

# MIDWIFERY STANDARDS OF PRACTICE

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COLLEGE OF MIDWIVES OF MANITOBA

With thanks to the College of Midwives of Ontario

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## Introduction

The Midwifery Standards of Practice (“Standards of Practice”) describes what is expected of all midwives registered with the College of Midwives of Manitoba (“CMM”).

The Standards of Practice set out the CMM’s minimum requirements regarding your practice and conduct, and helps you achieve the best outcomes for your clients and the public.

All midwives involved in client care hold the role of a trusted professional. There are duties arising from this role and obligations owed to others, including your clients, the public, your colleagues, other health care providers, students, educational institution and your regulator.

It is your responsibility to be familiar with and comply with the Standards of Practice. You must use your judgment in applying the principles to the various situations you will face as a midwife. While no standard can foresee or address every issue or ethical dilemma which may arise throughout your professional career, your decisions, and actions must be justifiable.

You must always act in accordance with the law. The Standards of Practice is not a substitute for legislation and regulations that govern the midwifery profession in Manitoba. If there is any conflict between the Standards of Practice and the law, the law prevails.

Midwives provide care in a variety of settings including homes, clinics, hospitals, and birth centres, so you must also be aware of, and work in accordance with, the rules set by each of the locations where you practise, including institutional policies and procedures, and community standards. When those institutional policies and procedures in your community standards are less stringent than, or contradict the Standards of Practice, you must comply with the Standards of Practice. In addition to the Midwifery Standards of Practice, the CMM has approved other written standards, which are available on the [CMM's website](#).

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## The Principles

Six (6) mandatory principles form the Standards of Practice. These principles define the fundamental standards of practice that the CMM expects all practices and individual midwives to meet when providing midwifery services. The standards are not negotiable or discretionary. You must be able to demonstrate at all times that you work in accordance with the principles and standards set out in the Standards of Practice. A failure to maintain a standard of practice of the profession may amount to professional misconduct.

You must practise according to the standards expected of you by:

- Demonstrating professional knowledge and practice
- Communicating effectively
- Providing person-centered care
- Demonstrating leadership and collaboration
- Acting with integrity
- Being committed to self-regulation

### Structure of the Standards of Practice

The Standards of Practice are divided into six (6) principles. Each principle includes a definition of the principle and a set of standards. The standards describe what midwives must achieve for compliance with the relevant principle.

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## Professional Knowledge and Practice

Professional knowledge and practice focuses on developing and maintaining the knowledge and clinical skills necessary to provide high quality care to clients. All midwives practising in Manitoba must possess the knowledge, skills, and judgment relevant to their professional practice. They must exercise good clinical and professional judgment to provide safe and effective care. Midwives must be committed to an ongoing process of learning, self-assessment, evaluation, and identifying ways to best meet client needs.

To demonstrate professional knowledge and practice, you must meet the following standards:

1. Work within the boundaries of the *Midwifery Act* and *Regulation* related to scope of practice and authorized laboratory tests, drugs, devices and invasive procedures ([Schedules A, B, and C](#) of the *Midwifery Regulation*).
2. Support a practice environment that supports compliance with relevant legislation, regulations, policies, and standards governing the practice of midwifery.
3. Be competent in all areas of your practice.
4. Know, understand, and adhere to the standards of the profession and other relevant standards that affect your practice.
5. Maintain contemporaneous, accurate, objective, and legible records of the care that was provided during client care.
6. Offer treatments and care plans based on the current and accepted evidence, and the resources available.
7. Ensure assessment is ongoing and modify midwifery care accordingly.
8. Educate clients on expected outcomes and reasons to call the midwife.
9. Order tests or prescribe medications only when you have adequate knowledge of clients' health and are satisfied that tests and medications are clinically indicated.
10. Ensure that every birth attended as the most responsible provider is also attended by a qualified second birth attendant.
11. In an emergency, take responsibility for care of the client and newborn until transfer of care occurs.
12. Maintain, carry, and demonstrate correct use of supplies and equipment necessary for safe care in your practice setting.
13. Incorporate infection prevention and control in accordance with current legislation and best practices, including:
  - 13.1. Appropriate assessment of the level of infection prevention and control required.
  - 13.2. Appropriate disposal of biohazardous material.
  - 13.3. Reporting communicable diseases.
14. Continuously monitor and make efforts to improve the quality of your practice using reflection, and client and peer feedback.
15. When you are also a member of another regulated profession and are acting in this capacity:
  - 15.1. Inform clients if any part of a proposed service or treatment is outside the scope of midwifery practice or will be administered outside your role as a midwife.
  - 15.2. Maintain midwifery records separate from the records for the practice of the other profession.

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- 15.3. Inform clients that they are not obligated to receive care from you in your capacity as another regulated professional.
  16. Appropriately supervise students and peers whom you have a duty to supervise by:
    - 16.1. Role modelling integrity and leadership.
    - 16.2. Facilitating their learning and providing opportunities for consolidating knowledge.
    - 16.3. Providing honest and objective assessments of their competence.

## Communication

Midwives are accountable and responsible to use professional communication. To demonstrate professional communication, you must meet the following standards:

17. Communicate and share information related to the midwifery philosophy, model, scope, role and standards with the client, other health-care providers and the public.
18. Communicate effectively with clients by:
  - 18.1. Providing clear information about the health care options available, including information about what the client may experience during the health care encounter.
  - 18.2. Listening to clients and ensuring information is communicated in a way that the client can understand.
  - 18.3. Confirm plan of care with the client.
19. Communicate and collaborate with the client and other team members in a timely manner to promote continuity and the delivery of safe, competent, and ethical care.
20. Identify barriers to clear communication (e.g. language) and take steps to manage them.
21. Demonstrate skill in written and/or electronic communication that promotes quality documentation and communication between team members.

## 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 needs, values, and preferences. Working with individuals in partnership, person-centered care offers high-quality care provided with compassion, respect, and trust.

To achieve person-centered care, you must meet the following standards:

22. Develop and/or follow a reasonable and transparent client intake process.
23. Advocate for health access and equity for individual clients and/or for specific client populations.
24. Demonstrate cultural safety and humility by respecting diversity and individual differences
25. Treat clients and their families with respect, empathy and compassion by:
  - 25.1. Acknowledging the client's cultural identity.
  - 25.2. Listening to and seeking to understand the client's lived experiences.
  - 25.3. Being open to learning from the client and others.
  - 25.4. Caring for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
26. Take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

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27. Facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.
  28. Foster autonomy by:
    - 28.1. Respecting, promoting, and supporting the client's right to be active participants in their course of care and that of their newborns.
    - 28.2. Respecting the degree to which the client wants to be involved in decisions about their care.
  29. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by:
    - 29.1. Providing professional judgment, best available evidence, and information on community practices
    - 29.2. Advising clients about the nature of any proposed treatment, including the expected benefits, material risks and side effects, alternative courses of action, and likely consequences of not having the treatment
    - 29.3. Making efforts to understand and appreciate what is motivating clients' choices
    - 29.4. Allowing clients adequate time for discussion and decision-making
    - 29.5. Ensuring treatment is only provided with the client's informed and voluntary consent unless otherwise permitted by law
    - 29.6. Supporting clients' rights to accept or refuse treatment
    - 29.7. Encouraging and facilitate the client's own research and knowledge gathering, honouring other ways of knowing and doing
    - 29.8. Facilitating the involvement of the client's family and others (e.g., community, Elders and interpreters) as needed and requested.
  30. Ensure clients have 24-hour access to midwifery care throughout pregnancy, birth, and postpartum or, where midwifery care is not available, to suitable alternate care known to each client.
  31. Provide clients with a choice between out of hospital and hospital births.
  32. Provide care during labour and birth in the setting chosen by the client as per clinical indications.
  33. Take reasonable steps to provide care in the early postpartum in the setting chosen by clients.
  34. Coordination of ongoing postpartum visits must consider the benefits of frequent midwifery postpartum care, the clinical situation, antepartum history, intrapartum history, the socioeconomic, cultural, psychological and environmental circumstances, and as such should be tailored to the needs of the individual family.
  35. Ensure that your personal biases do not affect client care by discussing as necessary with the client and consulting with colleagues to find mutually satisfying solutions.
  36. Clearly state when your professional judgment conflicts with the decision or plans of the client.
  37. Support continuity of care by:
    - 37.1. Developing an ongoing relationship of trust with clients.
    - 37.2. Developing a common philosophy and a consistent, coordinated approach to practice with members of your team
    - 37.3. Taking reasonable steps to coordinate on-call groups in a manner that provides opportunity for clients to establish relationships with all members of the team.
    - 37.4. Identifying and making reasonable efforts to accommodate the unique needs of your client population.

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## Collaborative Care and Leadership

Collaborative care and leadership requires that you work both independently and together with midwives, and other regulated and unregulated health care providers in relationships of reciprocal trust. Collaborative care and leadership demands that midwives work with clearly defined roles and responsibilities in all health care settings and when in health care teams. Communication, cooperation, and coordination are integral to the principle of collaborative care and leadership.

To demonstrate collaborative care and leadership, you must meet the following standards:

38. Be accountable and responsible for clients in your care and for your professional decisions and actions.
39. Establish and work within systems that are clear to clients whether you are a sole practitioner, part of a primary care team of midwives, or a member of an interprofessional care team by:
  - 39.1. Providing clients with information regarding practice partners, on call group and continuity of care.
  - 39.2. Ensuring appropriate coordination of each client's and newborn's care.
  - 39.3. Developing and following a consistent plan of care.
  - 39.4. Practising with clearly defined roles and responsibilities based on scopes of practice.
  - 39.5. Ensuring that the results from all tests, treatments, consultations, and referrals are followed-up and acted upon in a timely manner.
  - 39.6. Providing complete and accurate client information to other team members at the time care is handed over to them.
  - 39.7. Taking reasonable steps to ensure that a midwife or another care provider known to the client is available to attend the birth.
  - 39.8. Assuming responsibility for all the care you provide
40. Collaborate with the most responsible provider (MRP), after a transfer of care, to provide care that best meet the needs and requests of the client.
41. Coordinate client care with other providers when an alternative to midwifery care is requested.
42. Inform and/or refer the client and their family of available community support networks.
43. Consult with or transfer care to another care provider when the care a client requires is beyond the midwifery scope of practice or exceeds your competence, unless not providing care could result in imminent harm.
44. Provide complete and accurate client information to the consultant at the time of consultation or transfer of care.
45. Ensure that clients and health care providers know who the MRP is throughout the client's care, including when there are delegations, consultations, and transfers of care and that this information is documented in the chart.
46. Be accountable for your decisions to delegate and follow standing orders or accept delegations of tasks or procedures by:
  - 46.1. Accepting only standing orders, delegated tasks or procedures that you are competent to perform.
  - 46.2. Delegating tasks or procedures only when you have assessed the needs of the client.
  - 46.3. Delegating tasks or procedures only to individuals whom you know to be competent to carry out the delegated task, and who are authorized to accept the delegation.



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- 46.4. Delegating only those tasks or procedures you are authorized and competent to perform.
  - 46.5. Ensuring you are available for consultation and monitor the outcome of the delegation.
  - 46.6. Never delegating a task or procedure delegated to you by another health care provider (sub-delegation) and never accepting delegation from an individual who has been themselves been delegated to.
  - 46.7. Ensuring the client has provided informed consent to administration of the standing order or the performance of the delegated task.
  - 46.8. Documenting in the client record who you received the standing order or delegation from or to whom you delegated, and the tasks or procedures that have been delegated.
  47. Ensure appropriate records are provided to the receiving care provider at time of discharge.
  48. Support growth of midwifery practice and knowledge.
  49. Participate in activities that advances the profession's contribution to excellence in maternity care.

## Ethical Practice

Ethical practice is a fundamental quality of any member of the midwifery profession. Every midwife has a duty to practise with integrity, with the best interest of their clients as paramount. Integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife-client relationship, and maintain the reputation and values of the profession.

To demonstrate Ethical Practice, you must meet the following standards:

50. Practise in accordance with the values outlined in the [Philosophy](#) and [Code of Ethics](#).
51. Distinguish digital technology/applications that enhance midwifery practice from those that breach practice expectations, practice standards or the Code of Ethics in order to only appropriately use technology/ applications (e.g. social media).
52. Ensure that information you publicize about your practice or any other person's practice is accurate and verifiable.

## Commitment to Self-regulation

Self-regulation is the authority, delegated from the government to the members of the profession, to govern their profession. Commitment to self-regulation demands that midwives demonstrate personal responsibility by diligently fulfilling their duties owed to others, including their clients and the public, other midwives, midwifery students, and the CMM. As self-regulated professionals, midwives must uphold the standards and reputation of the profession, protect and promote the best interests of clients and the public, and collectively act in a manner that reflects well on the profession.

To demonstrate commitment to self-regulation, you must meet the following standards:

53. Co-operate fully with all CMM procedures. This duty applies to:
  - 53.1. investigations of your practice and the practice of others
  - 53.2. practice assessments and audits
  - 53.3. any other proceedings before the CMM.
54. Know, understand, and comply with mandatory reporting obligations and notification requirements.
55. Respond promptly to CMM correspondence that requires a response.
56. Do not discourage or prevent anyone from filing a complaint or raising a concern against you.

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57. Provide appropriate information to your clients about how the midwifery profession is regulated in Manitoba, including how the CMM's complaints process works.
  58. Establish and/or participate in a system to deal with clients' expressed concerns promptly, fairly, and openly.

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## Definitions

The Glossary comprises a set of defined terms which are used in the Professional Standards. The Glossary may also contain commentary and interpretation.

### Act

An Act (or statute) is a written bill which has passed through the required legislative steps and which has become law. An Act is established to provide rules that courts may apply to specific situations. A statute may forbid a certain act, direct a certain act, make a declaration, or set forth governmental mechanisms to aid society. An Act is debated and proclaimed publicly. The *Midwifery Act* is the legislation that sets out the midwifery scope of practice and authorized activities, as well as provisions on title protection and Council composition.

### College/CMM

The College of Midwives of Manitoba as established under the *Midwifery Act*.

### Conflict of interest

A situation that arises when a midwife, entrusted with acting in the best interests of a client, also has professional, personal, financial or other interests, or relationships with third parties which may undermine the midwife's professional judgment and affect their care of the client.

### Confidentiality and Privacy

Means complying with the legal and professional duty to maintain the confidentiality of clients' personal health information and protecting that information from inappropriate access. [The Personal Health Information Act](#) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access.

### Consultation

A discussion with another professional (e.g., a physician) who has a particular area of expertise for the purpose of seeking clinical advice.

### Delegation

A process where a regulated health professional (the delegator) who is authorized to perform an act, designates that authority to someone else (delegatee) who is not authorized to perform that act. When an act is delegated, both the delegator and the delegatee are accountable. Delegation is carried out by either a direct order or a medical directive/standing order. A direct order provides the delegatee with authority to carry out a medical procedure on one specific client and occurs after the client has been assessed by the delegator. A direct order can be written or verbal and provides the details required for the delegatee to carry out the procedure. A medical directive/standing order provides authority to carry out a medical procedure or series of procedures for any client as long as clinical conditions set out in the directive exist and are met. Medical directives/standing orders are written in advance.

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## Early postpartum

The time period from birth to 7 days after birth.

## Informed Choice

Informed choice is a collaborative exchange of information between a midwife and client that supports decision-making in clinical care. Informed choice is an interactive, collaborative process that involves the promotion of shared responsibility between the midwife and the client, with the client as the primary decision-maker. Working with individuals in partnership, person-centered care offers high-quality care provided with compassion, respect, and trust.

## Mandatory reporting obligations

A statutory responsibility to report relevant matters to the College or other authorities.

## Most responsible provider (MRP)

A midwife or another health care provider who holds overall responsibility for leading and coordinating the delivery and organization of a client's care at a specific moment in time.

## Notification requirements

A requirement to provide information to the College in accordance with the Midwifery Regulation, CMM Bylaw and Policies.

## Philosophy and Model of Care

These documents are broad frameworks that provide the underlying framework that is the basis all of our documents, both clinical and operational.

## Policy

A policy guides the administrative process of an organization. Policies govern the conduct, responsibilities and expectations of the CMM and its members. A policy provides a framework for planning and decision-making for staff. A policy has the weight of disciplinary action if there is non-compliance. Policies evolve according to the values of the organization. CMM Policies are approved by the Council of the College

## Regulation

A regulation is delegated legislation, it must have an Act which enables it. It is made by a person or body under the authority of an Act passed by the Legislature. A Regulation is a law which supports an Act in further detail. The process for amending a regulation is usually shorter than the process for amending an Act/statute. The *Midwifery Act* gives the CMM the authority to develop regulations that establish various kinds of obligations for members (e.g. registration requirements, etc.). Any regulation that is developed by the CMM must be approved by a vote of membership. A proposed regulation is also reviewed by other stakeholders, the Minister of Health, a provincial government cabinet committee, and finally it must be signed into law by the Lieutenant Governor in Council.

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### Second attendant

Has the same meaning as in the Standard on the Use of a Second Attendant.

### Self-regulation

The profession is provided the legal authority and responsibility to establish and enforce entry requirements, standards for practicing the profession and protection of the public.

### Standard

A Standard sets the minimum expectations that must be met by any midwife. Standards must be measurable and achievable and must also clearly articulate the requirements to be met. Standards of practice are approved by the Council of the College.

### Transfer of Care

means the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.