

Standard:	INDUCTION AND AUGMENTATION OF LABOUR
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	July 2016
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



INDUCTION AND AUGMENTATION OF LABOUR

Purpose

The purpose of this Standard is to describe the requirements for midwives managing inductions and augmentations of labour for their clients.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

The CMO differentiates between midwife-led induction/augmentation of labour that falls within a midwife's scope of practice and medical induction/augmentation of labour that requires physician involvement.

Midwife-led induction/augmentation of labour refers to any procedure intended to stimulate or augment labour that is performed pursuant to a midwife's scope of practice in accordance with CMO standards, the Midwifery Act and its regulations. These procedures include, but are not limited to membrane sweeping (stretch and sweep), nipple stimulation with electronic breast-pump, artificial rupture of membranes (ARM) and non-pharmacological cervical ripening.

Medical induction/ augmentation of labour refers to any physical or pharmacological intervention¹ not within a midwife's scope of practice, including but not limited to intravaginal, endocervical or extra-amniotic administration of prostaglandin, and intravenous administration of synthetic oxytocin for the purpose of initiating or increasing the effectiveness of uterine contractions.

Background

Midwives have managed midwife-led inductions/augmentations of labour since prior to the regulation of midwifery in Ontario. Midwife-led inductions/augmentations can prevent unnecessary transfers of care and support choice of birthplace.

¹ See CMO *Standard on Prescribing Drugs*

Standard:	INDUCTION AND AUGMENTATION OF LABOUR
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	July 2016
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



Midwives must consult with physicians for medical inductions/augmentations of labour. Midwives who have acquired the appropriate knowledge, skill and judgment are permitted to manage medical inductions/augmentations for their clients on the order of the physician.

The CMO supports midwives attaining the knowledge and skills required to manage medical inductions/augmentations of labour for their clients, on the order of a physician, so that the midwife can maintain primary care when no indications for transfer of care exist.

Standard

Midwife-led Induction/Augmentation of Labour

Midwives must provide informed choice to their clients regarding midwife-led induction/augmentation of labour procedures. Midwives who carry out midwife-led induction/augmentation of labour must have sufficient knowledge, skill and judgment to do so safely.

Midwives who carry out midwife-led induction/augmentation of labour must develop a practice protocol.²

Medical Induction/Augmentation of Labour

Midwives who manage medical inductions/augmentations for their clients must have the knowledge and skills of theoretical and practical aspects of medical induction/augmentation, and maintain competence. The College may request demonstration of this acquired knowledge and skill from midwives.

In the management of medical induction/augmentation of labour, a midwife must:

- Receive a clear order from the physician *and* have the knowledge and skill required to perform any procedure related to the order;
- Always act in accordance with CMO standards of practice; and
- Clearly inform the client and all health professionals involved in her care which health professional is the most responsible for the coordination of care as well as the roles and responsibilities of the midwife and physician. This agreement and plan of care must be articulated to the client and clearly documented in her record.

² Midwives must be in compliance with the CMO Practice Protocol Standard as of January 1st 2015.

Standard:	INDUCTION AND AUGMENTATION OF LABOUR
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	July 2016
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



Midwives shall remain accountable for the care they have provided whether working collaboratively or independently.

Midwifery practices must have the necessary policies in place to support midwives in the management of medical inductions/augmentations for clients, considering the additional time that may be required for a midwife to be in attendance with the client. Midwifery practices should also work with their hospital colleagues to encourage the development of the necessary hospital support systems.

Midwives who administer and monitor medical inductions/augmentations should work with their hospital colleagues to develop and maintain appropriate policies and procedures.

The College of Midwives requires the following framework, at a minimum, for midwives to acquire and maintain the appropriate knowledge, skill and judgment to administer and monitor medical inductions/augmentations:

Knowledge of all of the following:

1. The pharmacology, action and side effects of drugs commonly used for medical induction and augmentation of labour.
2. Initial and maintenance doses commonly prescribed for induction and augmentation of labour.
3. Risks and contraindications of medical inductions and augmentations of labour.
4. Recognition of, response to, and management of immediate complications of medical inductions and augmentations.
5. Community standards and hospital protocols with respect to patient monitoring of medical inductions and augmentations.

Demonstration of all of the following:

Standard:	INDUCTION AND AUGMENTATION OF LABOUR
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	May 28, 2014
Date to be Reviewed:	July 2016
Rescinded:	June 1, 2018
Effective date:	July 1, 2014
Attachments:	none



1. Familiarity with the equipment used for induction and augmentation of labour.
2. Initiation and discontinuation of induction of labour according to the hospital policies and procedures.
3. Initiation and discontinuation of augmentation of labour according to the hospital policies and procedures
4. Provision of appropriate client care and monitoring during the induction and augmentation.
5. Appropriate documentation according to CMO Standards.
6. Ability to identify problems and implement appropriate interventions.
7. Knowledge of indications to adjust the infusion rate.
8. Knowledge of indications to contact a physician.

Continuing Competency

The process for ensuring continuing competency should consider the number of medical inductions and augmentations managed by the midwife in the previous 24 months, a case-review, a review of relevant continuing education, and a review of relevant hospital policies and procedures.