

Appendix B:

List of Standards to be Rescinded with the Implementation of the Professional Standards for Midwives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 With the development and approval of the Professional Standards the following standards will be rescinded: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)

The following standards were recommended for rescinding during the first round of consultations but are no longer being recommended. The standard on Second Birth Attendants will be revised prior to the implementation of the Professional Standards

1. Second Birth Attendants
2. When a Client Chooses Care Outside Midwifery Standards of Practice

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
<p>Ambulance Transport Describes the requirements for midwives regarding ambulance transport for midwifery clients from an out-of-hospital setting to a public hospital</p>	<p>Does not set minimum standard. Refers to an MOHLTC standard which is soon to be obsolete.</p>	<p>Professional Knowledge and Practice & Leadership and Collaboration</p>
<p>Code of Ethics</p>	<p>All relevant provisions were added to the Professional Standards</p>	<p>Person-Centred Care and Integrity</p>
<p>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</p>	<p>No minimum standard of behaviour. Falls under informed choice, authorized acts</p>	<p>Professional Knowledge and Practice and Integrity</p>
<p>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</p>	<p>Prescriptive clinical standard that is difficult to follow</p>	<p>Person-Centred Care Leadership and Collaboration</p>
<p>Diagnostic Imaging States that midwives may order transvaginal and transabdominal ultrasound for their clients</p>	<p>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</p>	<p>Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration</p>

Current College Standard	Rationale for rescinding	Principles in Professional Standards
<p>Epidural Monitoring and Management Clarifies the requirements for midwives monitoring and managing epidurals in labour</p>	<p>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</p>	<p>Professional Knowledge and Practice Leadership and Collaboration</p>
<p>Essential Equipment, Supplies and Medication Provides a list of the minimum required equipment, supplies and medications necessary for the provision of midwifery care</p>	<p>No minimum standard of behaviour but rather a list of equipment- more of a guideline</p>	<p>Professional Knowledge and Practice</p>
<p>External Cephalic Version (ECV) Describes the requirements for midwives who perform external cephalic versions</p>	<p>Prescriptive and reads more like a clinical guideline rather than a minimum standard</p>	<p>Professional Knowledge and Practice, Person-Centred Care, and Leadership and Collaboration</p>
<p>Home and Out-of-Hospital Births Clarifies the CMO’s expectation that midwives offer and attend home and other out-of-hospital births</p>	<p>Standard does not provide new information</p> <ul style="list-style-type: none"> • CAM has position statement on Home Birth • AOM has Clinical Practice Guideline on offering choice of birthplace 	<p>Professional Knowledge and Practice, and Leadership and Collaboration</p>
<p>Induction and Augmentation of Labour Describes the requirements for midwives managing inductions and augmentations of labour for their clients</p>	<p>Prescriptive – it is a clinical guideline rather than a minimum standard. Covered in Informed Choice, midwifery scope, delegation orders and directives, Hospital policies/protocols</p>	<p>Professional Knowledge and Practice, and Leadership and Collaboration</p>

Current College Standard	Rationale for rescinding	Principles in Professional Standards
<p>Informed Choice Describes the requirements for midwives regarding informed choice discussions with clients</p>	<p>Much of the contents of this are captured under “Consent to Treatment” in the <i>Health Care Consent Act</i></p> <p>All other relevant provisions were added to the Professional Standards</p>	<p>Person-Centred Care</p>
<p>Interprofessional Collaboration Sets the minimum standard for midwives working in interprofessional relationships</p>	<p>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.</p>	<p>Leadership and Collaboration</p>
<p>Laboratory Testing Tells midwives to work in accordance with Midwifery Act and the Laboratory and Specimen Collection Centre Licensing Act</p>	<p>Repeats Appendix B of R.R.O. 1990 Reg. 682</p>	<p>Professional Knowledge and Practice, Person-Centred Care, and Leadership and Collaboration</p>
<p>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</p>	<p>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.</p>	<p>Professional Knowledge and Practice Person-Centred Care Leadership and Collaboration</p>

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

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

Current College Standard	Rationale for rescinding	Principles in Professional Standards
<p>Vaginal Birth After Caesarean Section and Choice of Birth Place</p> <p>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</p>	<p>Covered in informed choice. Covered in AOM CPG – Vaginal Birth after Caesarean Section and SOGC Guideline # 155 (2005)</p> <p>Covered under Professional Misconduct Regulation O. Reg. 388/09:</p> <p><i>Failing without reasonable cause to provide services to a client during labour and child birth in the setting chosen by the client</i></p>	<p>Professional Knowledge and Practice Person Centred Care</p> <p>Retain as a position statement</p>