

Midwifery Scope of Practice - Midwifery Regulatory Council of Nova Scotia

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Introduction

The role of the Midwifery Regulatory Council of Nova Scotia (MRCNS) is to ensure that midwifery services provided to the public are delivered in a competent, safe and ethical manner by Registered Midwives. Part of this involves ensuring that Registered Midwives and the public understand the scope of practice of this profession.

This document intended for use by midwives and their interprofessional colleagues including physicians, nurses, respiratory therapists, and pharmacists as well as by health care organizations that oversee institutions where midwives practise. This document is also intended to help midwifery clients and the general public understand the spectrum of care midwives may provide.

The midwifery model of practice in Nova Scotia is autonomous, community-based primary care, and incorporates the principles of continuity of care, informed choice, choice of birth setting, collaboration, accountability, ethics and evidence-based practice.

Rationale for revision

Historically, like other health care providers, midwives' scope of practice is determined by a list of activities midwives have the legislated authority to perform. These lists and categories became problematic to manage and update, and inhibited midwives from carrying out the latest evidence-based interventions when needed, often in high-risk situations with clients.

Midwifery practice cannot be determined by identifying tasks and listing activities they can and cannot perform. As primary autonomous health care providers, midwifery practice is too complex and multifaceted to be reduced to lists of tasks and procedures.

Evidence based midwifery practice supports identifying and understanding their practice in terms of competencies, - skills, knowledge, judgement required to deliver safe, competent and ethical care to clients.

Revised Midwifery Scope of Practice

Registered midwives in Nova Scotia, in accordance with the law, are primary health care providers who provide clinical care in a variety of practice settings to client populations with diverse sexual and reproductive health and childbearing needs, as well as care to infants up to one year of age.

Midwives provide evidence-based prenatal, intrapartum and postpartum care for clients and their infants for the purpose of maintaining optimal health **as well as sexual and reproductive health care outside pregnancy**, Specifically, they:

- a. Formulate clinical decisions.

- b. Complete client-based clinical assessments, including ordering, performing and interpreting screening and diagnostic tests.
- c. Develop individualized care plans in consultation with client and other health care professionals.
- d. Perform therapeutic interventions, including prescribing, ordering and administering medications and therapeutic agents.
- e. Support health outcomes of populations and reduce health inequities.
- f. Support client's reproductive and sexual health.

Midwives apply their full competenciesⁱ, knowledge, skills and judgment to provide sexual and reproductive health care to their clients. For each client, under their own responsibility, midwives provide a continuum of services based on client needs. Midwives practice in a range of settings, including clinics, clients' homes, hospitals, and other community-based settings. In all settings, midwives remain responsible and accountable for the care they provide.

Practising to the full legislative scope requires that midwives have the necessary competencies to do so. As primary care providers and regulated healthcare providers, midwives are responsible for determining the limits of their own experience and competence.

Midwives can work under delegation if necessary to provide care outside the scope of practice when granted the authority to do so by another regulated health professional with that authority.

Midwives may also have "expanded scope of practice" to provide additional services within the scope of practice of the regulated health profession, after completing supplementary education approved by the MRCNS for that purpose.

The title Registered Midwife 'R.M.' is protected in Nova Scotia, therefore only Registered Midwives who demonstrate the education and competencies and meet the regulatory requirements of MRCNS can be licensed as an R.M. and use this title.

Full Scope of Practice

Working to full scope of practice means that midwives are enabled to apply their full competencies within the current regulatory framework. As regulated primary care providers, midwives determine the limits of their own competence.

A midwife's competence can change throughout their career and new competencies may be gained by engaging in professional development activities. Equally, a midwife can lose competencies if they have not delivered certain elements of care for an extended period of time. In all situations midwives must be competent in all aspects of care they are providing, or they must consult with, or transfer care of the client to another provider.

ⁱ Canadian Midwifery Regulators Council. 2020. [Canadian Competencies for Midwives](#).