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## An Explanation of the Scope of Midwifery Practice in Manitoba

The scope of practice of midwifery in Manitoba is developed and described in numerous documents.

- The *Philosophy of Care and Definition/Scope of Practice* papers define who midwives are, and the kind of care they provide.
- *The Midwifery and Consequential Amendments Act*, the *Regulation to the Act* (including the Schedules to the Regulation), the *Standards of the College of Midwives of Manitoba (CMM)* and the *Code of Ethics* all govern the practice of the regulated profession in Manitoba.

Everything included in these documents may be described as the *Model* of midwifery practice. The Council and the College of Midwives have developed all documents, papers and positions in keeping with international standards of maternity care and based on current literature.

This paper further explains the *Act*, Regulation and Standards, and explains what the College of Midwives expects of its members (midwives) for safe, competent, accessible midwifery practice within the model. It is meant to be a companion document to the Standard on the Model of Midwifery Practice in Manitoba.

### 1. Midwives are Autonomous Health Care Providers

***Midwives are primary health care providers who clients may choose as their first point of entry to the maternity care system.***

The *Act* describes midwives as autonomous primary health care providers for women during the childbearing year, and defines who may practise as a midwife. The schedules to the regulation list the laboratory tests midwives may order, the medications they may prescribe and administer, and the surgical procedures they may perform. The *Act* also incorporates the College of Midwives as the professional regulatory body and gives the College the authority to set the standards for practice.

This means:

- ◆ Midwives are part of a self-regulating profession, not subject to legislation that regulates other health care professionals.
- ◆ Within their Scope of Practice midwives take primary responsibility for care provided to women.
- ◆ Midwives provide primary care to women throughout pregnancy, through labour and birth, and provide care to both the mother and her baby for 6 weeks after birth.
- ◆ Women do not need a referral to see a midwife.
- ◆ Many women will see only a midwife for care during the childbearing year.
- ◆ Midwives may admit clients to hospital under their own responsibility.
- ◆ Midwives may order and interpret diagnostic and laboratory tests.
- ◆ Midwives may prescribe and administer appropriate medications.
- ◆ Midwives may administer some medications under the directions of a physician.
- ◆ Midwives may perform certain invasive or minor surgical procedures.

- ◆ In an emergency, midwives take responsibility for maternity care of the mother and newborn until transfer occurs.
- ◆ Midwives may collaborate with other health care providers as needed.
- ◆ Midwives carry their own liability insurance.
- ◆ When conditions arise beyond midwives' scope of practice, midwives consult with and make direct referrals to appropriate resources and professionals.

## 2. Community Input

***Community input is fundamental to the development and evaluation of midwifery practice across all settings.***

This means:

- ◆ The College of Midwives of Manitoba (CMM) is committed to holding midwives accountable to the public.
- ◆ The CMM expects midwifery to be a community-based service, with midwives visible in the community, and with practices in the community.
- ◆ Public representation is required in all committees of the CMM for development of midwifery. An arms-length committee selects the public representatives.
- ◆ The CMM will participate in an evaluation of implementation of regulated midwifery including assessments of client and community satisfaction.
- ◆ The CMM will participate in community meetings for public education and to solicit public opinion regarding the accessibility and quality of midwifery services.
- ◆ Midwives are expected to conduct surveys of client satisfaction.

## 3. Informed Choice

***Responsiveness to women's needs is a guiding principle of midwifery practice. Midwives respect the right of their clients to make informed choices and actively encourage informed client decision-making.***

In accordance with the Standards of the CMM, a midwife may practise in a variety of settings, according to the choice of the woman and the circumstances of the pregnancy, birth and early postpartum period. The World Health Organization supports and recommends that maternity and midwifery care be centred on the needs of the woman.

This means:

- ◆ Midwives ensure women are well informed of their choices and the benefits and risks of possible courses of care.
- ◆ The woman and her family actively participate in decisions about their care, through discussion at each visit with their midwife.
- ◆ Midwives and women work together to make the best possible decisions in the woman's unique circumstances.
- ◆ Midwives develop protocols for supporting and providing informed choices in accordance with the Standard on Informed Choice.

- ◆ Midwives recognize women will make choices for care for themselves and their families that may differ from the midwives' professional opinion.
- ◆ Midwives will discuss options for safe care using the standards and guidelines set by the CMM.
- ◆ The CMM develops standards and approves education programs that recognize women as decision-makers in their care.
- ◆ The CMM will review all standards and guidelines for practice in consideration of how they may affect the flexibility for women to make a variety of choices while maintaining safe care.

#### 4. Continuity of Care

***Midwives provide pre conceptual, prenatal, labour, birth, and postpartum (mother and newborn) care that includes certain areas of gynaecology to their clients. As well, they provide counseling, education and emotional support related to the clients' physical, psychological and social needs.***

In Manitoba, women have made it clear that they prefer continuous care by the same midwife. The Standard on Continuity of Care defines continuity of care and how it may be provided. Midwives and their practice groups provide continuity of care to women. Continuity of care may be provided in a variety of ways so that women may receive midwifery care even in various complicated circumstances.

This means:

- ◆ Midwives inform women of how continuity of care will be achieved in their unique situation.
- ◆ Midwives take a limited annual caseload to provide optimal care to each client.
- ◆ Midwives take the time necessary during visits to establish a relationship with women.
- ◆ Midwives inform women of how continuity of care will be achieved in their unique situations.
- ◆ When client care is shared within a practice all midwives become familiar with the woman's circumstances.
- ◆ Women will meet other midwives who may be involved in their care before labour and birth.
- ◆ The Standard on Continuity of Care, the Standard on Shared Care and the Standard on Supportive Care give midwives direction for providing continuity of care.

#### 5. Choice of Birth Setting

***Midwives respect the right of women to make informed choices about the setting for birth.***

In keeping with published literature, the recommendations of the World Health Organization and other countries and Canadian provinces, midwives provide care for birth in the setting of the woman's choice.

This means:

Midwives are responsible to provide care at births in all settings.

- ◆ The Standard for Planned Out-of-Hospital Birth sets the standard to which midwives will be held in out-of-hospital birth settings. The settings include locations (i.e. homes, some hospitals) that do not provide caesarian section and/or neonatal intensive care services.

## 6. Two Attendants at Each Birth

***The safest care can be provided at birth when there are two qualified persons present.***

The CMM requires that midwives ensure that a second person skilled in maternal care and newborn emergencies be present at a birth. This person may be a second midwife who is providing shared midwifery care or it may be some person with the required skills. The Standard for Use of a Second Attendant sets out the criteria, roles and responsibilities for midwives and second attendants.

This means:

- ◆ There will be two persons skilled in maternal and neonatal emergencies at each birth.
- ◆ The midwife is required to plan who will be the second attendant and will clarify the second attendant's role and responsibilities before a birth.
- ◆ The midwife remains the primary care giver and takes primary responsibility for decisions made with the woman for her care.
- ◆ The midwife discusses with her clients the need for and role of a second attendant.
- ◆ The woman may meet the second attendant before the time of the birth.

## 7. Collaborative Care

***Midwives collaborate with other professionals to ensure their clients receive the best possible care when the needs of the women exceed the scope of practice of the midwife.***

This means:

- ◆ Integration of regulated midwifery within the health care system is vital for public safety and the provision of optimal care to women.
- ◆ Midwives respect the skills and knowledge of other care providers.
- ◆ The CMM ensures that implementation and integration issues are addressed as they arise and that neither women nor midwives are at risk.
- ◆ The Standard for Discussion, Consultation and Transfer of Care, the Standard on Shared Care and the Standard on Supportive Care give guidance on how midwives will collaborate with physicians to give care in a variety of circumstances.
- ◆ Midwives work in partnership with nurses and others in hospitals and with emergency services personnel.

## 8. Accountability and Evaluation of Practice

***Midwives are accountable to their clients, their peers and the wider community for safe, competent, ethical practice.***

This means:

- ◆ The mandate of the CMM is to regulate the profession of midwifery in the interests of public safety.
- ◆ Midwives maintain accurate records of their work.

- ◆ Midwives develop practice protocols that describe their care.
- ◆ Midwives participate in peer case reviews.
- ◆ Clients will be asked to participate in the continual development of midwifery practice.
- ◆ Midwives keep their knowledge up-to-date to provide the best possible care.
- ◆ Midwives base their practice on available evidence.
- ◆ Midwives and the CMM will evaluate the outcomes of midwifery care as they relate to the needs of women.

## 9. Accessibility of Midwifery Care

***Midwifery care must be accessible to all women. Mechanisms should be in place to ensure equitable access to midwifery care for all women regardless of place of residence or circumstance.***

The Policy on Equity and Access of the CMM describes the commitment of the CMM to making midwifery care accessible to Manitoba women and their families regardless of their place of residence in the province.

This means:

- ◆ Midwives provide pre and post partum care to women in a setting mutually agreeable to the individual woman and the midwife. This includes home visits.
- ◆ The CMM is responsible for monitoring who is served by midwifery and advocating for those who have not had access to midwifery care.
- ◆ Midwifery practice sites are physically accessible.
- ◆ Midwifery practices must accommodate mothers who arrive for care late in pregnancy.
- ◆ The CMM is committed to recruiting midwives of diverse backgrounds.
- ◆ The CMM recognizes that there are many possible ways to become a registered midwife.
- ◆ The CMM supports communities who wish to offer midwifery services.
- ◆ The CMM supports midwives from various backgrounds to provide care in the language of the woman's choice.
- ◆ The CMM works with other Canadian Colleges of midwives to enhance access to midwifery care across the country.

## 10. Research on Effectiveness of Midwifery Care

***Midwives develop and share midwifery knowledge and initiate, promote and participate in research regarding midwifery outcomes. Results of this research should be incorporated into midwifery practice.***

This means:

- ◆ Midwives base their care and practice on available evidence.
- ◆ Midwives seek to enhance knowledge by participating in or conducting research studies.
- ◆ In keeping with the Code of Ethics and Standard on Informed Choice clients may be offered the opportunity to participate in research.

## 11. Midwives as Educators

***Midwives have a responsibility to share their knowledge and experience with colleagues, clients and students of midwifery.***

In keeping with the history and tradition of midwifery, midwives have a responsibility to participate in the apprenticeship of midwifery students.

This means:

- ◆ Midwives participate in the education of student midwives.
- ◆ Clients may be asked to allow student midwives to participate in their care.
- ◆ Midwives consult with each other to gain new knowledge and skills.
- ◆ Midwives are involved in the education of other professionals.

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