<u>Regulation</u> : “manage spontaneous normal vaginal deliveries”.	
Alberta	<u>No express authority</u>	<u>Regulation</u> : “monitor the condition of the fetus during labour.”	
Saskatchewan	<u>No express authority</u>	<u>General Competencies</u> : “assess the onset and progress of labour and take appropriate actions; recognize variations of normal and abnormal labour patterns and identify probable causes and potential interventions when indicated; assess the need for pharmacologic and non-pharmacologic measures during labour, birth and the immediate postpartum period.”	

Manitoba	<u>No express authority</u>	<p><u>Statute:</u> “assessment and monitoring of women during pregnancy, labour... and of their newborn babies”.</p> <p><u>General Competencies:</u> “assess the need for pharmacologic and non-pharmacologic measures during labour, birth...” and “initiate emergency measures as required.”</p> <p><u>Advanced Competencies:</u> not addressed.</p>
Québec	<u>No express authority</u>	<p><u>Statute:</u> “monitoring and assessing a woman and her child during... labour, delivery...”</p>
Northwest Territories	<u>No express authority</u>	<p><u>Statute:</u> “monitor the condition of the fetus during labour.”</p>

Proposed:	Blood Samples from Fathers/Donors	Type of Practice: Routine	
Current Ontario Legislation	“Performing a procedure on tissue below the dermis”; taking blood samples from newborns by skin pricking or from women from veins or by skin pricking.	Proposed Changes:	Revise to allow midwives to take blood samples from fathers/donors.
British Columbia	<u>Proposed</u>	<p><u>Regulation:</u> Blood group test authorized for women and newborns only, others without respect to age or gender.</p> <p><u>Proposed regulatory change:</u> would grant broad authority to “order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests described in s. 45(d) of the Medical and Health Care Services Regulation B.C. Reg. 426/97” which reads: “laboratory and radiology services related to the routine prenatal and post natal delivery and care of a newborn which are associated with the scope of practice of a midwife.”</p>	
Alberta	<u>No express authority</u>	<p><u>Regulation:</u> “Blood glucose (stix method)” test is authorized for “adults.”</p>	
Saskatchewan	<u>No express authority</u>	<p><u>Regulation:</u> testing must be “within the scope of the practice of midwifery.” No reference to gender or age, but Act and Competencies generally refer to care for women and newborns only.</p>	
Manitoba	<u>No express authority</u>	<p>College reports that midwives in Manitoba take samples from fathers under general authority with respect to testing.</p> <p><u>Statute:</u> testing must be “in the course of engaging in the practice of midwifery”.</p>	

	(but routinely practiced)	<p><u>Regulation:</u> No gender or age of subject specified for testing generally, or for most tests, but two specific blood tests for genetics specify “mother” or “fetus.”</p> <p><u>Proposed:</u> blood tests for genetic carrier status of father.</p>
Québec	<u>Proposed</u>	<p><u>Proposed:</u> Regulation would permit the midwives to order and conduct but not interpret hemoglobin electrophoresis, tests, on certain risk indications in the mother, to assess fetal risk. Blood group and Rh tests are permitted for fathers if the mother is Rh negative.</p>
Northwest Territories	<p><u>Authorized</u> (certain tests only)</p> <p>General Competency</p>	<p>Expressly authorized for blood group and Rh test only.</p> <p><u>Statute:</u> “apply midwifery knowledge, skills and judgment” to “perform, order or interpret prescribed screening and diagnostic tests.” (Act is silent with respect to age and gender of subject).</p> <p><u>Regulation:</u> Introductory language is silent with respect to age and gender of subject. Some tests in Schedule include the words “newborn” “neonatal” “infant” or “adult.” Only one test is more explicit with respect to identity of subject: “Immunoematology: ABO blood group and Rhesus for mother, father and baby.”</p>

Proposed:	Umbilical Vein Catheterization	Type of Practice: Routine	
Current Ontario Legislation	“Performing a procedure on tissue below the dermis”; taking blood samples from newborns by skin pricking or from women from veins or by skin pricking.	Proposed Changes:	Revise to allow umbilical vein catheterization on newborns.
British Columbia	<p><u>Authorized</u> (inferred authority)</p> <p>General Competency</p>	<p><u>Regulation:</u> “care for, assess, and monitor the healthy newborn”.</p> <p><u>General Competencies:</u> Include “insert an intravenous catheter and administer intravenous fluids and medications”.</p>	
Alberta	<p><u>Authorized</u> (inferred authority)</p> <p>General</p>	<p><u>Regulation:</u> allows “care for the newborn in the immediate postpartum period” and authority to “take emergency measures when necessary” and administration of “intravenous fluids” as well as a schedule of drugs.</p> <p><u>Standards of Competency:</u> “insert an intravenous catheter and administer intravenous fluids and medications in accordance with the Midwifery Regulation and established guidelines” (Guidelines appear to be applicable to fluids and medications, but not to catheters.)</p>	

	Competency	
Saskatchewan	<u>Authorized</u> Advanced Competency	<u>Regulation:</u> allows “placing umbilical venous catheters in the newborn” (elsewhere deemed Advanced Competency). <u>General Competencies:</u> “insert intravenous catheters and administer intravenous fluids and medications in accordance with the provincial/territorial regulations and standards.” <u>Advanced Competencies:</u> “inserting umbilical vein catheters in the newborn”.
Manitoba	<u>Authorized</u> General Competency	<u>Regulation:</u> authorizes “placement of an umbilical venous catheter in the newborn”. <u>General Competencies:</u> “insert intravenous catheters and administer intravenous fluids and medications in accordance with the Midwifery Regulation and established standards.”
Québec	<u>No express authority</u>	<u>Statute:</u> “provide a woman and her child with the professional care and services required during normal... labour and delivery”, “monitoring and assessing a woman and her child during pregnancy, labour, delivery”, “the provision of preventive care” and “in an emergency, while awaiting the required medical intervention or in the absence of medical intervention... performing resuscitation procedures on the woman or newborn.” <u>Regulation:</u> Current and proposed regulations may restrict the route by which drugs and substances may be administered.
Northwest Territories	<u>Authorized</u> (resuscitation per NRP) General Competency	<u>Statute:</u> “care for the newborn in the immediate postpartum period” and “take emergency measures when necessary.” <u>Standards of Practice:</u> “Neonatal resuscitation procedures consistent with NRP [Neonatal Resuscitation Program] guidelines including: placement of an umbilical venous catheter in the newborn.”

Proposed:	C-Section Assist	Type of Practice: EXTENDED	
Current Ontario Legislation	Managing labour and conducting spontaneous normal vaginal deliveries.	Proposed Changes:	Revise to allow c-section assist.
British	<u>Proposed</u>	<u>Statute:</u> permits emergency assistance if given “without gain or reward or hope of gain or reward.”	

Columbia	Specialized Practice	<u>Proposed regulatory change:</u> Permitted for “specialized practice” requiring additional certification.
Alberta	<u>No express authority</u> But implicitly contemplated.	<u>Regulation:</u> Provides for transfer of responsibility from midwife to physician followed by collaboration between midwife and physician: Consultation with physician is required “if medical conditions exist or arise during the course of midwifery care that may require management by a physician... If the result of the consultation... is a determination that management by a physician is required, the midwife shall transfer primary responsibility for care, or aspects of care, to a physician and may engage in the practice of midwifery in collaboration with the physician, to the extent agreed to by the client, physician and midwife. <u>Guidelines for medical consultation:</u> consultation required for, <i>inter alia</i> , “abnormal labour pattern unresponsive to therapy.”
Saskatchewan	<u>Authorized</u> (inferred authority) Advanced Competency	<u>Statute and Regulation:</u> No express provisions granting midwives authority to act in event of emergency. <u>Advanced Competencies:</u> “first surgical assist at cesarean sections”.
Manitoba	<u>No express authority</u>	<u>Statute and Regulation:</u> No express provisions granting midwives authority to act in event of emergency. <u>General Competencies:</u> “recognize maternal and newborn complications, initiate emergency measures as required and consult and/or transfer care for critical problems.”
Québec	<u>No express authority</u>	<u>Statute:</u> “provide a woman and her child with the professional care and services required during normal... labour and delivery”, “the provision of preventive care.”
Northwest Territories	<u>Authorized</u> Requires advanced training and authority	<u>Statute:</u> “take emergency measures when necessary.” <u>Standards of Practice:</u> Subject to requirements for medical consultation “use all of the emergency measures available to him/her in the absence of medical help.” “After documented in-service training and having been granted [the privilege] by a Board of Management: Assisting with a caesarean section, including performing the role of first assistant and receiving the infant.” Indications for medical consultation include, <i>inter alia</i> , “abnormal labour pattern unresponsive to therapy” and “prolonged second stage [of labour].”

Proposed:	Intubation of Newborn		Type of Practice: Routine	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the larynx.		Proposed Changes:	For intubation of newborn.
British Columbia	<u>Proposed</u> General Practice	<p><u>Statute:</u> permits emergency assistance if given “without gain or reward or hope of gain or reward.”</p> <p><u>Proposed regulatory change:</u> general authority to “put an instrument, hand, or finger(s) beyond the pharynx.” College of Midwives asserts that this language would authorize intubation.</p>		
Alberta	<u>Authorized</u> Requires additional training	<p><u>Regulation:</u> authority to “care for the newborn in the immediate postpartum period” and “take emergency measures when necessary” and prescribe and administer “therapeutic oxygen.”</p> <p><u>Standards of Competency:</u> “perform neonatal resuscitation including intubation” -- <i>Neonatal resuscitation requires “successful completion of a provincially recognized neonatal advanced life support program.”</i> footnote p. 7.</p>		
Saskatchewan	<u>Not Authorized</u> Under Review	<p><u>Regulation:</u> “inserting nasogastric tube” is authorized.</p> <p><u>General Competencies:</u> “recognize maternal and newborn complications and initiate emergency measures as required; provide immediate assessment and care of the newborn, including assessment of respiratory and cardiac status and temperature maintenance; support the newborn’s transition immediately following the birth; perform neonatal resuscitation according to provincial/territorial regulations and standards.”</p> <p><u>Under Review:</u> The College originally determined that the authority to conduct “oral intubation of the newborn” was unnecessary because other means of addressing respiratory distress were considered adequate. It is currently re-evaluating that position.</p>		
Manitoba	<u>Authorized</u> General Competency (consultation/transfer care)	<p><u>Regulation:</u> “oral intubation of the neonate” is authorized.</p> <p><u>General Competencies:</u> “recognize maternal and newborn complications, initiate emergency measures as required and consult and/or transfer care for critical problems; provide immediate assessment and care of the newborn, including assessment of respiratory and cardiac status and temperature maintenance; support the newborn’s transition immediately following the birth; perform neonatal resuscitation according to the <i>Midwifery Regulation and established standards.</i>”</p> <p><u>Standards:</u> “Respiratory distress” of infant is indicator for transfer of care to a physician.</p>		

Québec	<u>No express authority</u> (inferable)	<u>Statute:</u> “in an emergency, while awaiting the required medical intervention or in the absence of medical intervention... performing resuscitation procedures on the woman or newborn.” <u>Consultation Regulation:</u> Mandatory transfer for “respiratory distress or apnoea.”
Northwest Territories	<u>Authorized</u> (resuscitation per NRP) General Competency	<u>Statute:</u> “care for the newborn in the immediate postpartum period” and “take emergency measures when necessary.” <u>Standards of Practice:</u> “Neonatal resuscitation procedures consistent with NRP [Neonatal Resuscitation Program] guidelines including: oral intubation of the newborn.” Indications for medical consultation include infant “respiratory distress.”

Proposed:	Communicating a Diagnosis	Type of Practice: Routine	
Current Ontario Legislation	Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.	Proposed Changes:	Communicating to a patient or to his or her representative a diagnosis made by the member identifying, as the cause of the patient’s symptoms, a disease or disorder that can be identified from the results of any laboratory tests or other tests and investigations that the member is authorized to order or perform.
British Columbia	<u>Proposed</u> General Competency	<u>Regulation:</u> A midwife may “interpret” the results or reports of most prescribed tests. <u>Proposed regulatory change:</u> Changes would authorize midwives to make a “midwifery diagnosis” defined as -- “a clinical judgment of a woman’s physical or mental condition, or that of her newborn, to determine whether the condition can be addressed by interventions within the registrant’s scope of practice to achieve outcomes for which the registrant is accountable or whether consultation with or transfer of care to another health professional is required.”	
Alberta	<u>No express authority</u> (inferable)	<u>Regulation:</u> Definition of “assessment” is “the gathering of information about the health status of the client, analysis and synthesis of that data, and the making of a clinical judgment or diagnosis.” Midwives may “carry out assessments necessary to confirm and monitor pregnancies,” and “advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk.” Midwives may “interpret the report” of screening and diagnostic tests authorized under the regulation.	

		<p>Midwives may “engage in the practice of midwifery as a primary health care provider” which entitles them to attend to clients without a referral, and without supervision from another profession, and to refer clients to other professionals.</p> <p><u>Standards of Competency</u>: “identify abnormal conditions, recommend and initiate appropriate treatment and make referrals, as required.”</p>
Saskatchewan	<p><u>No express authority</u> (inferable)</p>	<p><u>Statute</u>: “assess and monitor women during normal pregnancy, labour and the post-partum period; interpret diagnostic tests in accordance with the regulation.”</p> <p><u>Regulation</u>: “for a purpose that is within the scope of the practice of midwifery, order, perform and interpret a diagnostic test...”.</p> <p><u>General Competencies</u>: “perform ongoing physical assessments of the woman during pregnancy to detect abnormalities, and initiate treatment and/or consult or refer as appropriate; recognize variations of normal and abnormal labour patterns and identify probable causes and potential interventions when indicated; assess the fetal heart..., interpret findings and take action when appropriate; assess the need for pharmacologic and non-pharmacologic measures during labour, birth and the immediate postpartum period; provide immediate assessment and care of the newborn, including assessment of respiratory and cardiac status and temperature maintenance.”</p>
Manitoba	<p><u>No express authority</u></p>	<p>Not expressly authorized.</p> <p><u>Statute</u>: Midwifery practice includes “the provision of care during normal pregnancy, labour and post-partum period”. Midwives are also granted status as “primary health care providers” who may provide care without referral or supervision.</p> <p><u>Statue and Regulation</u>: Midwives may “order and receive reports” of tests, but no express authority to “interpret” tests is granted.</p> <p><u>General Competencies</u>: “order, perform and interpret results of tests”; “recognize risk factors and abnormal conditions, recommend and initiate treatment and/or consult or refer as appropriate.” For newborns: “recognize complications in the newborn and make appropriate referrals as necessary.”</p>
Québec	<p><u>No express authority</u> (inferable)</p>	<p><u>Statute</u>: “Any act the purpose of which is to provide the professional care and services required by a woman during normal pregnancy, labour and delivery and to provide a woman and her child with the professional care and services required during the first six weeks of a normal postnatal period constitutes the practice of midwifery. The professional care and services concerned consist in monitoring and assessing a woman and her child during pregnancy, labour, delivery and the first six weeks of the postnatal period, and include the provision of preventive care...”</p>

		“Prescribe, conduct or interpret any examination or analysis.”
Northwest Territories	<u>No express authority</u> (inferable)	<p><u>Statute:</u> “carry out assessments necessary to confirm and monitor pregnancies; advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk; identify the conditions in the woman, fetus or newborn that necessitate consultation with or referral to a medical practitioner or other health care professional.”</p> <p>A midwife may practice as “primary health care provider who is directly accessible to clients without referral... without being supervised by a member of another health profession; and consults with medical practitioners or other health care professionals if medical conditions exist or arise that may require management outside the scope of the practice of registered midwives.”</p> <p><u>Standards of Practice:</u> “Evaluate risk factors... take appropriate action”; “recognize abnormal conditions and recommend appropriate treatment and/or initiate consultations and referrals”; “interpret results” of tests; “facilitate informed choice” – subject to Indications for medical consultation.</p>

Proposed:	Perineal Repair		Type of Practice: Routine	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the anal verge.		Proposed Changes:	To conduct routine perineal repair procedure.
British Columbia	<u>Authorized</u> General competency	<p><u>Regulation:</u> “repair episiotomies and simple lacerations.”</p> <p><u>General Competencies:</u> “examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair lacerations or episiotomy.”</p>		
Alberta	<u>No express prohibition</u> (respecting anal verge)	<p><u>Regulation:</u> “repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra.”</p> <p><u>Guidelines for medical consultation:</u> consultation required for “lacerations involving the anus, anal sphincter, rectum or urethra area.”</p>		
Saskatchewan	<u>Authorized</u> Advanced	<p><u>Regulation:</u> “repairing tears, not including fourth degree tears or repairs to the urethra” (elsewhere deemed Advanced Competency).</p> <p><u>General Competencies:</u> “examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair</p>		

	competency for 3 rd degree.	lacerations and episiotomies in accordance with provincial/territorial regulations and standards.” <u>Advanced Competencies</u> : “suturing of 3 rd degree tears”.
Manitoba	<u>No express prohibition</u> (respecting anal verge)	<u>Regulation</u> : “repair of episiotomy and tears not including fourth degree tears. Repair of the anal sphincter and periurethral tears are permissible with advanced training approved by the college” (3 rd degree tears elsewhere deemed Additional Competency). <u>Additional Competencies</u> : “suturing 3 rd degree lacerations”. <u>Guidelines</u> : “Lacerations involving the anus, anal sphincter, rectum, urethra” is indicator for consultation with a physician. <u>Proposed</u> : Repair of anal sphincter and periurethral tears “permissible with advanced training approved by the college.”
Québec	<u>Authorized</u> (first and second degree)	<u>Statute</u> : “repairing an episiotomy and repairing a first or second degree perineal tear or laceration.” <u>Consultation Regulation</u> : Mandatory consultation for “third or fourth degree perineal laceration.”
Northwest Territories	<u>No express prohibition</u> (respecting anal verge)	<u>Statute</u> : “repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra.” <u>Standards of Practice</u> : Same language as statute. Indications for medical consultation : consultation required for “lacerations involving the anus, anal sphincter, rectum or urethra area.”

Proposed:	Administer Suppositories	Type of Practice: Routine	
Current Ontario Legislation	Putting an instrument, hand or finger beyond the anal verge.	Proposed Changes:	Allow administration of suppository medications.
British Columbia	<u>Proposed</u> : Express authority	<u>Regulation</u> : No express prohibition with respect to suppositories or the anal verge. <u>Proposed regulatory change</u> : include express authority to “put an instrument, hand, or finger(s) beyond the anal verge.”	
Alberta	<u>Authorized</u> General	<u>Regulation</u> : No express prohibition with respect to suppositories or the anal verge. Drugs and substances are to be administered in accordance with guidelines approved by the Health Disciplines Board.	

	competency	<u>Guidelines for Prescribing and Administering Drugs</u> : permits suppositories for treatment of constipation.
Saskatchewan	<u>Authorized</u> General competency	No express prohibition with respect to suppositories or the anal verge. <u>Regulation</u> : Midwives may not “perform an invasive procedure associated with the administration of a drug if that invasive procedure is not authorized” under the regulation. The regulation authorizes “conducting internal examinations of women during pregnancy, labour, delivery and the post-partum period”; “taking vaginal and rectal specimens” and “inserting rectal thermometer” are also authorized.
Manitoba	<u>No express prohibition</u> (respecting anal verge)	No express prohibition or authority with respect to suppositories or the anal verge.
Québec	<u>Authorized</u>	<u>Drug Regulations</u> : Rectal delivery of certain drugs is authorized in both current and proposed regulations.
Northwest Territories	<u>No express prohibition</u> (respecting anal verge)	No express prohibition with respect to suppositories or the anal verge for purposes of administering drugs. <u>Midwifery Practice Framework</u> : No generally applicable limits on route of administration for drugs, authority for any route on order of a medical practitioner. <u>Standards of Practice</u> : authority to take “rectal swabs.”

Proposed:	Expanded Antibiotics Purposes	Type of Practice: Routine	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add antibiotics for the treatment of GBS, Mastitis, Bacterial Vaginosis, Urinary Tract Infections, and Sexually Transmitted Diseases.
British Columbia	<u>Authorized / Proposed</u> General Competency / or Special certification	<u>Regulation</u> : Ampicillin, Cefazolin, Penicillin G and Vancomycin are authorized for GBS; Cephalexin is authorized for mastitis. <u>Proposed regulatory change</u> : “antibiotics” category for certain purposes, including breast infection and urinary tract infection (other purposes may require special certification).	

Alberta	<u>Not Authorized</u> Administer only	<u>Regulation:</u> Midwives may prescribe and administer “antibiotics for prophylactic treatment of Group B streptococcus and treatment of mastitis” only. <u>Guidelines for Prescribing and Administering Drugs:</u> Antibiotics must be prescribed by a physician.
Saskatchewan	<u>Authorized</u> General Competency	<u>Regulation:</u> Midwives may prescribe or administer “antibiotics” for a “purpose that is within the scope of practice of midwifery.” No other purposes are specified.
Manitoba	<u>Authorized / Proposed</u> General Competency	<u>Regulation:</u> Midwives may prescribe and administer “antibiotics” for “the treatment of vaginal/cervical infections including gonorrhea, Chlamydia, bacterial vaginosis, trichomonas and group B streptococcus”. <u>Regulation:</u> Midwives may <i>administer</i> “antibiotics” for purposes other than “the treatment of vaginal/cervical infections” only “under the direction of a physician.” <u>Proposed:</u> College has proposed adding treatment of “urinary tract infections” and “breast infections” to the list of allowed purposes for antibiotics that may be prescribed by midwives.
Québec	<u>Not Authorized</u>	<u>Drug Regulations:</u> No antibiotic other than topical erythromycin is authorized under the current regulation. The proposed regulation would allow antibiotics only for Group B streptococcus prophylaxis or in the event of “prolonged rupture of membranes.”
Northwest Territories	<u>Authorized</u> General competency	<u>Midwifery Practice Framework:</u> Authority is to “prescribe, order and administer” the authorized drugs “within the midwifery scope of practice and/or in consultation with a physician, where clinical conditions warrant a consultation as outlined in the Standards of Practice.” The list of authorized drugs includes many antibiotics. With very few exceptions the drugs are listed without limitation as to the purposes for which they may be prescribed.

Proposed:	Mumps / Measles / Rubella Vaccine	Type of Practice: Routine	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add Mumps/Measles/ Rubella vaccine.

British Columbia	<u>Authorized</u> General Competency	<u>Regulation:</u> Authorized.
Alberta	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.
Saskatchewan	<u>Authorized</u> General Competency	<u>Regulation:</u> “Rubella or mumps/rubella vaccine” is authorized.
Manitoba	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.
Québec	<u>Proposed</u>	<u>Drug Regulations:</u> The current regulation authorizes only rubella, but MMR is proposed, for women only.
Northwest Territories	<u>Authorized</u> General Competency	<u>Midwifery Practice Framework:</u> “MMR adult vaccine” is authorized.

Proposed:	Varicella Immunoglobulin	Type of Practice: Routine	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add Varicella immunoglobulin.
British Columbia	<u>Proposed</u> General Competency	<u>Proposed regulatory change:</u> category for “immune globulins” for purposes of prophylaxis in the neonate or prophylaxis or treatment of the woman in pregnancy or post-partum.	
Alberta	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.	

Saskatchewan	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.
Manitoba	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.
Québec	<u>Not authorized</u>	<u>Drug Regulations:</u> Neither authorized nor proposed.
Northwest Territories	<u>Authorized</u> General Competency	<u>Midwifery Practice Framework:</u> “Varicella Zoster immune globulin” is authorized.

Proposed:	Childhood Vaccinations	Type of Practice: EXTENDED	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add childhood vaccinations.
British Columbia	<u>Proposed</u> General Competency	<u>Proposed regulatory change:</u> category for “vaccines” for purposes of “establishing an immune response.”	
Alberta	<u>Not authorized</u>	<u>Regulation:</u> Not authorized. <u>Guidelines for Prescribing and Administering Drugs:</u> Hepatitis B vaccine must be prescribed by a physician.	
Saskatchewan	<u>Partially authorized</u>	<u>Regulation:</u> “Influenza vaccine” is authorized.	
Manitoba	<u>Partially authorized</u>	<u>Regulation:</u> “BCG” and “Hepatitis B” vaccines are authorized.	
Québec	<u>Partially authorized</u>	<u>Drug Regulations:</u> Hepatitis B vaccine is authorized for infants in current and proposed regulations.	
Northwest	<u>Partially</u>	<u>Midwifery Practice Framework:</u> “Varicella vaccine” and “Hepatitis B pediatric vaccine.”	

Territories	<u>authorized</u>	
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Proposed:	Hormonal Contraception	Type of Practice: EXTENDED	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add hormonal contraception.
British Columbia	<u>Proposed Specialized practice</u>	<u>Proposed regulatory change:</u> category of “contraceptives” for routine practice, but Competencies document anticipates “specialized practice” requirement.	
Alberta	<u>Not authorized</u>	<u>Regulation:</u> Not authorized.	
Saskatchewan	<u>Authorized Advanced Competency</u>	<u>Regulation:</u> “Contraceptives” are authorized (deemed Advanced Competency elsewhere). <u>Advanced Competencies:</u> “prescribing contraceptives.”	
Manitoba	<u>Authorized General Competency</u>	<u>Regulation:</u> “Oral contraceptive pills, depoprovera” are authorized. <u>General Competencies:</u> “prescribe contraceptives according to the <i>Midwifery Regulation</i> ”.	
Québec	<u>Not authorized</u>	<u>Drug Regulations:</u> Neither authorized nor proposed.	
Northwest Territories	<u>Authorized General Competency</u>	<u>Midwifery Practice Framework:</u> “Hormonal contraceptives.”	

Proposed:	Epidural Monitoring	Type of Practice:	
Current Ontario	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Add epidural monitoring.

Legislation			
British Columbia	<u>Authorized</u> (inferred authority) <u>Proposed</u> (express) Specialized Practice	<u>Competencies:</u> Epidural monitoring now permitted for “specialized practice” requiring certification. <u>Proposed regulatory change:</u> included as “specialized practice.”	
Alberta	<u>No express authority</u>	<u>Regulation:</u> Not expressly authorized. Midwives may “on the order of a physician relating to a particular client, administer any drugs by the route and in the dosage specified by the physician.”	
Saskatchewan	<u>Authorized</u> Advanced Competency	<u>Statute:</u> “provide care to a woman and her healthy baby during a normal... labour” and for this purpose “prescribe, dispense or administer drugs in accordance with the regulations.” <u>Regulation:</u> Midwives may “administer a drug that is prescribed by a practitioner who is a member of a category of practitioners authorized to prescribe the drug.” <u>Advanced Competencies:</u> “epidural monitoring.”	
Manitoba	<u>Authorized</u> Additional Competency	<u>Regulation:</u> Midwives may <i>administer</i> “epidural analgesia e.g. continuous infusion maintenance” only “under the direction of a physician.” <u>Additional Competencies:</u> “managing epidurals.” <u>Standards:</u> “Maternal request for epidural anaesthesia/narcotic analgesia” is indicator for mandatory consultation with a physician.	
Québec	<u>No express authority</u>	<u>Drug Regulations:</u> Neither regulation makes reference to epidurals. “Lidocaine” is currently authorized for “bloc nerveux périméal.” The proposed regulation would also authorize lidocaine.	
Northwest Territories	<u>No express authority</u>	<u>Midwifery Practice Framework:</u> Midwives may “on the order of a medical practitioner relating to a particular client, administer any drugs by the route and in the dosage specified by the medical practitioner.” <u>Standards of Practice:</u> Indications for medical consultation include “maternal request for epidural anesthesia.”	

Proposed:	Classes and Categories of Drugs	Type of Practice: Routine	
Current Ontario Legislation	Designated Drugs Regulation O. Reg. 884/93.	Proposed Changes:	Change format to Classes and Categories.
British Columbia	<u>Proposed</u>	<u>Regulation:</u> Specific drugs are named under the current regulation. <u>Proposed regulatory change:</u> General categories of drugs for specified purposes, with reference to specific drugs and drug schedules as prescribed in provincial legislation.	
Alberta	<u>Mixed</u>	<u>Regulation:</u> Specific drugs are named, but broader categories such as “antibiotics” and “antifungal agents” are also used.	
Saskatchewan	<u>Mixed</u> (largely categories)	<u>Regulation:</u> Primarily broad categories of drugs, not limited by specific purposes for use, although some specific drugs are named (<i>e.g.</i> oxytocin).	
Manitoba	<u>Mixed</u>	<u>Regulation:</u> Combination of specific drugs, and broad categories of drugs with limitations as to purposes for use.	
Québec	<u>Specific Drugs</u>	<u>Drug Regulations:</u> Specific drugs are named in both current and proposed regulations.	
Northwest Territories	<u>Specific Drugs</u> plus “salts and derivatives”	<u>Midwifery Practice Framework:</u> Specific drugs are named (with the exception of “blood products”), but the listing generally includes the words “and its salts and derivatives.”	

Proposed:	Cord Blood Gases test	Type of Practice: Routine	
Current Ontario Legislation	<i>Laboratory and Specimen Collection Centre Licensing Act.</i>	Proposed Changes:	Add cord blood gases test.
British Columbia	<u>Proposed</u> General Competency	<u>Proposed regulatory change:</u> would grant broad authority to “order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests described in s. 45(d) of the Medical and Health Care Services Regulation B.C. Reg. 426/97” which reads: “laboratory and radiology services related to the routine prenatal and post	

		natal delivery and care of a newborn which are associated with the scope of practice of a midwife.”
Alberta	<u>Perhaps Authorized General Competency</u>	<u>Regulation:</u> “microbiology samples: cord blood culture” is authorized.
Saskatchewan	<u>Perhaps Authorized General Competency</u>	<u>Regulation:</u> Broad categories of tests are authorized, including “biochemistry”, “cytology”, “haematology”, “immunology”, “microbiology” and “newborn screening”.
Manitoba	<u>Not Authorized</u>	<u>Regulation:</u> This test does not appear to be authorized.
Québec	<u>Perhaps Proposed</u>	<u>Testing Regulations:</u> Proposed regulation would authorize test for “anatomo-pathologie du placenta et du cordon.”
Northwest Territories	<u>Authorized General Competency</u>	<u>Screening and Diagnostic Tests Regulation:</u> “cord blood gases” (midwife may collect samples but may not “perform” test).

Proposed:	Drug Screening test	Type of Practice: Routine	
Current Ontario Legislation	<i>Laboratory and Specimen Collection Centre Licensing Act.</i>	Proposed Changes:	Add drug screen.
British Columbia	<u>Proposed General Competency</u>	<u>Proposed regulatory change:</u> would grant broad authority to “order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests described in s. 45(d) of the Medical and Health Care Services Regulation B.C. Reg. 426/97” which reads: “laboratory and radiology services related to the routine prenatal and post natal delivery and care of a newborn which are associated with the scope of practice of a midwife.”	
Alberta	<u>Not</u>	<u>Regulation:</u> This test does not appear to be authorized.	

	<u>Authorized</u>	
Saskatchewan	<u>Perhaps Authorized General Competency</u>	<u>Regulation:</u> Broad categories of tests are authorized, including “biochemistry”, “cytology”, “haematology”, “immunology”, “microbiology” and “newborn screening”.
Manitoba	<u>Not Authorized</u>	<u>Regulation:</u> This test does not appear to be authorized.
Québec	<u>Authorized</u>	<u>Testing Regulations:</u> Proposed regulation would authorize “dépistage toxologique sanguin et urinaire”.
Northwest Territories	<u>Authorized General Competency</u>	<u>Screening and Diagnostic Tests Regulation:</u> “toxicology: drug screening” on blood and urine (midwife may collect samples but may not “perform” test).

Proposed:	PIH testing (Pregnancy Induced Hypertension)	Type of Practice: Routine	
Current Ontario Legislation	<i>Laboratory and Specimen Collection Centre Licensing Act.</i>	Proposed Changes:	Add PIH.
British Columbia	<u>Proposed General Competency</u>	<u>Proposed regulatory change:</u> would grant broad authority to “order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests described in s. 45(d) of the Medical and Health Care Services Regulation B.C. Reg. 426/97” which reads: “laboratory and radiology services related to the routine prenatal and post natal delivery and care of a newborn which are associated with the scope of practice of a midwife.”	
Alberta	<u>Not Authorized</u>	<u>Regulation:</u> This test does not appear to be authorized.	
Saskatchewan	<u>Perhaps Authorized General</u>	<u>Regulation:</u> Broad categories of tests are authorized, including “biochemistry”, “cytology”, “haematology”, “immunology”, “microbiology” and “newborn screening”.	

	Competency	
Manitoba	<u>Not Authorized</u> <u>Proposed General Competency</u>	<u>Regulation:</u> This test does not appear to be authorized. <u>Proposed:</u> PT and PTT INR for “PIH workup.”
Québec	<u>Not Authorized</u>	<u>Testing Regulations:</u> This test does not appear to be authorized in current or proposed regulations.
Northwest Territories	<u>Perhaps Authorized</u> <u>General Competency</u>	<u>Screening and Diagnostic Tests Regulation:</u> “Prothrombin time” and “activated partial thromboplastin time” are authorized.

Proposed:	Blood from fathers/donors	Type of Practice: Routine	
Current Ontario Legislation	<i>Laboratory and Specimen Collection Centre Licensing Act.</i>	Proposed Changes:	Add blood tests for father/donor.
See previous table.			

Proposed:	Ultrasounds (maternal postpartum and newborn follow-up)	Type of Practice: Routine	
Current Ontario Legislation	<i>Regulated Health Professions Act</i> O. Reg 107/96.	Proposed Changes:	Revise section 4 to authorize midwives to order maternal postpartum ultrasounds & newborn follow-up ultrasounds.

British Columbia	<u>Proposed</u> General Competency	<u>Proposed regulatory change:</u> would grant broad authority to “order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests described in s. 45(d) of the Medical and Health Care Services Regulation B.C. Reg. 426/97” which reads: “laboratory and radiology services related to the routine prenatal and post natal delivery and care of a newborn which are associated with the scope of practice of a midwife.”
Alberta	<u>Not authorized</u>	<u>Regulation:</u> “ultrasound test: obstetrical for diagnostic purposes only.”
Saskatchewan	<u>Authorized</u> General Competency	<u>Regulation:</u> “ultrasound imaging” is authorized for purposes “within the scope of the practice of midwifery”, without reference to gender or age; “newborn screening” is also authorized.
Manitoba	<u>Not authorized</u>	<u>Regulation:</u> “pelvic and obstetrical ultrasound” imaging is authorized (scope in Ontario also includes “pelvic”).
Québec	<u>Not authorized</u>	<u>Testing Regulation:</u> “échographie obstétricale” authorized for women.
Northwest Territories	<u>Partially</u> <u>Authorized</u> (maternal, perhaps newborn) General Competency	<u>Screening and Diagnostic Tests Regulation:</u> Midwives may “order, receive and interpret ultrasonograms in respect of a pregnancy during the prenatal, intranatal and postnatal periods.”