

MIDWIFERY SCOPE OF PRACTICE

International Definition of the Midwife

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of Practice

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice 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 mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

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

Revised and adopted by ICM Council June 15, 2011

Scope of Midwifery Practice in Nova Scotia

The Nova Scotia Midwifery Act, section 2 (i), defines the practice of midwifery as:

- (i) the assessment and monitoring of the health of a mother and her baby during pregnancy, labour and the postpartum period,
- (ii) the provision of care in the normal course of pregnancy, labour and the postpartum period,

- (iii) the management of vaginal deliveries,
- (iv) the ordering and interpreting of screening and diagnostic tests and the recommending, prescribing or re-ordering of drugs restricted to actual delivery and care, blood products and paraphernalia respecting the provision of care in the normal course of pregnancy, labour and the post-partum period, and
- (v) invasive procedures restricted to actual delivery and care, as prescribed by regulations,

either within or outside of a hospital setting; and research, education, consultation, management, administration, regulation, policy or system development relating to subclauses (i) to (v).

The Nova Scotia Midwifery Act, section 31, further specifies that a midwife shall:

- a) identify conditions in a mother and her baby that necessitate consultation or referral to a physician or other health care professional, in accordance with standards approved by the Council;
- b) consult with a physician regarding any deviations from the normal course of pregnancy, labour, delivery and the post-partum period, in accordance with the standards approved by the Council;
- c) transfer responsibility for care if the consultation under clause (b) determines that management by a physician is required, in accordance with the standards approved by the Council; and
- d) continue to provide midwifery care in collaboration with a physician when primary responsibility for care has been transferred under clause (c), to the extent that is agreed to by the physician, the midwife and the mother.

According to the Regulations Respecting Midwifery, section 2 (1) (d), the “clinical practice of midwifery” means the provision of antepartum, intrapartum, postpartum and newborn care as a primary care provider.

In accordance with the Nova Scotia *Midwifery Act* and Regulations, midwives with an active-practising (clinical) licence or a provisional (clinical) licence have the necessary competencies and qualifications to provide the complete course of low-risk prenatal, intrapartum, postnatal and newborn care, including physical examinations, screening and diagnostic tests, the prescription of certain medications and the conduct of vaginal deliveries. As primary care providers, midwives may be the first point of entry to maternity services and are fully

responsible for clinical decisions and the management of care within their scope of practice. This responsibility includes identifying abnormalities and conditions that require consultation or referral to specialists or other health professionals.

Approved by the MRC on March 18, 2009
Amended by the MRC on September 11, 2014