

**Midwifery dictionary
was approved by PMSEC on September 14, 2017**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 10 subject matter experts, who work across 6 of the province's health authorities and with representation from the College of Midwives of British Columbia.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

Below are decisions made by the review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

1. Refer to the scope of practice defined by the College of Midwives of British Columbia (CMBC).

The panel was in agreement to continue to use the scope of practice as defined by the College of Midwives of British Columbia.

2. Use the CMBC specialized-practice certification to determine renewal of privilege and return to practice requirements for individuals.

The decision was made to remove volume requirements in renewal of privilege and return to practice. Midwives are required to obtain a specialized practice certification issued by the CMBC.

3. Refer to the Society of Obstetricians and Gynecologists of Canada (SOGC) policy statement for practice standards

The panel pointed to the SOGC (No.113 April 2002) policy statement that “competence in obstetric care is not dependent on the number of births attended annually.” Instead of number of births, the panel identified training requirements and practice evaluation to demonstrate competency.

Overall

Decision / Revision: Use the CMBC specialized-practice certification to determine initial privileges, renewal of privilege and return to practice requirements for all non-core privileges

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Requirements for non-core privileges were based on clinical volume completed per specific timeframe</p> <p><i>Example:</i> Non-core Privileges: Acupuncture use in labour and in the immediate postpartum</p> <p>Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in acupuncture obtained through a course or program established or approved by the CMBC.</p> <p>Renewal of privilege: The management of 3 acupuncture treatments in the past 12 months and demonstrated current skill based on results of ongoing professional practice evaluation and outcomes.</p> <p>Return to practice: The College of Midwives of BC recommends recertification where a midwife had managed fewer than 3 acupuncture treatments over the preceding 12-month period, unless she has significant prior experience.</p>	<p>Refer to training requirements to define renewal of privileges and return to practice</p> <p><u>C1</u>: <i>Example:</i> Midwives with certification by the CMBC in acupuncture may insert acupuncture needles for pain relief.</p> <p>Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in acupuncture obtained through a course or program established or approved by the CMBC. Proof of CMBC-issued specialized practice certification in acupuncture must be verified by the department head before recommending this non-core privilege.</p> <p>Renewal of privilege: Proof of CMBC-issued specialized practice certification in acupuncture for use in labour and the immediate post-partum.</p> <p>Return to practice: Proof of CMBC-issued specialized practice certification in acupuncture for use in labour and the immediate post-partum.</p>

Registered Midwife Clinical Privileges

Name: _____
Effective from _____/_____/_____ to _____/_____/_____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: September 14, 2017

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information by uploading the appropriate documents

Medical/Clinical leaders: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cutoffs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

This document is focused on defining qualifications related to training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Registered Midwife Clinical Privileges

Definition

A midwife is a primary health care professional who is responsible and accountable to provide clients with the necessary support, care, and advice during pregnancy, labour and the postpartum period, and to conduct births and provide care for mothers and newborns up to three months postpartum. The scope of care includes preventative measures, the facilitation of normal birth, the detection of complications in mother and child, the management of certain low to moderate risk situations and the accessing of medical care based on the College of Midwives of British Columbia's (CMBC's) *Indications for Discussion, Consultation and Transfer of Care* and carrying out of emergency measures. A midwife practices in the home, community, hospitals, clinics, or health units.

The scope of midwifery practice is outlined and available on the CMBC website.

Qualifications for Midwifery

Initial privileges: To be eligible to apply for medical staff (midwifery) privileges the applicant must meet the following criteria:

- Be a graduate of a midwifery education program approved by the College of Midwives of British Columbia (CMBC)
AND
- Be eligible for registration as a midwife by the CMBC
OR
- Be eligible to be registered as a midwife by the CMBC by virtue of credentials earned elsewhere which are acceptable to both the CMBC and the governing body of the Health Authority and its Affiliate(s).

Required current experience: Must maintain active practice requirements with the CMBC

AND

Experience must correlate to the privileges requested.

Renewal of privileges: To be eligible to renew privileges as a Midwife, the applicant must meet the following criteria:

Must be registered with the CMBC. Must demonstrate ongoing compliance with Medical Staff Bylaws and Rules.

Provide full or part-time midwifery services within the past 36 months and

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demonstrate competency based on results of ongoing professional practice evaluation and outcomes.

Return to practice:

Requires approval of department head and holds an active license

Core privileges: Midwifery

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested

Admitting and discharge of a client or her infant for the purpose of primary care in antepartum, intrapartum and the postpartum period. Order and interpret results of screening and diagnostic tests; prescribe, order and administer pharmaceuticals, conduct births and care for newborns; carry out basic life support and other emergency measures. Identify complications and consult with other members of the medical staff as appropriate.

Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty at this organization would competently perform, and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Write orders and prescribe and or administer pharmaceuticals
- Collect specimens and/or order and interpret results of screening and diagnostic tests
- Order and review of ultrasound for diagnostic or other imaging purposes
- Administer medication prescribed by a consulting physician
- Perform history and physical examination
- Request consultations from other members of the medical staff.
- Assess and manage labour
- Assess fetal heart tones by auscultation and electronic means including application of scalp electrodes
- Perform episiotomies
- Assist and support the spontaneous vaginal birth of the baby and placenta

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- Repair lacerations and episiotomies
- Manage obstetrical emergencies including postpartum hemorrhage, shoulder dystocia
- Perform immediate newborn assessment and manage ongoing care of the well newborn
- Perform neonatal and maternal resuscitation
- Manage postpartum complications

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill.
- Are requested individually in addition to requesting the core.
- Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Non-core privileges: Monitoring epidural pain relief in labour

Requested

The appropriately certified midwife is responsible for the monitoring of the client while an epidural is working and is responsible to notify the anesthesiologist if concerns arise. This is normally a nursing function.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. A certified midwife will have completed an in-hospital orientation and provided a form letter signing off on the education and orientation obtained to CMBC. Proof of CMBC-issued specialized practice certification in Epidural Management must be verified by the department head before recommending this non-core privilege. The CMBC has a *Framework for Epidural Management* which may be of assistance to the department head or chief of staff.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in epidural management

Return to practice: Proof of CMBC-issued specialized practice certification in epidural management.

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Non-core privileges: Acupuncture use in labour and in the immediate postpartum

Requested

Midwives with certification by the CMBC in acupuncture may insert acupuncture needles for pain relief.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in acupuncture obtained through a course or program established or approved by the CMBC. Proof of CMBC-issued specialized practice certification in acupuncture must be verified by the department head before recommending this non-core privilege.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in acupuncture for use in labour and the immediate post-partum.

Return to practice: Proof of CMBC-issued specialized practice certification in acupuncture for use in labour and the immediate post-partum.

Non-core privileges: Surgical first assist for cesarean section

Requested

Experienced midwives with certification in surgical first assist for cesarean section may attend an operative birth as the first assist

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in surgical first assist for cesarean section obtained through a course or program established or approved by the CMBC. Proof of CMBC-issued specialized practice certification in surgical first assist for cesarean section must be verified by the department head before recommending this non-core privilege.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in surgical first assist for cesarean section.

Return to practice: Proof of CMBC-issued specialized practice certification in surgical first assist for cesarean section.

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Non-core privileges: Vacuum assisted emergency delivery

Requested

Experienced midwives with certification in vacuum assisted delivery may conduct a vacuum assisted birth.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in vacuum assisted birth obtained through a course or program established or approved by the CMBC. Proof of CMBC-issued specialized practice certification in vacuum assisted birth must be verified by the department head before recommending this non-core privilege.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in vacuum assisted birth.

Return to practice: Proof of CMBC-issued specialized practice certification in vacuum assisted birth.

Non-core privileges: Induction and augmentation of labour in hospital

Requested

A midwife with this specialized practice certification may write orders and manage a labour by induction or augmentation under the following conditions: procedure is done in hospital, client has singleton pregnancy, fetus is in a vertex presentation, there are no contraindications, and communication with hospital staff has occurred. A midwife may not administer prostaglandin or initiate an IV oxytocin induction/augmentation with a client who has a history of previous uterine surgery without a physician consult and order. A separate specialized practice certification is required for the management of infusion pumps. Further details can be found in CMBC's Framework for Induction and Augmentation of Labour and Framework for Managing Infusion Pumps for Induction and Augmentation.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in initiating and managing medical induction and augmentation of labour obtained through a course or program established or approved by the CMBC.

Proof of CMBC-issued specialized practice certification in induction and augmentation must be verified by the department head before recommending this non-core privilege. If also managing the infusion pumps, proof of CMBC-issued specialized practice certification in managing infusion pumps for induction and augmentation must be verified by the department head before recommending this

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non-core privilege

Renewal of privilege: Proof of CMBC-issued specialized practice certification in induction and augmentation and, if practiced, Proof of CMBC-issued specialized practice certification in managing infusion pumps for induction and augmentation.

Return to practice:

Proof of CMBC-issued specialized practice certification in induction and augmentation and, if practiced, Proof of CMBC-issued specialized practice certification in managing infusion pumps for induction and augmentation.

Non-core privileges: Management of Sexually Transmitted Infections

Requested

A midwife with specialized practice certification may prescribe, order and administer drugs and substances for the treatment of sexually transmitted infections per CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs for Sexually Transmitted Infections*, throughout the perinatal period and for up to three months following delivery.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in the management of sexually transmitted infections must be obtained through a course or program established or approved by CMBC.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in sexually transmitted infection management.

Return to practice: Proof of CMBC-issued specialized practice certification in sexually transmitted infection management.

Non-core privileges: Prescribing Hormonal Contraceptives

Requested

A midwife with specialized practice certification may prescribe and/or order hormonal contraception as per CMBC's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Hormonal Contraceptives* for up to three months following delivery.

Initial privileges: Initial applicants must qualify for and be granted core privileges as a Midwife. Specialized practice certification in prescribing hormonal contraceptives must be obtained through a course or program established or

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approved by CMBC.

Renewal of privilege: Proof of CMBC-issued specialized practice certification in prescribing hormonal contraceptives.

Return to practice: Proof of CMBC-issued specialized practice certification in prescribing hormonal contraceptives.

Context specific privileges

Context refers to the capacity of a facility to support an activity.

None identified at this time.

Reference Only

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Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline. Please note that additional privileges are not automatically granted, but are reviewed to ensure alignment with site requirements and capacity.

Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

Additional Privilege

Requested Not Requested

Comments:

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

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Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Medical / Clinical Leader's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege condition/ modification/ explanation

Notes:

Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: