

MIDWIFERY REGULATION IN CANADA (2010)

In 1994 Ontario was the first Canadian province to regulate the profession of midwifery and integrate midwives into the health care system. Today, midwifery regulation is in place or in development in all but two provinces and one territory (Table 1). The number of midwives across the country has doubled since 2003 and is continuing to grow rapidly. More than 90 new midwives are expected to be eligible for registration in Canada in 2010.

In each province or territory, a regulatory College or Board is responsible for registering competent, qualified midwives and establishing, monitoring and upholding standards of practice and professional ethics. These regulatory authorities have the legislated duty to regulate the profession in the public interest. The Canadian Midwifery Regulators Consortium (CMRC) was formed in 2001 with a mandate to facilitate interprovincial mobility and advocate for legislation, regulation and standards of practice that support access to high quality midwifery care across the country.ⁱ

Midwifery Scope of Practice

Registered midwives (RMs) in Canada provide primary maternity care during pregnancy, labour and birth and the postpartum period. As primary care providers, midwives may be the first point of entry to maternity services and are fully responsible for clinical decisions and the conduct of care within their scope of practice.

The midwifery scope of practice encompasses the complete course of antepartum, intrapartum and postpartum care for healthy pregnant women and care for normal newborn infants. This includes physical examinations, screening and diagnostic tests, prescription of certain medications, recommendation of appropriate treatments, assessment and identification of abnormal conditions, the conduct of normal vaginal deliveries and the necessary measures in obstetrical emergencies. Regulatory standards set the boundaries of midwifery practice and specify conditions that require consultation with or referral to medical specialists and other health professionals.

In certain jurisdictions and practice sites, midwifery practice includes epidural monitoring, induction for post-term pregnancy and augmentation of labour by pharmacological means, prescription or fitting of contraceptives, well woman and well baby care beyond the postpartum, and other aspects of primary care.

Midwifery regulators in some provinces are currently engaged in scope of practice reviews to amend drug schedules and expand on the authorized acts that midwives may perform. The objective is to harmonize high standards of midwifery care across Canada, reduce barriers to inter-professional collaboration and keep pace with a changing maternity care environment.ⁱⁱ

Core and Advanced Competencies

Provincial and territorial midwifery regulators define the competencies expected of entry-level midwives in their own jurisdictions. Through the CMRC, regulators have identified competencies that are common across all jurisdictions, covering antepartum care, care during labour and birth, postpartum care of the woman, care of the newborn and young infant, breastfeeding, well woman care, education and counselling, and professional, interprofessional and legal issues.ⁱⁱⁱ The Canadian Midwifery Registration Examination (CMRE) is based on these core competencies and ensures that all applicants for midwifery registration in Canada meet a common standard for entry-level competency.^{iv}

Regulatory authorities further specify advanced competencies that midwives with the necessary training and certification may perform in certain situations or practice settings. In some rural or remote communities for example, midwives work to an expanded scope and provide a broader range of services to meet the needs of the population. Definitions of advanced (versus entry-level) competencies vary according to the regulatory framework in each province and territory.

Table 1. Status of Midwifery by Province/Territory (April 2010)

Province/ Territory	Legislation/ Regulation	Public Funding	Employment Status	Remuneration	Registered Midwives *	Practising Midwives
BC ¹	1998	Yes	Independent contractor	Per course of care	184	157
AB ²	1998	Yes	Independent practitioner	Per course of care	50	48
SK ³	2008	Yes	Employee	Salary	7	7
MB ⁴	2000	Yes	Employee	Salary	51	40
ON ⁵	1994	Yes	Independent contractor	Per course of care	487	435
QC ⁶	1999	Yes	Employee	Salary	139	139
NB ⁷	In process	Pending	Employee (pending)	Salary	4 (pending)	1
NS ⁸	2009	Yes	Employee	Salary	10	7
PEI ⁹	None	N/A	-	-	N/A	0
NL ¹⁰	None	N/A	-	-	N/A	0
NWT ¹¹	2005	Yes	Employee	Salary	3	3
NU ¹²	2009	Yes	Employee	Salary	8 (pending)	8
YT ¹³	None	N/A	Private practice (unregulated)	Private fees	N/A	1
				TOTAL	943	846

* Registered midwives include practising and non-practising registrants.

NOTES:

1. Regulator: College of Midwives of British Columbia. RMs are independent contractors under the provincial health plan.
2. Regulator: Alberta Health Disciplines Board. RMs are independent practitioners under the provincial health plan (as of April 2009).
3. Regulator: Saskatchewan College of Midwives. RMs are employed by Regional Health Authorities in Regina and Saskatoon.
4. Regulator: College of Midwives of Manitoba. RMs are employed by Regional Health Authorities.
5. Regulator: College of Midwives of Ontario. RMs are independent contractors under the provincial health plan.
6. Regulator: Ordre des sages-femmes du Québec. RMs are employed by Regional Health Authorities/ CLSCs.
7. Regulator: New Brunswick Midwifery Regulatory Council. Regulation is expected to come into effect in 2010 with 4 funded midwifery positions in the first year.
8. Regulator: Midwifery Regulatory Council of Nova Scotia. RMs are employed by District Health Authorities (Antigonish and Bridgewater) and the IWK Health Centre (Halifax).
9. The PEI government is considering regulation.
10. The Newfoundland/Labrador government is considering regulation. Nurse-midwives employed in St Anthony and Goose Bay are regulated under nursing.
11. Regulator: NWT Department of Health. RMs are employed by Health and Social Service Authorities in Fort Smith and Yellowknife.

12. Regulator: Nunavut Midwifery Registration Committee (Department of Health and Social Services). The registration of midwives is in process; 4 RMs will work in Rankin Inlet and 4 in Cambridge Bay.
13. The Yukon government is considering regulation.

ⁱ Canadian Midwifery Regulators Consortium <http://cmrc-ccosf.ca>

ⁱⁱ College of Midwives of Ontario *Interprofessional Care Submission to HPRAC* (June 2008)
<http://www.cmo.on.ca/docs/HPRAC%20-%20Interprofessional%20Care.pdf>

ⁱⁱⁱ Canadian Midwifery Regulators Consortium *Canadian Competencies for Midwives 050505, Revised 101108*
http://cmrc-ccosf.ca/files/pdf/National_Competencies_ENG_rev08.pdf

^{iv} Canadian Midwifery Regulators Consortium, *Canadian Midwifery Registration Examination (CMRE)*
<http://cmrc-ccosf.ca/node/23>