

Canadian Competencies for Midwives

Prepared by: The Canadian Midwifery Regulators Consortium

Le Consortium canadien des ordres
de sage-femmes / Canadian
Midwifery Regulators Consortium

*Projet sur une nationale
d'évaluation de la
pratique sage-femme*

*National Midwifery
Assessment Strategy
Project*

May 5, 2005

CANADIAN COMPETENCIES FOR MIDWIVES

Please note that while in this document we have used the generic feminine pronouns, the terms “midwife” and “midwives” are meant to include both male and female midwives.

PREAMBLE:

This document, *Canadian Competencies for Midwives* has been developed for two reasons: to provide a base for the development of national assessment processes and to provide information to internationally-educated midwives about what Canadian midwives are expected to know and do. This document outlines the knowledge and skills expected of an entry-level midwife in Canada. Entry level midwives are defined as those who have been assessed as eligible to start practising in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration.

The *Canadian Competencies for Midwives* is compatible with provincial/territorial competency statements but it does not replace them. Since midwifery in Canada is regulated by province or territory, provincial/territorial competency documents take precedence over this national document and are the ultimate source of information about what a midwife is expected to know and do in any specific province or territory. There is a high degree of similarity in the entry-level competencies required by the various Canadian jurisdictions regulating midwifery. However, some additional competency requirements can be found in provincial and territorial documents.

CANADIAN MODEL OF MIDWIFERY PRACTICE:

While there are provincial/territorial differences in how midwifery is legislated, organized, and practised, the basic model of midwifery practice is the same across all regulated jurisdictions in Canada. Midwives provide care from early pregnancy through to at least six-weeks postpartum to women and their infants. The description below provides context for the competencies outlined in this document.

Health and Well-being

Midwifery care in Canada is based on a respect for pregnancy and childbirth as normal physiological processes. Midwives promote wellness in women, babies, and families, taking the social, emotional, cultural and physical aspects of a woman's reproductive experience into consideration.

Informed Choice

Canadian midwives respect the right of women to make informed choices about all aspects of their care. Midwives actively encourage informed decision-making by providing women with complete, relevant, and objective information in a non-authoritarian manner.

Autonomous Care Providers

Canadian midwives are fully responsible for the provision of primary health services within their scope of practice, making autonomous decisions in collaboration with their clients¹. When midwives identify conditions requiring care that is outside of their scope of practice, they make referrals to other care providers and continue to provide supportive care. Midwives collaborate with other health professionals in order to ensure that their clients receive the best possible care.

Continuity of Care

Canadian midwives are committed to working in partnership with the women in their care. Midwives spend time with their clients in order to build trusting relationships and provide individualized care. Individual or small groups of midwives provide continuity of care to women throughout pregnancy, labour, birth, and up to at least six weeks postpartum. A midwife known to the woman is available on-call throughout her care.

Choice of Birth Setting

Canadian midwives respect the right of each woman to make an informed choice about the setting for her birth. Midwives must be competent and willing to provide care in a variety of settings, including home, birth centres, and hospitals.

Evidence-based Practice

Canadian midwives are expected to stay up-to-date with regard to research on maternity care issues, to critically appraise research, and to incorporate relevant findings into their care.

¹ Clients are women who have contracted to work with and receive care from a specific midwife or midwives.

GENERAL COMPETENCIES

A. The entry level midwife should have the knowledge and skills to:

1. provide care and advice to the woman and her family during pregnancy, labour, birth and the postpartum period;
2. exercise appropriate clinical judgment as an autonomous primary-care provider;
3. provide culturally appropriate and sensitive care;
4. provide education, health promotion and counseling related to childbearing, parenthood, and family planning for the woman, her family and the community;
5. facilitate informed decision making by providing the woman with both time and the necessary information to make choices during pregnancy, labour, birth and the postpartum period;
6. communicate effectively with the woman, her family and her support people;
7. develop, implement and evaluate, with the woman, an individualized plan for midwifery care;
8. provide continuity of care throughout the childbearing cycle;
9. assist the woman and her family in planning for an appropriate place of birth
10. provide care in a variety of out-of-hospital and in-hospital settings;
11. promote normal birth;
12. conduct births and care for the woman and the newborn on her own responsibility;
13. identify risk factors before and during pregnancy, labour, birth and the postpartum period; take appropriate action; and/or consult or refer as appropriate;
14. order, perform and interpret results of screening and diagnostic tests in accordance with provincial/territorial regulations and standards;
15. prescribe, order and administer pharmacologic agents in accordance with provincial/territorial regulations and standards;
16. recognize abnormal conditions, recommend and initiate treatment and/or consult or refer as appropriate;
17. critically review, appraise and apply new information, including research findings, relevant to midwifery practice;
18. provide information about care alternatives including options, risks and benefits, and assist client decision-making;
19. use technology appropriately;
20. use emergency measures when necessary;
21. limit the spread of disease by using appropriate infection control measures;
22. establish and maintain comprehensive, relevant and confidential records;
23. provide care consistent with the philosophy and ethics of midwifery care in Canadian jurisdictions;
24. assist the woman and her family to access appropriate community resources;
25. act as an advocate for the client in all aspects of her care.
26. communicate the scope of practice of a registered midwife, including limitations of practice.

SPECIFIC COMPETENCIES

I. EDUCATION AND COUNSELLING

A. The entry level midwife should have the knowledge of:

1. the principles and processes of informed decision-making;
2. the principles of adult education, communication and counseling;
3. theoretical approaches to prenatal and early parenting education;
4. the impact of life experiences on childbearing and early parenting;
5. historical, social and cultural influences on childbearing and early parenting;
6. issues related to abuse and discrimination;
7. issues related to grief and loss.

B. The entry level midwife should have the ability to:

1. be present with and attentive to the woman throughout her childbearing experience;
2. assess the well-being of the woman in the context of her family and community and provide her with information, education and support according to her needs;
3. facilitate the process of informed decision-making,
4. utilize a broad range of communication skills including reflective listening;
5. provide prenatal and early parenting education to enhance the woman's confidence and competence in childbearing and parenting;
6. assist the woman and her family in planning and preparing for the birth experience and early parenting;
7. facilitate integration of the birth experience(s) for the woman and her family;
8. provide information and resources to the woman and her family regarding self-care, normal postpartum progress, including its emotional and psychological aspects, and signs and symptoms of common postpartum complications;
9. provide information and resources to the woman and her family regarding infant growth, development, behaviour, nutrition, feeding and care, including the benefits and practice of breastfeeding.
10. counsel and support the woman and her family in responding to grief and loss during childbearing.

II. ANTEPARTUM CARE

A. The entry level midwife should have the knowledge of:

1. general anatomy and physiology including detailed knowledge of the reproductive systems;
2. physical, emotional, sexual and social factors and changes associated with pregnancy, including those likely to influence its outcome;
3. genetics, embryology and fetal development and their implications;
4. nutritional requirements during pre-conception and pregnancy;
5. the management of common discomforts of pregnancy;

6. methods for diagnosing pregnancy, establishing due date, and assessing gestational age and the progress of pregnancy;
7. screening and diagnostic tests available during pregnancy;
8. common substances and therapies used during pregnancy and their effects, side-effects and interactions;
9. environmental, occupational, biologic and pharmacologic hazards to the woman and the fetus;
10. variations of normal and abnormalities which may occur during pregnancy;
11. infections prior to and during pregnancy and their implications;
12. principles and procedures for responding to fetal malpresentation, such as external cephalic version.

B. The entry level midwife should have the ability to:

1. obtain a comprehensive health history, including both medical and psychosocial information;
2. assess nutritional intake and provide or recommend counselling as appropriate;
3. address common discomforts associated with pregnancy;
4. recommend appropriate therapies which may be used during pregnancy;
5. perform a complete physical examination of the woman;
6. perform ongoing physical assessments of the woman during pregnancy to detect abnormalities, and initiate treatment and/or consult or refer as appropriate;
7. perform a vaginal exam and assess the soft and bony structures of the pelvis, uterine size, shape, consistency and mobility, and cervical and vaginal health;
8. perform a speculum exam to assess cervical and vaginal health and obtain the necessary specimens to determine the presence of sexually transmitted infections, vaginal infections and cytological changes;
9. perform venipuncture and capillary puncture;
10. confirm pregnancy;
11. perform abdominal palpation and fundal height measurement to assess uterine size, fetal position and presentation, and to estimate fetal size, number, and gestational age;
12. assess fetal well being through such methods as fetal heart auscultation and evaluation of fetal movement.

CARE DURING LABOUR, BIRTH AND THE IMMEDIATE² POSTPARTUM PERIOD

III. Intrapartum Care –

A. The entry level midwife should have the knowledge of:

1. the normal process of labour including the mechanisms of labour and birth;
2. maternal pelvic anatomy and anatomy of the fetal skull and its landmarks as relevant to assessing fetal position and the progress of labour;
3. physiologic changes associated with the transition from fetus to newborn;
4. indicators of maternal and fetal well-being;
5. requirements for a safe birthing environment;
6. comfort and support measures for labour and birth;
7. physiologic methods to facilitate labour;
8. normal variations and abnormalities of the fetal heart rate and methods of assessing the fetal heart in labour;
9. the principles of clean and aseptic technique and universal precautions;
10. the significance of ruptured membranes and methods for reducing risks of infection;
11. abnormalities of labour, birth and the immediate postpartum period;
12. prevention, assessment and management of exhaustion, dehydration and ketonuria during labour;
13. techniques to prevent and reduce perineal trauma;
14. indications and procedure for episiotomy;
15. indications and procedure for repair of lacerations and episiotomy;
16. prevention, recognition and management of postpartum hemorrhage;
17. pharmacological agents and other substances and therapies used during the intrapartum period;
18. emergency measures, obstetrical procedures and interventions;
19. neonatal resuscitation and stabilization.

B. The entry level midwife should have the ability to:

1. provide emotional and physical support to the labouring woman and her support people;
2. assess the onset and progress of labour and take appropriate actions;
3. recognize variations of normal and abnormal labour patterns and identify probable causes and potential interventions when indicated;
4. assess the fetal heart with a fetoscope, doppler and electronic fetal monitor, interpret findings and take action when appropriate;
5. determine status of the membranes and perform amniotomy when indicated;
6. assess amniotic fluid;
7. assess the bladder and perform urinary catheterization as necessary;

² In this document the CMRC uses the word “immediate” to refer to the hours immediately after the birth when the midwife is providing care until mother and newborn are stable. In some Canadian jurisdictions the word “immediate” is also used in legislation to refer to the complete six-week postpartum period. Use of this definition of the word “immediate” here is not intended to contradict that broader definition.

8. assess the need for pharmacologic and non-pharmacologic measures during labour, birth and the immediate postpartum period;
9. prescribe, order and administer pharmacologic agents as necessary in the intrapartum in accordance with provincial/territorial regulations and standards;
10. administer injections and inhalants, insert intravenous catheters and administer intravenous fluids and medications in accordance with the provincial/territorial regulations and standards;
11. protect the perineum, avoid unnecessary episiotomy and minimize lacerations;
12. perform an episiotomy when indicated;
13. assist and support the spontaneous vaginal birth of the baby;
14. recognize signs of separation of the placenta; assist in the delivery of, and inspect the placenta;
15. collect cord blood samples;
16. examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair lacerations and episiotomies in accordance with provincial/territorial regulations and standards;
17. prevent, recognize and manage postpartum hemorrhage and maternal shock;
18. recognize maternal and newborn complications and initiate emergency measures as required;
19. provide immediate assessment and care of the newborn, including assessment of respiratory and cardiac status and temperature maintenance;
20. support the newborn's transition immediately following the birth;
21. perform neonatal resuscitation according to provincial/territorial regulations and standards;
22. assist and support the early initiation of breastfeeding.

IV. CARE OF THE WOMAN DURING THE POSTPARTUM PERIOD, INCLUDING BREASTFEEDING

A. The entry level midwife should have the knowledge of:

1. maternal anatomy and physiology in the postpartum period, and the normal progress of the postpartum period;
2. anatomy of the breast, physiology of lactation and principles of effective breastfeeding, including the normal process and necessary conditions and factors for its success;
3. management of common discomforts of the postpartum period;
4. postpartum complications, including complications of breastfeeding, and their management;
5. emotional, psychological, social, cultural and sexual aspects of the postpartum period, breastfeeding and early parenting;
6. nutritional requirements of women during the postpartum period, including for lactation;
7. the health benefits of breastfeeding for mother and infant;
8. the influence of environmental, occupational, and biological factors on breastfeeding;

9. pharmacological agents and other substances and therapies used during the postpartum period and their effect on breastfeeding;
10. stimulation and suppression of lactation;
11. family planning, methods of contraception and their risks and benefits.

B. The entry level midwife should have the ability to:

1. assess the health and monitor the progress of the woman in the postpartum period;
2. assist the mother to establish and maintain breastfeeding, or her alternate chosen method of infant feeding;
3. identify special or abnormal maternal or infant situations that may influence breastfeeding, and develop an appropriate plan;
4. use appropriate therapies to support effective breastfeeding;
5. facilitate the introduction of the new family member;
6. recognize postpartum complications, including postpartum depression, and take appropriate action, including consulting or referring when indicated;
7. prescribe, order and administer appropriate pharmacologic agents as necessary in the postpartum period in accordance with provincial/territorial regulations and standards;
8. conduct a six week postpartum assessment of the woman, including vaginal and speculum examination where appropriate;
9. counsel clients in decision-making and use of contraceptive methods;
10. provide appropriate referrals for ongoing care;
11. facilitate the closure of the midwife-woman relationship.

V. CARE OF THE NEWBORN AND THE YOUNG INFANT

A. The entry level midwife should have the knowledge of:

1. anatomy and physiology of the newborn;
2. newborn assessment, including gestational age assessment;
3. growth and development of the healthy newborn;
4. the nutritional needs of the newborn including properties of breast milk and infant formula, and methods of infant feeding;
5. newborn screening and diagnostic testing;
6. abnormal conditions in the newborn;
7. prophylactic medications commonly administered to the newborn;
8. effects of prescriptive and non-prescriptive substances on the newborn, including those excreted through the breast milk;
9. environmental, biological and pharmacologic hazards to the newborn;
10. the physical and emotional needs of the newborn including appropriate safety considerations;
11. issues related to circumcision.

B. The entry level midwife should have the ability to:

1. perform a complete physical examination of the newborn;
2. provide ongoing newborn care and assessment of well-being and development;
3. recognize complications in the newborn and make appropriate referrals as necessary;
4. administer medications and immunizations to the newborn according to provincial/territorial regulations and standards;
5. perform a heel puncture to obtain blood samples;
6. provide information to parents regarding available public health and community resources, and make appropriate referrals for ongoing care.

VI. WELL WOMAN CARE, SEXUALITY AND GYNECOLOGY

A. The entry level midwife should have the knowledge of:

1. physiological and psychosocial components of human sexuality in general and during the childbearing cycle;
2. physiological and psychosocial aspects of human fertility;
3. normal reproductive health and signs and symptoms of pathology;
4. factors involved in women's responses to pregnancy, and resources for counseling and referral, including for women seeking termination.

B. The entry level midwife should have the ability to:

1. assess the woman's reproductive and sexual health;
2. provide well-woman care according to provincial/territorial regulations and standards;
3. inform and advise clients on issues of human sexuality, fertility and unplanned pregnancies, and make referral where appropriate;
4. support a woman seeking termination of pregnancy and make referrals when requested;
5. provide information on various methods of contraception.

VII. PROFESSIONAL, INTER-PROFESSIONAL, LEGAL AND OTHER ASPECTS OF THE PROFESSION

A. The entry level midwife should have the knowledge of:

1. current issues in midwifery at local, provincial, national and international levels;
2. the general structures and principles of the Canadian health care system;
3. legislation and public health policies and procedures relevant to midwifery nationally and in the province/territory in which she practises;
4. the history and philosophy of the midwifery profession in Canada;
5. the structure and function of professional and regulatory midwifery organizations in Canada;

6. community standards of care and the roles and responsibilities of other health care providers and their scopes of practice in the province/territory in which she practises;
7. the process of teambuilding and engaging in professional and inter-professional partnerships;
8. legal requirements of midwifery practice, including those respecting privacy and freedom of information, informed consent and informed choice, recording and reporting, and provincial/territorial data collection requirements;
9. the code of ethic, regulations and standards for midwifery in the province/territory in which she practises.

B. The entry level midwife should have the ability to:

1. work in a collegial manner with other caregivers in a variety of settings;
2. communicate and collaborate effectively and professionally with midwifery colleagues, students and other caregivers;
3. practise in accordance with provincial/territorial codes of ethics and other ethical frameworks and standards guiding midwifery practice.

VIII. PROFESSIONAL DEVELOPMENT

A. The entry level midwife should have knowledge of:

1. methods for assessing statistical evidence and critically appraising the research literature;
2. continuing education and quality assurance programs and requirements for the ongoing evaluation of midwifery practice;
3. midwifery practice management.

B. The entry level midwife should have the ability to:

1. engage in reflective practice;
2. share midwifery knowledge and participate in midwifery-related research;
3. recognize her personal and professional boundaries and limitations, practise appropriate self-care, and seek support when needed.

ADVANCED COMPETENCIES:

There are a number of advanced competencies that midwives in Canada may perform in certain jurisdictions and/or in certain circumstances, when provincial/territorial regulations and standards allow it. A few of the competencies that are considered “advanced” in one jurisdiction are considered “entry-level” in another. Currently there is no agreement on advanced competencies and this remains an area of difference between Canadian provinces and territories. There is, however, some initial discussion at a national level with regards to how advanced competencies may be recognized. It is expected that this discussion will continue and may result in a national statement regarding advanced competencies.

These advanced competencies include but are not limited to:

1. epidural monitoring;
2. application of scalp electrodes;
3. pharmacologic augmentation of labour;
4. induction of labour for post-dates pregnancy;
5. performing vacuum extraction;
6. first surgical assist at cesarean sections;
7. suturing of 3rd degree tears;
8. evacuation of the uterus;
9. fitting barrier methods of contraception;
10. prescribing contraceptives;
11. inserting umbilical vein catheters in the newborn;
12. providing well-baby care after six weeks postpartum and to healthy newborns in general;
13. providing well-woman care after six weeks postpartum and to healthy women in general.