

**PROFESSIONAL STANDARDS FOR MIDWIVES**

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## OVERVIEW

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The Professional Standards for Midwives (Professional “Standards”) describes what is expected of all midwives registered with the College of Midwives of Ontario (“College”). The Professional Standards sets out the College’s mandatory requirements regarding your practice and conduct and to help you achieve the best outcomes for your clients and the public.

All midwives involved in client care hold the role of a trusted professional. There are duties arising from this role and obligations owed to others, including your clients, the public, your peers, other health care providers and your regulator.

It is your responsibility to be familiar with and comply with the Professional Standards. You must use your judgement in applying the principles to the various situations you will face as a midwife. However, no standard can foresee or address every issue or ethical dilemma which may arise throughout your professional career. You must always strive to uphold the Professional Standards.

You must always act in accordance with the law. The Professional Standards is not a substitute for legislation and regulations that govern the midwifery profession in Ontario. If there is any conflict between the Professional Standards and the law, the law prevails.

Midwives provide care in a variety of settings including homes, clinics and institutional settings so you must also be aware of, and work in accordance with, the rules afforded by each of the locations where you practice, including practice guidelines, institutional policies and procedures and community standards. When those guidelines, institutional policies and procedures and community standards are less stringent than, or contradict the Professional Standards, you must comply with the Professional Standards. Where the standards are conflict with one another, act in a way that is in the client’s best interest.

~~The Professional Standards is designed for multiple audiences: midwives, midwifery students, clients receiving midwifery care, the members of the public, and other health care providers~~

## **The Principles**

Five (5) mandatory principles form the Professional Standards. These principles define the fundamental ethical, professional standards that the College expects all practices and individual midwives to meet when providing midwifery services. The standards are not negotiable or discretionary. You must, however, use your judgement in interpreting and applying the principles and the standards to the various situations you will face as a midwife. Compliance with the principles is subject to any overriding legal obligations.

You must practice according to the standards expected of you by:

- ◆ Demonstrating professional knowledge and practice
- ◆ Providing person-centred care
- ◆ Demonstrating leadership and collaboration
- ◆ Acting with integrity
- ◆ Being committed to self-regulation

## **Structure of the Professional Standards**

The Professional Standards is divided into five (5) principles. Each principle includes a definition of the principle and a set of standards. The standards describe what midwives must achieve for compliance with the relevant principle. For midwives with practice management responsibilities, there are additional standards at the end of each section that apply to you.

## **Interpretation**

Words highlighted in grey are defined in the Glossary.

## PROFESSIONAL KNOWLEDGE AND PRACTICE

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Professional Knowledge and Practice focuses on developing and maintaining the knowledge and clinical skills necessary to provide high quality care to clients. All midwives practising in Ontario must possess the knowledge, skills and behaviours relevant to their professional practice. They must exercise **good** clinical and professional judgment to provide safe and effective care. Midwives must be committed to an ongoing process of learning, self-assessment, evaluation and identifying ways to best meet client needs.

To demonstrate Professional Knowledge and Practice, you must meet the following standards:

1. Maintain **core competencies** and ensure you have the training and skills required to perform any advanced competencies that are part of your practice. ~~set out in the Canadian Competencies for Midwives developed by the Canadian Midwifery Regulators' Council. In all situations, you must:~~
  - ~~1.1. be aware of deficiencies in your practice~~
  - ~~1.2. take steps to address any deficiencies and carry out further training where necessary~~
2. Work within the boundaries of the Midwifery Act related to **scope of practice** and the controlled acts authorized to midwives, and the limits of your competence;
3. Know, understand and adhere to the **standards of the profession** and other relevant standards that affect your practice.
4. **When you are also a member of another regulated profession and acting in this capacity**  
**When acting in a dual registrant capacity:**
  - 4.1. Inform clients if any part of a proposed service or treatment is outside the scope of midwifery practice
  - 4.2. inform clients if any part of a proposed service or treatment will be administered outside your role as a midwife
  - 4.3. maintain midwifery records **separate from the other professional records**
  - 4.4. **ensure clients know that they are not obliged to receive care from you in your capacity as another regulated professional**

5. ~~Make records contemporaneously and chronologically;~~
6. Maintain **contemporaneous**, accurate, objective and legible records of the care that was provided during client care and include:
  - 6.1. what was provided, when it was provided, and why it was provided
  - 6.2. to whom it was provided and who provided it
  - 6.3. relevant clinical findings
  - 6.4. information given to clients ~~acknowledgement it has been understood~~
  - 6.5. decisions made about care ~~and the clients acceptance of associated risks when a choice conflicts with professional advice~~
  - 6.6. **the clients' acceptance of associated risks when their choice conflicts with professional advice**
  - 6.7. any medications prescribed or other care or treatments performed or ordered
  - 6.8. the name and signature of the person writing entries and the date
  - 6.9. **indication of any late entries made**
7. ~~Assess clients' conditions, taking account of their history as well as their views and values~~
8. **Provide treatments consistent with the standards of the profession, and based on the current and accepted evidence**
9. **Order tests and order and prescribe medications only when you have adequate knowledge of clients' health and are satisfied that tests and medications are clinically indicated**
10. **Maintain and carry supplies and equipment necessary for safe care in home settings** ~~are maintained.~~
11. ~~Continuously~~ **Monitor and make efforts** to improve the quality of your practice using ~~practice~~ reflection and client and peer feedback.

Midwives with practice management responsibilities must also:

12. Maintain a practice environment that supports compliance with relevant legislation, regulations, policies and standards governing the practice of midwifery ~~and the operation of midwifery clinics.~~
13. **Ensure adequate budget allocation for essential operational supplies**
14. Develop and maintain **quality improvement systems** to support the professional performance of midwives and to enhance the quality of client care.

## PERSON-CENTRED CARE

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Person-centred care is focused on the client and their life context. Person-centred care recognizes the central role the client has in their own health care, and responds to their unique needs, values and preferences. Working with individuals in partnership, person-centred care offers high-quality care provided with compassion, respect and trust.

To achieve Person-Centred care, you must meet the following standards:

15. ~~Provide care that ensures:~~

- ~~15.1. measures are in place for all births, where you are the most responsible provider (MRP), to be attended by a second individual competent to perform this role~~
- ~~15.2. adequate assessment of a clients' conditions, taking account of their history as well as their views and values~~
- ~~15.3. effective treatments consistent with the standards of the profession, and based on the current and accepted evidence~~
- ~~15.4. treatments and medications are ordered and prescribed only when you have adequate knowledge of clients' health and are satisfied that treatment and medication are appropriate~~
- ~~15.5. supplies and equipment necessary for care in home settings are maintained.~~

16. Ensure that every birth you attend as the most responsible provider is also attended by a second midwife or another individual competent to perform the role of second attendant

17. ~~Provide equitable access to care for all midwifery clients and those seeking to become midwifery clients.~~

18. Listen to clients and provide information in ways they can understand.

19. Support clients to be active participants in managing their own health take an interest in, and responsibility for, managing their own health and the health of their newborns.

20. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by:

- 20.1. providing information so that they are fully informed when making decisions about their care Providing them with the necessary information to feel confident in their decisions about their care

- 20.2. making every efforts to understand and appreciate what is motivating their choices
  - 20.3. allowing them adequate time for decision-making
  - 20.4. supporting their right to accept or refuse treatment
  - 20.5. providing them with the potential benefits, risks, and alternatives to procedures, tests and medications
  - 20.6. respecting the degree to which they want to be involved in decisions about their care
- 21. Ensure clients have 24-hour access to ~~continuous~~ to midwifery care throughout pregnancy, birth and postpartum ~~characterized by 24-hour access to midwifery care~~ or, where midwifery care is not available, to suitable alternate care known to the each client.
  - 22. Provide clients with a choice between home and hospital births.
  - 23. ~~P~~provide care during labour and birth and the early postpartum in the setting chosen by the client
  - 24. Take reasonable steps to provide care in the early postpartum in the setting chosen by clients.
  - 25. Ensure that your personal biases ~~views~~ do not adversely affect client care.

Midwives with practice management responsibilities must also:

- 26. ~~Ensure supplies and equipment necessary for care in home settings are available to midwives in your practice.~~
- 27. Develop a fair intake process to ensure that midwifery services are based on need for midwifery care ~~Have systems in place to ensure current and potential clients have equitable access to midwifery care.~~
- 28. Manage your practice in a way that is not to the detriment of your clients. ~~Manage your practice effectively for the benefit of your clients.~~

## LEADERSHIP AND COLLABORATION

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Leadership and Collaboration requires that you work both independently and together with midwives, other regulated and unregulated health care providers in relationships of reciprocal trust. Leadership and Collaboration demands that midwives work with clearly defined roles and responsibilities in all health care settings and when in health care teams. Communication, cooperation and coordination are integral to the principle of Leadership and Collaboration.

To demonstrate Leadership and Collaboration, you must meet the following standards:

29. Be accountable and responsible for clients in your care and for your professional decisions and actions ~~the outcome of your individual practise.~~
30. ~~Maximize continuity of care throughout the course of a client's care~~ Provide continuity of care by developing and maintaining an ongoing relationship of trust with your clients
31. Establish and work within systems that are clear to clients when their care is shared within a team of midwives by:
  - 31.1. assuming primary responsibility for all ~~the care you provide clients in your care,~~ including when client care is routinely provided by more than one midwife
  - 31.2. ~~providing consistent information and advice~~ develop consistent plan of care
  - 31.3. Ensure that the results from all tests, treatments, consultations and referrals ~~are followed-up and acted upon in a timely manner.~~ all relevant client information is received and available in a timely manner
  - 31.4. provide complete and accurate client information to the other midwife at the time care is handed over to them
  - 31.5. make every effort to ensure that a care provider known to the client is available to attend the birth
32. Take reasonable steps to continue in a supportive role with clients when their care is temporarily transferred to another care provider.
33. Coordinate client care with other providers when an alternative to midwifery care is requested.

34. Consult with or ~~transfer~~ care to another care provider when the required care exceeds your knowledge and skills unless you believe that not providing care could result in harm.
35. Provide complete and accurate client information ~~during consultations at the time care is transferred to another health care provider~~ **to the most responsible provider other health care provider at the time care is transferred**
36. Ensure that clients and health care providers know who is the **most responsible provider** throughout ~~client~~ their care, including **delegations, consultations and transfers of care.**
37. ~~Advocate on your client's behalf.~~
38. Be accountable for your decisions to delegate and accept **delegations of controlled acts** by:
- 38.1. delegating acts only to individuals whom you know to be competent to carry out the delegated act, and who are authorized to accept the delegation
  - 38.2. delegating only those acts you are authorized and competent to perform
  - 38.3. accepting only delegated acts that you are competent to perform.

## INTEGRITY

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Integrity is a fundamental quality of any ~~person who seeks to practise as a~~ member of the midwifery profession. Every midwife has a duty to practice the profession truthfully and honestly with the best interest of their clients as paramount. Integrity demands that midwives willingly and consistently do what is right, maintaining the reputation and values of the profession. ~~If a client has any doubt about their midwife's integrity, the midwife's usefulness to the client and the reputation within the profession will be compromised, regardless of how clinically competent the midwife may be.~~

To demonstrate Integrity, you must meet the following standards:

39. Conduct yourself in a way that promotes clients' trust in you and the public's trust in the midwifery profession.
40. Never abandon clients in labour
41. Be honest and candid in all professional dealings with clients, midwives, other health care providers and the College ~~about your experience, qualifications and current role~~
42. Disclose to the client any harm sustained to them while under your care. Disclosure must include explaining to clients promptly and accurately:
  - 42.1. the facts of the incident
  - 42.2. anticipated short-term and long-term effects
  - 42.3. recommended actions to address the consequences.
43. Avoid caring for clients while in a conflict of interest, unless all the following circumstances apply:
  - 43.1. you are satisfied that it is in the best interests of the clients for you to ~~act~~ care for them
  - 43.2. you have explained the ~~relevant issues and risks~~ conflict to the clients and have advised them of their right to seek care from another provider
  - 43.3. ~~and~~ you have a reasonable belief that they understand the conflict and their right to seek care elsewhere
  - 43.4. ~~you have the clients' consent in writing to you acting.~~ you have documented the clients' consent to you providing care despite the conflict.

44. Take every reasonable precaution to protect the **privacy** and **confidentiality** of your clients' **personal health information**, unless release of information is required or permitted by law.
45. Avoid the use of professional qualifications in the promotion of commercial products.
46. Recommend the use of products or services based on **evidence and** clinical judgement and not commercial gain.
47. Make referrals to other health care providers only based on the client's best interest and not **financial gain** ~~by any pre-set arrangements.~~
48. Recognize the power imbalance inherent in the midwife-client relationship; establish and maintain clear and appropriate professional **boundaries** always.
49. **Never pursue or engage in a sexual relationship with a client.** ~~Abstain from using your professional position to pursue sexual or emotional relationships with clients or their family members.~~
50. Practise free of, or manage, any **mental or physical condition or disorder** that ~~prevents you from providing safe and ethical care~~ **is affecting your ability to provide safe and effective care.**
51. Recognize the limits imposed by fatigue, stress or illness, and adjust your practice to the extent that is necessary **to provide safe and effective care.**
52. Effectively use the healthcare resources available to you.

Midwives with practice management responsibilities must also:

53. ~~Manage practice in a way that encourages equality of opportunity and respect for diversity.~~
54. Manage practice in a way that supports the physical and **mental well-being** of all individuals involved in client care
55. Ensure that information you publicize about your practice or any other practice is ~~true~~, accurate and verifiable.

## COMMITMENT TO SELF-REGULATION

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Self-regulation is a privilege that recognizes the maturity of the profession and honours the knowledge and skills possessed by its members. Midwifery was accorded this privilege based on the premise that midwives will uphold the standards and reputation of the profession, protect and promote the best interests of clients and the public, and collectively act in a manner that reflects well on the profession. Self-regulation requires that each midwife participate in the self-regulatory process.

To demonstrate Commitment to Self-Regulation, you must meet the following standards:

56. Co-operate fully with all College procedures. This duty applies to:
  - 56.1. investigations of your practice against you or relating to others
  - 56.2. peer and practice assessments and audits
  - 56.3. referrals to a committee panel
  - 56.4. any other proceedings before the College.
57. ~~Comply with any written notice from the College~~
58. ~~Communicate with the College in a cooperative manner. This includes:~~
59. Advise the College, in writing, of information, and any changes to the information, required to be maintained in the register or provided to the College
60. Respond promptly to College correspondence that requires a response.
61. Do not discourage or Not prevent anyone from filing a complaint or raising a concern against you.
62. Appropriately supervise students and peers whom you have a duty to supervise, and provide honest and objective assessments of their practice competence and conduct.
63. Know, understand and comply with mandatory reporting obligations.
64. Provide appropriate information to your clients about how the midwifery profession is regulated in Ontario, including the College's complaints process.

Midwives with practice management responsibilities must also:

65. Establish a system to deal with clients' expressed concerns promptly, fairly and openly

## GLOSSARY

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The Glossary comprises a set of defined terms which are used in the Professional Standards. Defined terms are highlighted in grey within the individual standards under each principle. The Glossary may also contain commentary and interpretation.

### **Boundaries**

means a clear separation between professional conduct aimed at meeting the needs of a client and the midwife's personal views, feelings and relationships which are not relevant to a client-midwife relationship.

### **Canadian Midwifery Regulators' Council (CMRC)**

means a network of provincial and territorial midwifery regulatory authorities. These regulators are the only bodies in Canada with the exclusive, legislated mandate of public protection.

### **College**

means the College of Midwives of Ontario established under the *Midwifery Act, 1991*.

### **Complaints process**

means the College's complaints process as described on the College's website.

### **Concern**

means an expressed concern about the quality of care clients have received from a midwife. This is different from the College's formal complaints process.

### **Condition**

means having a condition as defined in section 1(1) of the *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991*, as suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be restricted or that the member no longer be permitted to practise.

## **Conflict of interest**

arises when a midwife, entrusted with acting in the best interests of a client, also has professional, personal, financial or other interests or relationships with third parties which may **undermine the midwife's professional judgment and** affect their care of the client. ~~Multiple interests are not uncommon. A conflict of interest requires identification, appropriate disclosure and accountability.~~

## **Confidentiality and Privacy**

means **complying with** the legal and professional duty to maintain the confidentiality of clients' personal health information **and protecting that information from inappropriate access**. The *Personal Health Information Protection Act, 2004* (PHIPA) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access.

For more guidance, refer to the *Personal Health Information Protection Act, 2004* (PHIPA) and the College's Guide on Compliance with the Personal Health Information Protection Act. Examples of legislation requiring disclosure include the *Regulated Health Professions Act, 1991* and the *Health Professions Procedural Code*; the *Highway Traffic Act*; the *Child and Family Services Act*.

## Consultation

means a discussion with another professional (e.g., a midwife or physician) who has a particular area of expertise for the purpose of seeking clinical advice. ~~The request from a midwife to another health care provider (e.g., a physician, or a midwife) for clinical assessment and recommendations.~~

## Controlled acts authorized to midwives

means the list of controlled acts provided to midwives pursuant to section 4 of the *Midwifery Act, 1991*

## Core competencies

means the competencies expected of midwives, upon entry to practice and for ongoing registration with the College to be able to work within the midwifery scope of practice and provide safe and effective care in both hospital and home settings. ~~The core competencies are set out in the *Canadian Competencies for Midwives* developed by the Canadian Midwifery Regulators' Council, a network of provincial and territorial midwifery regulatory authorities, and is available on the College's website.~~

## Delegation

~~means performing a controlled act if another health care practitioner who is authorized to perform that controlled act has delegated it~~ means a process where a regulated health professional who is authorized to perform a controlled act, designates that authority to someone else who is not authorized to perform that controlled act. ~~Delegation can be made to another regulated health care provider or to an unregistered person. For example, a midwife can delegate the insertion of a catheter into a client during labour to an unregistered second birth attendant. Similarly, a physician can delegate a controlled act, such as placing an instrument, hand or finger into an artificial opening into the body, to a midwife.~~

## Dual registrant

~~means holding registration with the College and with another health profession in Ontario regulated under the *Regulated Health Professions Act, 1991* (e.g. nursing).~~

**Equitable access**

means the opportunity for a client to receive midwifery care based on their perceived need for midwifery care.

**Early postpartum**

means the time period from birth to 7 days after birth

**Harm**

means an unintended and negative health outcome that occurs during midwifery care. Harm results from errors or lapses in care caused by a midwife, other member of the health care team or a failure of the health care delivery system.

**In the manner outlined in the College bylaws**

— has the meaning as in sections 14.06, 15.1, 15.02, 15.04 of the General By-law.

**Information designated as public**

means information required by sections 23(2) of *the Health Professions Procedural Code*, Schedule 2 of *the Regulated Health Professions Act, 1991* and articles 14 and 15 of the General by-law.

**Maintained in the register or provided to the College**

means information provided to the College as required by section 23(2) of *the Health Professions Procedural Code*, Schedule 2 of *the Regulated Health Professions Act, 1991*, other acts and regulations (e.g., Registration Regulation), and Articles 14 and 15 of the General by-law.

**Mandatory reporting obligation**

means a statutory responsibility to report relevant matters to the [College or other authorities](#). For more guidance, refer to the College's Guide on Mandatory Reporting.

You must seek advice from the College or other relevant organizations if you are unsure about your mandatory reporting obligations.

### **Midwifery Act**

means the *Midwifery Act, 1991*, the legislation that sets out the midwifery scope of practice and controlled acts that are authorized to midwives as well as provisions on title protection and Council composition. Through the *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991*, it also gives the College the authority to develop regulations (e.g., Designated Drugs Regulation).

### **Most responsible provider (MRP)**

means a midwife or another health care provider who holds overall responsibility for leading and coordinating the delivery and organization of a client's care at a specific moment in time. The MRP is also accountable for the care that is provided when in this role.

### **Privacy**

means exercising the legal and professional duty to maintain the confidentiality of clients' personal health information. The *Personal Health Information Protection Act (PHIPA)* governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access. For more guidance, refer to the *Personal Health Information Protection Act, 2004 (PHIPA)* and the College's Guide on Compliance with the Personal Health Information Protection Act. Examples of legislation requiring disclosure include the *Regulated Health Professions Act, 1991* and the *Health Professions Procedural Code*; the *Highway Traffic Act*; the *Child and Family Services Act*.

### **Quality improvement systems**

means developing and maintaining an systematic approach for measuring evaluating and improving client outcomes. Quality Improvement is a team process and includes monitoring and data collection (including client feedback), implementation of quality improvement measures, and evaluation.

## **Scope of Practice**

has the same meaning as in section 3 of the *Midwifery Act, 1991*.

## **Standards of the profession**

means the generally agreed upon and commonly accepted way of providing midwifery care as determined and supported by midwifery experts. Sometimes the details of the standards of the profession are not formally outlined by the College. For example, the College may not have a document describing exactly how a midwife must assess a client. Often how the standard is applied changes with the circumstances (e.g., the answers the client gives to the midwife's questions will change how the assessment is done). Standards of the profession are learned through education, professional reading and learning, experience in practice and in discussions with other midwives. Standards of the profession are always changing and community specific.

## **Supervise**

means overseeing a midwife who holds a supervised practice certificate of registration; a midwife who holds a general certificate of registration with new registrant conditions or a term, condition and limitation; and a student during their clinical placement.

## **Transfer**

means the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.