Canadian Midwifery Regulators Council | Conseil canadien des ordres de sages-femmes

Canadian Competencies for Midwives

Approved by the
Canadian Midwifery Regulators Council (CMRC)

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Please note that the content herein is intended to address all people, regardless of their gender expression, who receive care from a midwife. The terms "midwife" and "midwives" include all persons practising as registered midwives.

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The CMRC is also grateful to the hundreds of registered midwives, midwifery education program faculty, midwifery association leadership and staff, and other stakeholders who responded to the validation survey. Their input helps to ensure that the information presented is valid and relevant to today's midwifery practice.

CMRC wishes to acknowledge the excellent work of the International Confederation of Midwives (ICM) on the Essential Competencies for Midwifery Practice (2019). CMRC also recognizes the Core Competencies of Indigenous Midwives (2019) articulated by the National Aboriginal Council of Midwives (NACM). As noted by NACM, their competencies should be used to teach and grow Indigenous midwifery throughout the country.

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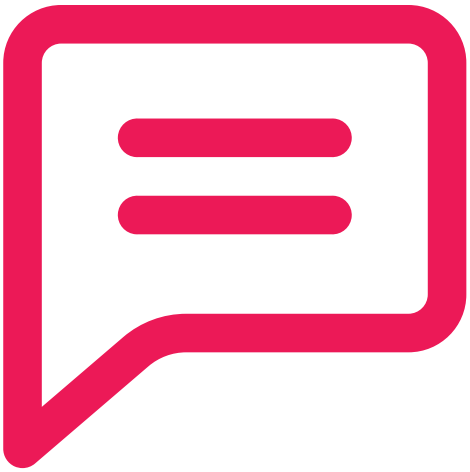
Preamble



The *Canadian Competencies for Midwives* outline the knowledge, skills and abilities expected of entry-level midwives in Canada. Entry-level midwives are defined as those who have been assessed as eligible to start practicing in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration. This document delineates the essential competencies that are the foundation of midwifery practice, and which all midwives must possess, when they begin to practise.

The framework of midwifery competencies is organized around seven midwife roles: Primary Care Provider, Advocate, Communicator, Collaborator, Professional, Life-long Learner and Leader. The integration of the seven roles enables the entry-level midwife to provide safe, competent, ethical, compassionate and evidence-informed midwifery care to diverse populations in any practice setting. The seven roles are clarified and defined by 80 key competencies. There is a companion document which provides more detail regarding the Primary Care Provider competencies.

A robust methodology based on industry best practices was used to develop the competencies. The Canadian Midwifery Regulators Council (CMRC) established a national steering committee comprised of regulators, educators and clinicians. The committee worked from October 2019 to August 2020 to guide the overall revision process, to coordinate the environmental scan and literature review and to generate content. A subject matter expert panel was also involved. The draft set of competencies was validated via a national survey of practicing midwives, educators and other stakeholders. Survey results were reviewed and final changes were made.

The *Canadian Competencies for Midwives* is compatible with provincial/territorial competency statements; however, it may not replace them. Provincial/territorial midwifery regulators are the ultimate source of information about what a midwife is expected to know and do in any specific province or territory. Moreover, some additional competencies and skill requirements can be found in provincial and territorial competency documents.

Purpose

The primary purpose of this revised document, *Canadian Competencies for Midwives*, is to outline the knowledge and skills expected of an entry-level midwife in Canada. The competencies also inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian and internationally-educated midwives through the Canadian Midwifery Registration Exam (CMRE). The competencies may also support the approval and accreditation of Canadian baccalaureate midwifery education programs, help to assess midwives' continuing competence, guide clinicians and serve as a reference for professional conduct matters.

Outlines the knowledge and skills expected for an entry-level midwife.

Ending Anti-Indigenous Racism

Anti-Indigenous racism in the Canadian health care system has existed since its inception. CMRC acknowledges that systemic racism and discrimination towards Indigenous peoples adversely impact Indigenous peoples' access to, and treatment in, health services. CMRC believes that anti-Indigenous racism is unacceptable in our society and joins other health care regulators and networks in condemning racist attitudes and behaviours among health care professionals, and in denouncing systemic racism within health care institutions, structures and policies.

Midwives have a responsibility to address racism and bias at the individual and system levels. Midwives are expected to provide culturally safe care and embrace cultural humility, and are called upon to identify and address power imbalances in the health care system. Adopting reflective practice allows midwives to understand personal and systemic biases and acknowledge the experience of others.

CMRC supports the work of the Truth and Reconciliation Commission of Canada, and in particular the Calls to Action relating to health and to the Canadian health care system. We recognize the importance of the Calls to Action and support their intention to redress the legacy of colonization and the residential school system, and advance the process of reconciliation with Indigenous Peoples in Canada.

CMRC expects the *Canadian Competencies for Midwives* will support the midwifery profession in playing a key role in addressing anti-Indigenous racism in health care. Each of us has a responsibility to take positive action.

Midwives are expected to provide culturally safe care and embrace cultural humility, and are called upon to identify and address power imbalances in the health care system.

Definition of key terms

Antepartum: Occurring before childbirth.

Anti-racism: Any approach that reduces power differences by benefitting minority racial[ized] groups and/or disadvantaging dominant racial[ized] groups. (Adapted from National Collaborating Centre for Indigenous Health, 2020) These approaches also centre on the needs of racialized groups, challenge prejudiced attitudes and beliefs, and work to dismantle colonial and discriminatory systems.

Childbearing year: The unique twelve months (minimum) that elapse over the course of pregnancy, recovery from childbirth and lactation. (Hammer et al, 2000)

Chosen family: The client's selected friends, partners and ex-partners, biological and non-biological children and parents, and others who provide support.

Client: The person who comes to the midwife for care, including the baby. The individual's chosen family or support person(s) may also participate in the care process if the client chooses. The client varies in race, national or ethnic origin, religion, age, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and socio-economic background. The client may have experienced trauma (e.g. intergenerational trauma, abuse, adverse childhood experiences) that shapes their current lived experience.

Collaboration: Client care involving joint communication and decision-making processes among the client, midwife and other members of a health care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. (Canadian Nurses Association, 2010)

Competency: The specific knowledge, skills, abilities, and judgment required for a health care provider to practise safely, ethically and effectively. (Adapted from Nova Scotia College of Nursing, 2016)

Competent: Having the necessary ability, knowledge or skill to do something successfully. (Lexico)

Continuing education: An educational requirement for health care professionals, designed to keep them up to date on advances and good practices throughout their careers.

Counselling: Giving information, advice and guidance on personal, social, physical or psychological problems.

Cultural humility: A process of self-reflection to understand personal and systemic barriers and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. (First Nations Health Authority, n.d.)

Cultural safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority, n.d.)

Determinants of health: The determinants of health are income and social status; social supports; education and literacy; employment/working conditions; physical environments; healthy behaviours; childhood experiences; social supports and coping skills; biology and genetic endowment; access to health services; gender; culture and race/racism. (Government of Canada, 2018)

Entry-level midwife: The midwife has been assessed as eligible to start practicing in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration

Evidence-informed decision-making: The integration of best available evidence with client context and the personal knowledge and experience of the midwife to inform clinical problem solving and decision-making.

Family planning: The act of making a conscious plan about the number and timing of children's births. (Canadian Public Health Association, 2020)

Health: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (World Health Organization, 1946)

Health equity: Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance. (BC Centre for Disease Control, adapted from National Collaborating Centre for Determinants of Health)

Health system: All the activities whose primary purpose is to promote, restore or maintain health. (World Health Organization, 2000)

Health system sustainability: The appropriate balance between the cultural, social, and economic environments designed to meet the health and health care needs of individuals and the population (from health promotion and disease prevention, to restoring health and supporting end of life) and that leads to optimal health and health care outcomes without compromising the outcomes and ability of future generations to meet their own health and health care needs. (The Conference Board of Canada, 2020)

Holistic care: Complete or total client care that considers the physical, emotional, social, economic, and spiritual needs of the client.

Inter-professional care: Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. (Canadian Health Services Research Foundation, 2012)

Intersectionality: The interconnected nature of social categorizations such as race, class and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Lexico)

Intrapartum: The time period spanning childbirth, from the onset of labour through delivery of the placenta.

Intra-professional care: Care provided through collaboration among individuals providing midwifery care. (Adapted from National Physiotherapy Advisory Group, 2017)

Midwife: A person who has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or is legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery . (International Confederation of Midwives, n.d.)

National guidelines: Advice for the prevention, assessment, treatment and management of the major health issues facing clients, e.g. Society of Obstetricians and Gynaecologists of Canada guidelines, Health Canada guidelines.

Person-centred care (PCC): Care that supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect, (The Health Foundation, 2016)

Population health: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. (Public Health Agency of Canada, 2012)

Postpartum: Refers to the time after delivery when maternal physiological changes related to pregnancy

return to the non-pregnant state. (Berens, 2020)

Primary care provider: A health care provider who acts as the first contact and principal point of care for clients within the health care system and coordinates other specialist care that the client may need.

Primary health care: A concept based on three components: meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course; systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others. (World Health Organization, 2019)

Profession: An occupation founded upon specialized educational training, the purpose of which is to supply counsel and service to others.

Quality improvement: A formal ongoing process for analyzing performance to determine the need for making changes in the way of practise and for determining the effectiveness of actions taken to implement these changes. (International Confederation of Midwives, 2017)

Reproductive health care: In all matters relating to the reproductive system and its functions and processes, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (International Encyclopedia of Public Health, 2017)

Research: A systematic investigation to identify, create and/or confirm existing or new concepts, knowledge, methodologies and understandings.

Safety: The condition of being protected from risk, injury, coercion, abuse, hurt or loss physically, emotionally and psychologically. (Adapted from Merriam Webster) Safety also includes cultural safety.

Safety risk: Hazard or threat to the safety of the client, family or health care provider. Reducing the risks of unnecessary harm is central to client safety in health care. (Adapted from Canadian Patient Safety Institute, 2020)

Scope of practice: The activities that the health care provider is authorized to perform, as set out in legislation and described by practice standards, limits, and conditions set by regulators.

Sexual health: Includes sexuality, healthy relationships, sexually transmitted infections, fertility, infertility and contraception, and is an important part of well-being. (Sexual Health Ontario, 2020)

Social media: Web and mobile technologies and practices that people use to share content, opinions, insights, experiences, and perspectives online (College of Physicians and Surgeons of Ontario, n.d.)

Standard: A norm/uniform reference point that describes the required level of achievement or performance. (International Confederation of Midwives, 2011)

Therapeutic relationship: An interactive relationship with a client that is caring, clear, boundaried, positive and professional. (Adapted from Pediatric Critical Care, 2011)

Virtual Care: Any interaction between the health care provider and the client, occurring remotely, using any form of communication or information technology (e.g. texting, phone, photo, video) with the aim of facilitating or maximizing the level of care for clients. (Adapted from Alberta Virtual Care Working Group, 2020)

Well-client care: Primary care provided to the client after six weeks postpartum and for up to 12 months, depending on the jurisdiction in which the midwife practises. This enables the client to receive care to maintain a healthy lifestyle and minimize health risks. Engaging clients in shared decision-making is an important aspect of well-client care. (Adapted from American College of Obstetricians and Gynaecologists, 2018)

Profile of an Entry-Level Midwife

Midwives are primary health care providers who provide and support quality care to client populations with diverse childbearing and sexual and reproductive health needs in a variety of practice settings. Midwives are clinicians who are experts in pregnancy, birth and postpartum care and also provide care to newborns. Midwives use critical thinking, act to inform their practice with evidence, advocate for their clients and for necessary resources, and use effective communication and conflict resolution strategies. Midwives exhibit leadership behaviours towards clients, colleagues, other health care professionals, students and in mentorship/mentee relationships.

The key principles of midwifery care in Canada are professional autonomy, partnership, continuity of care provider, informed choice, choice of birth setting, evidence-based practice and collaborative care. (Canadian Association of Midwives, 2015). A primary health care approach is foundational to midwifery practice, and this involves meeting people's health needs, addressing the broader determinants of health and empowering individuals, families and communities to take charge of their own health. (World Health Organization, 2020).

Midwives provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual, family, community and population health levels.

Midwives work within the larger health care system. Collaborative relationships among midwives and other health care providers involve both independent and shared decision-making, especially with overlapping scopes of practice. All parties are accountable in the practice relationship as determined by their scope of practice, educational background and competencies.

Midwives contribute to maximum effectiveness and efficiency in the health care system and facilitate client education, engagement and self-care. Midwives provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual, family, community and population health levels.

Midwives understand the unique health needs of childbearing and reproductive care clients and the issues that may impact their access to care. All midwives play an important role in protecting and strengthening human rights. Midwives uphold these rights and are committed to anti-discriminatory, anti-racist and inclusive practice.

Regulated midwives enter the profession through completion of a recognized, specialized baccalaureate degree in midwifery or a bridging program. To become registered, many jurisdictions in Canada also require mentoring or a preceptorship.

Competency Profile

1. Primary Care Provider

As primary care providers, midwives apply foundational knowledge, skills and abilities to provide holistic care throughout the childbearing year (i.e. antepartum, intrapartum and postpartum) and for newborns and infants. Midwives assess clients, make decisions, plan care, perform interventions and evaluate processes and health outcomes through both in-person and virtual care. Midwives also provide reproductive health care, preparation for parenthood and well-client care.

The primary care provider competencies are organized around six competency areas below.

1.A. Assessment

The competent entry-level midwife uses evidence-informed knowledge and skills to perform a systematic and accurate client-based clinical assessment. The competent entry-level midwife:

- **1.A.1.** Collects the client's comprehensive contextual health history
- **1.A.2.** Assesses for variations of normal and signs and symptoms of abnormal conditions
- **1.A.3.** Conducts relevant clinical assessments
- **1.A.4.** Orders, performs and interprets screening and diagnostic tests

1.B. Decision-Making

The competent entry-level midwife uses clinical judgment to formulate clinical decisions based on evidence, client needs and priorities. The competent entry-level midwife:

- **1.B.1.** Integrates pertinent observations and findings to formulate diagnoses
- **1.B.2.** Takes action based on sound analysis of assessment findings
- **1.B.3.** Assumes responsibility for follow-up on test results
- **1.B.4.** Coordinates the professional care team, as the most responsible provider, in the provision of client care
- **1.B.5.** Determines appropriate emergency measures

1. Primary Care Provider

1.C. Care Planning

The competent entry-level midwife develops an individualized care plan in consultation with the client and other health care professionals. The client's status and the effectiveness of the care plan is continuously evaluated and the care plan is modified as needed. The competent entry-level midwife:

- **1.C.1.** Develops a care plan, in partnership with the client, based on evidence, balancing risks and expected outcomes with client preferences and values
- **1.C.2.** Recognizes when discussion, consultation, referral and/or transfer are necessary for safe, effective and comprehensive client care
- **1.C.3.** Initiates consultation, referral and transfer of care by specifying relevant information and recommendations
- **1.C.4.** Evaluates response to the care plan in collaboration with the client and revises it as necessary

1.D. Implementation

The competent entry-level midwife implements evidence-informed therapeutic interventions in partnership with the client. Interventions are informed by assessment findings, sound decision-making and consideration of the client's individualized care plan. The competent entry-level midwife:

- **1.D.1** Provides primary care in antepartum, intrapartum, postpartum and neonatal as part of full reproductive health care
- **1.D.2** Performs clinically appropriate procedures
- **1.D.3** Responds to variations of normal and signs and symptoms of abnormal conditions
- **1.D.4** Initiates appropriate emergency measures
- **1.D.5** Provides responsive counselling and education, and recommends appropriate resources
- **1.D.6** Provides information and support about common discomforts
- **1.D.7** Prescribes, orders and administers medications and therapeutic agents
- **1.D.8** Provides a safe birthing environment within all applicable settings
- **1.D.9** Applies relevant infection prevention and control practices and standards
- **1.D.10** Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations

1. Primary Care Provider

1.E. Population Health

The competent entry-level midwife uses contextual information and collaboration with community partners to support health outcomes of populations and reduce health inequities. Midwives recognize intersectionality, taking into account people's overlapping identities and experiences, and understand the complex relationship between many factors that may contribute to discrimination and inequality. The competent entry-level midwife:

- **1.E.1.** Recognizes the human rights of clients seeking care
- **1.E.2.** Supports clients to address determinants of health that affect them and their access to health services and resources
- **1.E.3.** Uses evidence and collaborates with community partners and other health care providers to optimize the health of clients

1.F. Reproductive and Sexual Health

The competent entry-level midwife supports the client's reproductive and sexual health, recognizing the connection to the client's human rights. The competent entry-level midwife:

- **1.F.1.** Delivers contraceptive counselling, with provision based on jurisdiction
- **1.F.2.** Offers abortion counselling, with provision based on jurisdiction
- **1.F.3.** Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach
- **1.F.4.** Screens and tests for reproductive cancers
- **1.F.5.** Provides sexual health education
- **1.F.6.** Provides sexually transmitted infections counselling, diagnosis, and treatment, as appropriate

2. Advocate

As advocates, midwives facilitate access to midwifery care and the client's right to make choices about their care and care environment. Midwives also seek health equity for their individual clients and for the client populations they serve. As an advocate, the competent entry-level midwife:

1. Recognizes and responds to the impact of the client's life experiences, including historical, social and cultural influences on childbearing and early parenting
2. Fosters an environment of respect and autonomy as determined by the client
3. Encourages and facilitates the client's own research and knowledge gathering, honouring other ways of knowing and doing
4. Respects, promotes and supports the client's rights, interests, preferences, beliefs and culture
5. Demonstrates cultural safety and humility by respecting diversity and individual differences and attending to power differentials inherent in health care delivery
6. Creates a safe environment, respecting the client's preferences and privacy needs
7. Recognizes and takes action in situations where client safety is actually or potentially compromised
8. Navigates the health care system to help ensure the client receives quality care and gains access to necessary resources
9. Advocates for health equity, particularly for vulnerable and/or diverse clients and populations
10. Advocates for the use of Indigenous health knowledge and healing practices for Indigenous clients consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada
11. Advocates for the midwifery profession as a primary health care provider for pregnancy, labour, birth, postpartum and newborn care

3. Communicator

As communicators, midwives use effective strategies to exchange information and to enhance therapeutic and professional relationships with clients through both in-person and virtual care. Effective communication by midwives may also contribute to client safety and improved health outcomes and client satisfaction. As a communicator, the competent entry-level midwife:

1. Demonstrates cultural humility to establish a safe and respectful relationship with others.
2. Applies a person-centered approach characterized by empathy, respect and compassion in order to foster trust and autonomy
3. Effectively communicates the midwife's scope of practice and philosophy of care to the client
4. Provides the client and family members with accurate and complete information to assist them in making informed decisions about their health care, treatment choices and symptom management
5. Utilizes effective communication skills (e.g. attentive and respectful listening, feedback, open-mindedness, non-verbal cues and behaviours) with the client and their family to clarify perceptions and understanding, negotiate a care plan and resolve conflicts
6. Documents all client interactions in a clear, concise, accurate, objective, contemporaneous and legible manner to facilitate a continuum of care and decision-making, and to optimize safety

4. Collaborator

As collaborators, midwives work effectively with others to provide inter-professional and intra-professional care. As appropriate, midwives assume complementary roles with other health care professionals and share responsibility for solving problems and making decisions to support client care. As a collaborator, the competent entry-level midwife:

1. Engages with other health care providers and community-based services to plan and deliver care that meets the client's needs
2. Shares information in a collegial manner with colleagues and other health care professionals as needed to improve client safety and optimize health outcomes
3. Recognizes inter-professional and intra-professional conflict, striving for consensus among those with differing views
4. Negotiates overlapping and shared responsibilities by respecting one's role, responsibilities and scope of practice and those of other health care professionals (e.g. when identifying the most responsible provider)

5. Professional

As autonomous, self-regulated health care professionals, midwives are committed to working in the best interest of their clients and society, and to maintaining high standards of behaviour. As professionals, midwives conduct themselves in a trustworthy, respectful and accountable manner. As a professional, the competent entry-level midwife:

1. Practices in accordance with laws, professional and ethical codes, standards and policies governing midwifery
2. Demonstrates an understanding of the mandate and responsibilities of provincial/territorial midwifery regulators
3. Demonstrates an understanding of the role of professional midwifery associations
4. Identifies ethical issues when providing care and responds using ethical principles
5. Identifies existing policies or procedures that may be unsafe or are inconsistent with evidence-informed practices and takes action to address these
6. Recognizes and responds to unprofessional conduct and competence among midwives and other health care professionals
7. Recognizes and observes personal and professional boundaries and limitations in order to provide safe, respectful and ethical client care, and seeks support when needed
8. Maintains the confidentiality and security of written and verbal information acquired in a professional capacity in accordance with all applicable privacy laws
9. Demonstrates judicious use of information technology, e.g. virtual care and social media, to protect confidentiality, prevent privacy breaches and maintain public trust in the profession
10. Identifies and mitigates safety risks to the client, family and health care providers
11. Engages in quality improvement activities and health system performance at local, provincial, national and global levels
12. Ensures client safety is maintained when students are involved in providing care
13. Advances the profession's body of knowledge through participation in relevant research
14. Promotes and adheres to anti-racism policies that guide recognizing, reporting, documenting and responding to racism in the health care system, including anti-Indigenous racism

6. Life-long learner

As life-long learners, midwives demonstrate a commitment to excellence in practice through self-reflection, formal and informal opportunities for continuous learning, the education of others, and the evaluation and application of evidence. As a life-long learner, the competent entry-level midwife:

1. Keeps up to date with continuing education and quality assurance programs and requirements to maintain currency and competency
2. Critically reviews, appraises and applies new information and research findings relevant to midwifery practice
3. Identifies opportunities for learning and improvement by regularly reflecting on and self-assessing performance
4. Learns from others' practice and experience to improve one's own practice
5. Is aware of one's own personal biases, values, beliefs and positional power and acts to reduce bias and dismantle racist beliefs and systems

7. Leader

As leaders, midwives envision and promote a profession and health care system that enhances the well-being of society. Effective leadership by midwives is vital to delivering and improving quality care, and to facilitating system change. Midwives model effective leadership and engage others in visioning and achieving a high-quality health care system. As a leader, the competent entry-level midwife:

1. Implements strategies to integrate and optimize the midwifery role within health care teams and health care systems to improve client care
2. Uses and allocates resources judiciously to optimize client care and health system sustainability
3. Promotes a culture of safety by participating in and facilitating activities that emphasize client and midwife safety
4. Applies the principles and methods of quality improvement to improve midwifery care outcomes
5. Recognizes the value of and engages in mentorship for peers and students (e.g., support, guide, educate and role model)
6. Provides constructive and respectful feedback to promote learning and professional growth among students and peers
7. Recognizes, supports and responds effectively to colleagues in need
8. Recognizes and responds to racism, including anti-Indigenous racism, with accurate information, respectful corrections and a constructive and collaborative approach to systemic change

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Questions, Suggestions and Comments

CMRC's *Canadian Competencies for Midwives* are regularly updated and enhanced. Suggestions and input from all sectors of midwifery in Canada are welcome. If you have any questions or wish to provide feedback, please email **admin.cmre@cmrc-ccosf.ca**

ADDITIONAL SKILLS – ADDENDUM TO CANADIAN COMPETENCIES FOR MIDWIVES

There are a number of additional competencies that an entry level midwife may perform but are not required for registration to practice. These include:

- Maintenance and discontinuation of pharmacological augmentation and induction of labour during labour, birth and the immediate postpartum
- Maintenance and discontinuation of an epidural during labour, birth and the immediate postpartum
- Application and removal of fetal scalp electrode during labour, birth and the immediate postpartum
- Insertion of intrauterine contraceptive devices
- Suturing 3rd degree lacerations

The knowledge and skills required to perform these competencies are found in specialized training and/or certification criteria and require approval by the College of Midwives of Manitoba in order to perform them.

Companion document to the CMRC *Canadian Competencies for Midwives (2020)*

This document outlines the indicators and specific elements associated with the Primary Care Provider competencies in the *Canadian Competencies for Midwives (2020*). The content provides additional information and guidance; it is not all inclusive and will be expanded over time.

Competency Areas & Competencies	Indicator (the actions required to demonstrate the competency)	Specific elements (not all inclusive)
1.A. Assessment		
1.A.1. Collects the client's comprehensive contextual health history	1.A.1.1 Selects and uses relevant assessment tools and techniques	1.A.1.1.1 Current situation, vital signs, Past medical history, OBS history, Genetic factors, Current medication / substance use, Exposure and habits, Allergies, Nutrition, Psychosocial, Lifestyle, social, culture, spiritual, social determinants of health 1.A.1.1.2 Tools: Edinburgh Perinatal/Postnatal Depression Scale (EPDS); TWEAK Score Questionnaire on Alcohol Use During Pregnancy; BMI Pre-pregnancy Risk Assessment; Provincial/Territorial Antenatal record; Intrauterine Growth Chart; Perinatal Triage & Assessment Record; intrapartum Labour Partogram; Labour and Birth Record; Newborn Record; Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance; Ballard Assessment of Gestational Age; Newborn Resuscitation Record; BC Postpartum Clinical Path; BC Newborn Clinical Path; Community Liaison Record; Community Postpartum Assessment; Community Newborn Assessment; Neonatal Transfer Record; Maternal & Fetal LOS Classification Tool 1.A.1.1.3 Techniques: Appropriate interviewing skills and communication techniques to obtain comprehensive information regarding socioeconomic status, current allergies and medication and substance use, current pregnancy status, family history, medical

		history, obstetrical history, lifestyle and psychosocial status Comprehensive and timely documentation of collected data
1.A.2. Assesses for variations of normal and signs and symptoms of abnormal conditions	1.A.2.1 Carries out consultations, co-management or referral, as indicated	1.A.2.1.1 Tools: prenatal diagnostic testing (ABO & Rh factor, Hgb and ferritin, CBC, Urine C&S, Rubella titre, STS, HIV, HBsAg, Hep C, TSH, Varicella, Prenatal genetic screening, Gestational diabetes screening, GBS screening, 1st and 2nd trimester ultrasounds); abdominal palpation fetal heart auscultation 1.A.2.1.2 Skilled interviewing methods; comprehensive and succinct documentation
1.A.3. Conducts relevant clinical assessments	1.A.3.1 Assesses the client in all phases of pregnancy	1.A.3.1.1 Complete physical examination including vital signs, head & neck, musculoskeletal, abdomen, breasts & nipples, varices & skin, heart & lungs, pelvic/speculum exam for vaginal swabs and cervical cytology 1.A.3.1.2 Abdominal palpation to estimate fetal size, number, and gestational age, position and presentation, Pelvic Exam (e.g., bimanual, cervical inspection), speculum exam, Leopold's maneuvers

	1.A.3.2 Assesses fetal well-being and fetal presentation	1.A.3.2.1 Fetal heart auscultation, assess fetal movement, presentation, position, fundal height, electronic fetal monitoring, order obstetrical ultrasound
	1.A.3.3 Assesses the onset and progress of labour	1.A.3.3.1 Cervical dilatation/effacement, presentation, position, station and position of the presenting part, and frequency, duration and intensity of contractions 1.A.3.3.2 Need for pain relief
	1.A.3.4 Assesses client's need for relief of pain	1.A.3.4.1 Pain relief options and side effects; pharmacological and non-pharmacological
	1.A.3.5 Assesses the newborn immediately following birth	1.A.3.5.1 Respiratory and cardiac status, tone, temperature maintenance, colour, reflexes, neurological maturity, physical maturity, birth weight, gestational age, head circumference, length, congenital defects and signs of newborn illness. Assign APGAR score
	1.A.3.6 Assesses the physiologic status of the client in the postpartum period	1.A.3.6.1 Physical examination on a regular intermittent basis, including breasts, uterine involution, perineum, lochia, urinary bladder, extremities, vital signs
	1.A.3.7. Assesses the psychological status of the client in the postpartum period	1.A.3.7.1 Repeat Edinburgh Perinatal Depression Scale, monitor partner and family relationships and bonding with newborn
	1.A.3.8 Assesses the infant up to six weeks	1.A.3.8.1 Newborn screening and diagnostic testing, monitoring of weight gain, CCHD, hyperbilirubinemia screening, ankyloglossia assessment

1.A.4. Orders, performs and interprets screening and diagnostic tests	1.A.4.1 Completed for client's physical and psychological health, genetic screening, fetal wellbeing, intrapartum care, postpartum care and also for the newborn 1.A.4.2 Offers prenatal genetic screening through an informed choice discussion 1.A.4.3 Offers diagnostic and screening tests during the intrapartum period 1.A.4.4. Offers diagnostic and screening tests for newborns	1.A.4.1.1 Document ordering, completion and interpretation of all tests in a contemporaneous manner throughout pregnancy 1.A.4.2.1. Document genetic screening discussion and orders testing in accordance with client's wishes 1.A.4.3.1 For example, Group Strep B and Fetal rhesus (RhD) genotype testing 1.A.4.4.1 Screening and tests may vary by jurisdiction 1.A.4.4.2 Document newborn screening discussion
1.B. Decision-Making		
1.B.1. Integrates pertinent observations and findings to formulate diagnoses	1.B.1.1 Uses physical findings, and ultrasound and lab tests	1.B.1.1.1 SOAP or other tool to help organize, formulate and document the diagnostic process
1.B.2. Takes action based on sound analysis of assessment findings	1.B.2.1 Confirms pregnancy 1.B.2.2. Takes action based on fetal health surveillance findings	1.B.2.1.1 Current gestational age and estimated date of birth based on history, abdominal palpation, auscultation, cervical assessment, urine and blood tests for beta hCG, and dating ultrasound Discussion with client regarding desire for and appropriate timing of genetic screening 1.B.2.2.1 Hypoxemia, hypoxia, acidemia, acidosis, asphyxia
1.B.3. Assumes responsibility for follow-up of test results	1.B.3.1 Recognizes role as primary care provider in communicating test results and	1.B.3.1.1 For blood, urine, vaginal swabs, ultrasound, etc. within appropriate timeframes

	involving other care providers when indicated	
1.B.4. Coordinates the professional care team, as most responsible provider, in the provision of client care	1.B.4.1 Communicates clearly with other members of the health care team in written and verbal formats	1.B.4.1.1 Use appropriate verbal and written communication tools, confirm agreements and understanding
1.B.5. Determines appropriate emergency measures	1.B.5.1 Recognizes need for emergency measures and make appropriate care decisions to maintain client safety	1.B.5.1.1 Postpartum Hemorrhage, Antepartum and Intrapartum Hemorrhage, Abnormal Fetal Heart Rate, Malpresentation and Cord Prolapse, Shoulder Dystocia, Unplanned Breech Birth, Unplanned Twin Birth, Retained Placenta, and Anaphylaxis
1.C. Care Planning		
1.C.1. Develops a care plan, in partnership with the client, based on evidence, balancing risks and expected outcomes with client preferences and values.	1.C.1.1 Discusses and records the client's choices regarding care during pregnancy, labour and birth, and postpartum	1.C.1.1.1 For example, screening and diagnostic tests, planned place of birth, newborn procedures, newborn feeding preferences, etc.
1.C.2. Recognizes when discussion, consultation, referral and/or transfer are necessary for safe, competent and comprehensive client care	1.C.2.1 Is aware of scope of practice and expertise	1.C.2.1.1 Provincial/territorial guidelines and standards to plan care and involve other care providers in accordance with provincial/territorial scope of care and community standard
1.C.3. Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations	1.C.3.1 Assists when care is transferred	1.C.3.1.1 Use an organized, comprehensive and concise format for seeking consultation, referral, or transfer of care, e.g. SBAR 1.C.3.1.2 Document Informed decision-making and communication process with other care providers.

		1.C.3.1.3 Continue providing care to client in a supportive role.
1.C.4. Evaluates response to the care plan in collaboration with the client and revises it as necessary	1.C.4 1 Evaluates the client's condition and the effectiveness of the care provided 1.C.4.2 Modifies care plan as needed	1.C.4.1.1 Re-assess the client on a regular, intermittent basis following an organized format 1.C.4.2.1 In consultation with the client and other care providers, modify the care plan to ensure client well-being and communicate modifications to the care team
1.D. Implementation		
1.D.1 Provides primary care in Antepartum, intrapartum, postpartum, neonatal as part of full reproductive health care	1.D.1.1 Oversees and manages care during pregnancy 1.D.1.2 Oversees and manages care during labour	1.D.1.1.1 Promotes normal reproductive processes and the client's inherent capabilities 1.D.1.1.2 Empowers clients to optimize their health 1.D.1.1.3 Mindful of determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) 1.D.1.1.4. Consults/recommends accordingly with/to other health care providers (e.g. OB, GP, Maternal Fetal Medicine, mental health practitioners, addiction services, diabetes health, Nutritionist, pelvic floor Physiotherapist, Lactation Consultants, Naturopathic Physician, RMT, Chiropractors, Doula) to optimize care 1.D.1.2.1 Assesses and manages labour progress, including factors that could impede labour progress Pain management according to client needs and preferences

		Location e.g. hospital or out-of-hospital based on client needs and preferences
		Promote normal physiological labour and birth
	1.D.1.3 Offers and provides labour support options	1.D.1.3.1 Therapeutic interventions to support labour progress (e.g. position changes, counter-pressure, hydrotherapy, acupuncture, sterile water injections, TENS, narcotics, epidural, inhalants, oral hydration, IV hydration, nutrition, psychological support, support of physiological 2nd stage vs directed 2nd stage)
		1.D.1.3.2 Promote normal physiological labour and birth
	1.D.1.4 Manages delivery of baby	1.D.1.4.1 Seven (7) cardinal movements of labour to optimize the birth of the baby
		1.D.1.4.2 Normal physiological birth of baby
		1.D.1.4.3 Consultation as necessary with other health care providers
	1.D.1.5 Performs delivery and inspection of placenta	1.D.1.5.1 Completes the 3rd stage of labour with consideration for the clinical picture and the client's care plan (e.g. physiological management of the 3rd stage of labour, active management of the third stage of labour)
		1.D.1.5.2 Manages abnormalities associated with the birth of the placenta (e.g. retained placenta, cord avulsion, hemorrhage)
		1.D.1.5.3 Recognizes normal and abnormal structures of the placenta, membrane and the umbilical cord

	1.D.1.6 Manages birth canal trauma and need for suturing	1.D.1.6.1 Categorizes the degree of birth canal trauma (e.g. intact, 1st, 2nd, 3rd, 4th) and consult accordingly with OB/GP to optimize care 1.D.1.6.2 Sterile field and necessary instruments for suturing 1.D.1.6.3. Local anesthetic and confirmation of effectiveness 1.D.1.6.4 Repairs birth canal trauma, rectal exam and confirm tissue approximation and hemostasis
	1.D.1.7 Completes newborn care and interventions	1.D.1.7.1 If necessary, performs neonatal resuscitation according to p/t regulations and standards 1.D.1.7.2 Drying, cord care, respiratory and cardiac status; temperature maintenance 1.D.1.7.3 Assigns APGAR score
	1.D.1.8 Supports the newborn's transition immediately following birth	1.D.1.8.1 Performs the initial steps to support newborn transition as per NRP (e.g. warm, position, airway, clear secretions, dry, stimulation) 1.D.1.8.2 Feeding (breast/chest/bottle) 1.D.1.8.3 Skin to skin contact and bonding
	1.D.1.9 Monitors client progress in the postpartum period	1.D.1.9.1 Promotes physiological transition for the client 1.D.1.9.2 Time and space for bonding with newborn

		1.D.1.9.3 Consultations as needed with other health care providers (e.g. OB, GP)
	1.D.1.10 Ensures that cord blood samples are drawn	1.D.1.10.1 Clamping and sample collection
	1.D.1.11 Oversees a six-week postpartum assessment of the client, including cervical and speculum examinations where appropriate	1.D.1.11.1 Physical exam, weight, blood work, pelvic/internal exam, pap smear & swabs, etc. 1.D.1.11.2 Consults/recommends accordingly with/to other health care providers (e.g. OB, GP, Pediatrician, mental health practitioners, addiction services, diabetes health, nutritionist, pelvic floor physiotherapist, Lactation Consultants, Naturopathic Physician, RMT, Chiropractors) to optimize care
1.D.2. Performs clinically appropriate procedures	1.D.2.1 Carries out procedures during pregnancy	1.D.2.1.1 Blood pressure monitoring; assessment of gestational weight gain and dietary counseling; abdominal palpation, fundal height measurement, physical exam, breast/chest exam, pelvic examination, membrane sweeping, venipuncture for prenatal blood work, vaccination, administration of Rh (D) immune globulin, collects swabs during a speculum exam, treatment of sexually transmitted infections, etc. 1.D.2.2.1 Physiological methods to facilitate labor progress
	1.D.2.2 Carries out procedures during labour	1.D.2.2.2 Techniques to protect the perineum and avoid unnecessary episiotomy and minimize lacerations 1.D.2.2.3 Sterile speculum exam to confirm rupture of membrane

		1.D.2.2.4 Inserts IV and administers fluids or medication (e.g. Ringer's lactate, normal saline, D5W, GBS prophylaxis, Fentanyl) 1.D.2.2.5 Injectable medications (e.g. Dimenhydrinate, Morphine) 1.D.2.2.6 Measures to augment labour dystocia (e.g. rupture of membranes, oxytocin augmentation, nipple stimulation) 1.D.2.2.7 Intermittent auscultation and electronic fetal monitoring when indicated and interpret using principles of fetal health surveillance 1.D.2.2.8 Artificial rupture of membranes 1.D.2.2.9 Spiral electrode for internal fetal heart rate monitoring
	1.D.2.3 Carries out procedures during the birth	1.D.2.3.1 Seven (7) cardinal movements of labour to optimize the birth of the baby 1.D.2.3.2 Techniques to protect the perineum and avoid unnecessary episiotomy and minimize lacerations (warm compresses, controlled birth of the fetal head, support of physiological 2nd stage vs directed 2nd stage) 1.D.2.3.3 Local anaesthesia 1.D.2.3.4 Episiotomy 1.D.2.3.5 Cord blood samples

	1.D.2.4 Carries out the birth of the placenta	1.D.2.4.1 Recognizes signs of placental separation, perform gentle cord traction with uterine guarding, recognize abnormal bleeding, inspect the placenta, membranes and umbilical cord 1.D.2.4.2 Sends the placenta and membranes for pathological investigation as indicated 1.D.2.4.3 Recognizes a delayed/retained placenta and manage accordingly based on the clinical picture (e.g. uterotonics, birthing position, manual removal, consult OB)
	1.D.2.5 Performs birth canal assessment and care	1.D.2.5.1 Categorizes the degree of birth canal trauma (e.g. intact, 1st, 2nd, 3rd, 4th) and consult if needed with OB/GP to optimize care 1.D.2.5.2 Examines birth canal for hematomas 1.D.2.5.3 Infiltration of local anaesthesia 1.D.2.5.4 Sets up sterile field and necessary instruments for suturing 1.D.2.5.5 Administers local anesthetic and confirms effectiveness 1.D.2.5.6 Performs repair of birth canal trauma, conducts rectal exam and confirm tissue approximation and hemostasis 1.D.2.5.7 Pain management for birth canal trauma (e.g. ice pack, analgesia, narcotics)

	1.D.2.6 Carries out procedures to support the postpartum client from immediately after the birth to discharge from care	1.D.2.6.1 Hydration, nutrition and emotional support 1.D.2.6.2 Addresses hypovolemia, if indicated 1.D.2.6.3 Pain management for afterpains and birth canal trauma (e.g. ice pack, analgesia, narcotics) 1.D.2.6.4 Monitors bleeding, blood pressure, uterine involution, breast/chest feeding, healing of birth canal trauma, bladder bowel function and psychological state 1.D.2.6.5 Speculum exam with Pap smear and swab collection
1.D.3. Responds to variations of normal and signs and symptoms of abnormal conditions	1.D.3.1 Recognizes complications of pregnancy and takes appropriate action with client	1.D.3.1.1 Complications of pregnancy may include high blood pressure, hyperemesis gravidarum, iron deficiency anemia, gestational diabetes, infections, STI, vaginal fungal infections, urinary tract infections, antepartum bleeding, placental abruption, placenta previa, prelabour rupture of membranes, prolonged rupture of membranes, intrauterine growth restriction, drug sensitivity & anaphylaxis, pre-eclampsia, preterm labour, pregnancy loss, stillbirth.
	1.D.3.2 Manages a postdates pregnancy, significance of ruptured membranes	1.D.3.2.1 Cervical ripening 1.D.3.2.2 Labour induction, as appropriate
	1.D.3.3 Recognizes intrapartum complications and takes appropriate action	1.D.3.3.1 Including labour dystocia, obstructed labour, cord presentation and prolapse, abnormal fetal heart tones, shoulder dystocia, uterine rupture, placental

		abruption, abnormal presentation, breech presentation, chorioamnionitis, eclampsia, etc.
	1.D.3.4 Recognizes postpartum complications and takes appropriate action	1.D.3.4.1 Including late postpartum hemorrhage, nipple trauma, nipple fungal infection, engorgement, mastitis, breast abscess, wound infection, postpartum depression, postpartum psychosis, varicose veins, hemorrhoids, inadequate milk supply,
	1.D.3.5 Recognizes newborn complications and takes appropriate action	1.D.3.5.1 Congenital abnormalities, feeding problems, failure to thrive, jaundice, hypoglycemia, oral thrush, diaper rash, neonatal infection, etc.
1.D.4. Initiates appropriate emergency measures	1.D.4.1 Carries out emergency measures in pregnancy, labour and postpartum.	1.D.4.1.1 Abnormalities in fetal heart rate, maternal heart rate, umbilical cord prolapse, shoulder dystocia, amniotic fluid embolism, 1.D.4.1.2 CPR and emergency cardiac care 1.D.4.1.3 Neonatal resuscitation 1.D.4.1.4 Obstetrical emergency procedures in accordance with ALARM/MESP/ESW
1.D.5. Provides responsive counselling and education, and recommends appropriate resources	1.D.5.1 Shares information proactively with client and helps to education regarding self-care and healthy behaviours during pregnancy	1.D.5.1.1 Physical needs including nutrition and exercise, stress reduction and management, sleep hygiene, drugs, tobacco, vaping, and alcohol awareness, immunizations, environmental, occupational and pharmacological hazards, food safety awareness 1.D.5.1.2 Breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation/parent-infant relationship, infant care, postpartum Rh immune globulin/ immunizations, circumcision

	1.D.5.2 Educates client regarding stages of labour, enhancing progress of labour, labour support, coping measures	1.D.5.2.1 Resources about stages of labour, pain management options, labour progress, and ways to enhance progress in labour 1.D.5.2.2 Labour support strategies for partner and if utilizing a doula
	1.D.5.3 Educates client regarding self-care, normal postpartum progress and signs and symptoms of common postpartum complications	1.D.5.3.1 For example, breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation/parent-newborn relationship, newborn care, postpartum Rh immune globulin/ immunizations, and circumcision 1.D.5.3.2 Common postpartum complications including hemorrhoids, breast engorgement, mastitis, plugged ducts, UTI, postpartum depression, and deep vein thrombosis
	1.D.5.4 Guides client regarding infant nutrition	1.D.5.4.1 Guidance regarding benefits of breast/chest feeding, appropriate caloric intake, weight gain and supports client's feeding choice 1.D.5.4.2 Assistance with position, latch and milk transfer 1.D.5.4.3 Assistance with artificial feeding methods, if chosen 1.D.5.4.4 Refers to lactation consultant, if needed
	1.D.5.5 Counsels and supports the client and their family in responding to grief and loss during childbearing.	1.D.5.5.1 Culturally appropriate community resources 1.D.5.5.2 Appropriate follow-up

		1.D.5.5.3 Signs and symptoms of perinatal mental health disorders
1.D.6. Provides information and support about common discomforts	1.D.6.1 Manages common discomforts associated with pregnancy, labour, birth and postpartum	1.D.6.1.1 Pregnancy-related discomforts include nausea and vomiting, fatigue, hemorrhoids, varicose veins, heartburn and indigestion, fluid retention and swelling. 1.D.6.1.2 Labour-related discomforts include back pain, cramps, pelvic pressure, nausea, etc. 1.D.6.1.3 Postpartum discomforts include backache, sore nipples, breast engorgement, bruising in perineum, abdominal aches, vaginal soreness, feeling of full bladder, urinary retention
	1.D.6.2 Manages common discomforts associated with newborns	1.D.6.2.1 Concerned about infant's discomforts and assesses for possible indications of discomfort including latching difficulties, yeast infection, GERD, colic, diaper rash or other skin ailments etc. 1.D.6.2.2 Education regarding causes of discomforts and information on both pharmacological and nonpharmacological remedies. Demonstrate comfort techniques. 1.D.6.2.3 Assists with correcting latch
1.D.7. Prescribes, orders and administers medications and therapeutic agents	1.D.7.1 Discusses effects, side effects and interactions	1.D.7.1.1 Informed choice discussions with clients about indications for medications and possible effects, side effects and drug interactions throughout pregnancy, during labour and birth, during the postpartum period and for newborns.

	1.D.7.2 Prescribes, orders and administers pharmacologic agents as necessary in the antepartum, intrapartum and postpartum periods, and for the newborn in accordance with provincial/territorial regulations and standards 1.D.7.3 Monitors/co-manages the client receiving pharmacological therapy	1.D.7.2.1 Oral and topical medications, injections and inhalants, insert IV catheters and administer IV fluids and medications in accordance with regulations and standards and in accordance with the client care plan 1.D.7.3.1 Follows up with client to assess for side effects. 1.D.7.3.2 Discusses resolution of symptoms/diagnosed problem. 1.D.7.3.3 Re-assesses to make medication adjustments as required, order tests of cure, order further testing as appropriate. 1.D.7.3.4 Adjusts care plan and communicate with other health care providers as appropriate
1.D.8. Provides a safe birthing environment within all applicable settings	1.D.8.1 Organizes the birth environment to minimize client stress and facilitates the physiology of labour and birth	1.D.8.1.1 Physical space, equipment, supplies, setup, lighting, temperature, sounds, number of people present, communications, emergency access 1.D.8.1.2 Reviews planned place of birth at the initial labour assessment and throughout labour to ensure continued safety and adjusts plans accordingly in conjunction with the client. 1.D.8.1.3 For out-of-hospital births: Implement care plan for planned home birth in accordance with client's wishes. Ensure that all supplies, equipment and medications are present, not out of date and in good working order. Arrange supplies, equipment and medications to facilitate ease of use if and when

		needed. Ensure Second Attendant birth assistance is available in compliance with provincial/territorial guidelines and community standards. 1.D.8.1.4 For hospital births: Ensure that all needed supplies, equipment and medications are present in the birthing room, and easily accessible. 1.D.8.1.5 Communicates with nursing and consultant staff to facilitate implementation of the care plan according to the client's wishes.
1.D.9. Applies relevant infection prevention and control principles and standards	1.D.9.1 Demonstrates application of knowledge of infection prevention and control principles and standards	1.D.9.1.1. Principles of aseptic technique in correct situations (handling sterile equipment and supplies, opening sterile field, conducting sterile procedures etc.) 1.D.9.1.2 Principles and techniques of infection prevention when handwashing, donning and doffing PPE, preparing medications for administration, preventing droplet transmission/contamination (e.g. coughing and sneezing) 1.D.9.1.3 Principles of infection prevention when discarding biohazardous materials and sharps, and cleaning high-touch areas
1.D.10 Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations	1.D.10.1 Reviews consultations and/or referral recommendations with the client and integrates into plan of care as appropriate	1.D.10.1. Reviews assessment and decision-making with client prior to initiating consultation, referral or transfer of care 1.D.10.1.2 Use SBAR or similar tool to ensure inclusion of all relevant data and recommendations when communicating with other care providers to request a consultation, referral or transfer of care

1.E. Population Health		
1.E.1. Recognizes the human rights of clients seeking care	1.E.1.1. Treats all clients with dignity and provides care in an unbiased manner	1.E.1.1.1 Cares without discrimination based on race, national or ethnic origin, colour, religion, age, sexual orientation, gender identity/expression, marital status, disability, etc. 1.E.1.1.2. Uses gender-inclusive language
1.E.2. Supports clients to address determinants of health that affect them and their access to health services and resources	1.E.2.1. Offers support based on client needs, preferences and community resources 1.E.2.2. Forms individual, personalized care plans that include these considerations	1.E.2.1.1 Socioeconomic considerations (food availability, transportation) 1.E.2.1.2 Education/literacy (provision of information to support various learning styles/needs such as written and visual materials) 1.E.2.1.3 Cultural values surrounding pregnancy, birth and postpartum
1.E.3. Uses evidence and collaborates with community partners and other health care providers to optimize the health of clients	1.E.3.1. Offers referrals to community resources 1.E.3.2. Maintains client confidentiality	1.E.3.1.1 Community resources for immunization, public health, etc. 1.E.3.2.1 Client privacy is respected and confidentiality protected to the greatest extent permitted by law
1.F. Reproductive and Sexual Health		
1.F.1. Delivers contraceptive counselling, with provision based on jurisdiction	1.F.1.1 Provides information and supports client's decision.	1.F.1.1.1 Natural family planning, barrier methods, oral contraceptives, vaginal ring, contraceptive patch, intrauterine devices, injectable contraception, subdermal implants, sterilization counselling, emergency contraception

	1.F.1.2 Assesses, informs and advises clients on issues of human sexuality, fertility and pregnancy, and refers where appropriate	
1.F.2. Offers abortion counselling, with provision based on jurisdiction	1.F.2.1 Supports clients seeking termination of pregnancy and make referrals when requested 1.F.2.2. Post-abortion care	1.F.2.1.1 Medical vs. surgical methods 1.F.2.1.2 Referral sources differ depending on indication (e.g. fetal anomaly/infection, selective reduction (pregnancy of multiples), parental choice) 1.F.2.1.3 Alternative resources including adoption
1.F.3. Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach	1.F.3.1 Acknowledges the role trauma may play in the individual's life 1.F.3.2 Incorporates culture, gender, inclusivity, diversity and sexual abuse factors involved in client and family responses to childbearing 1.F.3.3 Creates a safe environment for client disclosure; advocates for client with other care providers; counselling referrals; community resources for clients in crisis 1.F.3.4. Is aware of duty to report legislation	1.F.3.1.1 Offer strategies to minimize recurring trauma with physical components of care (e.g. vaginal exams, pap smears) 1.F.3.1.2 Pain management considerations in labour
1.F.4. Screens and tests for reproductive cancers	1.F.4.1 Educates the client about reproductive cancers and signs and symptoms of pathology	1.F.4.1.1 Screening for breast cancer (teaching clients how to perform self breast exam, offering breast exam as part of client physical exam when appropriate) and cervical cancer (pap smear)

	1.F.4.2. Performs screening examinations	1.F.4.1.2 Educate client, as appropriate, about other reproductive cancers (ovarian, uterine, vaginal, vulvar)
1.F.5. Provides sexual health education	1.F.5.1 Educates client on sexual health, healthy relationships and reproductive health 1.F.5.2. Communicates considerations specific to a client's pregnancy, birth, or postpartum experience and their potential future impact 1.F.5.3. Provides referrals to other resources as relevant (e.g. pelvic physiotherapy)	1.F.5.1.1 Sexual health: Sex in pregnancy, safe sex practices, dyspareunia, changes in libido, indications for avoiding intercourse (e.g. placenta previa), pelvic health education (including exercises and resources), sex after childbirth/perineal trauma, mild uterine/bladder prolapse symptoms 1.F.5.1.2 Healthy relationships: communication strategies 1.F.5.1.3 Reproductive health: interdelivery interval considerations (e.g. post-cesarean)
1.F.6. Provides sexually transmitted infections counselling, diagnosis, and treatment, as appropriate	1.F.6.1 Offers counselling in a non-judgmental and inclusive manner	1.F.6.1.1 Chlamydia, gonorrhoea, syphilis, trichomoniasis, HPV (genital warts, abnormal pap), genital herpes, hepatitis A/B/C, HIV, pubic lice, scabies, bacterial vaginosis 1.F.6.1.2 Pregnancy risks: miscarriage, low birth weight, preterm birth; Neonatal risks: neonatal infections

	1.F.6.2. Facilitates referrals for treatment if outside the midwife's scope of practice 1.F.6.3. Knowledge of potential pregnancy and neonatal risks associated with STIs	