

MIDWIFERY SCOPE AND MODEL OF PRACTICE



COLLEGE OF MIDWIVES OF MANITOBA

With thanks to the BC College of Nurses and Midwives and the College of Midwives of Ontario

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Preamble

The midwifery scope and model of practice as defined in this document provides the broad boundaries of midwifery practice in Manitoba. The College of Midwives of Manitoba (CMM)'s [Midwifery Standards of Practice](#) and associated standards and policies detail the minimum requirements for safe practice of midwifery. The [Canadian Competencies for Midwives](#) provide details of the skills and knowledge expected of a midwife in Manitoba and Canada.

MIDWIFERY SCOPE OF PRACTICE

According to the International Confederation of Midwives (ICM), a midwife is:

“a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice to during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in the mother and child, the accessing of medical care or other appropriate assistance when necessary and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the women and gender diverse people they serve, but also within families and communities. The work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and care for infants and young children.

A midwife may practise in any setting including the home, community, hospitals, clinics, or health units.”

The ICM definition of a midwife (last revised in 2023) has been consistently supported by the International Federation of Gynaecologists and Obstetricians (FIGO), and the World Health Organization (WHO) since 1972.

Legislation of Midwifery in Manitoba.

A health care professional's scope of practice is the range of activities, including decisions and procedures, that they are authorized to perform via the laws that govern their profession. In Manitoba, the scope of practice is set out in the [Midwifery Act](#) and is further defined in the [Midwifery Regulation](#) which specifies the drugs, tests and invasive procedures, authorized to the midwifery profession. The midwifery scope is a legal boundary and changes can only be achieved through a legislative change.

The scope of practice defines, in broad terms, the outer parameters of what a midwife can do. The midwifery scope of practice is set out in the *Midwifery Act* (section 2(1)).

The practice of midwifery means the assessment and monitoring of women during pregnancy, labour, and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour, and post-partum period and the conducting of spontaneous vaginal deliveries.

This includes:

- (a) ordering and receiving reports of screening and diagnostic tests designated in the regulations;
- (b) prescribing and administering drugs designated in the regulations; and
- (c) performing minor surgical and invasive procedures designated in the regulations.

AUTONOMOUS PRIMARY CARE

The Midwifery Act designates midwives as primary health care providers who are authorized to provide care without supervision; are directly accessible to clients, without referral; and may consult with other health professionals as required.

Midwives are primary care providers in autonomous practice within their communities. For each client, under their own responsibility, the midwife may provide a continuum of midwifery services throughout pregnancy, labour and the postpartum period.

Midwives practice in a range of settings, including clinics, clients' homes, hospitals, and other community-based settings. Midwifery care for labour, birth and early postpartum is provided in a setting chosen by the client and appropriate to their level of risk. In an emergency midwives take responsibility and provide care until transfer occurs. In all settings, midwives are responsible and accountable for the care they provide.

Many clients will see only a midwife for care during the childbearing year.

Midwifery care recognizes and includes the physical, psychological, emotional and spiritual aspects of pregnancy and birth and includes preventative measures, the detection of abnormal conditions in the client and fetus/newborn, accessing medical assistance when necessary and taking emergency measures in the absence of additional medical help. Midwives have mechanisms for consultation, referral, continued involvement and collaboration. Midwives may practise in a variety of settings including hospitals, clinics, health units, community health centres, birth centres and homes.

MIDWIFERY MODEL OF PRACTICE

In Manitoba, Midwives are autonomous primary care providers. The midwifery model of practice in Manitoba incorporates the principles of:

- Community-based care
- Person-centered care
- Informed choice
- Continuity of care
- Choice of birth setting
- Collaboration
- Accountability
- Evidence-informed practice

COMMUNITY-BASED CARE

Midwives strive to ensure equitable access to midwifery care for all, regardless of place of residence or circumstance. Midwifery practices consider the demographics of the practice area so that services are offered in a manner that supports access for those who may benefit from midwifery care but may not seek it out. Midwives, and the community which supports their practice, should be knowledgeable about the population within their practice area, and develop and implement outreach programs.

If a midwifery practice finds it cannot serve all people who are requesting services, the practice is encouraged to try and increase ease of access for populations that may be better served by midwifery care.

PERSON-CENTERED CARE

Person-centered care is focused on the client and their life context. Person-centered care recognizes the central role the client has in their own health care, and responds to their unique culture, needs, values, and preferences. Working with individuals in partnership, person-centered care offers high-quality care provided with compassion, respect, and trust.

INFORMED CHOICE

Midwives respect the rights of clients to make informed choices and facilitate this process by providing complete, relevant, objective information and their professional recommendations in a non-authoritarian, supportive manner. Providing adequate time for discussion benefits the successful facilitation of informed choice.

CONTINUITY OF CARE ACROSS THE CONTINUUM

Continuity of care is delivered through the provision of midwifery care during pregnancy, labour, birth and the postpartum period, on a 24-hour on-call basis by a midwife or small group of care providers known to the client. Continuity of care is both a philosophy and a process that is facilitated through a partnership; ideally each client will meet and develop a relationship of trust with all providers in the practice group before labour. Sharing a common philosophy and a consistent and coordinated approach to practice amongst a group practice helps to create a safe and supportive experience for clients.

CHOICE OF BIRTH SETTING

Midwives provide care in a variety of settings, including homes, hospitals and birth centres, where available. The birth setting is chosen by the client in consultation with the midwife. Midwives must acquire admitting and discharge midwifery hospital privileges in their local maternity units and, where available, privileges for birth centers. Midwives function within their scope of practice in all settings.

COLLABORATION

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

Collaborative care involves the cooperation of various professionals in the provision of care. In situations where transfer of care to a physician is required, the midwife may provide supportive care after transfer and resume primary care if appropriate.

ACCOUNTABILITY

Midwives' fundamental accountability is to the clients in their care. They are also accountable to their peers, their regulatory body, the health agencies where they practice and the public for the provision of safe, competent, ethical practice informed by the CMM *Philosophy of Care* and current evidence in perinatal care.

EVIDENCE-INFORMED PRACTICE

Midwives inform their practice on the basis of the best available evidence and continuously evaluate their practice to improve the quality of care they provide and to ensure their clients' needs are met. The results of this evaluation are incorporated into their practice. Midwives develop and share midwifery knowledge, promoting and participating in research.