

As rural midwife I am very much in favor of the changes to the scope in practice of midwives. Many of my client do not have family doctors and at the last 6 week visit they are concerns about both there on going well women care and the on going well baby care. As many of the the new ideas for routine care are things midwives can already do in other provinces and it is working well, there is no reason to think it can not but benefit the public. I think a fuller scope will mean safer care , being able to intubate babies, apply scalp clips , manual removeal of placenta are all important safety skills to be able to do quickly. In rural settings the extended scope of care becomes very important to be able to set up inter professional collaboration. Midwives need to have a extended enough scope to be able to share on call with family doctors. With the maternity health care crisis IPC is the key to the human resource shortage for small rural and remote communities. For IPC changes to the drug classes is essential, calling and waking up a doctor in the middle of the night for an order for antibiotics is a poor and expensive use of resources.