List of Standards to be Rescinded with the Implementation of the Professional Standards for Midwives

The **Professional Standards for Midwives (Professional Standards)** is the first step in a broader review of the College standards. With the development and approval of the Professional Standards the following standards will be rescinded:

1. Ambulance Transport
2. Code of Ethics
3. Complementary and Alternative Medicine
4. Continuity of Care
5. Diagnostic Imaging
6. Epidural Monitoring and Management
7. Essential Equipment, Supplies and Medication
8. External Cephalic Version
9. Home and Out-of-Hospital Births
10. Induction and Augmentation of Labour
11. Informed Choice
12. Interprofessional Collaboration
13. Laboratory Testing
14. Midwifery Model of Care
15. Neonatal Resuscitation
16. Newborn Eye Prophylaxis
17. Nitrous Oxide-Oxygen Blends
18. Postpartum/Newborn Visits
19. Practice Communication
20. Practice Protocols
21. Prescribing and Administering Drugs (rescind guideline section only)
22. Routine Childhood Vaccinations
23. Surgical Assistant in Obstetrics
24. Twin and Breech Birth
25. VBAC and Choice of Birth Place (retain as Position Statement)

Please refer to the below table for more detailed information on standards that are recommended for rescinding later this year.

To rescind with the implementation of the Professional Standards		
Current College Standard	Rationale for rescinding	Principles in Professional Standards
Ambulance Transport Describes the requirements for midwives regarding ambulance transport for midwifery clients from an out-of-hospital setting to a public hospital	Does not set minimum standard. Refers to an MOHLTC standard which is soon to be obsolete.	Professional Knowledge and Practice & Leadership and Collaboration
Code of Ethics	All relevant provisions were added to the Professional Standards	Person-Centred Care and Integrity
Complementary and Alternative Medicine (CAM) Clarifies for midwives that they must be authorized to perform CAM therapies if they are controlled acts and that they must let clients know what their knowledge base is regarding CAM	No minimum standard of behaviour. Falls under informed choice, authorized acts	Professional Knowledge and Practice and Integrity
Continuity of Care States that midwifery care must be available to women for the full course of care and no more than 4 midwives can provide care	Prescriptive clinical standard that is difficult to follow	Person-Centred Care Leadership and Collaboration
Diagnostic Imaging States that midwives may order transvaginal and transabdominal ultrasound for their clients	Repeats regulations O. Reg. 107/96, s. 4. A member of the College of Midwives of Ontario is exempt from subsection 27 (1) of the Act for the purpose of ordering the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration

Current College Standard	Rationale for rescinding	Principles in Professional Standards
Epidural Monitoring and Management Clarifies the requirements for midwives monitoring and managing epidurals in labour	Prescriptive – it is a clinical guideline rather than a minimum standard. The relevant, non-clinical information is covered under Informed Choice, midwifery scope, delegation, orders and directives and hospital policies	Professional Knowledge and Practice Leadership and Collaboration
Essential Equipment, Supplies and Medication Provides a list of the minimum required equipment, supplies and medications necessary for the provision of midwifery care	No minimum standard of behaviour but rather a list of equipment- more of a guideline	Professional Knowledge and Practice
External Cephalic Version (ECV) Describes the requirements for midwives who perform external cephalic versions	Prescriptive and reads more like a clinical guideline rather than a minimum standard	Professional Knowledge and Practice, Person-Centred Care, and Leadership and Collaboration
Home and Out-of-Hospital Births Clarifies the CMO's expectation that midwives offer and attend home and other out-of-hospital births	Standard does not provide new information • CAM has position statement on Home Birth • AOM has Clinical Practice Guideline on offering choice of birthplace	Professional Knowledge and Practice, and Leadership and Collaboration
Induction and Augmentation of Labour Describes the requirements for midwives managing inductions and augmentations of labour for their clients	Prescriptive – it is a clinical guideline rather than a minimum standard. Covered in Informed Choice, midwifery scope, delegation orders and directives, Hospital policies/protocols	Professional Knowledge and Practice, and Leadership and Collaboration

Current College Standard	Rationale for rescinding	Principles in Professional Standards
Informed Choice Describes the requirements for midwives regarding informed choice discussions with clients	Much of the contents of this are captured under "Consent to Treatment" in the ***Health Care Consent Act*** All other relevant provisions were added to the Professional Standards	Person-Centred Care
Interprofessional Collaboration Sets the minimum standard for midwives working in interprofessional relationships	Standard provides little guidance about how to work in interprofessional relationships. Written elsewhere in Joint Position Statements (CAM, CNO and CAPWHN, CMO and CPSO). Interprofessional Collaboration requirements were strengthened and included in the Professional Standards.	Leadership and Collaboration
Laboratory Testing Tells midwives to work in accordance with Midwifery Act and the Laboratory and Specimen Collection Centre Licensing Act	Repeats **Appendix B of R.R.O. 1990 Reg. 682**	Professional Knowledge and Practice, Person-Centred Care, and Leadership and Collaboration
Midwifery Model of Care Describes the Ontario midwifery model of care including scope, philosophy, continuity of care, choice of birthplace, informed choice and two midwives at every birth	Difficult to establish a minimum standard on something as broad as a model of care Model, scope and philosophy are not a "standard". Other relevant provisions were added to the Professional Standards.	Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration

Current College Standard	Rationale for rescinding	Principles in Professional Standards
Neonatal Resuscitation Describes the requirements for performing neonatal resuscitation	Covered in the Midwifery Act O Reg. 335/12 Part III **Intubation of the Newborn** Included in CMO **Policy on Continuing Competencies**	Professional Knowledge and Practice, and Leadership and Collaboration
Newborn Eye Prophylaxis Held as standard but, in fact, a position statement intended to articulate how midwives should reconcile the conflict between the CMO *Informed Choice Standard* and the *Health Protection and Promotion Act* (HPPA) regarding the administration of newborn eye prophylaxis	Repeats regulations ***Health Protection and Promotion Act R.R.O. 1990, Regulation 557***	Professional Standards Overview
Nitrous Oxide-Oxygen Blends Guidance about the use and storage of nitrous oxide and oxygen blends at planned out-of-hospital births	Not a minimum standard – more of a guideline	Person-Centred Care
Postpartum/Newborn Visits Describes when to perform postpartum visits and what to do during the visits	Not a minimum standard. Prescriptive. Limits ability to exercise clinical judgement and to adapt to changes in best practice	Professional Knowledge and Practice Person-Centred Care
Practice Communication Clarifies expectations regarding the use of tools and mechanisms to achieve effective communication between practice members	More of a guideline. Difficult to set minimum standard on communication.	Leadership and Collaboration

Current College Standard	Rationale for rescinding	Principles in Professional Standards
Practice Protocols Describes the expectations regarding the development of practice protocols and lists mandatory practice protocols	More of a guideline. Prescriptive and challenging to enforce.	Standards that apply to midwives with practice management responsibilities
Prescribing and Administering Drugs Describes CMO expectations regarding the prescribing and administering of drugs	Members require guidance but parts of standard are very prescriptive – like a guideline, part of standard repeats regulations **O. Reg. 884/93:** Designated Drugs under the *Midwifery Act, 1991*, S.O. 1991, c. 31. Part of standard is a guideline, *Guideline to Prescribing and Administering Drugs*	Retain the standard Rescind the guideline section
Routine Childhood Vaccinations Sets out the expectations for midwives who discuss routine childhood vaccinations with their clients	Prescriptive and more like a guideline. Covered in informed choice	Person-Centred Care
Surgical Assistant in Obstetrics Describes the requirements for midwives acting as surgical assistants in obstetrics	It is a delegated act and not a standard of midwifery care. Delegation is included in current standard on Delegation, Orders and Directives	Professional Knowledge and Practice Leadership and Collaboration
Twin and Breech Birth Describes the requirements for midwives managing twin and breech births of midwifery clients	Does not provide new or College specific information. Covered by scope of practice, informed choice, CTCS	Professional Knowledge and Practice Leadership and Collaboration

Current College Standard	Rationale for rescinding	Principles in Professional Standards
Vaginal Birth After Caesarean Section and Choice of Birth Place Held as a standard but, in fact, a position statement intended to articulate the College's position regarding choice of birthplace for women planning VBAC vaginal births after previous caesarean section	Covered in informed choice. Covered in AOM CPG – **Vaginal Birth after Caesarean Section** and **SOGC Guideline # 155 (2005)** Covered under **Professional Misconduct Regulation O. Reg. 388/09:** *Failing without reasonable cause to provide services to a client during labour and child birth in the setting chosen by the client*	Professional Knowledge and Practice Person Centred Care Retain as a position statement