

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

FRAMEWORK FOR MIDWIFE CERTIFICATION FOR PRESCRIBING, ORDERING, ADMINISTERING AND MANAGING INDUCTION and AUGMENTATION of LABOUR in HOSPITAL¹

Registered midwives in British Columbia may administer cervical ripening agents and oxytocin by intravenous infusion for the purpose of induction or augmentation of labour in a hospital after consultation with and on the order of a physician as authorized under Schedule B to the *Midwives Regulation*. Midwives should ensure that they are familiar with all institutional guidelines, policies and protocols for induction of labour, be knowledgeable about the pharmacology of all medications they administer and seek an orientation to the use of infusion pumps used in their facility.

Induction or augmentation of labour with oxytocin or prostaglandins on their own responsibility is beyond entry to practice competencies required of registered midwives. Specialized practice certification in this competency area may be obtained through a course or program established or approved under the authority set out in the Bylaws for the College of Midwives of BC (CMBC) that meets the requirements set out in this framework.

Documentation of specialized practice certification must be provided to and recognized by the hospital in which the midwife holds privileges.

Limitations - A midwife with specialized practice certification in this competency area may *only* administer a cervical ripening agent and/or initiate and manage an IV oxytocin induction/augmentation of labour under the following conditions:

- the procedure is done in hospital;
- the client has a singleton pregnancy;
- the fetus is in a vertex presentation;
- there are no contraindications to induction or augmentation with oxytocin or prostaglandins.

A midwife may *not* administer prostaglandin **or** initiate an IV oxytocin induction/augmentation of labour with a client who has a history of previous cesarean section or uterine surgery without a physician consultation and order.

Cervical ripening agent – Midwives with specialized practice certification may, on their own responsibility, initiate induction of labour in hospital with a cervical ripening agent, as noted under Schedule B to the *Midwives Regulation* and set out in the CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*, for a client with pre-labour ruptured membranes at term or for a client with a post-term pregnancy in the presence of the following criteria:

¹ PLEASE NOTE: Certification programs are not yet in place. For more information, please contact the CMBC.

- normal test results of fetal well-being;
- absence of signs of spontaneous labour;
- no indications for consultation or transfer of care to a physician other than the required consultation at 42 completed weeks;
- the client has consented to induction of labour.

Oxytocin intravenous infusion - Midwives with specialized practice certification may, on their responsibility, initiate and manage an IV oxytocin induction/augmentation of labour in hospital under the following conditions:

- 1) for a client of 37 or more completed weeks with **pre-labour rupture of membranes** where active labour has not become established within a reasonable period of time, assessment of the fetal heart is normal, and no indications for consultation or transfer of care to a physician are present²;
- 2) for a client of 37 or more completed weeks who is experiencing a **non-progressive labour**³ with contractions that are of inadequate power⁴, where amniotomy has not been effective in augmenting the labour⁵ or is not appropriate, an assessment of the fetal heart is normal and no indications for consultation or transfer of care to a physician are present⁶;
- 3) for a client **with a post-dates pregnancy**, with normal results from tests of fetal well-being, who has not gone into spontaneous labour, where indications for consultation or transfer of care to a physician are not present other than the required consultation at 42 completed weeks⁷, and the client chooses to have an induction of labour.

Certification

The certification process will be carried out by an education program recognized by CMBC. The clinical experience portion must take place under supervision in a BC hospital.

Proof of successful completion of the certification process must be submitted to CMBC.

PLEASE NOTE: Certification programs are not yet in place. For more information, please contact the CMBC.

² Pre-labour rupture of membranes is not an indication for consultation for a midwife with this specialized certification.

³ Lack of progress is defined by the Society of Obstetricians and Gynecologists of Canada as less than 0.5 cm per hour change in dilation over four hours after the onset of active labour or an arrest of dilation over two hours.

⁴ Adequate contractions have been defined as at least three contractions in ten minutes lasting at least forty seconds.

⁵ Performing an amniotomy is an entry-level competency.

⁶ Non-progressive labour is not an indication for consultation for a midwife with this specialized certification

⁷ While a physician consultation is required at 42 weeks, this does not preclude a midwife with this specialized certification from initiating an induction with the consent of the client.

Specialized Practice Certification must include:

Demonstration of theoretical and practical knowledge of pharmacological induction/augmentation of labour including:

- 1) The criteria for safe initiation of induction and augmentation of labour including:
 - a. Indications
 - b. Appropriate client selection criteria
 - c. Appropriate choice of agent
 - d. The advantages, disadvantages, risks and benefits of the different methods of induction and augmentation of labour and
 - e. Appropriate client counseling for each method.
- 2) The pharmacodynamics and pharmacokinetics of prostaglandins and oxytocin including:
 - a. Dosing
 - b. Concentration
 - c. Frequency/rate
 - d. Route
 - e. Precautions
 - f. For oxytocin; rationale for concurrent IV solutions
- 3) Knowledge of the national and community standards and guidelines for induction and augmentation methods.
- 4) Knowledge of appropriate fetal surveillance with induction and augmentation of labour.
- 5) Recognizing and responding appropriately to adverse effects of induction medication (e.g. atypical and abnormal fetal heart rate pattern, uterine tachysystole).

Demonstration of appropriate skills in managing pharmacological induction/augmentation of labour including the ability to:

- 1) Select and screen clients appropriately;
- 2) Provide informed choice and obtain informed consent;
- 3) Order and administer pharmacological induction or augmentation agents in line with national guidelines and community standards and in the context of the range of clinical situations;
- 4) Skillfully apply a cervical ripening agent;
- 5) Provide appropriate care and monitoring of client and fetus during an induction and augmentation;
- 6) Identify problems and implement appropriate interventions, including intra-uterine resuscitation and initiating appropriate physician consultation and transfer of care when required; and

- 7) Organize documentation of assessment and care that is complete, concise, and contemporaneous including admission and history, orders for induction and augmentation, and progress notes related to induction or augment.

After verifying the midwife's knowledge and skills through completion of study materials and the successful passing of written and/or oral and/or simulated or actual practical assessments, the certification process must include ordering, initiating and managing sufficient inductions of labour to appropriately selected clients under supervision in hospital to demonstrate competence, including a minimum of one involving a cervical ripening agent and one involving IV oxytocin. The competency based clinical assessment will be completed *under the supervision* of an obstetrician, family physician, or midwife who is already certified or privileged in this area of specialized practice.

Continuing Education

Evidence-based continuing education programs are a necessary component for updating practitioners' knowledge and skills. Midwives are expected to keep up to date with the latest evidence relevant to induction and augmentation of labour. Midwives are expected to seek mentoring or continuing education, especially in cases where the skills have not been practiced regularly.

References

ACOG Guideline Dystocia and Augmentation of Labour. ACOG Practice Bulletin; No. 49, Dec 10 2003.

Induction of Labour MORE OB 2013 Salus Global Corporation.

Management of Labour MORE OB 2013 Salus Global Corporation.

Managing Complications in Pregnancy and Childbirth - a guide for midwives and doctors, Section 3, Procedures, Department of Reproductive Health and Research, Family and Community Health, World Health Organization (WHO) Geneva 2003.

SOGC Clinical Practice Guideline Induction of Labour at Term. No 107, August 2001.

Wei SQ, Luo ZC, Xu H, Fraser WD. The effect of early oxytocin augmentation in labor: a meta-analysis. *ObstetGynecol* 2009; 114(3): 641-9.