

Framework for Midwife Certification in Intrauterine Contraception Insertion

Registered Midwives in Nova Scotia provide primary care throughout the perinatal, intrapartum and postnatal period, including the provision of contraceptive services for three months following childbirth. The Midwifery Regulatory Council of Nova Scotia (MRCNS) requires that registered midwives have knowledge of methods of birth control and family planning and the ability to counsel in the choice and use of contraceptive methods.

Registered Midwives must obtain specialized training from a MRCNS approved course for inserting intrauterine contraception (IUC). This may be obtained through a course or program established or approved under the authority set out in the Bylaws for the Midwifery Regulatory Council of Nova Scotia that meets the requirements set out in this framework.

Limitations

A midwife with specialized practice certification in this competency area may only prescribe or insert IUC post termination or miscarriage or within the post pardon period following childbirth with a person in their care.

Certification

Note: A MRCNS specialized practice certification in hormonal contraceptive therapy is required prior to undertaking and obtaining specialized practice certification in intrauterine contraception insertion.

The process for specialized practice certification in IUC insertion includes completion of a certified online education module and a program of supervised clinical practice.

The clinical practice portion must take place under the supervision of an experienced health care practitioner with intrauterine contraception insertion authority.

Upon successful completion of the education module and program of supervised clinical practice, proof must be submitted to MRCNS. Where competence in this area of specialized practice has been acquired in a jurisdiction outside of Nova Scotia, the registrant must submit proof of certification to MRCNS to be approved by the registrar. Specialized practice certification must be received by the registrant prior to practice in this competency area.

Training for specialized Practice must include all six of the following:

Demonstration of theoretical and practical knowledge of inserting IUC including:

- 1) the knowledge necessary for the safe assessment, insertion, and management of IUC;
- 2) knowledge of indications and contraindications, the mechanisms of action and potential side effects of IUC;
- 3) conducting a comprehensive sexual health assessment that includes cultural considerations, including a focus on the socio-economic determinants of health;
- 4) determining and prescribing the appropriate IUC for an individual client;
- 5) providing the client with proper information and instruction for use and appropriate cautions regarding risks, side effects and when to see a health care provider for follow-up;
- 6) the knowledge to assess for and recognize symptoms and signs of endometritis, expulsion and normal adjustment reaction to a new IUC such as bleeding and cramping and signs and symptoms requiring consultation with or referral to a medical practitioner.

Recertification

Evidence-based continuing education programs are a necessary component for updating practitioners' knowledge and skills. Certified prescribers are expected to keep up to date with the latest evidence relevant to IUC. Should a midwife feel their skills are in need of updating, it is recommended that they recertify as part of their Quality Assurance Program. However, no official recertification is needed, unless directed by the Registrar.

References

Weir, Erica, 2003, Preventing pregnancy: a fresh look at the IUD. *Canadian Medical Association Journal*. Vol. 169, no. 6, p. 585

Jordan, B., Espey, E. and Godfrey, E.M., 2010, Improving patient care and reducing unintended pregnancy: translating new guidelines into effective practice. *Contraception*. Vol. 82, no. 1, p. 1- 2. DOI 10.1016/j.contraception.2010.04.001.

Society of Obstetricians and Gynaecologists of Canada, 2012, Clinical Practice Guidelines: Emergency Contraception. *Journal of Obstetrics and Gynaecology Canada*. Vol. 280, no. 2012, p. 870-878.

Taylor, D., Levi, A. and Simmonds, K., 2010, Reframing unintended pregnancy prevention: a public health model. *Contraception*. Vol. 81, no. 5, p. 363-366.
DOI 10.1016/j.contraception.2010.01.023.

Willowclinic.ca, 2010, Willow Women's Clinic. [online]. Available from: <http://www.willowclinic.ca>.

World Health Organization & Johns Hopkins Bloomberg School of Public Health, 2005, *Decision- making tool for family planning clients and providers* [online]. Sexual and Reproductive Health.
Available from:
http://www.who.int/reproductivehealth/publications/family_planning/9241593229/en/