

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

COMPETENCIES OF REGISTERED MIDWIVES

Midwifery Education Programs approved by the Registration Committee of the College of Midwives prepare their graduates to practice as general registrants in the full scope of practice in British Columbia. Such programs ensure that their graduates have acquired the midwifery knowledge and skills essential for practice in BC, while embracing the BC philosophy of midwifery care. The midwife, as a primary health care professional, must be able to provide responsive holistic care and advice during the antepartum, intrapartum and postpartum period.

Approved Midwifery Education Programs foster the development of sound practical skills based on and reinforced through clinical experience. Students are being prepared to assume roles in primary care, education, health promotion, and counselling related to childbearing and the transition to parenthood. Approved Programs provide opportunities to develop and use clinical judgement, critical thinking, communication, collaboration and research skills necessary to provide family-centred care throughout the childbearing cycle. Approved Programs assist students in developing sensitivity toward health issues related to childbearing from a global perspective.

These *Competencies of Registered Midwives* set out the expectations for what an entry-level midwife in British Columbia is expected to know and do. An entry-level midwife is someone who is qualified and meets the requirements to begin practicing as a midwife in BC without supervision requirements on their registration.

GENERAL COMPETENCIES

Midwives have the knowledge and skills necessary to:

1. provide responsive holistic care and advice before and during pregnancy, labour, birth and the postpartum;
2. provide care which responds to client diversity;
3. provide education, health promotion and counselling related to childbearing, transition to parenthood and family planning for the client, family and the community;
4. facilitate informed decision-making;
5. assist in planning for an appropriate place of birth;
6. provide primary care in a variety of settings including hospitals, clinics, health units, community health centres, birth centres or homes;
7. promote natural birth;
8. conduct births and care for the newborn on their own responsibility;

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9. identify risk factors before and during pregnancy, during labour, birth and the postpartum period and take appropriate action;
10. order, perform and interpret results of screening and diagnostic tests according to the *CMBC Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests*;
11. identify abnormal conditions, recommend and initiate appropriate treatment and make referrals, as required;
12. provide objective information regarding the risks and benefits of and alternatives to obstetrical treatments and interventions;
13. use technology appropriately;
14. prescribe and administer drugs and substances according to Schedules A and B of the *Midwives Regulation* and the *CMBC Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*;
15. establish and maintain comprehensive, relevant and confidential records;
16. carry out basic life support and other appropriate emergency measures when necessary;
17. interpret research findings and apply them to midwifery practice;
18. practice in an ethical manner.

SPECIFIC COMPETENCIES

I. Antepartum Care

A. Midwives have knowledge of:

1. the importance and functions of pre-pregnancy counselling;
2. general anatomy and physiology;
3. anatomy and physiology of the reproductive systems;
4. physical, emotional, sexual and social changes associated with pregnancy;
5. physical, emotional, sexual and social factors likely to influence pregnancy outcome;
6. selected aspects of genetics, embryology and fetal development;
7. nutritional requirements during pre-conception and pregnancy;
8. the physiology and management of common discomforts during pregnancy;
9. methods for diagnosing pregnancy, establishing due dates, assessing gestational age and assessing the progress of pregnancy;
10. screening and diagnostic tests that may be ordered during pregnancy;
11. drugs and substances that may be used during pregnancy, including their indications, contraindications and interactions;
12. complementary therapies which may be used during pregnancy;
13. environmental, occupational, genetic, biological and pharmacological hazards during pregnancy;

14. causes, recognition, treatment and management of abnormalities and variations of normal which may occur during pregnancy;
15. sexually transmitted diseases, vaginal infections and their impact on pregnancy.

B. Midwives have the ability to:

1. obtain a comprehensive health history;
2. perform a complete physical examination;
3. confirm pregnancy;
4. assess general nutritional status and provide or recommend appropriate counselling;
5. manage common discomforts associated with pregnancy;
6. assess well-being and the progress of pregnancy;
7. assess for and respond appropriately to variations of normal and signs and symptoms of abnormal conditions;
8. obtain the necessary specimens to determine the presence of sexually transmitted infections, vaginal infections and cytological changes and use a microscope to examine specimens;
9. perform venipuncture and finger puncture;
10. order and interpret screening and diagnostic tests used in pregnancy;
11. provide information and resources regarding newborn behaviour, nutrition, feeding and care;
12. provide information and resources on the benefits and practice of breastfeeding;
13. prescribe, order and administer drugs and substances used in pregnancy;
14. use appropriate complementary therapies.

II. Intrapartum Care

A. Midwives have knowledge of:

1. the process of labour, including the mechanisms of labour and birth;
2. anatomy as relevant to assessing fetal position and the progress of labour;
3. indicators of well-being;
4. requirements for a safe birthing environment;
5. comfort and support measures during labour and birth;
6. holistic approaches to facilitate labour and birth;
7. fetal heart rate patterns;
8. aseptic technique;
9. significance of ruptured membranes and methods of reducing risk of infection;
10. abnormalities of labour;
11. prevention, assessment and management of exhaustion and dehydration during labour;

12. techniques to protect the perineum, avoid episiotomy and minimize lacerations;
13. indications and procedure for episiotomy;
14. indications and procedure for repair of lacerations or episiotomy;
15. care during the 3rd stage of labour;
16. prevention and treatment of hemorrhage;
17. drugs and substances which may be used during the intrapartum period, including their indications, contraindications and interactions;
18. complementary therapies which may be used during the intrapartum period;
19. screening and diagnostic tests that may be ordered during the intrapartum period;
20. obstetrical interventions used to assist labour;
21. obstetrical interventions used in emergency care;
22. neonatal resuscitation, to the standard established for a primary care provider in Canada (includes successful completion of a provincially recognised neonatal resuscitation program).

B. Midwives have the ability to:

1. provide emotional and physical support during labour;
2. assess the onset and progress of labour and take appropriate actions according to:
 - (i) frequency, duration and intensity of uterine contractions;
 - (ii) fetal station, position, presentation, attitude and degree of moulding;
 - (iii) condition of the cervix;
3. recognise abnormal labour patterns and identify the probable cause(s);
4. assess fetal heart tones by auscultation and electronic means including application of scalp electrodes;
5. determine the status of fetal membranes and perform amniotomy;
6. assess amniotic fluid;
7. recognise factors which could impede labour progress;
8. recognise a full bladder and catheterize;
9. assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required;
10. give injections, insert an intravenous catheter and administer intravenous fluids and medications;
11. prescribe, order and administer drugs and substances used during the intrapartum;
12. administer inhalants;
13. order and interpret screening and diagnostic tests during the intrapartum period;
14. protect the perineum, avoid unnecessary episiotomy and minimize lacerations;
15. perform an episiotomy;
16. assist and support the spontaneous vaginal birth of the baby and placenta;

17. recognise signs of placental separation;
18. collect cord blood;
19. examine the placenta, membranes and cord;
20. examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair lacerations or episiotomy;
21. recognize and manage postpartum hemorrhage;
22. recognize signs of shock, initiate treatment and perform ongoing assessment;
23. perform immediate newborn assessment and care;
24. perform neonatal resuscitation to the standard established for a primary care provider in Canada;
25. encourage and assist with the initiation of breastfeeding.

III. Postpartum Care

A. Midwives have knowledge of:

1. anatomy and physiology of the client during the postpartum period;
2. postpartum discomforts and their management;
3. methods to assess and manage postpartum complications;
4. screening and diagnostic tests that may be ordered during the postpartum period;
5. drugs and substances that may be used during the postpartum period, including their indications, contraindications and interactions;
6. emotional, psychosocial and sexual aspects of the postpartum period and early parenting;
7. nutritional requirements during the postpartum period;
8. methods of birth control and family planning and their risks and benefits.

B. Midwives have the ability to:

1. assess health and monitor progress during the postpartum period;
2. assist the client to establish and maintain breastfeeding;
3. provide information and resources to the client and family regarding self-care, normal postpartum progress and signs and symptoms of common postpartum complications;
4. manage postpartum complications;
5. prescribe, order and administer drugs and substances used in the postpartum;
6. order and interpret screening and diagnostic tests in the postpartum;
7. counsel the client and family in the choice and use of contraceptive methods;

IV. Care of the Newborn and Young Infant

A. Midwives have knowledge of:

1. anatomy and physiology of the newborn;
2. methods of newborn assessment and gestational age assessment;
3. nutritional needs of the newborn and properties of breast milk and breast milk substitutes;
4. methods of infant feeding;
5. newborn screening methods and diagnostic testing;
6. growth and development of the newborn;
7. signs and symptoms of abnormal conditions in the newborn;
8. prophylactic medications commonly given to the newborn;
9. effects of drugs on the newborn;
10. safety needs of the newborn;
11. issues related to circumcision.

B. Midwives have the ability to:

1. perform a newborn assessment and provide care at birth;
2. perform a comprehensive newborn exam;
3. perform a heel puncture to obtain samples;
4. administer immune globulins, vaccines and other medications to the newborn;
5. order and interpret screening and diagnostic tests for the newborn;
6. assess the ongoing well-being and development of the newborn in early infancy and make appropriate referrals as necessary;
7. provide information and resources to the client and family regarding newborn growth, development, behaviour, nutrition, feeding and care, and immunizations.

V. Breastfeeding

A. Midwives have knowledge of:

1. anatomy and physiology of lactation;
2. health benefits of breastfeeding;
3. the normal breastfeeding process and necessary conditions and factors for its success;
4. emotional, social and psychological aspects of breastfeeding;
5. the influence of environmental, occupational, biological and pharmacological factors on breastfeeding;

6. stimulation and suppression of lactation;
7. drugs and substances that may be used during lactation, including their indications, contraindications and interactions;
8. management of common breastfeeding problems, including breast infections.

B. Midwives have the ability to:

1. assist the client to initiate and maintain breastfeeding;
2. use assistive devices and complementary therapies to support breastfeeding;
3. prescribe, order and administer drugs to support breastfeeding;
4. identify special, unusual or abnormal situations and develop an appropriate plan of action.

VI. Education and Counselling

A. Midwives have knowledge of:

1. principles and processes of informed decision-making;
2. principles of adult education, communication and counselling;
3. theoretical approaches to prenatal and parenting education;
4. family theory;
5. grief and loss;
6. available community resources;
7. cultural influences on childbearing and child rearing;
8. the impact of life experiences on childbearing;
9. the role of midwives as preceptors for learners;
10. principles of mentoring.

B. Midwives have the ability to:

1. provide objective information about care alternatives to facilitate informed decision making;
2. communicate effectively with the client, family, and their support people;
3. identify and respond to the client and family's educational and counselling needs;
4. assist the client and family in planning and preparing for the birth experience and early parenting;
5. assess the emotional status of the client;
6. provide prenatal and parenting education;
7. respond sensitively to cultural differences in providing care to the client and family;
8. work with and in groups;
9. support and evaluate student learning.

VII. Sexuality

A. Midwives have knowledge of:

1. physiological and psychosocial aspects of human sexuality;
2. physiological and psychosocial aspects of human fertility;
3. human sexuality during the childbearing cycle;
4. infertility and its implications for midwifery care;
5. counselling and resources for unexpected pregnancies.

B. Midwives have the ability to:

1. inform and advise on issues of human sexuality and make referrals where appropriate.

VIII. Collaboration with Other Caregivers

A. Midwives have knowledge of:

1. the role and responsibilities of other health care providers and their standards of practice;
2. the process of team-building and engaging in partnerships.

B. Midwives have the ability to:

1. communicate effectively with other caregivers, facilitating referral, consultation and collaboration when appropriate.

IX. Professional, Legal and other Cornerstones of the Profession

A. Midwives have knowledge of:

1. current issues in midwifery at local, provincial, national and international levels;
2. the structures and processes of the Canadian health care system;
3. key historical developments in Canadian health care as they relate to midwifery;
4. selected health policies in the provincial, national and international context;
5. the process of policy analysis and policy development;
6. the politics of health care as it relates to health;
7. the history, philosophy and nature of the midwifery profession;
8. the structure and function of professional midwifery organisations;
9. regulations and processes governing midwifery in BC;
10. legal aspects of midwifery practice including, but not limited to, duties and responsibilities of the midwife, privacy and freedom of information, informed consent and informed choice and recording and reporting;

11. the College of Midwives Code of Ethics and ethical frameworks guiding midwifery practice;
12. frameworks and methods for assessing evidence for practice;
13. entrepreneurial frameworks and midwifery practice management.

COMPETENCIES for SPECIALIZED PRACTICE:

Under the *Midwives Regulation* and the *Bylaws for the College of Midwives of BC* a BC general registered midwife may acquire additional certification through a certification course or program established by the quality assurance committee and approved by the board to practice in the following areas of specialized competency:

Certification of Competency required for:

1. contraceptive management:
 - a. prescribing contraceptives¹;
 - b. fitting barrier methods of contraception²;
2. sexually transmitted infection management³;
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 care⁴;
4. vacuum assisted birth in hospital⁴;
5. first surgical assist at cesarean sections in hospitals with cesarean capabilities¹;
6. insert acupuncture needles for pain relief in labour or the postpartum period¹;
7. epidural monitoring in hospital⁵.

The following areas for specialized practice have also been requested; further legislation or regulation amendments are required for:

8. ordering and administering narcotic analgesia in labour in hospital⁶;
9. providing newborn care after three months postpartum and to healthy newborns in general;
10. providing care after three months postpartum and to healthy clients in general;
11. suturing of 3rd degree tears;
12. evacuation of the uterus in hospital.

¹ Framework for Certification in place - An approved certification program is in place. For more information, please contact the CMBC.

² Framework for Certification in place for intrauterine contraception. An approved pilot project certification program is in place until September 3, 2016. It will come into full effect when the Midwives Regulation is amended to include Intrauterine Contraceptive Therapy as a Certification for Specialized Practice. For more information, please contact the CMBC.

³ Framework for Certification in place - An approved certification program is in place. For more information, please contact the CMBC.

⁴ Framework for Certification in place - certification program pending QA and Board approval.

⁵ See CMBC *Recommendation for Midwife Certification for Care of Women Receiving Epidural Pain Relief in Labour (June 2002)*; hospital certification only required; this area of specialized practice is not governed under regulation; CMBC certification is not required.

⁶ Amendments to the Federal Controlled Drugs and Substances Act have been published in Canada Gazette Part 1; awaiting final publication in Canada Gazette Part 2.