




Canadian Midwifery Regulators Council | Conseil canadien des ordres de sages-femmes

APPENDIX TO THE


# Canadian Competencies for Midwives

March 2024

**Approved & Adopted  
SCM Transitional Council  
June 2024**













Permission to reproduce this document is granted  
Please recognize the CMRC ([www.cmrc-ccosf.ca](http://www.cmrc-ccosf.ca)) 

Please note that the terms “midwife” and “midwives” include all persons practicing as registered midwives.

Please see the National Council of Indigenous Midwives’ “*A Framework of Competencies (2019), a National Indigenous Midwifery Competency Framework and National Occupation Standard for Indigenous Midwives*”   
for more information about Indigenous Midwifery competencies.



# Table of Contents

	ACKNOWLEDGEMENTS	3
	EXECUTIVE SUMMARY	4
	WHAT IS INCLUSIVE MIDWIFERY CARE?	5
	APPENDIX TO THE <i>CMRC CANADIAN COMPETENCIES FOR MIDWIVES (2020)</i>	6
	I.A. Assessment	7
	I.B. Decision-Making	10
	I.C. Care Planning	12
	I.D. Implementation	14
	I.E. Population Health	22
	I.F. Reproductive and Sexual Health	24
	GLOSSARY	26
	REFERENCES	29



# Acknowledgements

The Appendix to the Canadian Competencies for Midwives was revised in 2023-2024 to better meet the needs of marginalized people including Indigenous clients, racialized clients, people with disabilities, 2SLGBTQQIA+ clients, under-housed clients, im(migrants), youth, and more. This revision was made possible with the invaluable support, knowledge, and expertise of a Steering Committee consisting of midwives, a midwifery educator, a midwifery regulator, a midwifery student, and a midwifery client. The Steering Committee was led by Melanie Murdock and supported by Tracy Murphy, Executive Director of the Canadian Midwifery Regulators Council (CMRC).

We extend our sincerest thanks to our Steering Committee members Alisha Julien-Reid (Mi'kmaq Midwife, Nova Scotia), Andréa Houle (Sage-femme et Chargée des affaires professionnelles, Ordre des sages-femmes du Québec), Touka Shamkhi (Registered Midwife, Ontario), Claire Ramlogan-Salanga (Registered Midwife, Ontario and Midwifery Instructor at McMaster University), Amber Douziech (Registered Midwife and Provincial Midwifery Clinical Consultant for Shared Health, Manitoba), Taryn Assaf (Registered Midwife, Alberta), Tracy Hydeman (Registered Midwife, Northwest Territories), our midwife representing Québec, and our midwifery client who was instrumental in prioritizing a client-centered approach.

Also, we are grateful for the thoughtful feedback of midwives who participated in our workshop at the Canadian Association of Midwives (CAM) Conference during the Fall of 2023, the asynchronous review conducted by key members of provincial and territorial associations, the guidance of our colleagues at CAM, and the wisdom and expertise of our partners at the National Council of Indigenous Midwives (NCIM).

Finally, we extend our gratitude to the CMRC Board members who provided us feedback and all others who supported our work to advance inclusive midwifery care across the country.

This project was funded by Health Canada's Sexual and Reproductive Health Fund.

## Feedback Mechanism

**The Appendix will continue to be expanded and revised over time. We invite you to share your feedback, comments, questions, and concerns using the [following link](#) or by scanning this QR code.**



**Your continued feedback allows The Appendix to be dynamic and ever-changing. Thank you!**



# Executive Summary

## Overview

The Appendix is a companion document to the *CMRC Canadian Competencies for Midwives (2020)*. It expands upon the Primary Care Provider role to outline the entry-level skills & abilities expected of a midwife entering practice in the following areas:

- ▶ I.A. Assessment
- ▶ I.B. Decision-Making
- ▶ I.C. Care Planning
- ▶ I.D. Implementation
- ▶ I.E. Population Health
- ▶ I.F. Sexual and Reproductive Health

## Audience and Purpose

The Appendix is a tool that can be used by midwives, midwifery students, educators, preceptors, and midwifery regulators to better understand the specific skills and abilities related to the Primary Care Provider role. The Appendix may serve as an educational tool or to provide guidance in teaching, learning, evaluation, self-assessment, and more.

\* *Note: an entry-level midwife may not have mastered all elements in this appendix, but should be able to apply their knowledge and capabilities to demonstrate the skills/abilities expected of a primary care provider as outlined below.*

## Limitations

We recognize that The Appendix is influenced by Eurocentric and Western biomedical models of reproductive health and care. Across the country, settler colonialism and medicalization have influenced midwifery and the healthcare system in which midwives practice. The Appendix may outline competencies, skills, and abilities that are reflective of Canada's Eurocentric and biomedical health system. Readers are encouraged to reflect on how these models can perpetuate harm, how to actively dismantle them, and how to provide midwifery care that comprehensively meets the needs of all birthing people. We recognize that The Appendix must evolve alongside the needs of birthing people and we are committed to implementing your ongoing feedback.

\* *Note: The Appendix and the examples provided herein are not all exhaustive; skills and abilities may be applied differently across Canada depending on location, resources, community standards, models of care, regulations, judgment, and the client's wishes.*



# What is **inclusive** midwifery care?

Inclusive midwifery care is central to meeting the comprehensive needs and desires of all birthing people are their families.

Inclusive midwifery care involves trauma-informed, client-centered, comprehensive, and compassionate care and requires midwives to actively engage in anti-oppressive practices, to practice cultural humility, and to strive towards providing culturally safe & relevant care.

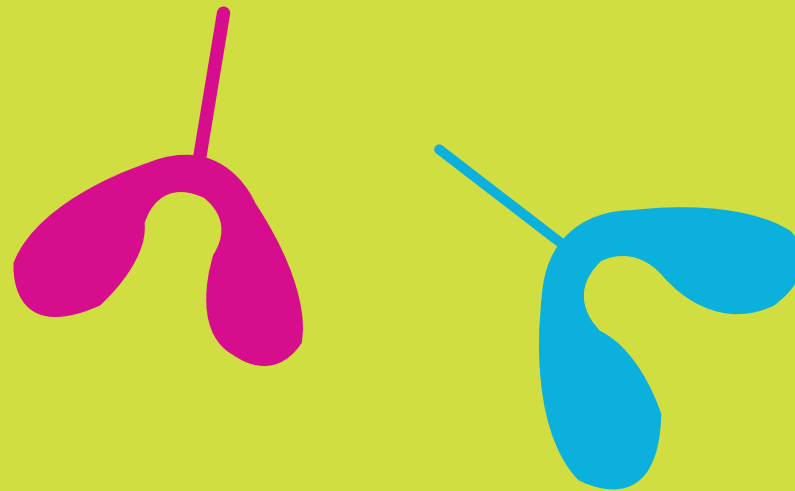
The following illustration demonstrates principles that are foundational to inclusive midwifery care. Each of these principles should be applied to all the competencies, skills, and abilities outlined throughout The Appendix.



APPENDIX TO THE

# Canadian Competencies for Midwives

March 2024



# 1.A. Assessment

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.A.1.</b> ► Collects the client's <i>comprehensive</i> contextual health history.	<b>I.A.1.1</b> ► Gathers the <i>client's comprehensive health</i> history by engaging in a dialogue that applies effective and accessible communication strategies.	<b>I.A.1.1.1</b> ► Builds relationships with clients that foster trust and is committed to understanding their needs holistically, promoting their health, and accompanying them throughout the perinatal period.
		<b>I.A.1.1.2</b> ► Obtains medical, social, relational, personal, and <i>sexual health</i> histories and transparently explains to the client why midwives ask such questions. Provides space for the client to disclose personal information only if they want to and when they are ready.
		<b>I.A.1.1.3</b> ► Discusses options and approaches to midwifery care and works with the client to determine what best suits their needs.
		<b>I.A.1.1.4</b> ► Co-develops a care plan with the client that comprehensively considers medical and social risk factors to proactively reduce harm. Is mindful of how a person's genes, environment, <i>social determinants of health</i> , personal experiences, social relationships, and more can interact and conflate to increase health risks (see " <i>intersectionality</i> ").
		<b>I.A.1.1.5</b> ► Uses appropriate interviewing and communication techniques to obtain <i>comprehensive</i> information about the client including, but not limited to: medical, family, obstetrical, and infant feeding history; genetic and environmental factors; medications and supplements; substance use; exposure to hazards; lifestyle and nutrition; allergies; psychosocial wellbeing; culture; <i>social determinants of health</i> ; and more. Discusses the impact of the above factors on pregnancy, birthing, the fetus, chest/breast feeding, and the postpartum period.
		<b>I.A.1.1.6</b> ► Documents in a <i>comprehensive</i> , accurate, & timely manner.
<b>I.A.2.</b> ► Assesses for variations of normal, and signs and symptoms of abnormal conditions.	<b>I.A.2.1</b> ► Assesses the client's overall wellbeing using a <i>comprehensive, holistic</i> , and culturally-safe approach, and communicates assessments with the client.	<b>I.A.2.1.1</b> ► Assesses the client's health holistically including their mental, physical, emotional, social, and relational wellbeing according to the co-developed care plan.
		<b>I.A.2.1.2</b> ► Recognizes how their own biases impact their evaluation and response to health risks. Accurately assesses health risks associated to people's identity, <i>social determinants of health</i> , and personal history to avoid over- or under-treating clients.
		<b>I.A.2.1.3</b> ► Interviews clients using a trauma-informed, <i>holistic</i> , and inclusive approach. Uses translation, interpretation, and/or assistive devices to support effective communication and documents succinctly.
		<b>I.A.2.1.4</b> ► Is attentive to verbal and non-verbal cues and is mindful of cultural differences in communication (e.g. differences in tone of voice, facial expressions, or body language).
		<b>I.A.2.1.5</b> ► Engages the client in informed decision-making and uses the agreed upon method, resources, and/or tools to evaluate client wellbeing, as clinically indicated (e.g. lab work, diagnostic imaging, physical examinations, fetal health surveillance, prenatal diagnostic testing, abdominal palpation, fetal heart auscultation, assessment of labour progression, vital signs, and more).
<b>I.A.2.2</b> ► Conducts <i>research</i> to inform health assessments and responses to variations of normal and/or abnormal conditions.	<b>I.A.2.2.1</b> ► Critically reviews, evaluates, and applies the most recent evidence-based information to act in accordance with best practices in health assessment and to support informed choice, decision-making, and care planning.	

# 1.A. Assessment

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<p><b>1.A.2.3</b> ▶ Accompanies the client to navigate health systems when facing variations of normal and/or abnormal conditions.</p> <p><b>1.A.2.4</b> ▶ Is knowledgeable of, and supports, cultural understandings of perinatal health including milestones in pregnancy, birth, and <i>postpartum</i> to provide culturally-relevant care.</p>	<p><b>1.A.2.3.1</b> ▶ Facilitates consultations, co-management, and/or referrals to further assess and care for variations of normal according to the client's needs/preferences, community <i>standards</i>, and <i>scope of practice</i>.</p> <p><b>1.A.2.4.1</b> ▶ Consults community-based care providers, Knowledge Keepers, and Elders, as appropriate, to support culturally relevant care. Provides the appropriate gifts of thanks, honoraria, and/or payment when consulting Knowledge Keepers, Elders, and other community-based carers. (1)</p>
<p><b>1.A.3.</b> ▶ Conducts relevant clinical assessments.</p>	<p><b>1.A.3.1</b> ▶ Assesses the client in all stages of pregnancy.</p> <p><b>1.A.3.2</b> ▶ Assesses fetal well-being and fetal presentation.</p> <p><b>1.A.3.3</b> ▶ Assesses the onset and progression of labour.</p> <p><b>1.A.3.4</b> ▶ Assesses the client's need for pain relief.</p>	<p><b>1.A.3.1.1</b> ▶ As needed, completes physical examinations including vital signs, head &amp; neck, musculoskeletal, abdomen, breast/chest, skin, heart &amp; lungs, pelvic exams to collect swabs &amp; cervical cytology, and more.</p> <p><b>1.A.3.1.2</b> ▶ Assesses client mental health and wellbeing, social and relational wellbeing, and discusses intimate partner violence with cultural sensitivity.</p> <p><b>1.A.3.1.3</b> ▶ Performs abdominal palpation and Leopold's maneuvers to estimate fetal size, number of fetuses, gestational age, position and presentation. With client consent and using a trauma-informed approach, conducts pelvic exams as needed.</p> <p><b>1.A.3.2.1</b> ▶ Assesses and provides information to the client about fetal heart rate, fetal movement, presentation, position, and fundal height.</p> <p><b>1.A.3.2.2</b> ▶ Initiates, maintains, and assesses electronic fetal monitoring and orders/interprets obstetrical ultrasounds as clinically indicated.</p> <p><b>1.A.3.3.1</b> ▶ As clinically indicated, and with client consent, evaluates the onset and progression of labour by assessing cervical dilatation, effacement, position, consistency, and fetal station (modified Bishop's Score); fetal presentation, position, and presenting part; amniotic fluid; the frequency, duration, and intensity of contractions; and more.</p> <p><b>1.A.3.4.1</b> ▶ Identifies the clinically-indicated need for pain relief, and/or responds to the client's need and desire for pain relief.</p> <p><b>1.A.3.4.2</b> ▶ Recognizes biases related to marginalized clients who are in pain and works to deconstruct them. Understands the history behind such biases and how they continue to cause harm (e.g. biases can prevent or delay the identification of complications causing the client pain and/or delay access to pain relief).</p> <p><b>1.A.3.4.3</b> ▶ Discusses pain relief options, including pharmacological and non-pharmacological ones, and supports the client with informed decision-making.</p>



# 1.A. Assessment

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<b>1.A.3.5</b> ▶ Assesses the newborn immediately following birth.	<b>1.A.3.5.1</b> ▶ Evaluates gestational age, tone, breathing, and airway. <b>1.A.3.5.2</b> ▶ Determines the newborn's respiratory and cardiac status, and conducts ongoing assessments of vital signs, temperature, colour, and reflexes while protecting skin-to-skin and delayed cord clamping, as desired and when possible. <b>1.A.3.5.3</b> ▶ Assigns an APGAR score, determines when to cut the umbilical cord, and assesses readiness for infant feeding, as directed by the client.
	<b>1.A.3.6</b> ▶ Assesses the physiologic status of the client in the <i>postpartum</i> period.	<b>1.A.3.6.1</b> ▶ Assesses the client and/or evaluates the client's health using a client-led assessment of their breast/chest, uterine involution, pelvic floor, lochia, bladder, extremities, vital signs, and more.
	<b>1.A.3.7</b> ▶ Assesses the psychological status of the client in the <i>postpartum</i> period.	<b>1.A.3.7.1</b> ▶ Performs a culturally sensitive <i>postpartum</i> assessment of mental health and wellbeing by discussing symptoms with the client, assessing psychiatric symptoms [Resource: (2) <i>CAMH Perinatal Mood and Anxiety Disorders</i> 📄], identifying risk factors, and using screening/assessment tools [Resources: (3) <i>GAD-7</i> 📄, (4) <i>PHQ-9</i> 📄, (5) <i>EPDS</i> 📄]. <b>1.A.3.7.2</b> ▶ Supports healthy relationships and facilitates newborn bonding.
	<b>1.A.3.8</b> ▶ Assesses the infant from the immediate <i>postpartum</i> up to six weeks of age or longer, based on jurisdiction.	<b>1.A.3.8.1</b> ▶ Leads newborn exams to assess vital signs, oxygen saturation, neurologic & physical maturity, weight, gestational age, head & abdominal circumference, hips, extremities & digits, length, congenital defects, signs of newborn illness, tongue tie, etc. <b>1.A.3.8.2</b> ▶ Uses precise language when describing findings and uses terms that do not contribute to racial or gender-based stereotypes. <b>1.A.3.8.3</b> ▶ Assesses for jaundice in babies of all skin tones with the use of clinically-indicated and available tools/tests (e.g. total serum bilirubin), physical assessments (e.g. measuring input/output, weight, presence of urate crystals, yellowing of the sclera, etc.), monitoring the infant's behaviour, and more. <b>1.A.3.8.4</b> ▶ Is knowledgeable about guidelines for the management, initiation, and discontinuation of phototherapy. Supports parents with informed decision-making and facilitates the above processes as clinically indicated and according to the parents' choice. <b>1.A.3.8.5</b> ▶ As clinically indicated and with client consent, performs newborn screening and diagnostic testing (e.g. newborn screen, hearing test, hypo/hyperglycemia, bilirubin, etc.). Performs ongoing assessments to monitor weight, infant feeding, presence of ankyloglossia, and more.
<b>1.A.4.</b> ▶ Orders, performs, and interprets screening and diagnostic tests.	<b>1.A.4.1</b> ▶ Orders, completes, and interprets evaluations of the client's physical and psychological health, fetal wellbeing, and newborn health.	<b>1.A.4.1.1</b> ▶ Documents informed choice discussions and orders testing or screening in accordance with the client's wishes (e.g. genetic screening, GBS, client Rh status, genotype testing, newborn screening). Clearly notes when any recommended screening or treatment is declined, while supporting the client's choice and facilitating health system navigation. <b>1.A.4.1.2</b> ▶ Documents all orders, referrals, and assessments. <b>1.A.4.1.3</b> ▶ Completes and interprets all tests in a timely manner, in <i>collaboration</i> with the client. <b>1.A.4.1.4</b> ▶ Uses appropriate tests and reference ranges to assess the health and wellbeing of specific populations.

# 1.B. Decision-Making

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.B.1.</b> ▶ Integrates pertinent observations and findings to formulate diagnoses.	<b>1.B.1.1</b> ▶ Uses physical findings and tests to formulate diagnoses.	<b>1.B.1.1.1</b> ▶ Gathers relevant clinical evidence (e.g. physical presentation, client’s description of symptoms, clinical assessments, diagnostic and screening test results) to rule out potential diagnoses and to identify a most probable diagnosis.
		<b>1.B.1.1.2</b> ▶ Understands variations in the human body and how client needs may vary based on their body, history, values, and/or culture.
		<b>1.B.1.1.3</b> ▶ Engages the client in informed decision-making for ongoing assessments that are required to confirm a diagnosis.
		<b>1.B.1.1.4</b> ▶ Uses mnemonics such as Subjective, Objective, Assessment, Plan (SOAP) or other tools to help organize, formulate, document, and communicate assessments and diagnoses.
		<b>1.B.1.1.5</b> ▶ Consults other health professionals as clinically indicated, and with client consent to aid in the timely diagnosis and treatment of abnormal conditions.
		<b>1.B.1.1.6</b> ▶ Provides information about diagnoses and works with the client and other health professionals to develop a culturally-relevant, inclusive, and accessible care plan tailored to client’s needs.
<b>1.B.2.</b> ▶ Takes action based on sound analysis of assessment findings.	<b>1.B.2.1</b> ▶ Engages with the client as a primary decision maker and takes action in accordance with the client’s needs and desires, evidence, <u>standards</u> of care, resources, and community <u>standards</u> .	<b>1.B.2.1.1</b> ▶ Determines approximate gestational age and estimated date of birth based on history, abdominal palpation, auscultation, urine B-hCG, serum B-hCG, and/or dating ultrasound.
		<b>1.B.2.1.1</b> ▶ Presents findings to the client and shares information about their implications on their health and wellbeing.
		<b>1.B.2.1.2</b> ▶ Offers available options to the client alongside their risks, benefits, and potential outcomes. Documents the care plan and provides care based on the client’s decision.
		<b>1.B.2.1.3</b> ▶ Collaborates with the client, support persons, and other members of the healthcare team to establish a plan for emergencies ahead of time.
		<b>1.B.2.1.4</b> ▶ Communicates the <u>safety plan</u> to members of the healthcare team during healthcare coordination, consultations, transfers of care, emergency transfers, and handover.
		<b>1.B.2.2.1</b> ▶ Understands client <u>safety</u> holistically and collaborates with clients proactively to support their ongoing physical, mental, and social wellbeing during routine care and during emergencies.
<b>1.B.2.2</b> ▶ Recognizes the need for emergency measures and makes appropriate decisions with the client to maintain their <u>safety</u> .		<b>1.B.2.2.2</b> ▶ Is aware of added risks to the <u>safety</u> of marginalized people as a result of intersecting (see “ <u>intersectionality</u> ”) discrimination, racism, or systemic oppression in healthcare.
		<b>1.B.2.2.3</b> ▶ Recognizes signs/symptoms indicating the need for emergency measures, communicates findings, and takes immediate action in accordance with emergency skills training, community <u>standards</u> , ongoing clinical assessments, and the client’s plan for emergencies.
		<b>1.B.2.2.4</b> ▶ Effectively communicates with other healthcare professionals during emergencies to facilitate emergency care coordination and implementation, and communicates with the client and their family.
		<b>1.B.2.2.5</b> ▶ Debriefs with clients, support persons, family, and the healthcare team at the most appropriate time following the emergency event.

# 1.B. Decision-Making

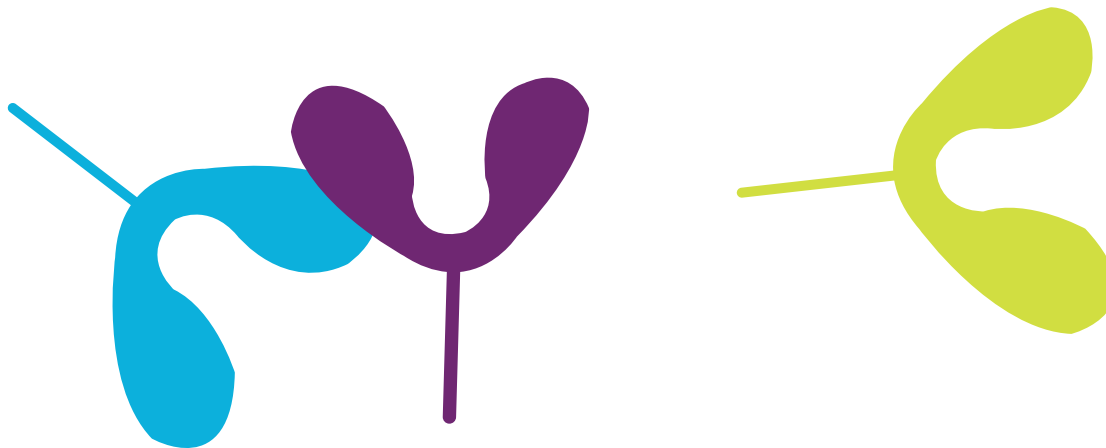
COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.B.3.</b> ▶ Assumes responsibility for follow-up on test results.	<b>I.B.3.1</b> ▶ Recognizes their role as a <i>primary care provider</i> to communicate test results and to act upon them alongside other care providers, as indicated.	<b>I.B.3.1.1</b> ▶ Follows-up on test results in a timely manner.  <b>I.B.3.1.2</b> ▶ Communicates results to clients using clear language and necessary interpretation, translation, or assistive devices. Shares education about the implications of test results and supports client decision-making for next steps.
	<b>I.B.4.</b> ▶ Coordinates the professional care team, as the most responsible provider, in the provision of client care.	<b>I.B.4.1</b> ▶ Communicates clearly with members of the care team in written and verbal formats, and documents accordingly.  <b>I.B.4.2</b> ▶ Leads healthcare coordination in a manner that includes professional and informal care providers to build a team that provides inclusive, <i>comprehensive</i> , and safe care.
<b>I.B.5.</b> ▶ Determines appropriate emergency measures.	<b>I.B.5.1</b> ▶ Recognizes the need for emergency measures and makes appropriate decisions with the client to maintain their <i>safety</i> .	<b>I.B.5.1.1</b> ▶ Understands client <i>safety</i> holistically including their physical, mental, and social wellbeing. Is aware of the added risks experienced by marginalized groups as a result of intersecting (see “ <i>intersectionality</i> ”) discrimination, racism, or systemic oppression in healthcare and works with the client to establish a <i>safety plan</i> for emergencies.  <b>I.B.5.1.2</b> ▶ Collaboratively discusses and plans for responses to emergencies including <i>postpartum</i> hemorrhage, <i>antepartum</i> and <i>intrapartum</i> hemorrhage, abnormal fetal heart rate, malpresentation and cord prolapse, shoulder dystocia, unplanned breech birth, unplanned twin birth, retained placenta, anaphylaxis, and more. This includes planning for access to emergency services during out-of-hospital births and/or births in Northern, rural, and remote settings.  <b>I.B.5.1.3</b> ▶ Communicates the <i>safety plan</i> to members of the healthcare team during handover, healthcare coordination, consultation, transfer of care, and/or emergency transfers.

# 1.C. Care Planning

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.C.1.</b> ► Develops a care plan, in partnership with the client, based on evidence, balancing risks and expected outcomes with client preferences and values.	<b>1.C.1.1</b> ► Discusses, records, and implements the client's care plan and <i>safety plan</i> according to their needs and preferences.	<b>1.C.1.1.1</b> ► Understands that marginalized people may not feel physically, emotionally, and/or culturally safe (see " <i>cultural safety</i> ") in hospitals or other clinical spaces. Works to establish a plan with the client to support enhanced accessibility, <i>safety</i> , and wellbeing.
		<b>1.C.1.1.2</b> ► Recognizes how their own biases may impact their assessment of risk and the proposed care plan. Avoids unnecessary risk mitigation and judiciously intervenes according to the client's definition of risk.
		<b>1.C.1.1.3</b> ► Talks about risk using a trauma-informed approach and contextualizes risk in a culturally appropriate manner.
		<b>1.C.1.1.4</b> ► Plans for the use of interpreters, translators, mobility aids, assistive devices, and/or other resources that facilitate informed choice and enhance safety for clients with disabilities or language barriers. Documents the use of such resources, and if they are not available, supports the client to access them.
		<b>1.C.1.1.5</b> ► Leads informed choice discussions for screening and tests, planned place of birth, newborn care, newborn feeding, and more.
		<b>1.C.1.1.6</b> ► Supports the client's right to accept or refuse treatment and offers strategies to support client <i>safety</i> while respecting their choice.
		<b>1.C.1.1.7</b> ► Facilitates consultation and/or transfer of care when a client requests it or when a client chooses care outside of midwifery <i>scope of practice</i> , according to provincial/territorial regulations.
	<b>1.C.1.2</b> ► Understands implications for pregnancies with <i>gestational carriers</i> and establishes a care plan with the <i>gestational carrier</i> and the intended parents.	<b>1.C.1.2.1</b> ► Promotes the <i>gestational carrier's</i> bodily autonomy while including the intended parents' wishes as desired by the <i>gestational carrier</i> . Facilitates one-on-one discussions with the <i>gestational carrier</i> to promote decision making that is not coerced or influenced by the intended parents.
		<b>1.C.1.2.2</b> ► Prepares a plan with the intended parents for newborn care in the immediate <i>postpartum</i> and up to six weeks of age or more. Facilitates informed choice discussions on newborn care, newborn screening and tests, and preparation for the transition to parenthood.
		<b>1.C.1.2.3</b> ► Provides care to the <i>gestational carrier</i> and the newborn in accordance with the established care plan, and according to changing needs or desires. If conflicts arise between the <i>gestational carrier</i> and the intended parents, provides the appropriate resources and/or referrals (e.g. ethicists, social workers, lawyers).
<b>1.C.1.3</b> ► Provides support to clients considering or choosing adoption.		<b>1.C.1.3.1</b> ► Demonstrates knowledge of private, public, international, and cultural adoption and adoption by relatives. Discusses adoption in an accessible manner and in accordance with the client's needs and wishes.
		<b>1.C.1.3.2</b> ► Supports the client to navigate decision-making and to access resources as needed (e.g. adoption practitioners, social workers, lawyers, mental health providers, cultural supports, religious/spiritual care, community resources, etc.).
		<b>1.C.1.3.3</b> ► Prepares a care plan for the client that supports their wishes, bodily autonomy, and confidentiality during pregnancy, birth, and the postpartum period. Determines how the adoptive parents may or may not be involved and provides care according to this plan.
		<b>1.C.1.3.4</b> ► Coordinates care for the client and newborn according to applicable policies and procedures at the hospital, birth centre, and/or those established by provincial/territorial bodies.

## 1.C. Care Planning

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.C.2.</b> ▶ Recognizes when discussion, consultation, referral, and/or transfers are necessary for safe, effective, and <u>comprehensive</u> client care.	<b>1.C.2.1</b> ▶ Is aware of midwifery <u>scope of practice</u> and their own expertise.	<b>1.C.2.1.1</b> ▶ Plans and provides care in accordance with provincial and territorial <u>scope of practice</u> and community <u>standards</u> , and involves other providers as needed. Is prepared to support clients who may not agree with consultation, referral, and/or transfer of care guidelines.
		<b>1.C.2.1.2</b> ▶ Implements solutions to help clients navigate limitations of midwifery <u>scope of practice</u> and to support adequate care.
<b>1.C.3.</b> ▶ Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations.	<b>1.C.3.1</b> ▶ Collaborates with the client to facilitate consultation, referral, and transfer of care and documents accordingly.	<b>1.C.3.1.1</b> ▶ Communicates in a clear, organized, and concise manner during consultation, referral, or transfer of care. Collaborates effectively with the care team to coordinate <u>comprehensive</u> support.
		<b>1.C.3.1.2</b> ▶ Documents informed decision-making and communications with the client and other care providers.
	<b>1.C.3.2</b> ▶ Consults with other care providers with <u>cultural safety</u> and client wellbeing in mind.	<b>1.C.3.2.1</b> ▶ When possible and clinically appropriate, strives to consult or transfer care to racially and culturally <u>concordant care providers</u> , or providers who have demonstrated safe and inclusive practices.
		<b>1.C.3.2.2</b> ▶ Understands that transfers of care can be unsafe or traumatic and supports clients as comprehensively as possible during this time.
<b>1.C.4.</b> ▶ Evaluates response to the care plan in <u>collaboration</u> with the client and revises it as necessary.	<b>1.C.4.1</b> ▶ Assesses the clinical picture and effectiveness of care.	<b>1.C.4.1.1</b> ▶ Systematically and regularly re-assesses the client and the <u>comprehensive</u> clinical picture, including their <u>social safety</u> .
	<b>1.C.4.2</b> ▶ Modifies the care plan as needed.	<b>1.C.4.2.1</b> ▶ In consultation with the client and the care team, modifies the care plan to promote wellbeing and communicates modifications clearly, effectively, and promptly.



# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.D.1</b> ► Provides <i>primary</i> care in <i>antepartum</i> , <i>intrapartum</i> , and <i>postpartum</i> and to the neonate as part of full <i>reproductive healthcare</i> .	<b>1.D.1.1</b> ► Assesses, guides, and manages care during pregnancy.	<b>1.D.1.1.1</b> ► Promotes healthy reproductive processes and supports the client as the primary decision-maker. Facilitates opportunities for clients to participate in meetings/conversations with their healthcare team.
		<b>1.D.1.1.2</b> ► Provides clinical and/or supportive care for clients experiencing perinatal loss. Offers resources as needed and desired.
		<b>1.D.1.1.3</b> ► Offers and supports the client's choice of birthplace.
		<b>1.D.1.1.4</b> ► Supports the development of healthy and strong family and community relationships with respect to the client's preferences.
		<b>1.D.1.1.5</b> ► Understands the impact of <i>intersectionality</i> and intersecting systems of oppression on health and healthcare (e.g. <i>Anti-Black Racism</i> , <i>Anti-Indigenous Racism</i> , Islamophobia, homophobia, transphobia, etc.).
		<b>1.D.1.1.6</b> ► Supports and empowers clients to be primary decision-makers in their care and empowers clients to optimize their health.
		<b>1.D.1.1.7</b> ► Recognizes the impact of <i>determinants of health</i> (including social, economic, environmental, and/or behavioural factors) on client care, accessibility, implementation of care, and health outcomes.
		<b>1.D.1.1.8</b> ► Consults or recommends other care providers as needed and desired to optimize care (e.g. genetic counsellors, nurses, doulas, personal support workers, community health representatives, patient navigators, healers, physicians, specialists, mental health & addiction workers, nutritionists and dieticians, pelvic floor physiotherapists, lactation consultants, naturopaths, chiropractors, lactation consultants, registered massage therapists, faith-based support systems, etc.).
		<b>1.D.1.1.9</b> ► Supports cultural, personal, or religious rituals.
		<b>1.D.1.1.10</b> ► Documents informed choice discussions, individual care plans, deviations from <i>standards</i> of care, and the use of translators, interpreters, and/or assistive devices to aid in communication.
<b>1.D.1.2</b> ► Oversees and manages care during labour in <i>collaboration</i> with other members of the health team.		<b>1.D.1.2.1</b> ► Take steps to facilitate birth in hospital or in the community, based on the client's needs and preferences.
		<b>1.D.1.2.2</b> ► Assesses and manages labour progress, including factors that could impede labour progress, in <i>collaboration</i> with the client.
		<b>1.D.1.2.3</b> ► Assesses the client's needs and preferences for pain management and provides them based on <i>scope of practice</i> .
		<b>1.D.1.2.4</b> ► Supports physiological labour and birth, and/or surgical and instrumental birth, as indicated and within <i>scope of practice</i> .
<b>1.D.1.3</b> ► Offers and provides options for labour support.		<b>1.D.1.3.1</b> ► Discusses, offers, and facilitates therapeutic interventions to support labour progress (e.g. position changes, birth ball, slings, counter-pressure, hydrotherapy, acupuncture, sterile water injections, trans-cutaneous nerve stimulation, narcotics, epidural, inhalants, oral hydration, intravenous hydration, nutrition, psychological support, supporting physiological pushing and/or directed pushing, and more).
		<b>1.D.1.3.2</b> ► Supports cultural, religious, or personal rituals during labour.
		<b>1.D.1.3.3</b> ► Actively supports the birthing person's autonomy in determining who is present and who provides support during labour.

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<b>I.D.1.4</b> ▶ Takes action based on fetal health surveillance and <i>intrapartum</i> monitoring.	<b>I.D.1.4.1</b> ▶ Identifies and reacts appropriately in response to atypical and abnormal fetal heart rate; signs of hypoxemia, hypoxia, acidemia, acidosis, asphyxia, uterine hyperstimulation, and tachysystole; abnormal vital signs; assessment of cervical dilation; etc.
	<b>I.D.1.5</b> ▶ Assists the delivery of the baby.	<p><b>I.D.1.5.1</b> ▶ Facilitates the birth of the baby as needed. Monitors for variations of normal, abnormal signs/symptoms, and emergencies and communicates findings with the client to support informed choice if intervention is indicated (when possible).</p> <p><b>I.D.1.5.2</b> ▶ Empowers and supports the client's choice of position for birth, the involvement of support persons, the use of measures for pain relief, and more.</p> <p><b>I.D.1.5.3</b> ▶ Facilitates the physiological birth of the baby and/or surgical and instrumental birth, as indicated and within <i>scope of practice</i>.</p>
	<b>I.D.1.6</b> ▶ Assists the delivery of the placenta and performs an inspection of the placenta and membranes.	<p><b>I.D.1.6.1</b> ▶ Assists the 3rd stage of labour with consideration for the clinical picture and the client's care plan (e.g. physiological management of the third stage of labour versus active management of the third stage of labour).</p> <p><b>I.D.1.6.2</b> ▶ Manages complications associated with the birth of the placenta (e.g. retained placenta, cord avulsion, hemorrhage, etc.).</p> <p><b>I.D.1.6.3</b> ▶ Recognizes healthy and unhealthy structures of the placenta, membranes, and the umbilical cord and responds appropriately.</p>
	<b>I.D.1.7</b> ▶ Assesses trauma to the pelvic floor tissue and the need for suturing. Discusses findings with the client and implements care as appropriate.	<p><b>I.D.1.7.1</b> ▶ With consent and as indicated, assesses and categorizes the degree of pelvic floor tissue trauma (e.g.: intact, 1st, 2nd, 3rd, 4th) and consults accordingly to optimize the repair and perineal health.</p> <p><b>I.D.1.7.2</b> ▶ Prepares the sterile field and instruments for suturing.</p> <p><b>I.D.1.7.3</b> ▶ Uses the appropriate local anesthetic and confirms the effectiveness of analgesia.</p> <p><b>I.D.1.7.4</b> ▶ Repairs pelvic floor tissue trauma, performs a rectal exam, and confirms tissue approximation and hemostasis with consent and as clinically indicated.</p>
	<b>I.D.1.8</b> ▶ Completes newborn care and interventions, as needed.	<p><b>I.D.1.8.1</b> ▶ If necessary, performs neonatal resuscitation according to provincial/territorial regulations and <i>standards</i>.</p> <p><b>I.D.1.8.2</b> ▶ Performs the initial steps of newborn care according to NRP (e.g. warm, position, airway, clear secretions, dry, stimulation).</p> <p><b>I.D.1.8.3</b> ▶ Assigns an APGAR score.</p>
	<b>I.D.1.9</b> ▶ Supports the newborn's transition immediately following birth.	<p><b>I.D.1.9.1</b> ▶ Is knowledgeable about variations in newborn transition and physiology.</p> <p><b>I.D.1.9.2</b> ▶ Continues to support physiologic newborn transition as needed, while skin to skin, and remains hands off unless clinically indicated (e.g. drying and stimulating, assessing respiratory and cardiac status, maintaining the baby's temperature). Continuously assesses the need for NRP.</p> <p><b>I.D.1.9.3</b> ▶ Ensures proper care of the umbilical cord, performs delayed cord clamping, cord blood banking, and/or cord blood sampling as desired by the client, as clinically indicated, and in accordance to the client's cultural practices.</p>

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<b>1.D.1.10</b> ▶ Monitors client wellbeing in the <i>postpartum</i> period.	<p><b>1.D.1.10.1</b> ▶ Promotes &amp; assesses the physiological transition of the client.</p> <p><b>1.D.1.10.2</b> ▶ Promotes skin to skin, infant feeding, and protects time and space for bonding with the newborn.</p> <p><b>1.D.1.10.3</b> ▶ Consults with other providers as needed and agreed upon by the client.</p>
	<b>1.D.1.11</b> ▶ Monitors and cares for the newborn in the <i>postpartum</i> period.	<p><b>1.D.1.11.1</b> ▶ Helps to initiate effective newborn feeding using human milk, donor milk, and/or formula based on the client's preferences. Supports chest/breast feeding, cup feeding, spoon feeding, bottle feeding, and supplemental nursing systems. Always asks for consent before providing physical chest/breast feeding support or initiating a feeding plan.</p> <p><b>1.D.1.11.2</b> ▶ Supports skin to skin contact and bonding.</p> <p><b>1.D.1.11.3</b> ▶ Conducts ongoing assessments of newborn transition and vital signs.</p> <p><b>1.D.1.11.4</b> ▶ Conducts a newborn examination with attention to typical and atypical findings. Communicates findings with the parent and collaborates with parents to develop a care plan, as needed.</p> <p><b>1.D.1.11.5</b> ▶ Provides parents information and guidance about newborn transition, behaviour, feeding patterns, respiration, sleep, output, signs of illness or infection, and more in the first days of life.</p>
	<b>1.D.1.12</b> ▶ Assesses the client during the <i>postpartum</i> period, including a six-week <i>postpartum</i> assessment of the client.	<p><b>1.D.1.12.1</b> ▶ Offers screenings, resources, and recommendations based on client needs and preferences (e.g. ultrasounds, PAP smear and HPV screening, GTT postpartum screening for type 2 diabetes, etc.).</p> <p><b>1.D.1.12.2</b> ▶ Assesses for <i>postpartum</i> mood disorders (e.g. depression, anxiety, OCD, suicidality, psychosis, etc.), as well as intimate partner violence and the client's adaptation to parenthood. Provides information about warning signs, resources, and appropriate supports.</p> <p><b>1.D.1.12.3</b> ▶ Performs physical exams, assesses chest/breast feeding, measures weight, orders blood work, offers pelvic/internal exam and swabs, etc., as clinically indicated.</p> <p><b>1.D.1.12.4</b> ▶ Informs the client of signs and symptoms that warrant rapid or emergency consultation including, but not limited to: heavy bleeding, large clots or multiple smaller clots, high fever, severe pain, severe headache, vision changes, chest pain, trouble breathing, intense feelings of sadness or worry, breast masses that don't resolve, shortness of breath, leg pain, swelling in one leg, racing heart, etc.</p> <p><b>1.D.1.12.5</b> ▶ Recommends and/or facilitate access to other <i>holistic</i> services and providers as needed and desired (e.g. genetic counsellors, nurses, doulas, personal support workers, community health representatives, patient navigators, healers, physicians, specialists, mental health &amp; addiction workers, nutritionists and dieticians, pelvic floor physiotherapists, lactation consultants, naturopaths, chiropractors, lactation consultants, registered massage therapists, faith-based support systems, etc.).</p> <p><b>1.D.1.12.6</b> ▶ Is aware of complimentary healthcare in different areas &amp; facilitates referrals, including for people who live in rural, remote, or Northern areas. Collaborates with integrated care teams as needed.</p>
	<b>1.D.1.13</b> ▶ Assesses and cares for the newborn up to six weeks <i>postpartum</i> or longer, based on jurisdiction.	<b>1.D.1.13.1</b> ▶ Offers and facilitates newborn screening and assesses newborn feeding, weight gain, output, growth, developmental milestones, and more up to six weeks of age or longer, based on jurisdiction.



# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
1.D.2. ▶ Performs clinically appropriate procedures.	1.D.2.1 ▶ Recommends and implements care during pregnancy to the client's needs and preferences.	<p>1.D.2.1.1 ▶ Assesses blood pressure, gestational weight gain, and nutritional needs; performs abdominal palpation, fundal height measurement, physical exams, breast/chest exams, pelvic examinations, membrane sweeping, venipuncture for prenatal blood work, vaccination, administration of Rh-D immune globulin; collects swabs and performs speculum exams; facilitates abortion care; and provides other treatment and care according to assessments and client choices.</p> <p>1.D.2.1.2 ▶ With a trauma-informed approach, discusses the implications of birth on the pelvic floor tissue, on the physical body, libido, and sexual function.</p>
	1.D.2.2 ▶ Provides care during labour according to client needs and preferences.	<p>1.D.2.2.1 ▶ Supports physiological methods to facilitate labour progress.</p> <p>1.D.2.2.2 ▶ Confirms rupture of membranes (e.g. nitrazine swabs, ferning, client description). Discusses next steps as appropriate.</p> <p>1.D.2.2.3 ▶ Starts and maintains an IV and administers fluids or medication as indicated and agreed upon by the client (e.g. Ringer's lactate, normal saline, D5W, GBS prophylaxis, Fentanyl).</p> <p>1.D.2.2.4 ▶ Offers and administers medication intramuscularly, subcutaneously, through inhalation, and intravenously after an informed choice discussion.</p> <p>1.D.2.2.5 ▶ When clinically indicated, discusses, offers, and implements strategies to augment labour and to prevent or manage labour dystocia (e.g. rupture of membranes, oxytocin augmentation, nipple stimulation, ambulation, birth ball, positions that increase gravity, birth stool, etc.).</p> <p>1.D.2.2.6 ▶ Monitors fetal wellbeing using intermittent auscultation and/or identifies the need for electronic fetal monitoring. Effectively applies and initiates continuous or internal monitoring, and interprets findings using principles of fetal health surveillance.</p> <p>1.D.2.2.7 ▶ If indicated, performs artificial rupture of membranes while ensuring the application of the fetal head to the cervix, confirming the absence of amniotic blood vessels/cord presentation, monitoring fetal heart rate, evaluating the amniotic fluid that is released, and assessing for cord prolapse.</p>
1.D.2.3 ▶ Provides care during the birth.		1.D.2.3.1 ▶ Observes and facilitates the birth of the baby.
		1.D.2.3.2 ▶ Understands and stays up to date on evidence-based practices to support the perineum.
		1.D.2.3.3 ▶ Engages the client in decision-making for episiotomy when clinically indicated. Administers local anaesthesia and episiotomy.
		1.D.2.3.4 ▶ Collects cord blood samples and cord blood banking, as clinically indicated, as desired by client, and based on community capacity and/or <i>standards</i> . If the community does not have capacity for cord blood banking, strives to assist the client with finding alternatives (e.g. sending samples to a community with capacity).

## 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<b>1.D.2.4</b> ► Provides care to facilitate the birth of the placenta.	<p><b>1.D.2.4.1</b> ► Recognizes signs/symptoms of placental separation, performs gentle cord traction with uterine guarding, recognizes abnormal bleeding, and inspects the placenta, membranes, and umbilical cord.</p> <p><b>1.D.2.4.2</b> ► Offers physiologic or active management of the third stage of labour as desired by the client and as clinically indicated.</p> <p><b>1.D.2.4.3</b> ► Offers and supports the client's choice in keeping their placenta.</p> <p><b>1.D.2.4.4</b> ► Sends the placenta and membranes for pathological investigation as indicated and with client consent.</p> <p><b>1.D.2.4.5</b> ► Recognizes signs of a delayed/retained placenta and manages accordingly based on the clinical picture (e.g.: uterotonics, birthing position, manual removal, consults obstetrician, etc.).</p>
	<b>1.D.2.5</b> ► Performs pelvic floor tissue assessment, care, and repair.	<p><b>1.D.2.5.1</b> ► With consent, assesses and categorizes the degree of pelvic floor tissue trauma (intact, 1st, 2nd, 3rd, 4th) and consults if needed to optimize the repair and perineal health.</p> <p><b>1.D.2.5.2</b> ► Communicates findings of pelvic floor tissue assessment to the client and provides informed choice for repair.</p> <p><b>1.D.2.5.3</b> ► Prepares a sterile field and instruments for suturing.</p> <p><b>1.D.2.5.4</b> ► Prepares for perineal repair, infiltrates with local anaesthesia, and confirms the effectiveness of anaesthesia.</p> <p><b>1.D.2.5.5</b> ► Conducts the repair of pelvic floor tissue trauma, conducts a rectal exam, confirms tissue approximation, and ensures hemostasis, as indicated and with consent. Assesses the tissue for hematomas.</p> <p><b>1.D.2.5.6</b> ► Offers pain management after pelvic floor tissue repair, or for pelvic floor tissue trauma (e.g. ice, analgesia, narcotics, NSAIDs, etc.).</p> <p><b>1.D.2.5.7</b> ► Reviews how to care for the perineum after birth and/or after repair, including resources on pelvic floor physiotherapy when appropriate. Discusses perineal care and implications for clients who decline repair.</p>
	<b>1.D.2.6</b> ► Provides care in support of the <i>postpartum</i> client immediately after the birth until discharge from care, at six weeks <i>postpartum</i> or later, based on jurisdiction.	<p><b>1.D.2.6.1</b> ► Addresses hypovolemia, if indicated.</p> <p><b>1.D.2.6.2</b> ► Offers and provides pain management for afterpains and/or pelvic tissue trauma (e.g. ice, analgesia, narcotics, NSAIDs, etc.).</p> <p><b>1.D.2.6.3</b> ► Monitors bleeding; blood pressure; uterine involution; infant feeding including breast/chest feeding, induced lactation, formula feeding, and/or the use of donor milk; healing of pelvic floor tissue trauma; bladder/bowel function; psychological wellbeing, and more.</p> <p><b>1.D.2.6.4</b> ► Provides testing, screening, and assessments as needed and indicated during the <i>postpartum</i> period.</p> <p><b>1.D.2.6.5</b> ► Supports the client's wellbeing and transition to parenthood by assessing, discussing, and promoting healthy hydration, nutrition, emotional/relational/familial/social support, community connection, cultural wellbeing, and more.</p> <p><b>1.D.2.6.6</b> ► Makes appropriate referrals/consultations with complementary care providers as needed and desired by the client.</p>

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.D.3.</b> ► Responds to variations of normal and signs and symptoms of abnormal conditions.	<b>I.D.3.1</b> ► Recognizes complications of pregnancy and takes appropriate action with the client's consent and in a way that preserves their agency.	<b>I.D.3.1.1</b> ► Identifies complications of pregnancy including but not limited to: high blood pressure, hyperemesis gravidarum, iron deficiency anemia, gestational diabetes, infections, Sexually Transmitted and Blood Borne Infections (STBBIs), vaginal infections, urinary tract infections, <i>ante</i> partum bleeding, placental abruption, placenta previa, prelabour rupture of membranes, prolonged rupture of membranes, intrauterine growth restriction, drug sensitivity & anaphylaxis, pre-eclampsia, preterm labour, pregnancy loss, and stillbirth.
	<b>I.D.3.2</b> ► Carries out the management of a postdates pregnancy based on client needs and desires.	<b>I.D.3.2.1</b> ► Discusses & provides cervical ripening based on community <i>standards</i> . Monitors and responds to fetal heart rate, client vital signs, and cervical ripening appropriately after administration. <b>I.D.3.2.2</b> ► Discusses, offers, and provides pharmacological and non-pharmacological methods for labour induction, as appropriate and according to jurisdictional scope, available health human resources, and community <i>standards</i> .
	<b>I.D.3.3</b> ► Offers options for the management of <i>intrapartum</i> complications and takes appropriate action in <i>collaboration</i> with the client.	<b>I.D.3.3.1</b> ► Recommends an immediate course of action and asks for consent when complications arise such as labour dystocia, obstructed labour, cord presentation and prolapse, abnormal fetal heart tones, shoulder dystocia, uterine rupture, placental abruption, abnormal presentation, breech presentation, chorioamnionitis, eclampsia, etc.
	<b>I.D.3.4</b> ► Recognizes <i>postpartum</i> complications, acts in partnership with client, and takes appropriate action.	<b>I.D.3.4.1</b> ► Identifies complications such as late <i>postpartum</i> hemorrhage, nipple trauma, nipple infection, engorgement, mastitis, breast/chest abscess, wound infection, <i>postpartum</i> mood disorders, endometritis, varicose veins, hemorrhoids, low milk supply, and more. Discusses findings with the client and engages them in informed decision-making in order to initiate the appropriate care plan. <b>I.D.3.4.2</b> ► Identifies risk factors, signs, and symptoms of <i>postpartum</i> mood disorders. Facilitates support, resources, and consultation as needed and as culturally relevant.
	<b>I.D.3.5</b> ► Recognizes newborn complications and takes appropriate action.	<b>I.D.3.5.1</b> ► Assesses for and identifies congenital abnormalities, feeding problems, tongue tie, failure to thrive, jaundice, hypoglycemia, oral thrush, diaper rash, neonatal infection, and more. Discusses findings with the client and engages them in informed decision-making before initiating a care plan.
<b>I.D.4.</b> ► Initiates appropriate emergency measures.	<b>I.D.4.1</b> ► Carries out emergency measures in pregnancy, labour, and <i>postpartum</i> .	<b>I.D.4.1.1</b> ► Identifies emergencies such as abnormal fetal heart rate, abnormal vital signs, umbilical cord prolapse, shoulder dystocia, amniotic fluid embolism, uterine rupture, thromboembolic events (e.g. pulmonary embolism), eclamptic seizures, hemorrhage, placental abruption, vasa previa, <i>postpartum</i> hypertension, and more. Provides emergency care as indicated, with client consent, and as previously established in the client's care plan.
		<b>I.D.4.1.2</b> ► Performs CPR and emergency cardiac care.
		<b>I.D.4.1.3</b> ► Performs neonatal resuscitation.
		<b>I.D.4.1.4</b> ► Manages obstetrical emergencies in accordance with recognized emergency training programs and in <i>collaboration</i> with members of the health team. Debriefs with the client, support persons, family, and the care team at an appropriate time after the emergency event.

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.D.5.</b> ► Provides responsive <i>counselling</i> and education, and recommends appropriate resources.	<b>I.D.5.1</b> ► Proactively shares evidence-based information based on the client’s personal, spiritual, and cultural needs to support healthy pregnancies and <i>postpartum</i> healing.	<b>I.D.5.1.1</b> ► Discusses how to support physical needs including nutrition; physical activity; stress reduction/management; sleep hygiene; substance use; immunizations; environmental, occupational, and pharmacological hazards; food safety; social safety and healthy relationships; libido and sexuality; and more.
		<b>I.D.5.1.2</b> ► Routinely discusses breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation, parent-infant relationship, infant care, <i>postpartum</i> RhIG/immunizations, and more.
		<b>I.D.5.1.3</b> ► Discusses newborn health with the client and provides informed choice based on recommendations for newborn medications, newborn examinations and screenings, infant feeding, and more. Clearly notes when recommended screening or treatment is declined while supporting client choice.
	<b>I.D.5.2</b> ► Shares information with the client regarding the stages of labour, enhancing the progression of labour, and labour support and coping measures.	<b>I.D.5.2.1</b> ► Shares resources tailored to the client’s individual needs about the stages of labour, pain management options, labour progression, and ways to enhance progress in labour to prepare them mentally and physically for labour and birth.
		<b>I.D.5.2.2</b> ► Discusses pain tolerance, desires for pain management, and the client’s personal history with pain. Understands the social and physiological aspects of pain.
		<b>I.D.5.2.3</b> ► Shares labour support strategies for support person and/or a doula if they will attend labour and birth.
	<b>I.D.5.3</b> ► Provides client education regarding self-care, healthy <i>postpartum</i> healing, and signs and symptoms of common <i>postpartum</i> complications.	<b>I.D.5.3.1</b> ► Recognizes that not everyone has the opportunity nor the resources for self-care. Discusses barriers to fostering support and care.
		<b>I.D.5.3.2</b> ► Provides education for breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation/parent-newborn relationship, newborn care, <i>postpartum</i> Rh immune globulin/ immunizations, and more.
		<b>I.D.5.3.3</b> ► Shares information about common <i>postpartum</i> conditions or complications including hemorrhoids, breast/chest engorgement, pain during breast/chest feeding, inducing or suppressing lactation, nipple injury, mastitis, clogged ducts, UTI, mood disorders, deep vein thrombosis, etc.
	<b>I.D.5.4</b> ► Guides the client regarding infant nutrition.	
<b>I.D.5.4.2</b> ► Offers and assists with position, latch, and milk transfer. Always asks for consent before providing physical support with latch.		
<b>I.D.5.4.3</b> ► Provides information and assistance to clients using infant formula, donor milk, and/or alternate feeding methods (e.g. bottle, cup, spoon, syringe, supplemental nursing systems), as needed and desired.		
<b>I.D.5.4.4</b> ► Refers the client to a lactation consultant or other lactation support workers, if needed and desired.		
<b>I.D.5.5</b> ► Counsels and supports the client and their family when facing grief and loss.		<b>I.D.5.5.1</b> ► Shares culturally appropriate community resources, as needed and desired.
		<b>I.D.5.5.2</b> ► Facilitates appropriate follow-up with the client to support their wellbeing.
		<b>I.D.5.5.3</b> ► Recognizes and assesses for signs and symptoms of perinatal mental health disorders. Provides the appropriate resources, consultations, and/or referrals based on assessments and client consent.

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.D.6.</b> ► Provides information and support about common discomforts.	<b>I.D.6.1</b> ► Offers guidance with common discomforts associated with pregnancy, labour, birth and <i>postpartum</i> .	<p><b>I.D.6.1.1</b> ► Informs &amp; provides strategies for addressing pregnancy discomforts including nausea &amp; vomiting, fatigue, hemorrhoids, varicose veins, heartburn, indigestion, fluid retention, swelling, and more.</p> <p><b>I.D.6.1.2</b> ► Discusses and supports relief for labour-related discomforts including back pain, cramps, pelvic pressure, nausea, and more.</p> <p><b>I.D.6.1.3</b> ► Shares information about <i>postpartum</i> discomforts and strategies for relief (e.g. backache, sore nipples, engorgement, perineal bruising, abdominal aches, pelvic pain, feeling of full bladder, urinary retention, painful bowel movements, constipation, fatigue, and more).</p>
	<b>I.D.6.2</b> ► Offers guidance and support for common discomforts.	<p><b>I.D.6.2.1</b> ► Expresses concern about the infant's discomfort and assesses for possible sources such as an ineffective latch, yeast infections, GERD, colic, diaper rash, skin ailments, digestive intolerances, etc. Assesses and distinguishes between variations of normal and abnormal and prepares a management plan in <i>collaboration</i> with the client.</p> <p><b>I.D.6.2.2</b> ► Provides education regarding the causes of newborn discomforts and information on pharmacological and non-pharmacological remedies. Demonstrates comfort techniques.</p> <p><b>I.D.6.2.3</b> ► Offers/assists with proactive latch correction using verbal and hands-on teaching with consent. Refers to lactation supports as needed.</p> <p><b>I.D.6.2.4</b> ► Offers support for babies with colic. Provides information about purple crying babies and how to prevent Shaken Baby Syndrome.</p>
<b>I.D.7.</b> ► Prescribes, orders and administers medications and therapeutic agents.	<b>I.D.7.1</b> ► Strives to dismantle colonial and/or biomedical approaches to medical treatment in <i>collaboration</i> with the client.	<b>I.D.7.1.1</b> ► Is respectful of the cultural and ancestral non-pharmaceutical management of perinatal and newborn care, and supports the client in their choice to access non-biomedical or traditional care.
	<b>I.D.7.2</b> ► Discusses effects, side effects, and common interactions of medications.	<b>I.D.7.2.1</b> ► Facilitates informed choice discussions about indications for medication, side effects, contraindications, drug interactions, and possible effects during pregnancy, labour and birth, during the <i>postpartum</i> period, with chest/breastfeeding, and for the newborn.
	<b>I.D.7.3</b> ► Prescribes, orders, and administers pharmacologic agents as necessary in the <i>antepartum</i> , <i>intrapartum</i> , and <i>postpartum</i> periods, and for the newborn in accordance with provincial/territorial regulations and <i>standards</i> .	<p><b>I.D.7.3.1</b> ► Manages treatments including oral and topical medications, injections, and inhalants. Inserts IV catheters and administers IV fluids and medications in accordance with regulations, <i>standards</i>, and client preferences.</p> <p><b>I.D.7.3.2</b> ► Follows up with the client to assess treatment side effects and the resolution of symptoms or diagnosed concerns.</p> <p><b>I.D.7.3.3</b> ► Makes adjustments to medications according to assessments, orders tests of cure, and/or orders further testing as appropriate.</p> <p><b>I.D.7.3.4</b> ► Offers and prescribes supplements to induce and/or stimulate lactation.</p>

# 1.D. Implementation

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.D.8.</b> ► Provides a safe birthing environment within all applicable settings.	<b>1.D.8.1</b> ► Organizes a safe birthing environment to minimize client stress, and facilitates physiological labour and birth.	<b>1.D.8.1.1</b> ► Creates opportunities, when possible, for determining who will best serve them in their care and during birth. <u>Research</u> supports racial and cultural concordance between clients and their care provider; concordance improves client experiences and clinical outcomes.
		<b>1.D.8.1.2</b> ► As needed, adjusts the birthing environment according to the client's emotional, cultural, spiritual, & accessibility needs in order to create a safe and supportive space (e.g. changing the physical space, equipment, supplies, lighting, temperature, sounds, number of people present, communication methods, emergency access, etc.).
		<b>1.D.8.1.3</b> ► Continuously re-assesses the appropriateness of the planned place of birth and adjusts accordingly in conjunction with client.
		<b>1.D.8.1.4</b> ► For out-of-hospital births: implements a plan for home or birth centre birth in accordance with the client's wishes and ensures the availability of a second attendant in compliance with provincial/ territorial guidelines and community <u>standards</u> . Considers access to emergency services and establishes a plan for emergency management.
		<b>1.D.8.1.5</b> ► For hospital births: collaborates <u>interprofessionally</u> and with the wider healthcare team, and communicates with a second attendant to plan for their timely arrival.
		<b>1.D.8.1.6</b> ► Communicates with the care team and staff to collaboratively implement the client's care plan.
<b>1.D.9.</b> ► Applies relevant infection prevention and control practices and <u>standards</u> .	<b>1.D.9.1</b> ► Applies knowledge of infection prevention and control principles and <u>standards</u> .	<b>1.D.9.1.1.</b> ► Understands and acts to counter stigma and judgment that can accompany infection prevention and control strategies.
		<b>1.D.9.1.2</b> ► Implements an aseptic technique in appropriate situations.
		<b>1.D.9.1.3</b> ► Applies principles and techniques of infection prevention when handwashing, donning and doffing personal protective equipment (PPE), preparing medications for administration, preventing droplet transmission/contamination, etc.
		<b>1.D.9.1.4</b> ► Uses principles of infection prevention when discarding biohazardous materials and sharps, and cleaning high-touch areas.
<b>1.D.10</b> ► Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations.	<b>1.D.10.1</b> ► Reviews consultations and/or referral recommendations with the client and integrates them into the care plan as appropriate.	<b>1.D.10.1.1</b> ► Reviews assessments and decision-making with the client prior to initiating consultation, referral, or transfer of care.
		<b>1.D.10.1.2</b> ► Uses Situation, Background, Assessment, Recommendation (SBAR) or similar tools to facilitate comprehensive communication when requesting a consultation, referral, or transfer of care.

## 1.E. Population Health


COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>I.E.1.</b> ▶ Recognizes the human rights of clients seeking care.	<b>I.E.1.1</b> ▶ Practices according to the relevant provincial or territorial midwifery authority's <i>code of ethics</i> . Respects human rights as described by the <i>United Nations</i> including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. (7, 8)	<b>I.E.1.1.1</b> ▶ Treats all clients and support people with dignity, respect, and empathy and strives to provide care in an unbiased manner. <b>I.E.1.1.2</b> ▶ Works to identify, recognize, and deconstruct their implicit and explicit biases and privileges. Takes initiative in practicing self-reflexivity or in seeking guidance, training, and/or additional education as needed. <b>I.E.1.1.3</b> ▶ Deconstructs heteronormative assumptions about traditional family structures. Supports clients with multiple partners, same-sex partners, gender-diverse partners, as well as people who are not partnered and/or who want to include their <i>chosen family</i> in their care. <b>I.E.1.1.4</b> ▶ Cares without discrimination based on race, ability, national or ethnic origin, colour, religion, age, sexuality, gender identity/expression, marital status, etc. to provide all clients with equitable, accessible, inclusive, safe, <i>comprehensive</i> , high quality, and culturally safe care. <b>I.E.1.1.5</b> ▶ Builds trusting relationships that allow clients to feel valued, supported, and that centres them as primary decision-makers. <b>I.E.1.1.6</b> ▶ Uses inclusive language and an accessible approach to communication (e.g. gender-neutral language, not making assumptions, adapting care to accessibility needs). Demonstrates humility, honesty, and accountability when a mistake is made and is open to correction. <b>I.E.1.1.7</b> ▶ Provides all clients with equitable access to <i>comprehensive</i> information, support, and care that supports informed choice, self-determination, and the right to refusal. Demonstrates humility and willingness to offer a referral to another provider, when available and desired by the client.
	<b>I.E.1.2</b> ▶ Continuously aims to expand self-awareness.	<b>I.E.1.2.1</b> ▶ Seeks, identifies, and utilizes available resources to expand knowledge, education, skills, and self-awareness in supporting human rights in relationships with others (including clients, colleagues, & more).
<b>I.E.2.</b> ▶ Supports clients to address social <i>determinants of health</i> that affect them and their access to health services and resources.	<b>I.E.2.1</b> ▶ Offers <i>evidence-informed</i> support based on the client's needs, preferences, and available community resources.	<b>I.E.2.1.1</b> ▶ Is aware of their own identity, privileges, beliefs, and social experiences and how they impact their provision of care and offers racially/culturally <i>concordant</i> care (see “concordant provider”) when possible. <b>I.E.2.1.2</b> ▶ Is aware of the following social <i>determinants of health</i> : income, social supports, employment, education, coping skills, childhood experiences, physical environments, healthy behaviours, access to healthcare, biology and genes, gender, culture, race/racism, and more. (9) Uses tools to help assess <i>health equity</i> and to guide discussions. [Resource: (10) <i>Health Equity Impact Assessment tool</i> 📄] <b>I.E.2.1.3</b> ▶ Understands how differences in social <i>determinants of health</i> impact health outcomes and wellbeing. [Resources: (11) <i>Health Inequity Data Tool</i> 📄, (12) <i>Rural Health Information Hub- Tools to Assess and Measure Social Determinants of Health</i> 📄]

## 1.E. Population Health


COMPETENCY	SKILL	SPECIFIC ABILITIES
		<p><b>I.E.2.1.4</b> ▶ Recognizes cultural values around pregnancy, birth and the <i>postpartum</i>; acknowledges the wisdom of Elders &amp; Knowledge Keepers, and supports traditional ways of knowing.</p> <p><b>I.E.2.1.5</b> ▶ Considers socioeconomic status (e.g.: financial barriers, housing insecurity, access to food and transportation, etc.) and other <i>determinants of health</i> when recommending resources or supports.</p> <p><b>I.E.2.1.6</b> ▶ Offers <i>person-centered</i> education in support of health literacy. Understands how the client learns and how information sharing can support various learning and/or communication needs.</p> <p><b>I.E.2.1.7</b> ▶ Understands or seeks information about how global health, social contexts, and/or migration impact health to offer responsive care.</p>
	<p><b>I.E.2.2</b> ▶ Forms individual and personalized care plans that consider the impacts of <i>determinants of health</i>.</p>	<p><b>I.E.2.2.1</b> ▶ Collaborates with clients to determine how to support their wellbeing based on social <i>determinants of health</i>. Asks clients how their previous experiences in healthcare have or have not met their needs.</p> <p><b>I.E.2.2.2</b> ▶ Asks clients about barriers they experienced in the past, or are currently experiencing, when accessing healthcare and works with them to remove barriers and to support greater accessibility to comprehensive healthcare.</p>
<p><b>I.E.3.</b> ▶ Uses evidence and collaborates with community partners and other healthcare providers to optimize the health of clients.</p>	<p><b>I.E.3.1</b> ▶ Respects, maintains, and protects client privacy and confidentiality.</p> <p><b>I.E.3.2</b> ▶ Offers referrals to community resources, providers, and collaborators to optimize health and wellbeing.</p> <p><b>I.E.3.3</b> ▶ Consults Indigenous Elders to inform <i>cultural safety</i> and to support traditional practices.</p>	<p><b>I.E.3.1.1</b> ▶ Protects client privacy and confidentiality to the greatest extent possible as permitted by law and according to applicable regulations.</p> <p><b>I.E.3.1.2</b> ▶ Is aware of protocols for breaches of client privacy and confidentiality, and takes action to mitigate risk.</p> <p><b>I.E.3.1.3</b> ▶ Understands and protects the right to privacy for expecting parents under the age of 18 according to related legislation and laws.</p> <p><b>I.E.3.2.1</b> ▶ Is knowledgeable about community resources that are safe and inclusive for clients and shares them in the appropriate language and using the appropriate communication strategy.</p> <p><b>I.E.3.2.2</b> ▶ Builds good relationships with community carers and experts.</p> <p><b>I.E.3.2.3</b> ▶ Collaborates with the client to identify barriers to accessing community/health resources &amp; co-develops a plan to facilitate access.</p> <p><b>I.E.3.2.4</b> ▶ Facilitates opportunities to access community resources, support services, and/or allied health services.</p> <p><b>I.E.3.3.1</b> ▶ Engages respectfully and reciprocally with Elders and facilitates language translation as needed. Offers a gift of thanks, payment, honoraria, and/or a thank you letter to Elders for their <i>collaboration</i>. (1)</p>



# 1.F. Reproductive and Sexual Health

COMPETENCY	SKILL	SPECIFIC ABILITIES
<b>1.F.1.</b> ► Delivers contraceptive counselling, with provision based on jurisdiction.	<b>1.F.1.1</b> ► Assesses, informs, and advises clients on issues of sexuality, fertility, and pregnancy.	<b>1.F.1.1.1</b> ► Supports <i>sexual health</i> and <i>reproductive health</i> in accordance with cultural beliefs, traditions, and practices and refers clients to allied care providers when needed. <b>1.F.1.1.2</b> ► Is knowledgeable of the <i>sexual health</i> needs of gender & sexually diverse people and supports them accordingly.
	<b>1.F.1.2</b> ► Provides <i>counselling</i> on contraceptive options that meet the needs and preferences of the client and supports the client's decision.	<b>1.F.1.2.1</b> ► Understands the history of forced/coerced sterilization and birth control use among Black, Indigenous, and People of Colour; and disabled people. Discusses family planning in a culturally-safe and appropriate manner. <b>1.F.1.2.2</b> ► Remains up-to-date on contraception options and provides information about methods of contraception and <i>family planning</i> that are culturally sensitive and appropriate to the client's needs. <b>1.F.1.2.3</b> ► Facilitates access to contraceptives by referring clients to appropriate services, resources, and/or providers. Prescribes contraceptives where possible and within <i>scope of practice</i> .
	<b>1.F.2.</b> ► Offers abortion <i>counselling</i> with provision based on jurisdiction.	<b>1.F.2.1</b> ► Supports clients who are seeking termination of pregnancy and makes referrals when requested.  <b>1.F.2.2</b> ► Provides post-termination care.
<b>1.F.3.</b> ► Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach.	<b>1.F.3.1</b> ► Acknowledges and seeks to address the impact of intimate partner and family violence, and trauma on the wellbeing of the client.	<b>1.F.3.1.1</b> ► Is aware of different types of violence and control (e.g. physical, sexual, financial, social, and/or verbal). Offers the client safe and appropriate resources, and collaborates with them to reduce the potential for harm and/or to respond to harm. <b>1.F.3.1.2</b> ► Offers strategies to the client to minimize recurring trauma when providing physical components of midwifery care (e.g. pelvic exams, methods for palpating the body, and more). <b>1.F.3.1.3</b> ► Discusses safe options for pain management and support. <b>1.F.3.1.4</b> ► Understands the impacts of race, gender, culture, religion, and more on the client, partner, and the family's responses to <i>childbearing</i> . <b>1.F.3.1.5</b> ► Discusses the risk of violent responses to <i>childbearing</i> in a safe environment and determines appropriate <i>safety plans</i> , resources, and support services as led by the client.
	<b>1.F.3.2</b> ► Creates a safe environment for client disclosure, provides referrals to safe <i>counselling</i> and support services, and offers community resources for clients in crisis.	<b>1.F.3.2.1</b> ► Recognizes and strives to dismantle their biases about intimate partner violence and understands the impact of cultural, historical, and social oppression on the client's experiences. [Resource: (13) <i>CAM- Midwives Recognize and Respond to Family Violence</i>  <b>1.F.3.2.2</b> ► Learns about the client and listens attentively when they share or disclose. Uses a trauma-informed and non-judgmental approach to support the client, with the client leading the discussion.

# 1.F. Reproductive and Sexual Health

COMPETENCY	SKILL	SPECIFIC ABILITIES
	<b>1.F.3.3</b> ▶ Is aware of duty to report legislation and the potential harms of reporting.	<p><b>1.F.3.3.1</b> ▶ Stays informed about current regulations around duty to report and understands how to initiate a report when indicated.</p> <p><b>1.F.3.3.2</b> ▶ Is aware of the historical context that perpetuated the forced removal of Indigenous children and the ongoing use of child protective services for family separation, cultural assimilation, and the oppression of Indigenous Peoples. Understands how duty to report may put an Indigenous child at an increased risk of harm in another environment.</p> <p><b>1.F.3.3.3</b> ▶ Understands how their own social position and privileges may lead to biases impacting their evaluation of duty to report. Works to deconstruct biases to fulfil their duty to report.</p> <p><b>1.F.3.3.4</b> ▶ Consults other midwives in the care team to collaboratively assess risk, reflect on the decision to report, discuss applicable legislation, and determine if other solutions may better support the child and parent (e.g. prenatal supports to avoid apprehensions at birth, offering resources for shelters, obtaining family support, etc.).</p>
<b>1.F.4.</b> ▶ Screens and tests for reproductive cancers.	<b>1.F.4.1</b> ▶ Provides the client information about reproductive cancers and signs and symptoms of pathology. Uses body terminology that is inclusive and based on the client's preferred language.	<p><b>1.F.4.1.1</b> ▶ Offers education about screening for breast/chest cancer (e.g. teaches clients how to perform self-breast/chest exam) and screening for cervical cancer.</p> <p><b>1.F.4.1.2</b> ▶ Provides information about other reproductive cancers (e.g. ovarian, uterine, vaginal, vulvar; etc.), as appropriate, while assessing the client's risk factors, family history, medical history, and more.</p>
	<b>1.F.4.2</b> ▶ Offers screening for reproductive cancers.	<b>1.F.4.2.1</b> ▶ Offers and performs screening for reproductive cancers based on client choice, and/or refers the client to the appropriate care provider alongside relevant information, resources, and support.
<b>1.F.5.</b> ▶ Provides <i>sexual health</i> education.	<b>1.F.5.1</b> ▶ Shares information about reproductive and <i>sexual health</i> , and healthy relationships in a way that is inclusive of people with diverse genders and/or sexualities.	<p><b>1.F.5.1.1</b> ▶ Identifies and challenges their own assumptions and biases about <i>sexual health</i> and sexual practices to provide trauma-informed, harm-reductive, de-stigmatised, accessible, and responsive care.</p> <p><b>1.F.5.1.2</b> ▶ Provides information about <i>sexual health</i> and <i>reproductive health</i> in accordance to the client's needs, preferences, and background (e.g. contraception, STBBIs, sex and pleasure in pregnancy, safe sex practices, dyspareunia, changes in libido, indications for avoiding intercourse, pelvic health education, sex after childbirth, perineal tissue trauma, uterine/bladder prolapse symptoms, contraception, and more).</p> <p><b>1.F.5.1.3</b> ▶ Supports the client in promoting or sustaining healthy relationships by sharing information on healthy communication, navigating the transition to parenthood, healthy sexual relationships in pregnancy and <i>postpartum</i>, intimate partner violence, sexual violence, and more. [Resource: (14) <i>Raising Children Network- Healthy Relationships with Partners in Early Parenting</i> </p>
	<b>1.F.5.2</b> ▶ Communicates how a client's pregnancy, birth, or <i>postpartum</i> experience may impact their future health, wellbeing, and/or subsequent pregnancies.	<p><b>1.F.5.2.1</b> ▶ Discusses ongoing care strategies to support the client's health and wellbeing beyond six weeks <i>postpartum</i> and facilitates recommendations and referrals, as needed or desired by the client.</p> <p><b>1.F.5.2.2</b> ▶ Provides education about the client's health risks during subsequent pregnancies, recommendations for inter-pregnancy intervals, and other impacts that their recent pregnancy/birth may have on their future health and wellbeing.</p>
<b>1.F.6.</b> ▶ Provides sexually transmitted infections <i>counselling</i> , diagnosis, and treatment, as appropriate.	<b>1.F.6.1</b> ▶ Offers <i>counselling</i> in a non-judgmental and inclusive manner; and is knowledgeable of potential pregnancy and neonatal risks associated with STBBIs.	<p><b>1.F.6.1.1</b> ▶ Sensitive discusses risk factors for STBBIs and safe sexual practices. Shares information about the risks of STBBIs in pregnancy and for the newborn.</p> <p><b>1.F.6.1.2</b> ▶ Identifies signs/symptoms of STBBIs and provides sensitive <i>counselling</i>, diagnosis, and evidence-based treatment within <i>scope of practice</i> and in <i>collaboration</i> with the client.</p>

# Glossary

**Antepartum:** Occurring before childbirth.

**Anti-Racism:** Any approach that reduces power differences and the marginalization of racialized groups. (15) These approaches centre the needs of racialized groups, challenge prejudiced attitudes and beliefs, and work to dismantle colonial and discriminatory systems.

**Code of Ethics:** Established by provincial/territorial midwifery regulatory bodies to outline the ethical characteristics and responsibilities of a midwife and to guide their professional practice. (7)

**Childbearing:** The unique process of birthing that included the months that elapse over the pregnancy, birth, recovery from birth, and lactation. (16)

**Chosen Family:** A person's selected friends, partners, biological and non-biological children and parents, and others who provide them support.

**Client:** The person who receives care from the midwife, including the baby. The client may choose to include their chosen family or support person(s) in the care process. Clients are shaped by their lived experiences and their social position (e.g., race, national or ethnic origin, religion, age, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability, socio-economic background, and experiences of intergenerational trauma, abuse, or adverse childhood experiences).

**Client Centred Care:** (see “Person-Centred Care”)

**Collaboration:** Client care involving joint communication and decision-making between the client, midwife, and other members of the healthcare team in a way that uplifts people's shared knowledge and skills to provide comprehensive client-centred care. (17)

**Competency:** The specific knowledge, skills, abilities, and judgment required for a healthcare provider to practice safely, ethically, and effectively. (18) Being competent means having the necessary competencies to do something successfully. (19)

**Comprehensive Care:** The coordinated delivery of healthcare as directed by the client's holistic needs and that considers the impact of healthcare on the client's physical, emotional, and social wellbeing. (20)

**Concordant Provider:** A provider who is culturally similar to the client; clients and families can benefit from racially-concordant care. (21, 22)

**Counselling:** Giving information, advice, and guidance on personal, social, physical, or psychological concerns.

**Cultural Humility:** A process of self-reflection to understand personal and systemic barriers and to develop and maintain respectful practices and relationships that are based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another person's experience. (23)

**Cultural Safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. Cultural safety results in an environment free of racism and discrimination where people feel safe when receiving healthcare. (23)

**Determinants of Health:** Determinants of health include a person's income, social status, social supports, education status, literacy, employment, working conditions, physical environments, healthy behaviours, childhood experiences, coping skills, biology and genetic endowment, access to health services, gender, culture, and race/racism. (24)

**Entry-Level Midwife:** An entry-level midwife has been assessed as eligible to start practicing in Canada and after meeting provincial/territorial requirements, to practice in the full scope without supervision requirements on their registration.

**Evidence-Informed Decision-Making:** Integrating the best available evidence with the client context and the midwife's personal knowledge and experience to inform clinical problem solving and decision-making.

**Family Planning:** Making a plan about the number and timing of children's births. (25)

**Gestational Carrier:** A gestational carrier, also called a gestational surrogate, is when a person carries and gives birth to another person or couple's baby and may or may not have any genetic relationship to the child. (26)

**Health:** A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (27)

**Health Equity:** Health equity exists when all people can reach their full health potential and are not disadvantaged because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation, or other social position. (28)

**Health System:** All the activities and structures that promote, restore, or maintain health. (29)

**Health System Sustainability:** The health system's ability to improve population health by continually delivering services, generating resources, sustainably financing healthcare, providing equity in access to healthcare, being responsive, and providing efficient care that meets health needs. (30)

**Holistic Care:** Complete or total client care that considers the physical, emotional, social, economic, and spiritual needs of the client.

**Inter- and Intra-professional Care:** When members of different healthcare disciplines work together to meet the healthcare needs of the client, this is inter-professional care. Work is allocated based on the provider's scope of practice. Team members share information to support client care. (31) When midwives collaborate with other midwives, that is intra-professional care. (32)

**Intersectionality:** A term coined by Kimberlé Crenshaw in 1989 to demonstrate how discrimination on the basis of identity intersects. Crenshaw explains that using a single-axis framework of discrimination erases Black women who experience discrimination on the basis of race and sex. Crenshaw proposes intersectionality to account for the intersecting impacts of discrimination for those who hold multiple marginalized identities. (33)

**Intrapartum:** The time period spanning from the onset of labour to the delivery of the placenta.

**Midwife/Midwifery:** A person who has successfully completed the prescribed course of studies in midwifery, demonstrates competency in the practice of midwifery, and has acquired the requisite qualifications to be registered and/or is legally licensed to practice midwifery and use the title 'midwife'. (34)

**Person-Centred Care:** (or "client centred care") Care that supports people to make informed decisions for their health and care based on their own knowledge, skills, needs, and preferences. Person-centered care is tailored to the needs of the individual and ensures that they are always treated with dignity, compassion, and respect. (35)

**Population Health:** An approach to health that aims to improve the health of the entire population and to reduce health inequities. To reach these objectives, population health examines and responds to a broad range of factors and conditions that impact our health. (36)

**Postpartum:** Refers to the time after birth when physiological changes facilitate a return to the non-pregnant state. (37)

**Primary Care Provider:** A healthcare provider who acts as the first contact and principal point of care within the healthcare system, and coordinates other care as needed.

**Primary Healthcare:** Primary healthcare is a model that supports health and wellbeing through comprehensive, promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course. Primary healthcare systematically addresses broader determinants of health including social, economic, environmental, personal, and behavioural factors and applies evidence-informed public policies to deliver optimal care. Also, this model empowers people to optimize their own health and to inform health services, and supports self-carers and caregivers to others. (38)

**Reproductive Healthcare:** Reproductive healthcare supports a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and its functions and processes. Reproductive healthcare does not merely support the absence of disease or infirmity, but advances holistic reproductive health and wellbeing. (39)

**Research:** A systematic investigation to identify, create, and/or confirm existing or new concepts, knowledge, and methodologies.

**Safety:** The state of being protected from physical, emotional, or psychological risk, injury, coercion, abuse, hurt, loss, and harm. (40)

**Safety Plan:** Developing a plan to address potential, real, or anticipated hazards or threats to the safety of the client, family, or healthcare provider. Reducing unnecessary risks of harm is central to client safety in healthcare. (41)

**Scope of Practice:** The activities that the healthcare provider is authorized to perform, as set out in legislation and described by practice standards, limits, and conditions set by regulators.

**Sexual Health:** Includes a person's health and wellbeing related to sexuality, relationships, sexually transmitted infections, fertility, infertility, contraception, and more. (42)

**Social Safety:** Means being treated fairly, equitably, with respect, and without discrimination; social safety can promote wellbeing and support a person in achieving their fullest potential. (43)

**Standard:** A norm or uniform reference point that describes a required level of achievement or performance and that may be established by regulatory bodies, the practices of other providers in your community, evidence-based research, and more. (44)




















**Well-Client Care:** Includes primary midwifery care provided to the client after six weeks postpartum and for up to 12 months or more, depending on the jurisdiction in which the midwife practices. Well-client care enables and facilitates access to ongoing care, minimizes health risks, and supports them to maintain a healthy lifestyle. (45)



# References

1. Indigenous Protected and Conserved Areas. Beyond Conservation: Working Respectfully with Indigenous People and their Knowledge Systems [Internet]. IPCA Knowledge Basket; n.d [cited 2023 Nov 26]. Available from: <https://ipcaknowledgebasket.ca/resources/working-respectfully-with-indigenous-people-and-their-knowledge-systems>
2. Centre for Addiction and Mental Health. Perinatal Mood and Anxiety Disorders: Assessment [Internet]. CAMH; Adapted from Dalfen AK, 2019; 2023 [cited 2023 Nov 26]. Available from: <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/perinatal-mood-and-anxiety-disorders/perinatal-mood--assessment>
3. Centre for Addiction and Mental Health. Generalized Anxiety Disorder (GAD-7) Scale [Internet]. CAMH; n.d. [cited 2023 Nov 26]. Available from: <https://camh.ca/-/media/files/formgad7-pdf.pdf>
4. Centre for Addiction and Mental Health. Generalized Anxiety Disorder (GAD-7) Scale [Internet]. CAMH; n.d. [cited 2023 Nov 26]. <https://www.camh.ca/-/media/files/form-phq-9-pdf.pdf>
5. Perinatal Services BC. Edinburgh Postnatal Depression Scale (EPDS) [Internet]. British Columbia: Provincial Health Services Authority; 2023 [Cited 2023 Nov 26]. Available from: [http://www.perinatalservicesbc.ca/health-professionals/professional-resources/public-health/edinburgh-postnatal-depression-scale-\(epds\)](http://www.perinatalservicesbc.ca/health-professionals/professional-resources/public-health/edinburgh-postnatal-depression-scale-(epds))
6. Association of Ontario Midwives. Surrogates & Parentage [Internet]. Ontario: AOM; 2023 [Cited 2023 Nov 26]. Available from: [https://www.ontariomidwives.ca/surrogates-parentage#:~:text=Birth%20Registration,-Under%20the%20new&text=The%20intended%20parents%20\(whether%20they,least%20seven%20days%20after%20delivery](https://www.ontariomidwives.ca/surrogates-parentage#:~:text=Birth%20Registration,-Under%20the%20new&text=The%20intended%20parents%20(whether%20they,least%20seven%20days%20after%20delivery)
7. British Columbia College of Nurses and Midwives. For BCCNM Registered Midwives: Code of Ethics [Internet]. British Columbia: BCCNM; [Updated 2021 Feb; Cited 2024 Jan 14]. Available from: [https://www.bccnm.ca/Documents/standards\\_practice/rm/RM\\_Code\\_of\\_Ethics.pdf](https://www.bccnm.ca/Documents/standards_practice/rm/RM_Code_of_Ethics.pdf)
8. UNFPA. Family Planning [Internet]. United Nations Population Fund; 2022 Nov 23 [Cited 2023 Oct 25]. Available from: <https://www.unfpa.org/family-planning#readmore-expand>
9. Public Health Agency of Canada. Social determinants of health and health inequalities [Internet]. Canada: Government of Canada; [Updated 2023 June 01; Cited 2023 Nov 26]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
10. CAMH, Health Equity Impact Assessment (HEIA) Tool [Internet]. Canada: CAMH; n.d. [cited 2024 Jan 25]. Available from: <https://www.camh.ca/en/professionals/professionals--projects/health-equity-tool>
11. Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information. Health Inequities Data Tool [Internet]. Canada: Government of Canada; [Updated 2023 Sept 12; Cited 2023 Nov 26]. Available from: <https://health-infobase.canada.ca/health-inequalities/data-tool/>
12. Rural Health Information Hub. Tools to Assess and Measure Social Determinants of Health [Internet]. United States: RHInfo; 2023 [Cited 2023 Nov 26]. Available from: <https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools>
13. Canadian Association of Midwives. Midwives Recognize and Respond to Family Violence [Internet]. Canada: CAM; 2023 [Cited 2023 Nov 26]. Available from: <https://canadianmidwives.org/family-violence/>
14. Raising Children Network. Healthy Relationships with Parents in Early Parenting [Internet]. Australia: Raising Children Network; [Updated 2022 Oct 11; Cited 2023 Nov 26]. Available from: <https://raisingchildren.net.au/grown-ups/looking-after-yourself/your-relationship/healthy-relationships-parents>
15. Reading C. Policies, Programs and Strategies to Address Anti-Indigenous Racism: A Canadian Perspective. Canada: National Collaborating Centre for Indigenous Health; 2020 [Cited 2023 Oct 25]. 16p. Available from: <https://www.nccih.ca/docs/determinants/FS-Racism3-Policies-Strategies-EN.pdf>
16. Hammer RL, Perkins J, Parr R. Exercise during the childbearing year. J Perinat Educ. 2000 [Cited 2023 Oct 25];9(1): 1-14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595006/pdf/JPE090001.pdf>
17. Canadian Nurses Association. Canadian Nurse Practitioner Core Competency Framework. Ottawa, ON: Canadian Nurses Association; 2010 May [Cited 2023 Oct 25]. 28p. Available from: [https://www.cno.org/globalassets/for/rnec/pdf/competencyframework\\_en.pdf](https://www.cno.org/globalassets/for/rnec/pdf/competencyframework_en.pdf)
18. Nova Scotia College of Nursing. Entry-Level Competencies for Nurse Practitioners. Bedford, NS: Nova Scotia College of Nursing; 2016 [Cited 2023 Oct 25]. 18p. Available from: <https://www.nscn.ca/sites/default/files/documents/resources/EntryLevelCompetenciesNP.pdf>
19. Dictionary.com. Competent [Internet]. Dictionary.com; 2023 [Cited 2023 Oct 25]. Available from: <https://www.dictionary.com/browse/competent>
20. Australian Commission on Safety and Quality in Healthcare. Comprehensive Care Standard [Internet]. Australia: ACSQHC; 2023 [Cited 2023 Nov 26]. Available from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards/comprehensive-care-standard>
21. Cleo. Racial Concordance in Healthcare [Internet]. United States: Cleo; 2021 Feb 01 [Cited 2023 Nov 26]. Available from: <https://hicleo.com/resource/racially-concordant-care-why-it-matters-if-your-provider-looks-like-you#:~:text=You%20and%20your%20family%20can,is%20called%20racially%2Dconcordant%20care>
22. Shen MJ, Peterson EB, Costas-Muñoz R, Hernandez MH, Jewell ST, Matsoukas K, et al. The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systemic Review of the Literature. J Racial Ethn Health Disparities. 2018 Feb [Cited 2023 Oct 24]; 5(1): 117-140. Available from: <https://doi.org/10.1007/s40615-017-0350-4>
23. First Nations Health Authority. Policy Statement on Cultural Safety and Humility: It starts with me. Coast Salish Territory: First Nations Health Authority; n.d. [Cited 2023 Oct 25]. 24p. Available from: <https://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>
24. Government of Canada. Social determinants of health and health inequalities [Internet]. Government of Canada; 2023 June 01 [Cited 2023 Oct 25]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>



25. World Health Organization. Family Planning/Contraception Methods [Internet]. World Health Organization; 2023 Sept 05 [Cited 2023 Dec 03]. Available from: <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception> 
26. Cleveland Clinic. Gestational Surrogacy [Internet]. United States: Cleveland Clinic; 2023 [Cited 2023 Dec 03]. Available from: <https://my.clevelandclinic.org/health/articles/23186-gestational-surrogacy> 
27. World Health Organization. Constitution. World Health Organization; 1946 [Cited 2023 Oct 25]. 18p. Available from: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf> 
28. BC Centre for Disease Control. Health Equity [Internet]. British Columbia: Provincial Health Services Authority; 2023 [Cited 2023 Oct 25]. Available from: <http://www.bccdc.ca/health-info/prevention-public-health/health-equity> 
29. World Health Organization. World Health Report 2000, Health Systems: Improving Performance. World Health Organization; 2000 [Cited 2023 Oct 25]. 215p. Available from: [https://reliefweb.int/report/world/world-health-report-2000-health-systems-improving-performance?psafe\\_param=1&gclid=CjwKCAjw-eKpBhAbEiwAqFLOmr255YmnCH4BLweVaV1\\_FNMO03nPTLYR4abMh0IIQLe9ktHW2\\_XVTxoCj58QAvD\\_BwE](https://reliefweb.int/report/world/world-health-report-2000-health-systems-improving-performance?psafe_param=1&gclid=CjwKCAjw-eKpBhAbEiwAqFLOmr255YmnCH4BLweVaV1_FNMO03nPTLYR4abMh0IIQLe9ktHW2_XVTxoCj58QAvD_BwE) 
30. Allin S, Campbell S, Jamieson M, Miller F, Roerig, M, Sproule J. Sustainability and Resilience in the Canadian Health System. Canada; Partnership for Health System Sustainability and Resilience. 2022 Nov [Cited 2023 Oct 25]. 97p. Available from: [https://www3.weforum.org/docs/WEF\\_PHSSR\\_Canada\\_2022.pdf](https://www3.weforum.org/docs/WEF_PHSSR_Canada_2022.pdf) 
31. Canadian Health Services Research Foundation. Interprofessional Collaborative Teams. Ottawa, ON: Canadian Health Services Research Foundation and the Canadian Nurses Association; 2012 [Cited 2023 Oct 25]. 142p. Available from: [https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/InterProfTeams\\_Virani\\_EN\\_Web.pdf](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/InterProfTeams_Virani_EN_Web.pdf) 
32. National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. Canada: NPAG; 2017 [Cited 2023 Oct 25]. Available from: <https://peac-aepc.ca/pdfs/Resources/Competency%20Profiles/Competency%20Profile%20for%20PTs%202017%20EN.pdf> 
33. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. In K. Maschke (ed), *Feminist Legal Theories* (pp. 23-51). Routledge.
34. International Confederation of Midwives. Glossary of Terms. ICM; 2011 [Updated 2017; Cited 2023 Oct 25]. 10p. Available from: [https://www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011\\_updated-2017\\_final2.pdf](https://www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011_updated-2017_final2.pdf) 
35. The Health Foundation. Person-centred care made simple: What everyone should know about person-centred care. United Kingdom: The Health Foundation; 2014 Oct [Cited 2023 Oct 25]. Available from: <https://www.health.org.uk/publications/person-centred-care-made-simple> 
36. Public Health Agency of Canada. What is the Population Health Approach? [Internet]. Canada: Government of Canada; 2013 Jan 15 [Cited 2023 Oct 25]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach/what-population-health-approach.html> 
37. Berens, P. Overview of the postpartum period: Normal physiology and routine maternal care [Internet]. UpToDate; 2023 May 31 [Cited 2023 Oct 25]. Available from: <https://www.uptodate.com/contents/overview-of-the-postpartum-period-normal-physiology-and-routine-maternal-care> 
38. World Health Organization. Primary Healthcare [Internet]. World Health Organization; 2023 [Cited 2023 Oct 25]. Available from: [https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1) 
39. World Health Organization. Reproductive Health [Internet]. World Health Organization; 2023 [Cited 2023 Oct 25]. Available from: <https://www.who.int/westernpacific/health-topics/reproductive-health> 
40. Merriam-Webster. Safety [Internet]. Merriam-Webster; 2023 [Cited 2023 Oct 25]. Available from: <https://www.merriam-webster.com/dictionary/safety> 
41. Canadian Patient Safety Institute. General patient safety [Internet]. Canada: CPSI; 2023 [Cited 2023 Oct 25]. Available from: <https://www.patientsafetyinstitute.ca/en/Topic/Pages/General-Patient-Safety.aspx> 
42. Sexual Health Ontario. Home [Internet]. Ontario: Ontario Public Health; n.d. [Cited 2023 Oct 25]. Available from: <https://sexualhealthontario.ca/en/home> 
43. <https://www.eur.nl/en/eshpm/about/social-safety> 
44. International Confederation of Midwives. ICM Global Standards for Midwifery Regulation. ICM; 2011 [Updated 2021; Cited 2023 Oct 25]. 10p. Available from: [https://www.internationalmidwives.org/assets/files/general-files/2021/09/global-standards-for-midwifery-education\\_2021\\_en.pdf](https://www.internationalmidwives.org/assets/files/general-files/2021/09/global-standards-for-midwifery-education_2021_en.pdf) 
45. American College of Obstetricians and Gynecologists. Well-Woman Visit [Internet]. United States: ACOG; 2018 Oct [Cited 2023 Oct 25]. Available from: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/well-woman-visit#:~:text=recommendations%20and%20conclusions%3A-,A%20well%20woman%20visit%20provides%20an%20excellent%20opportunity%20to%20counsel,on%20age%20and%20risk%20factors> 