



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

# Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres

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## Preface

The core services provided in a birth centre are midwife-led and consistent with the [Midwifery Act, 1991](#), the Regulations made under the Act, and Ontario midwifery standards of practice. The licensed facility in which core services are provided is consistent with the [Independent Health Facilities Act](#) and the Regulations made under the Act.

The Facility Standards & Clinical Practice Parameters for Midwife-Led Birth Centres set minimum standards for all midwife-led birth centres and serves as the basis for College assessments conducted on behalf of the Ministry of Health and Long-Term Care.

The Facility Standards and Clinical Practice Parameters for Midwife-Led Birth Centres do not replace clinical judgment. Rather, the minimum standards are intended to enable appointed health care providers (HCP) and staff to provide safe, quality care within the licensed facility. All appointed HCPs working in a midwife-led birth centre will follow the approved protocols, policies and procedures.

The Facility Standards and Clinical Practice Parameters for Midwife-Led Birth Centres are subject to periodic review. Amendments in the form of replacement pages may be issued from time to time. Such pages will be posted to the College's website. The College will perform a comprehensive review, in consultation with the Ministry and all licensed midwife-led birth centres, every 5 years.

# Volume 1: Facility Standards

# 1 Organization and Administration

## 1.1 Governance

### 1.1.1 General

The Midwife-Led Birth Centre (MLBC) is a not-for-profit corporation with a governing Board of Directors (Board) and is separate from other health, hospital, or medical services.

The MLBC Board meets the following governance requirements:

- a) the Board reviews and approves the vision, mission and values of the organization with input from staff and key stakeholders;
- b) the Board reviews the vision, mission and values occurs at least every five years, or earlier if there is a significant change in the environment, scope of services or mandate of the organization;
- c) the Board has a written code of conduct and/or policies that addresses confidentiality, diversity and inclusion, anti-discrimination, ethical conduct, and conflict of interest;
- d) the Board has written policies and procedures that outline the Board's role, responsibilities and structure;
- e) governance policies and procedures are reviewed and approved by the Board at minimum every five years and updated as needed;
- f) the Board develops and approves the organization's strategic goals or ends and reviews them annually;
- g) the strategic plan outlines multi-year strategic directions and goals or ends;
- h) the executive director's role and responsibilities are detailed in writing;
- i) the Board uses an objective and transparent recruitment and hiring process for senior management positions;
- j) a contingency plan for temporary absences of the executive director is in writing;
- k) the Board reviews, at least annually, the organization's progress in achieving operational objectives; and
- l) minutes of the Board's meeting are documented in accordance with legal requirements.

### 1.1.2 Accountability

The MLBC Board has a formal accountability relationship with the Ministry of Health and Long-Term Care pursuant to the Terms of Funding. In turn, the MLBC Executive Director is accountable to the MLBC Board.

## 1.2 Administration

The MLBC adheres to the following minimum administrative standards:

- a) there is a written organizational structure;
- b) there is a human resources management plan in place;
- c) there is evidence of adherence to generally accepted accounting principles, in the form of an auditor's opinion contained within the organization's financial statements and/or organizational response to a management letter;

- d) there are written agreements for contracted and/or purchased services obtained from individuals or other facilities; and
- e) there is a process for informing the community of the services provided in the MLBC.

## 1.3 Client Services

### 1.3.1 General

Core services are consistent with the [Midwifery Act, 1991](#), the Regulations made under the Act, and Ontario midwifery standards of practice. All health care providers (HCPs) delivering core services within the MLBC are subject to the regulation of their respective authority for the care they provide to their clients. However, all HCPs providing care at a MLBC are also required to follow the approved protocols, policies and procedures of the MLBC.

### 1.3.2 Language

An effective plan is in place to provide services in both official languages, in accordance with the [French Language Services Act](#), in those areas designated as being bilingual and for those public service agencies designated under the Act. This includes all written information and signs.

### 1.3.3 Accessibility

The MLBC operates in accordance with the requirements of the [Accessibility for Ontarians with Disability Act](#). An effective plan is in place to provide translation services and sign language interpretation. Information is made available in plain language, both in print and online.

### 1.3.4 Orientation

The MLBC provides opportunity for orientation to the facility and services for all clients. The orientation information may be accessed in-person or through written material and examples of items to include are:

- a) eligibility for admission;
- b) services offered;
- c) services not available;
- d) geographic location.

### 1.3.5 Core Services

Core services include the provision of care to clients during labour and the immediate postpartum period and to their newborn babies. Core services are the birth services covered within the funding agreement between the Ministry of Health and Long-Term Care (MOHLTC) and the MLBC.

The following are examples of interventions and services that are not available at a MLBC:

- a) pharmaceutical augmentation or induction of labour;
- b) epidural, regional and/or general anesthesia;
- c) forceps or vacuum extractions;
- d) caesarean section; and
- e) narcotic analgesia.

## 2 Staffing a Birth Centre

### 2.1 General

The MLBC complies with all relevant workplace health and safety and employment standards and laws, including but not limited to:

- a) Ministry of Labour's [Employment Standards Act](#);
- b) Ministry of Labour's [Occupational Health and Safety Act](#);
- c) Integrated Accessibility Standards under the [Accessibility for Ontarians with Disabilities Act 2005](#).

### 2.2 Executive Director and Staff

The Executive Director ensures access to core services 24 hours a day, 7 days a week, and 365 days a year.

There is staff to:

- a) deliver safe care to clients;
- b) provide security and safety for clients, visitors, HCPs and staff;
- c) administer operations;
- d) clean and maintain the facility;
- e) provide orientation and continuing education for staff and HCPs; and
- f) allow for one staff member or HCP who is certified in Basic Cardiac Life Support (BCLS) to be on site when any client or visitor accessing core services are present.

### 2.3 Staff Orientation, Continuing Education and Evaluation

There is an orientation process for new staff and HCPs that provides the training appropriate to the position and allows staff and HCPs to be able to:

- a) deliver safe care to clients;
- b) provide security and safety for clients, visitors, HCPs and staff; and
- c) maintain a safe and clean facility.

There is a continuing education program for all staff and HCPs to improve skills necessary to provide safe services within the facility.

All staff and HCPs directly involved in core services should be certified in BCLS. All

staff receives evaluation of their performance at least annually.



## 3. Health Care Providers

### 3.1 Qualifications of health care providers delivering core services

There is an effective process in place to ensure all HCPs are qualified to provide core services on their own authority. At a minimum:

- a) midwives providing core services are to be registered with the College of Midwives of Ontario and eligible to provide core services;
- b) Aboriginal Midwives working under the exemption referenced in s. 8 of [the Midwifery Act, 1991](#) and s. 35 of the [Regulated Health Professions Act, 1991](#) meet the requirements set out by their community authority;
- c) physicians providing core services are to be registered with the College of Physicians and Surgeons of Ontario and are eligible to provide core services;
- d) HCPs maintain and provide evidence acceptable to the Board of the knowledge and skills required to provide core services; and
- e) HCPs have professional liability insurance coverage to a level acceptable to the Board.

### 3.2 Credentialing and Maintenance of Appointment

#### 3.2.1 Credentialing

The MLBC Board of Directors credentials and appoints all HCPs delivering core services on their own authority.

Where the HCP is a member of a regulatory college under the [Regulated Health Professions Act, 1991](#), the process includes:

- a) obtaining relevant information, including registration and professional conduct information, from the appropriate health regulatory college(s) for initial and re-appointments;
- b) requiring each HCP to consent to the release of professional conduct information to the MLBC in the form of a Letter of Professional Conduct or equivalent; and
- c) monitoring and reporting restriction, suspension and revocation of appointments in accordance with the Schedule 2 of the [Regulated Health Professions Act, 1991](#) (Health Professions Procedural Code) mandatory reporting requirements.

Where the HCP is an Aboriginal Midwife, this process includes:

- d) obtaining relevant information, including confirmation of current endorsement, from the community authority or council for initial or re-appointments;
- e) requiring each Aboriginal Midwife to consent to the release of relevant information from the community authority to the MLBC in the form of a Letter(s) of Professional Conduct or equivalent; and
- f) monitoring and reporting restriction, suspension and revocation of appointment in accordance with the community authority's usual practice.

#### 3.2.2 Maintenance of Appointment

A review of the credentials of all appointed HCPs providing core services is conducted at least annually and will include a check that:

- a) midwives providing core services are registered with the College of Midwives of Ontario and eligible to provide core services;

- b) Aboriginal Midwives working under the exemption referenced in the [Midwifery Act, 1991](#) and s. 35 of the [Regulated Health Professions Act, 1991](#), meet the requirements set out by their community authority;
- c) physicians providing core services are registered with the College of Physicians and Surgeons of Ontario and are eligible to provide core services;
- d) HCPs have professional liability insurance coverage to a level acceptable to the Board; and
- e) HCPs have met the Board's facility-based continuing education and training requirements for HCPs providing core services at the MLBC.

## 4 Quality Management

### 4.1 Quality Advisor

#### 4.1.1 General

The Quality Advisor acts in accordance with O. Regulation 57/92, s.1 under the [Independent Health Facilities Act](#) (IHFA). The Quality Advisor or their designate is a midwife, registered with the College of Midwives of Ontario, and:

- a) holds the appropriate certificate of registration;
- b) is not in default of payment of any fees prescribed by College bylaw;
- c) is not the subject of any disciplinary or incapacity proceeding, in any jurisdiction;
- d) has not been the subject of any professional misconduct, incompetence or incapacity finding, in any jurisdiction;
- e) has not had a certificate of registration revoked or suspended, in any jurisdiction, for any reason other than non-payment of fees;
- f) does not have a notation on the Public Register of a finding of professional negligence or malpractice made against the member;
- g) does not have a notation on the Public Register of a criminal charge or a charge under the Health Insurance Act or the Controlled Drugs and Substances Act;
- h) does not have a notation on the Public Register of a criminal finding of guilt or a finding of guilt under the Health Insurance Act or the Controlled Drugs and Substances Act;
- i) does not have a notation on the Public Register of a charge made by a court in relation to any provincial or federal offence;
- j) does not have a notation on the Public Register of a finding of guilt made by a court in relation to any provincial or federal offence;
- k) is not subject to any revocations, suspension or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code;
- l) is not subject to a term, condition, limitation or undertaking imposed by or provided to either the Discipline Committee or the Fitness to Practice Committee;
- m) does not have a notation on the Public Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaint and Reports Committee;
- n) is not currently subject to an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- o) does not have a notation on the Public Register of having been ordered to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned in the preceding three (3) years;
- p) does not have a notation on the Public Register of being ordered to complete a specified continuing education or remediation program required by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;
- q) is not in any default of returning any required information or form required under the Regulations or the by-laws to the College; and
- r) is not in default of any order issued by any panel or committee of the College.

The Quality Advisor or designate:

- s) is present at the MLBC to effectively observe the delivery of core services;
- t) is available on call when not present in the facility;
- u) ensures core services are provided in accordance with Ontario midwifery standards of practice;

- v) chairs the Quality Advisory Committee; and
- w) leads the Quality Management Program.

#### 4.1.2 Responsibilities to the Board of Directors

The Quality Advisor is responsible for advising the Board on the professional aspects of the MLBC, including:

- a) recommendations and actions taken to improve the quality of care in the facility;
- b) recommendations for appointment and re-appointment of HCPs;
- c) recommendations for restriction, suspension or revocation of appointments;
- d) recommendations from the QAC regarding policies, procedures and protocols; and
- e) recommendations resulting from Ministry of Health or College of Midwives of Ontario assessments.

## 4.2 Quality Advisory Committee

### 4.2.1 General

The MLBC has a Quality Advisory Committee (QAC) in accordance with O. Reg. 57/92, s. 1–3. under the [Independent Health Facilities Act](#) (IHFA).

The QAC has a mechanism in place to seek input from stakeholders, including clients, appointed health care providers, other relevant health professionals, relevant community organizations, and MLBC staff.

The QAC meets at least annually and maintains a set agenda and minutes of meetings.

## 4.3 Quality Management Program

### 4.3.1 General

The MLBC has a Quality Management Program that evaluates the quality of care provided in the facility and informs quality improvement initiatives. The MLBC determines the methods most suitable to their needs for collecting the information and data to evaluate the quality of care.

At a minimum, the QMP systematically evaluates the following:

- a) clinical outcomes of client and newborn care;
- b) all adverse clinical events;
- c) facility safety and incident reports;
- d) quality of care provided by appointed health care providers;
- e) quality of services provided by staff;
- f) infection prevention and control practices, lapses and breaches;
- g) client and community feedback;
- h) health care provider feedback;
- i) staff feedback;
- j) compliance with IHFA
- k) compliance with PHIPA
- l) compliance with CMO CPP & FS
- m) compliance with and effectiveness of MLBC policies, procedures and protocols;
- n) impact of non-core services on the core services of the MLBC;
- o) records management; and

p) clinical equipment and supplies.

#### 4.3.2 Data Collection

All data collection, including that relating to the quality management program, is collected in accordance with:

- [Independent Health Facilities Act, R.S.O. 1990, c.1.3 O. Reg. 57/92:](#)
- [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A](#)
- [College of Midwives of Ontario standards](#)

## 5. Policies and Procedures

### 5.1 General

The MLBC has written policies and procedures that are available to all HCPs and staff. The policies and procedures inform and provide sufficient guidance to ensure:

- a) the goals of the MLBC are achieved;
- b) roles and responsibilities are defined;
- c) clients are provided with safe care;
- d) there is appropriate guidance for emergencies;
- e) sufficient and appropriate equipment, supplies and medications are available;
- f) the facility is adequately maintained;
- g) infection controls standards are upheld;
- h) the quality management program fulfills its objectives; and
- i) the staff have documented in writing that they have reviewed these annually.

The policies and procedures are updated as needed and reviewed at least every 5 years.

## 6 Health Records

### 6.1 General

Health records are to be created and maintained in accordance with:

- [Independent Health Facilities Act, R.S.O. 1990, c.1.3 O. Reg. 57/92:](#)
- [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A](#)
- College of Midwives of Ontario standards

## 7 Physical Facility

### 7.1 General

The physical facility of the MLBC has adequate space to provide a safe, comfortable and satisfactory experience for clients and their chosen family members and support people, HCPs and staff.

It is open to accommodate clients labouring and giving birth 24 hours a day, 7 days a week, 365 days a year.

### 7.2 Physical Facility and Equipment

#### 7.2.1 Construction

The MLBC complies with the following:

- a) Canadian Standards Association (CSA) standard for health care facilities;
- b) Ontario Building Code;
- c) Accessibility for Ontarians with Disabilities Act (AODA); and
- d) Canadian Centre for Occupational Health and Safety (CCOHS), including Workplace Hazardous Materials Information System (WHMIS).

The MLBC meets all relevant construction, fire, safety, health codes, zoning regulations and legislation.

#### 7.2.2 Facility Design and Furnishing

With respect to all services provided, the MLBC demonstrates the following:

- a) the physical facility adequately ensures privacy for every client;
- b) layout facilitates the provision of safe care;
- c) heating, cooling and ventilation systems ensure comfort and safety;
- d) the security of clients, visitors, HCPs and staff;
- e) the facility is barrier free and accessible to emergency stretchers; and
- f) furnishings and facility structures are in compliance with current Provincial Infectious Diseases Advisory Committee (PIDAC) standards

#### 7.2.3 Facility Inspections

The facility maintains a record of inspections by the Public Health Department, Fire Department, building inspectors and others concerned with public safety as required by municipal, provincial and federal standards.



## 8 Medications, Equipment and Supplies Management

### 8.1 General

The MLBC provides equipment, supplies and medications necessary for safe delivery of core services. All HCPs and clinical staff are oriented to use all medications, equipment and supplies.

#### 8.1.1 Medication Inventory and Storage

A drug inventory and storage system are in place. Periodic inspection is conducted to ensure restocking takes place and all expired drugs are replaced and safely discarded.

#### 8.1.2 Medical Gases

Medical gases that are within the midwifery scope to administer are available to all clients delivering in the MLBC. The MLBC has appropriate equipment and physical facility standards to ensure their safe administration, ventilation, storage, and removal.

### 8.2 Birth Equipment and Supplies

The MLBC has effective procedures to ensure that equipment and supplies are appropriately stocked, not expired, stored and maintained, and are readily accessible for the provision of services.

Equipment used in providing core services is regularly assessed for accuracy and reliability in accordance with manufacturer's specifications.

### 8.3 Non-Obstetrical Emergency Equipment

Suitable equipment for non-obstetrical emergencies is available at the birth centre for all visitors, clients and staff and includes:

- a) portable emergency resuscitation equipment;
- b) defibrillator; and
- c) epinephrine for anaphylaxis.

## 9 Infection Prevention and Control Practices

### 9.1 General

The MLBC is held to the following standards established by the Provincial Infectious Diseases Advisory Committee (PIDAC) to ensure appropriate infection prevention and control in the facility and in the reprocessing of equipment (where applicable):

- a) Infection Prevention and Control for Clinical Office Practice; and
- b) Best Practices in Cleaning, Disinfection and Sterilization of Medical Equipment/Devices

With respect to the cleaning and maintenance of birthing pools or tubs, the MLBC is held to manufacturer's guidelines and the following standard:

- c) Best Practices in Perinatology (Section D. Environmental Cleaning in Perinatal Care)

### 9.2 Biomedical Waste

#### 9.2.1 General

All HCPs and staff, including those providing cleaning services, are competent to handle and dispose of biomedical waste in accordance with [Routine Practices and Additional Precautions In All Health Care Settings \(PIDAC, 2011\)](#).

#### 9.2.2 Disposal of Biomedical Waste and Placentas

All biomedical waste, including placentas are disposed of in accordance with [C-4: The Management Of Biomedical Waste In Ontario](#). Clients wishing to keep their placenta after giving birth are accommodated and provided guidance on safe transport, burial and/or disposal.

# Volume 2: Clinical Practice Parameters

## 10 Planned Place of Birth

### 10.1 Eligibility for Admission

The MLBC establishes and publishes eligibility for admission criteria that is consistent with the *Midwifery Act*, the regulations made under the Act, and Ontario midwifery standards of practice.

The obligation to ensure that the client is fully informed of the risks, benefits and alternatives to giving birth in the MLBC rest with the primary health care provider.

The MLBC establishes the following minimum criteria for determining eligibility for admission:

- a) the client is under the care of an appointed MLBC health care provider;
- b) the client is in good health;
- c) the client is experiencing an uncomplicated pregnancy;
- d) the client and the HCP have a reasonable expectation of having an uncomplicated labour and birth;
- e) the fetus is expected to be healthy at birth;
- f) there are no impediments to instituting common emergency procedures if necessary;
- g) there are no difficulties foreseen in transporting the client/newborn with the usual emergency transport system; and
- h) the result of consultations, when required, is confirmation of healthy pregnancy or labour progress.

## 11 Transfer from the Birth Centre

### 11.1 General

The MLBC liaises with local hospitals and emergency services to develop procedures for seamless and safe transfers of clients and newborns.

The HCP determines the need for transport to a hospital, the appropriate method of transport, and the intended receiving hospital.

### 11.2 Transport

The MLBC has the following:

- a) An agreement with the receiving hospital when an appointed HCP does not have admitting privileges at that hospital.
- b) A protocol for initiating emergency services that includes, at a minimum,
  - i. the designated person responsible for calling 911;
  - ii. the designated person responsible for contacting the receiving health facility;
  - iii. communication with involved family members; and
  - iv. documentation to be used to facilitate and record the transfer.

### 11.3 Refusal of Client/Newborn Transport

If the client refuses the transfer for themselves or the newborn, the attending HCP documents the refusal.

## 12 Laboratory and Diagnostic Samples

### 12.1 General

The MLBC provides all equipment and supplies to allow HCPs to collect, store and transport samples for laboratory testing relevant to core services.

## 13 Research Activities

### 13.1 General

Research is conducted,

- a) in accordance with written research policies and procedures approved by the MLBC Board of Directors;
- b) by researchers trained to conduct such research;
- c) in a manner that protects the client's health, choice, comfort, safety, and right to privacy;
- d) in a manner that protects the MLBC and clients from unsafe practices;
- e) after approval by an external Ethics Review Board; and
- f) after approval IHF Director approval.

### 13.2 Data collection

Data collection relating adheres to the [Personal Health Information Privacy Act, 2004, S.O. 2004, c. 3, Sched. A.](#)

## 14 Education

### 14.1 Clinical Placements

The MLBC provides access to students in clinical placements from programs acceptable to the Board.

At a minimum, the MLBC provides:

- a) opportunities for midwifery clinical educational placements; and
- b) opportunities for inter-professional clinical educational placements.





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