# Table of Contents

1. Introduction 3

2. Legislative Context in Ontario: Scope of Practice Scheme 4
   2.1. Scope of Practice Statement 5
   2.2. Controlled Acts 5
       2.2.1. Delegation of Controlled Acts 6
       2.2.2. Exceptions to Controlled Acts under the RHPA 7
   2.3. Laboratory and Specimen Collection Licensing Act 8
   2.4. The Public Domain 8

3. Legislative Scope of Midwifery Practice 10
   3.1. Scope of Practice Statement – Key Concepts and Definitions 11
   3.2. Controlled Acts Authorized to Midwives 13
   3.3. Individual Scope of Practice 21
   3.4. External Factors Which May Influence Scope of Practice 22

4. When an Individual’s Clinical Condition Falls Outside The Scope 23
   4.1. Transfer Care to Another Care Provider 24
   4.2. Working Under Delegation 25

5. Conclusion 25

Appendices 26
   Appendix A 27
   Appendix B 28
1. Introduction

The role of the College of Midwives of Ontario (College) is to ensure that midwifery services provided to the public are delivered in a safe and ethical manner by midwives registered with the College. Part of this involves ensuring that midwives understand their scope of practice and practise within it.

The purpose of this guide is to define the midwifery scope of practice set out in the Midwifery Act, 1991\(^1\), its regulations and other legislation that govern the midwifery profession in Ontario. This guide also provides regulatory guidance on how to work within the midwifery scope of practice as well as what to do when a client’s clinical condition falls outside the scope of practice.

\(^1\) S.O. 1991, c 18
2. Legislative Context in Ontario: Scope of Practice Scheme

A health care professional’s scope of practice is the range of activities, including decisions and procedures, that they are authorized to perform by the laws that govern their profession. In Ontario, the scope of practice scheme is set out in the *Regulated Health Professions Act, 1991* (RHPA)\(^2\) and consists of two main elements: a **scope of practice statement** and the **controlled acts** authorized to each profession.

**2.1. Scope of Practice Statement**

The **scope of practice statement** is found in each profession-specific Act and it defines, in broad terms, the outer parameters of what that particular profession can do. For example, the midwifery scope of practice is set out in the *Midwifery Act, 1991* which is the profession-specific Act for midwives. Profession-specific Acts of other health care professionals include the *Medicine Act, 1991* for physicians, the *Nursing Act, 1991* for nurses and the *Pharmacy Act, 1991* for pharmacists.

\(^2\) S.O. 1991, c. 31
2.2. Controlled Acts

Controlled acts are set out in the RHPA and are procedures, tests, and treatments that are considered to pose a risk of harm when performed by someone who is not qualified to perform them. Because there is implicit risk of harm in the performance of controlled acts, they can be performed only by the regulated health professionals who are authorized by their profession-specific Acts (e.g. Midwifery Act, 1991) to perform them. Some professions do not have any controlled acts. Other professions, like midwifery, are authorized to perform many controlled acts. No profession is authorized to perform all controlled acts.

Controlled acts can be authorized to professions either in their entirety or only partially depending on what is considered appropriate for that profession’s scope of practice. For example, the controlled act of managing labour or conducting the delivery of a baby\(^3\) is authorized to physicians in its entirety but is authorized to midwives only partially. This means that physicians can perform all of the controlled act of managing labour or conducting the delivery of a baby without limitations; whereas for midwives this controlled act is limited, and they can only manage labour and conduct spontaneous normal vaginal deliveries.\(^4\)

\(^3\) Medicine Act, S.O. 1991, c. 30
\(^4\) Midwifery Act, S.O. 1991 c. 31, s.4.
2.2.1. Delegation of Controlled Acts

Delegation is a formal process by which a regulated health professional, who is authorized to perform a controlled act, delegates the performance of that controlled act to another individual who is otherwise not authorized to perform it. This other individual may be a member of another profession regulated under the RHPA, a member of an unregulated profession or a member of the public.

For example, a midwife may be delegated the controlled act of placing an instrument, hand or finger into an artificial opening into the body\(^5\) by a physician allowing the midwife to assist during a caesarean birth. Similarly, a midwife might delegate the act of managing labour and conducting spontaneous normal vaginal deliveries\(^6\) to a registered nurse.

The delegation must be in accordance with any regulations or standards of practice. For example, it is a College standard that midwives are prohibited from delegating the controlled act of prescribing.\(^7\) It is also a standard of practice that midwives must only accept delegated acts that they are competent to perform.\(^8\)

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\(^5\) Regulated Health Professions Act, S.O., 1991 c.18, s.27
\(^6\) Midwifery Act, S.O. 1991 c. 31, s.4.
\(^8\) College of Midwives of Ontario, Professional Standards for Midwives, 31 (June 2018) online <https://www.cmo.on.ca/wp-content/uploads/2018/06/Professional- Standards.pdf>
2.2.2. Exceptions to Controlled Acts under the RHPA

Section 29 of the RHPA permits the performance of controlled acts by individuals who do not have the authority to perform a controlled act. This other individual may be a member of another profession regulated under the RHPA, a member of an unregulated profession or a member of the public. These exceptions differ from delegation because no handover of responsibility is required; however, an individual must possess the knowledge, skills and judgment required to perform the controlled act.

One of the exceptions is rendering first aid or temporary assistance in an emergency.9 This exception would permit midwives to place sutures in a cervix in an emergency situation as long as they are competent to do so. Whether or not a situation constitutes an “emergency” will depend on a number of factors, including the immediate harm to the client and the availability of other resources. What may be an emergency in a remote location may not be an emergency in an urban setting where other care providers, more experienced in managing such an emergency, may be readily available.

Another exception is granted to students or trainees who are authorized to perform controlled acts within the scope of their future profession if those acts are done under the direction and supervision of a member of the profession.10 This exception would permit midwifery students to insert a urinary catheter into a pregnant client under the supervision of a midwife registered with the College.11

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9 Regulated Health Professions Act, S.O. 1991 c. 18, s. 29.1(a)
10 Regulated Health Professions Act, S.O. 1991 c. 18, s. 29.1(b)
11 A complete list of exceptions to controlled acts is in the Regulated Health Professions Act, S.O. 1991, c. 18, s 29.1
2.4. The Public Domain

While the RHPA limits the performance of controlled acts to health professionals who are authorized by their profession-specific Act to perform them, many components of health care are not controlled acts because they do not pose risk of harm. This means that these components of care are not prohibited by the controlled acts in the RHPA and can be done by anyone, not only by regulated health professionals. This care is sometimes referred to as being in the **public domain**. For example, taking a blood pressure is in the public domain (i.e. is not a controlled act) which means that unregulated professionals and members of the public can do it. But diagnosing someone with a disease or disorder based on the reading of that blood pressure (e.g. diagnosing a pregnant client with gestational hypertension based on their blood pressure) is a controlled act.\(^{12}\) This is because there is not a great risk of harm in taking the blood pressure but there may be a risk of harm when making a diagnosis based on that blood pressure.

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\(^{12}\) The controlled act is Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
3. Legislative Scope of Midwifery Practice

The legislative scope of midwifery practice consists of the scope of practice statement, the controlled acts authorized to midwives, and all other activities that are in the public domain. This is commonly referred to as the midwifery scope of practice.

3.1. Scope of Practice Statement – Key Concepts and Definitions

The midwifery scope of practice statement is set out in the Midwifery Act, 1991:

The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.\(^\text{13}\)

In order to understand the midwifery scope of practice statement it is important to define some of the terms used in the scope of practice statement as well as how the terms are defined and used for the purpose of this guide.

\(^{13}\) Midwifery Act, S.O. 1991 c. 31, s.3.
**Woman**

*A Woman* means a client who is pregnant, labouring, giving birth or postpartum. For the purposes of this guide, the terms “client” and “individual” will be used interchangeably.

**Postpartum**

*Postpartum* means the period of time beginning with the birth of a baby and ending 6 to 8 weeks after the birth when the effects of pregnancy on many systems have largely returned to the unpregnant state.

**Normal**

*Normal* means an overall clinical picture that is considered low-risk or uncomplicated. Normal applies to the overall health status of the individual and does not necessarily rule out the presence of a specific condition or indicate the complete absence of abnormal. Normal can include infections, conditions, or clinical presentations requiring treatment when the overall health status of the client or newborn is considered low-risk. Determining if a clinical situation is normal requires clinical judgment and may also require consultation with another care provider. Some examples are provided below:

<table>
<thead>
<tr>
<th>Normal / Low Risk</th>
<th>Not Normal / High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 42-week pregnancy in a healthy normotensive individual.</td>
<td>A 42-week pregnancy in an individual with preeclampsia.</td>
</tr>
<tr>
<td>A newborn that has lost 30 grams from day 3 to day 5 but otherwise well.</td>
<td>A newborn that has lost 30 grams from day 3 to day 5 and is lethargic and jaundiced.</td>
</tr>
</tbody>
</table>
According to the midwifery scope of practice, midwives can provide care for individuals during normal pregnancy, labour, spontaneous vaginal birth and the postpartum. According the International Confederation of Midwives (ICM), the role of a midwife includes:

- support, care and advice during pregnancy, labour and the postpartum period, conducting births on their own responsibility and providing care for the newborn. This care includes preventative measures, detecting complications, accessing medical care or other appropriate assistance and the carrying out of emergency measures.\(^\underline{14}\)

The following list provides some examples of care that are in the scope of midwifery practice:

- Diagnosing and managing normal pregnancy
- Performing, prescribing or advising on recommended investigations and treatments during pregnancy, labour and the postpartum for clients and newborns
- Recognizing signs of abnormality in the client, fetus or newborn’s condition that require consultation with or transfer of care to another care provider and providing ongoing care as appropriate
- Caring for individuals during labour and monitoring the condition of the fetus
- Conducting spontaneous vaginal births in any setting such as a home, hospital or birthing centre
- Recognizing and responding to intrapartum and postpartum emergencies
- Examining and caring for the newborn and initiating resuscitation when required
- Caring for and monitoring the progress of the client and newborn in the postpartum period and advising on care to support the best possible outcomes
- Providing contraceptive information, advice and care where appropriate

There are many clinical conditions that exist in pregnancy, labour, birth and the postpartum that are not in the scope of midwifery practice.

The following list provides some examples of situations that are not normal and thus individuals with these conditions are not in the scope of midwifery practice:

• Cardiac disease, renal disease, HIV/AIDS, postpartum psychosis
• Placenta previa, placental abruption
• Uterine inversion, uterine rupture
• Newborns with neurological abnormalities, seizures, major congenital anomalies

There are many clinical conditions that exist in pregnancy, labour, birth and the postpartum that are not in the scope of midwifery practice.

The following list provides some examples of situations that are not normal and thus individuals with these conditions are not in the scope of midwifery practice:

• Cardiac disease, renal disease, HIV/AIDS, postpartum psychosis
• Placenta previa, placental abruption
• Uterine inversion, uterine rupture
• Newborns with neurological abnormalities, seizures, major congenital anomalies
3.2. Controlled Acts Authorized to Midwives

Midwives are authorized to perform a number of controlled acts while practising midwifery. All of the controlled acts authorized to midwives are authorized only partially which means midwives do not have the authority to perform any of the controlled acts in their entirety. The details of this are described below in Table 1.

Controlled acts must be interpreted and understood in light of the scope of practice statement set out in the *Midwifery Act, 1991* and can only be undertaken in the course of engaging in the practice of midwifery.

Table 1: Controlled acts and their interpretation

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in <em>Midwifery Act, 1991</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating to the individu-</td>
<td>Communicating a diagnosis identifying,</td>
</tr>
<tr>
<td>al or his or her personal represen-</td>
<td>as the cause of a woman's or newborn's</td>
</tr>
<tr>
<td>tative a diagnosis identifying a</td>
<td>symptoms, a disease or disorder that may</td>
</tr>
<tr>
<td>disease or disorder as the cause</td>
<td>be identified from the results of a labo-</td>
</tr>
<tr>
<td>of symptoms of the individual in</td>
<td>ratory or other test or investigation that a</td>
</tr>
<tr>
<td>circumstances in which it is rea-</td>
<td>member is authorized to order or perform</td>
</tr>
<tr>
<td>sonably foreseeable that the indi-</td>
<td>on a woman or a newborn during normal</td>
</tr>
<tr>
<td>vidual or his or her personal repre-</td>
<td>pregnancy, labour and delivery and for up</td>
</tr>
<tr>
<td>sentative will rely on the diagnosis.</td>
<td>to six weeks post-partum.</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may diagnose diseases and disorders, based on tests or investigations, for clients and newborns from pregnancy up to 6 weeks postpartum.

Midwives also may provide care to clients and newborns up to approximately 8 weeks after the birth providing the care does not involve the diagnosis of a disease or disorder providing they have not yet been discharged from midwifery care.

**Not Permitted**

Midwives are not permitted to diagnose diseases and disorders for individuals who are not pregnant or who are more than 6 weeks postpartum and newborns who are older than 6 weeks.

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*Column 1 of Table 1 lists the controlled acts in the order in which they appear in the *Regulated Health Professions Act*, S.O. 1991 c. 18, s. 27*
<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing a procedure on tissue below the dermis, below the surface of a mucous membrane,</td>
<td>Performing episiotomies and amniotomies and repairing episiotomies and lacerations, not involving the</td>
</tr>
<tr>
<td>in or below the surface of the cornea, or in or below the surfaces of the teeth, including</td>
<td>anus, anal sphincter, rectum, urethra and periurethral area.</td>
</tr>
<tr>
<td>the scaling of teeth.</td>
<td></td>
</tr>
<tr>
<td>Permitted</td>
<td>Permitted</td>
</tr>
<tr>
<td>Midwives may perform episiotomies and amniotomies.</td>
<td>Midwives may repair lacerations and episiotomies based on the tissues involved which means repairing the muscle and skin of the perineum and labia.</td>
</tr>
<tr>
<td>Not Permitted</td>
<td>Not Permitted</td>
</tr>
<tr>
<td>Midwives are not permitted to repair tissues of the anus, anal sphincter, rectum, (e.g. 3rd</td>
<td>Midwives are not permitted to perform any other procedures below the dermis or the mucus membrane such as acupuncture or newborn frenectomies.</td>
</tr>
<tr>
<td>and 4th degree perineal tears) urethral or periurethral area. Midwives are not permitted to</td>
<td></td>
</tr>
<tr>
<td>perform venipuncture and skin pricking. In some circumstances, if the test is related to the</td>
<td>Permitted</td>
</tr>
<tr>
<td>delivery of midwifery care to the client, midwives may take blood samples from a non-client</td>
<td>Taking blood samples from newborns by skin pricking or from persons from veins or by skin pricking.</td>
</tr>
<tr>
<td>(e.g. client’s partner, newborn’s father). Midwives may take blood sample from newborns by</td>
<td></td>
</tr>
<tr>
<td>skin pricking only.</td>
<td></td>
</tr>
<tr>
<td>Not Permitted</td>
<td>Not Permitted</td>
</tr>
<tr>
<td>Midwives are not permitted to perform venipuncture on newborns. Midwives are not permitted</td>
<td>Midwives are not permitted take blood samples from a non-client if the test is unrelated to the delivery of care to the client.</td>
</tr>
<tr>
<td>take blood samples from a non-client if the test is unrelated to the delivery of care to the</td>
<td></td>
</tr>
<tr>
<td>client.</td>
<td></td>
</tr>
<tr>
<td>Controlled Act in the RHPA</td>
<td>Controlled Act in Midwifery Act</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Setting or casting a fracture of a bone or a dislocation of a joint.</td>
<td>Not Authorized&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.</td>
<td>Not Authorized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering a substance by injection or inhalation.</td>
<td>Administering, by injection or inhalation, a substance designated in the regulations.</td>
</tr>
</tbody>
</table>

### Permitted

Midwives may administer, by injection or inhalation, only those substances designated in the Designated Drugs regulation.<sup>17</sup> For example, midwives may administer only nitrous oxide and therapeutic oxygen for inhalation. Midwives may also administer by injection numerous substances specified in the regulation, such as Hepatitis B vaccine, oxytocin, and administering fluids through intravenous catheters.

### Not Permitted

Midwives are not permitted to administer by injection or inhalation a substance that is not designated in the Designated Drugs Regulation.

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<sup>16</sup> All controlled acts not authorized to midwives under the *Midwifery Act, 1991* can only be performed only under delegation in accordance with College standards.

<sup>17</sup> Designated Drugs O. Reg. 884/93
<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering a substance by injection or inhalation.</td>
<td>Administering a substance by injection or inhalation if the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario.</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may administer by injection or inhalation any substance as long as a physician orders it.

**Not Permitted**

Midwives are not permitted to administer a substance by injection or inhalation on the order of any other care provider.

---

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
</table>
| Putting an instrument, hand or finger,  
  i. beyond the external ear canal, | Not Authorized |
| ii. beyond the point in the nasal passages where they normally narrow, | Not Authorized<sup>18</sup> |

**Permitted**

Midwives may insert an instrument beyond the larynx of a newborn for the purpose of intubation only.

**Not Permitted**

Midwives are not permitted to insert anything beyond the larynx of an adult and are not permitted to insert an instrument beyond the larynx of a newborn for anything other than intubation.

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<sup>18</sup> Midwives are not authorized to put an instrument hand or finger beyond the point in the nasal passages where they normally narrow but may perform this controlled act in an emergency situation such as the performance of neonatal resuscitation.

<sup>19</sup> Under the Midwifery Act, a midwife is not authorized to perform this procedure unless the midwife performs it in accordance with the requirements set out in Part III of the College’s General Regulation (Intubation of a Newborn).
<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting an instrument, hand or finger, iv. beyond the opening of the urethra,</td>
<td>Inserting urinary catheters into women</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may go beyond the opening of the urethra only for inserting catheters into clients.

**Not Permitted**

Midwives are not permitted to insert urinary catheters into newborns or individuals who are not midwifery clients.

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting an instrument, hand or finger, v. beyond the labia majora,</td>
<td>Putting an instrument, hand or finger beyond the labia majora or anal verge during pregnancy, labour and the post-partum period.</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may perform procedures that involve hands, fingers or instruments placed beyond the labia majora or anal verge. This means midwives may perform numerous procedures including inserting a speculum into the vagina to obtain cervical specimens, inserting fingers into the vagina to assess cervical dilation and beyond the cervix to assess fetal presentation. This act also includes the insertion of fetal scalp electrodes and urinary catheters into the uterus for cervical ripening and dilation. Midwives can also insert a finger into the rectum for performing assessments on clients.

**Not Permitted**

Midwives are not permitted to perform any procedures on a newborn that goes beyond the labia majora or the anal verge.
<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting an instrument, hand or finger,</td>
<td>Administering suppository drugs designated in the regulations beyond the anal verge during pregnancy, labour and the post-partum period.</td>
</tr>
<tr>
<td>vi. beyond the anal verge, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Permitted</strong></td>
<td></td>
</tr>
<tr>
<td>Midwives may insert a finger into the rectum for administering medications that are included in the College’s Designated Drugs Regulation.</td>
<td></td>
</tr>
<tr>
<td><strong>Not Permitted</strong></td>
<td></td>
</tr>
<tr>
<td>Midwives must not go beyond the anal verge to administer medications that are not included in the College’s Designated Drugs Regulation.</td>
<td></td>
</tr>
<tr>
<td>Controlled Act in the RHPA</td>
<td>Controlled Act in Midwifery Act</td>
</tr>
<tr>
<td>Putting an instrument, hand or finger,</td>
<td>Not Authorized</td>
</tr>
<tr>
<td>vii. into an artificial opening into the body</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Permitted</strong></td>
<td></td>
</tr>
<tr>
<td>Midwives may order and perform pregnancy and postpartum diagnostic ultrasounds on individuals who are pregnant or postpartum. Examples include routine fetal assessment, confirmation of placental location and retained products of conception.</td>
<td></td>
</tr>
<tr>
<td><strong>Not Permitted</strong></td>
<td></td>
</tr>
<tr>
<td>Midwives are not permitted to order or perform diagnostic ultrasounds for conditions that are not related to pregnancy, birth or postpartum, nor can they perform or order ultrasounds on the newborn as follow up to conditions identified in the fetus.</td>
<td></td>
</tr>
</tbody>
</table>

---

20 This controlled act is authorized to midwives under the Controlled Acts regulation made under the RHPA by way of exemption. Being exempt from a controlled act means that a particular regulated health professional (e.g. a midwife) is excluded from belonging to a profession that is not able to carry out a certain act. This is the only exemption set out in the Controlled Acts regulation that applies to midwives.
<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.</td>
<td>Prescribing drugs designated in the regulations.</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may prescribe drugs included in the Designated Drugs regulation and drugs that can be lawfully purchased or acquired.

**Not Permitted**

- Midwives are not permitted to dispense, sell, or compound a drug.
- Midwives are not permitted to prescribe a drug that is not included in the regulation.

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.</td>
<td>Not Authorized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing a hearing aid for a hearing-impaired person.</td>
<td>Not Authorized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.</td>
<td>Not Authorized</td>
</tr>
<tr>
<td>Controlled Act in the RHPA</td>
<td>Controlled Act in Midwifery Act</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Managing labour or conducting the delivery of a baby.</td>
<td>Managing labour and conducting spontaneous normal vaginal deliveries.</td>
</tr>
</tbody>
</table>

**Permitted**

Midwives may manage labours and may conduct only deliveries that are spontaneous, normal and vaginal.

**Not Permitted**

Midwives are not permitted to conduct deliveries that are not spontaneous, normal and vaginal.

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.</td>
<td>Not Authorized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Act in the RHPA</th>
<th>Controlled Act in Midwifery Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.</td>
<td>Not Authorized</td>
</tr>
</tbody>
</table>
3.3. Individual Scope of Practice

Unlike the legislative scope of practice, that sets the outer parameters of the midwifery profession, a midwife’s individual scope of practice is unique to each midwife and depends on the knowledge, skills and judgment they possess. It can also be influenced by their practice context. Some midwives will practise to full scope which means they will perform all aspects of the legislative scope of midwifery practice. Other midwives will perform some, but not all, aspects of the midwifery scope of practice which means their individual scope will be smaller than the legislative scope. For example, a midwife who does not perform oxytocin inductions and augmentations or who does not perform diagnostic ultrasounds of pregnancy and postpartum because they do not have the knowledge and skills to do so has a smaller individual scope than the legislative scope.

A midwife’s individual scope of practice can change throughout their career. Midwives can choose to expand their individual scope by engaging in professional development activities, such as participating in trainings and taking courses. In all circumstances, midwives must work within the boundaries of the scope of practice of the midwifery profession and be competent in all areas of their practice.
3.4. External Factors Which May Influence Scope of Practice

There are a number of external factors that influence the midwifery scope of practice. The three biggest factors are the compensation model for midwives, institutional policies and protocols, and access to health care resources.

Midwives are typically compensated through Midwifery Practice Groups (MPG) based on a funding formula that requires midwives to provide prenatal, intrapartum, postpartum, and newborn care. This means that most midwives have an individual scope that is similar to the legislative scope because their compensation is tied to the provision of all aspects of midwifery care from the prenatal period to postpartum discharge at 6–8 weeks. This is an external factor that influences a midwife’s scope of practice. Despite the compensation formula and MPG model, midwives may still choose to practise in other models, either temporarily or on a permanent basis\(^{21}\), as long as they practise within the legislative scope and their competencies.

Another external factor that may influence a midwife’s scope of practice is their practice setting. Institutions, such as hospitals, are responsible for developing their internal policies and protocols, including determining whether a health care provider who is employed or holds privileges at that institution can perform certain procedures in that practice setting. While institutions cannot expand a health care provider’s legislative scope of practice, they have the authority to implement institutional policies that prevent a health care provider from practising to the full extent of their legislative scope despite the authority and the necessary competencies they may possess. This is not unique to midwifery. If the performance of the procedure is limited in a setting where a midwife practises, they can advocate (either individually or collectively) and work with other health care providers to develop policies and protocols that reflect the legislative scope of midwifery practice and are in the clients’ best interest.

\(^{21}\) This is subject to meeting the College’s registration and quality assurance requirements.
A midwife’s ability to practise to full scope may also be limited by their lack of access to the necessary healthcare resources, such as medications and laboratory tests. For example, screening for hypothyroidism during pregnancy is not outside the scope of practice but the test itself is not listed as one that midwives may request under the *Laboratory and Specimen Collection Centre Licensing Act*. In these circumstances, midwives are required to consult with another health care provider (e.g. a physician) to be able to offer and provide the appropriate test or treatment.

4. When an Individual’s Clinical Condition Falls Outside The Scope

Midwives must work within the boundaries of the midwifery scope of practice and the controlled acts authorized to midwives and be competent in all areas of their practice. So when a client’s clinical condition falls outside the legislative or individual scope of practice, the midwife has two options: either they can transfer responsibility and accountability (i.e. transfer care) for the client to another health care provider or provide care under delegation in accordance with College standards.

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22 *Laboratory and Specimen Collection Licensing Act*, R.S.O. 1990, 682. Appendix B
23 *Professional Standards for Midwives*, 1
24 *Professional Standards for Midwives*, 2
4.1. Transfer Care to Another Care Provider

A transfer of care occurs when the care a client requires falls outside of the midwife’s individual, institutional or legislative scope of practice. For example, a term client with a fetus in a frank breech presentation who is requesting a caesarean birth must be transferred to a physician because only births that are spontaneous and vaginal are in the midwifery legislative scope of practice. A caesarean birth is not in the midwifery scope. If this same client were to request a vaginal birth, a midwife can provide this care if she has the competence to manage it because a spontaneous vaginal birth is in the legislative scope of practice. If a midwife does not have the competence to manage a vaginal breech birth, they must transfer the client to another midwife or a physician because the care required is outside the midwife’s individual scope. After a transfer of care has taken place, a midwife should continue providing care to the client in collaboration with the most responsible provider (MRP) and in the best interest of the client.\textsuperscript{25} Prior to or during a transfer of care, a midwife should ensure that clients understand who the MRP is and that their plan of care may change.\textsuperscript{26}

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\textsuperscript{25} Professional Standards for Midwives
\textsuperscript{26} Professional Standards for Midwives
4.2. Working Under Delegation

Delegation provides midwives with the legal authority to perform a controlled act that is not authorized to the midwifery profession. This allows midwives to work outside the scope of practice as long as a regulated health professional, with the authority to perform the controlled act, grants this authority to the midwife. For example, a newborn with GBS sepsis must be transferred to a physician because this is outside the legislative scope of practice. A midwife can, however, participate in the care of this newborn as long as any controlled acts, such as inserting an intravenous catheter, are provided under delegation.

5. Conclusion

No document can define every activity, such as a test or treatment, that a midwife is or is not authorized to perform because it is not possible to foresee and address all clinical situations that will arise throughout a midwife’s professional career. Therefore, midwives must use their judgment to determine when they can perform an activity on their own authority because it falls within their scope of practice (legislative or individual) or when they need to transfer care because their client requires an activity that no longer falls within their scope of practice. Determining if care or a client’s clinical condition falls within or outside the scope of practice is not always straightforward. It depends on a range of inter-related factors and may require a consultation with another care provider.

The College has developed decision-making tools\(^{27}\) to assist midwives in making decisions in relation to their scope of practice and accepting a delegation.

For more information about the scope of practice, please contact the College’s Professional Practice Advisor at practiceadvice@cmo.on.ca.

\(^{27}\) See appendices A and B
Appendices
Appendix A

Decision-making tool for determining if an activity is in your scope of practice

Is the activity in my legislative scope of practice?  

Yes  

No

Am I competent to safely perform the activity?  

Yes

No

Does my practice setting support the activity?  

Yes

No

Do I have access to the healthcare resources required to perform the activity?  

Yes

No

Proceed. Perform the activity in accordance with the standards of the profession and other requirements you are expected to meet as a midwife.

You are not authorized to perform the activity.  

You may be authorized to perform the intervention or activity under delegation in accordance with College standards.

Transfer care to an appropriate health care provider.

Collaborate with other health care providers to find a solution that is in your client’s best interest or transfer care.

Consult with an appropriate health care provider for further treatment.

Explanatory Notes

1. The legislative scope of midwifery practice consists of the scope of practice statement, the controlled acts authorized to midwives, and all other activities that are in the public domain.

2. Delegation means a process where a regulated health professional (the delegator) who is authorized to perform a controlled act, as defined under the Regulated Health Professions Act, 1991, designates that authority to someone else (delegatee) who is not authorized to perform that controlled act.

3. Transfer of Care is 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.
Appendix B

Decision-making tool for a midwife accepting a delegation

- Is it a controlled act authorized to midwives?
  - Yes: Delegation is not required.
  - No
    - Does the delegator have authority to delegate it?
      - Yes
        - Are you competent to perform the delegated act?
          - Yes
            - Is your certificate of registration clear of any terms, conditions or limitations that would prevent you from performing the act?
              - Yes
                - Has the client provided informed consent to you performing the act under delegation?
                  - Yes: Accept delegation in accordance with College standards and other requirements you are expected to meet as a midwife.
                  - No
              - No
          - No
      - No
  - No
  - No
  - No
  - No

Must not accept delegation