

SCREENING AND DIAGNOSTIC TESTS

A midwife may order, perform, collect samples for and interpret the report of the screening and diagnostic tests listed below for their clients in the community, hospital or other sites of midwifery practice. This list is inclusive. Midwives may not order any other tests than the ones listed below.

Midwives are expected to recognize circumstances when it is appropriate to order diagnostic tests that are normally associated with low risk maternity/newborn care. Midwives will consult appropriately with physicians when test results indicate pathology and when the care or follow-up required falls outside of their scope of practice, in accordance with MRC policy *Indications for Discussion, Consultation and Transfer of Care*. Midwives may also order the tests listed below for women for whom primary care is shared with a consultant, or for whom care may be transferred to a consultant based on the findings.

1. A midwife may order, collect samples for and interpret the report of the following screening and diagnostic tests:

(a) for a woman:

- (i) chemistry: blood glucose (including tests for the screening and diagnosis of gestational diabetes), urinalysis (routine and microscopic), 24 hour urine for protein, ferritin, B12, thyroid stimulating hormone (TSH), T3 and T4, maternal serum testing, BUN, liver function (ALT, AST, LDH, bilirubin), creatinine, electrolytes, uric acid;
- (ii) cytology: cervical smears (Pap tests);
- (iii) haematology: hemoglobin, hematocrit, white blood cell count with differential, red blood cell morphology, platelet count, sickle cell solubility, Prothrombin (PT) or International Normalized Ratio (PT-INR), Activated partial thromboplastin time (aPTT), β human chorionic gonadotropin;
- (iv) microbiology:
 - (A) testing for Group B streptococcus, gonorrhoea, chlamydia, yeasts, trichomonas, and bacterial vaginosis;
 - (B) urine for culture and sensitivities;
 - (C) swabs for culture and sensitivities (e.g. wounds, episiotomies);

(D) wet preparation (for fungus, trichomonas, parasites);

(E) viral swabs (e.g. herpes)

- (v) serology/immunology: blood group and type with antibody screen, repeat antibody testing, Kleihauer-Betke, hepatitis, human immunodeficiency virus antibody, rubella antibody, toxoplasmosis antibody, syphilis serology, cytomegalovirus antibody, HSV antibodies IgG and IgM, parvovirus B19 serology including anti-B19 IgG and IgM, varicella-zoster serology IgG and IgM;

(b) for a newborn:

- (i) hemoglobin, hematocrit, white blood cell count with differential, blood type and Rh factor, neonatal metabolic and endocrine screen, glucose, electrolytes, Coombs, and bilirubin;
- (ii) microbiology samples: cord and eye, ear and nose

2. A midwife may order, perform and interpret the results of the following screening and diagnostic tests:

- (a) urine (dip stick analysis);
(b) pregnancy test (urine);
(c) blood glucose: adult and newborn (stix method);
(d) hemoglobin (finger prick method);
(e) nitrazine amnio-test, ferning test (amniotic fluid);
(f) non-stress test;
(g) fetal fibronectin;
(h) external and internal fetal monitoring

3. A midwife may order and interpret the report of any comprehensive or limited ultrasound examination during pregnancy, early postpartum, or post pregnancy loss and for newborn screening of kidneys.

4. A midwife may order, collect samples for and interpret the report of a test to confirm the blood type of a father/donor.

Approved by the MRC on April 8, 2009

Amended by the MRC on September 11, 2014