



MIDWIFERY STANDARDS OF PRACTICE

February 2022 – Issued
February 2023 – Revised
April 2024 – Revised
February 2025 - Revised

The Saskatchewan College of Midwives (SCM) holds registrants to the following minimum standards to ensure safe and consistent practice and conduct within the midwifery scope and model in Saskatchewan.



Table of Contents

- STANDARD 1** 2
- STANDARD 2** 3
- STANDARD 3** 4
- STANDARD 4** 4
- STANDARD 5** 5
- STANDARD 6** 5
- STANDARD 7** 6
- STANDARD 8** 7
- STANDARD 9** 7
- STANDARD 10** 8
- STANDARD 11** 9
- STANDARD 12** 10
- STANDARD 13** 11
- STANDARD 14** 12
- STANDARD 15** 12
- STANDARD 16** 13
- STANDARD 17** 14
- STANDARD 18** 15
- GLOSSARY** 16
- REFERENCES** 18

STANDARD 1

The midwife works in partnership with the client to plan care and shall be the primary care provider within the midwifery scope of practice.

The midwife:

1. Is an autonomous health care professional regulated by the SCM, and takes full responsibility for the care provided.
2. Identifies the Philosophy of Care and Code of Ethics and freely shares this information with the client.
3. Provides informational support based on evidence, best practice and community standards.
4. Facilitates the shared decision-making process.
5. Provides individualized care based on the unique nature of each client's pregnancy.
6. Involves others in care, as desired by the client.
7. Collaborates with other health professionals and community agencies as necessary.
8. Ensures the client has an opportunity to reflect on and discuss the childbirth experience.
9. Informs the client and family members of available community support networks.
10. Is responsible for appropriate client discussion and documentation at the conclusion of each midwife/client relationship.

STANDARD 2

The midwife upholds each client's right to informed choice and consent throughout the childbirth experience.

The midwife:

1. Recognizes the client as the primary decision maker in their care and encourages clients to actively participate and make informed choices.
2. Assesses, plans and provides care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all clients and newborns, including any need for safeguarding, recognizing the diversity of individual circumstances.
3. Advises the client of their professional standards and recommendations with respect to safe care and informs the client regarding the indications, risks and implications of all tests and procedures.
4. Respects the decisions made by the client even when these decisions or plans are contrary to the midwife's standards of practice and respects the client's right to accept or decline treatments or procedures.
5. Clearly states when professional judgment is in conflict with the decision or plans of the client.
6. Shares relevant information with clients in a non-authoritarian, cooperative manner.
7. Acts as an advocate when care involves the interdisciplinary and multiagency team.

Refer to SCM Policy on Informed Choice

STANDARD 3

The midwife collaborates and/or consults with other health professionals when the client's risk status, condition or needs exceed the midwife's scope of practice.

The midwife:

1. Provides the consultant with complete and accurate records and client information.
2. Initiates physician consultation and transfer of primary care where appropriate and in accordance with SCM policies.
3. Makes use of professional, community and administrative resources that serve the interests of the client.
4. Documents clearly in the medical record when a transfer of care has taken place.
5. If primary care is transferred to another health provider, the midwife works cooperatively and collegially within the midwife's scope of practice, with other primary care providers.

Refer to SCM Policy on Case Review, Consultation and Transfer of Care

STANDARD 4

The midwife provides continuity of care to the client.

The midwife:

1. Provides comprehensive care during pregnancy, labour, birth, and postpartum.
2. Either individually or within an established group, provides care with 24 hour on-call availability.
3. Either individually or within an established group, maintains a coordinated approach to clinical practice consistent with SCM Philosophy of Care and policy on Continuity of Care.
4. Informs every client early in care of their on-call schedule and how care is organized and provided within their practice.
5. Works in partnership with each client to develop a relationship built on trust.

Refer to SCM Policy on Continuity of Care

STANDARD 5

The midwife maintains complete and accurate health care records.

The midwife:

1. Uses records that facilitate accurate communication of information to and from consultants and institutions.
2. Reviews and updates records at each clinical contact with the client.
3. Ensures prompt review and entry of screening and diagnostic test results, treatments and consultations into health care records.
4. Ensures that records are legible, signed and dated.
5. Documents decisions and professional actions.
6. Documents informed choice discussions and recommendations.
7. Documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions.
8. Documents contemporaneously.
9. Maintains confidentiality of records.

STANDARD 6

The midwife shall ensure confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client.

The midwife:

1. Maintains, stores and disposes of records, if applicable, in accordance with the law.
2. Maintains, stores and disposes of records, if applicable, in a manner that protects the confidentiality of information.

STANDARD 7

The midwife shall be accountable to the client, the midwifery profession and the public for safe, competent and ethical care.

The midwife:

1. Assumes responsibility for all care provided.
2. Develops a plan for care with the client.
3. Ensures that the results from all tests, treatments, consultations and referrals are followed up and acted upon in a timely manner.
4. Never abandons care of a client in labour or in an emergency.
5. Conducts themselves professionally and with integrity at all times, and never in a way that puts the profession of midwifery in disrepute.
6. Discloses appropriate information to the client related to any harm or injury they experience while receiving midwifery care.
7. Discusses the philosophy and scope of midwifery care with the client.
8. Practises in a culturally safe and competent manner.
9. Has a responsibility to uphold professional standards.
10. Recognizes the value of interprofessional collaboration to support safe and high standards of care.
11. Informs the client as to complaint and review procedures established under the Act and the Bylaws.
12. Ensures clients are aware of mechanisms for feedback.
13. Generates an incident/occurrence report as per employer protocols.
14. Participates in mortality and morbidity reporting and review processes as required by institutional policies.
15. Complies with the continuing competence requirements as established by SCM.

Refer to SCM Code of Ethics

STANDARD 8

The midwife participates in ongoing education and evaluation of self, colleagues and the community.

The midwife:

1. Involves the client in evaluating midwifery practice and integrates the results of evaluation into practice.
2. Adjusts clinical practice after review of current literature and appropriate education or training.
3. Shares knowledge with colleagues and students and assists in developing mechanisms to promote this sharing.
4. Maintains current knowledge of academic and professional research based on developments that are directly related to midwifery practice.

Refer to SCM Policy on Clinical Training & Professional Development

STANDARD 9

The midwife shall critically assess research findings for use in practice and shall support research activities.

The midwife:

1. Identifies areas for research, shares research findings and incorporates these appropriately into practice.
2. Ensures that the research in which midwives participate meets acceptable standards of research methodology and design and is consistent with SCM's Code of Ethics.

STANDARD 10

The midwife respects the client's right to make informed choices about the setting for birth and shall provide care in all appropriate settings.

The midwife:

1. Ensures a safe environment in which to give birth.
2. Provides the client with the required information as the clinical situation evolves, including that related to safety, to make an informed choice about appropriate settings in which to give birth.
3. Provides care in a variety of settings including hospitals and out-of-hospital locations.
4. Notifies the appropriate agencies when any safety concerns arise.

Refer to SCM Policy on Informed Choice and Request for Care Outside of Standards

STANDARD 11

The midwife ensures that a second midwife or qualified second birth attendant assists at every birth.

The midwife:

1. Ensures that the second attendant is a licensed member of a regulated profession, is competent to assist, and possesses the following:
 - (a) current certification in:
 - i) neonatal resuscitation;
 - ii) cardiopulmonary resuscitation; and
 - iii) obstetrical emergency skills
 - (b) education, knowledge and competence in:
 - i) assessment of vital signs (blood pressure, pulse, temperature, respirations, fetal heart tones);
 - ii) postpartum assessment of uterine tone and position, blood loss and bladder;
 - iii) intravenous canulation;
 - iv) universal precautions;
 - v) appropriate documentation; and
 - vi) observation, assessment and care of the newborn.
 - (c) basic knowledge of:
 - i) labour and birth;
 - ii) instruments, supplies and drugs used by midwives.
2. Shall not delegate tasks to a second attendant who is not otherwise legally authorized to perform them.
3. Informs the client of the arrangements for a second midwife or qualified second birth attendant at the birth.

STANDARD 12

The midwife shall ensure that no act or omission places the client at unnecessary risk.

The midwife:

1. Uses their knowledge, skills and judgement as well as local policies and protocols to plan and implement care.
2. Provides on-going assessment and modifies planned care as required.
3. Responds promptly and appropriately to emergency situations.
4. Maintains access to appropriate equipment and supplies.
5. Refers to another appropriate practitioner when their ability to practice safely is mentally or physically impaired.
6. Adheres to best practices related to infection prevention and control at all times.

STANDARD 13

The midwife prescribes and administers drugs and substances in the categories as set out in Table 1 of *The Midwifery Regulations*, in accordance with the midwifery scope of practice, regulation, bylaws, standards, and protocols. The midwife prescribes Controlled Drugs and Substances (CDS) in accordance with current regulations, legislation and regulatory document(s): *Controlled Drugs and Substances Act, New Classes of Practitioners Regulations, Food and Drug Regulations, Narcotic Control Regulations, Benzodiazepines and Other Targeted Substances Regulations*, and *Midwifery Standards of Practice*.

The midwife:

1. Successfully completes and maintains course and training requirements as necessary to ensure competence.
2. Ensures practices are within the midwifery scope of practice.
3. Complies with all external monitoring mechanisms, specifically the Provincial Prescription Review Program (PRP) when prescribing CDS.
4. Confirms support or limitation for CDS prescribing in their practice environment, through terms of employment, job description and/or agency policy.
5. Provides medical abortion in accordance with the midwifery scope of practice, midwifery standards and regulations and local requirements.
6. Adheres to legislation and policies regarding record keeping, safe storage, disposal, and transportation of CDS.
7. Documents and reports adverse events associated with CDS according to federal and provincial legislation, regulation, and policy, and agency policy.
8. Recognizes the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them.
9. Uses the principles of safe remote prescribing and directions to administer medicines.
10. Demonstrates the ability to safely supply and administer drugs and substances as set out in Table 1 of *The Midwifery Regulations* and any subsequent legislation.
11. Undertakes accurate drug calculations for a range of medications.
12. Accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product.
13. Exercises professional accountability in ensuring the safe administration of medicines, via a range of routes, to clients and newborn infants.
14. Administers injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment.
15. Recognizes and responds to adverse or abnormal reactions to medications for the client and the newborn infant, and the potential impact on the fetus and the breastfed infant.
16. Recognizes the impact of medicines in breastmilk and support the client to continue to responsibly feed their newborn infant and/or to express breastmilk.

STANDARD 14

The midwife orders, performs and interprets diagnostic tests as set out in Table 2 of *The Midwifery Regulations*.

The midwife:

1. Successfully completes course and training requirements as necessary to ensure competence.
2. Orders, performs and interprets diagnostic tests within the midwifery scope of practice.
3. Ensures screening and diagnostic tests are carried out appropriately and as required in line with local, provincial and national evidence-based protocols.

STANDARD 15

The midwife performs and interprets invasive procedures as set out in Table 3 of *The Midwifery Regulations*.

The midwife:

1. Successfully completes course and training requirements as necessary to ensure competence.
2. Performs and interprets invasive procedures within the midwifery scope of practice.
3. Ensures invasive procedures are carried out appropriately and as required in line with local, provincial and national evidence-based protocols.

STANDARD 16

The midwife provides client care that ensures cultural safety and cultural humility that is anti-racist and gender inclusive.

The midwife:

1. Practices cultural humility beginning with self-examination of their own personal values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, with consideration for how this may impact the therapeutic relationship with clients.
2. Continually seeks to improve their ability to provide culturally safe care for clients.
3. Engages in anti-racist practice, taking active steps to identify, address, prevent, and eliminate racism.
4. Creates and facilitates safe health care experiences-where clients' physical, mental/emotional, spiritual, and cultural needs can be met.
5. Engages in strength-based and trauma-informed practice that includes their knowledge about different types of trauma and the impact on clients, including how intergenerational, historical and gender-specific trauma affects many people of various races, cultures, ethnicities, genders and religions during health care experiences.

Credit to BCNNM – Adapted with Permission

STANDARD 17

**Implementation of standard pending amendment to *The Midwifery Act 23(1)(a)(iv)*.
The midwife provides well-client care during a client's reproductive years.**

The midwife:

1. Recognizes the right of every client to have timely access to reproductive care, health screening measures and information on health promotion provided by a known care provider.
2. Successfully completes course and training requirements as necessary to ensure competence.
3. Provides well-client care in accordance with local, provincial and national standards.
4. Ensures screening and diagnostic tests are carried out appropriately and as recommended by local, provincial and national evidence-based protocols.
5. Provides well-client care including physical examination, age-appropriate screening, contraception, treatment of sexually transmitted infections (STI), assessment of lifestyle risk factors and intimate partner violence.
6. Includes health promotion recommendations as a component of well-client care.
7. Supports informed decision-making regarding recommended age-appropriate immunizations.
8. Consults and refers as required when the care of the clients exceeds the midwife's scope of practice.
9. Recognizes the value of interprofessional collaboration in providing optimal well-client care.
10. If providing well-client care beyond the reproductive years, completes a required course of study and training as an advanced competency.

STANDARD 18

**Implementation of standard pending amendment to *The Midwifery Act 23(1)(a)(v)*.
The midwife provides well-baby care to age one year.**

The midwife:

1. Recognizes the right of every family to have timely access to well-baby care beyond the six week post partum period by a known care provider.
2. Successfully completes course and training requirements as necessary to ensure competence.
3. Provides well-baby care in accordance with local, provincial and national evidence-based protocols.
4. Provides well-baby care including physical examination, growth and nutrition monitoring, oral/dental health monitoring, developmental surveillance, immunization in accordance with national recommendations, anticipatory guidance on safety, family adaptation, behaviour and health promotion.
5. Utilizes recommended local, provincial and national documentation records/tools for recording well- baby care.
6. Directs families to recommended resources to support informed discussion and decision making.
7. Consults and refers as required when the care of the well baby exceeds the midwife's scope of practice.
8. Recognizes the value of interprofessional collaboration in providing optimal well-baby care.

GLOSSARY

The Glossary comprises a set of defined terms which are used in the Professional Standards. Glossary may also contain commentary and interpretation.

Anti-racism – the policy or practice of opposing racism and promoting racial equality.

Appropriate settings – Various locations where childbirth can safely take place, including hospitals and out-of-hospital locations.

Autonomous health care professional – A healthcare provider who operates independently, making decisions and taking full responsibility for the care they provide.

Competent/Competence – having the necessary ability, knowledge, or skill to do something successfully

Consent – The client’s agreement to a proposed plan of care or procedure after being fully informed of the risks, benefits, and alternatives.

Consultant – A specialist or expert in a particular field who provides advice or services.

Continuity of care – Ensuring that a client receives consistent and coordinated care throughout their pregnancy, labour, birth, and postpartum period.

Cultural humility – is a way in which health care providers practice that enable cultural safety. It is a process of self- reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust.

Cultural safety – is an outcome of cultural competency, defined and experienced by those who receive the service – they feel safe. Cultural safety is based on understanding the power differentials and potential discriminations inherent in the health service delivery system.

Extraordinary circumstances – Unusual or exceptional situations that may require deviation from standard procedures.

Gender inclusivity – Gender inclusivity refers to creating environments, policies, and practices that are respectful, accommodating, and equitable for people of all gender identities and expressions. It acknowledges and supports the diverse spectrum of gender beyond the traditional binary of male and female, recognizing that gender identity can be fluid, non-binary, and unique to each person.

Informed choice – The process by which a client is provided with all necessary information to make a knowledgeable decision about their care.

Medical Abortion – The use of medication to terminate a pregnancy.

Normal – A clinical picture that is considered healthy or uncomplicated. Normal applies to the overall health status of the individual and does not necessarily rule out the presence of a specific condition or indicate the complete absence of abnormal. Normal can include infections, conditions, or clinical presentations requiring monitoring or treatment when the overall health status of the client or newborn is considered healthy or uncomplicated. Determining if a clinical situation is normal requires clinical judgment and may also require diagnostic tests or consultations with other care providers.

Postpartum period – interpreted as a period of time extending up to 12 months following birth

Primary care provider – The main healthcare professional responsible for managing a client’s overall care within the midwifery scope of practice.

Primary decision maker – The client, who has the ultimate authority to make decisions regarding their own healthcare.

Provincial Prescription Review Program (PRP) – A monitoring mechanism for the prescription of controlled substances.

Remote prescribing – The practice of prescribing medications without an in-person consultation, ensuring safety and compliance with regulations.

Safe environment – Conditions that ensure the well-being and safety of the client during childbirth.

Transfer of care – The process of moving the responsibility for a client’s primary care from one healthcare provider to another.

Unnecessary risk – Any act or omission that could potentially harm the client without justification.

REFERENCES

Midwifery Standards of Practice
February 2022 - Approved by SCM Transitional Council
Revised February 2023 - Approved by SCM Transitional Council
Revised April 2024 – Approved by SCM Transitional Council
Revised February 2025 - Approved by SCM Transitional Council

Standards of Practice (2021). British Columbia College of Nurses & Midwives.
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_of_Practice.pdf

Practice Standards (Multi-Year). College of Midwives of Manitoba.
https://midwives.mb.ca/site/midwifery/midwifery_in_manitoba/standards?nav=sidebar

Standards of Proficiency for Midwives (2019). Nursing & Midwifery Council, United Kingdom.
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol* 2018;131:e140–50. PMID: 29683911.
<https://doi.org/10.1097/AOG.0000000000002633>

ACOG Committee Opinion No. 755: Well-Woman Visit. *Obstetrics & Gynecology* 2018;132:e181.
<https://doi.org/10.1097/AOG.0000000000002897>

Berndl A, Ladhani N, Wilson RD, Basso M, Jung E, Tarasoff LA, et al. **Guideline No. 416: Labour, Delivery, and Postpartum Care for People with Physical Disabilities.** *Journal of Obstetrics and Gynaecology Canada* 2021;43:769-780.e1. PMID: 33631321.
<https://doi.org/10.1016/j.jogc.2021.02.111>

Canada PHA. **Chapter 1: Family-centred maternity and newborn care in Canada: Underlying philosophy and principles** 2017.
<https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-1.html> (accessed February 2, 2022).

David JA. **Special Population: Newborns and Infants.** CURRENT Practice Guidelines in Primary Care 2021-2022, New York, NY: McGraw Hill; 2022

Government of South Australia. **Postnatal care: routine care of the well woman and neonate** n.d.
https://extapps2.sahealth.sa.gov.au/PracticeGuidelines/Home/DownloadPDF?Filename=Postnatal%20Care.%20Routine%20care%20of%20the%20well%20woman%20and%20neonate_PPG_v1_0.pdf&target=blank

GPIFN Infant Feeding Statement. *The GP Infant Feeding Network (UK)* 2016.
<https://gpifn.org.uk/gpifn-infant-feeding-statement/> (accessed February 2, 2022)

Hoffman BL, Halvorson LM, Schorge JO, Schaffer JI, Hamid C, Corton M, editors. **Well Woman Care.** Williams gynecology. Fourth edition, New York: McGraw-Hill companies; 2020

Interpregnancy Care. n.d.
<https://www.acog.org/en/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care> (accessed February 2, 2022)

Joellen W. Hawkins R PhD, WHNP-BC, FAAN, FAANP, Diane M. Roberto-Nichols B Aprn-C, J. Lynn Stanley-Haney M Aprn-C. **Well-Woman Initial/Annual Gynecologic Exam.** Guidelines for Nurse Practitioners in Gynecologic Settings, vol. 11th ed, New York, NY: Springer Publishing Company; 2016

Macdonald C, Sharma S, Kallioinen M, Jewell D. **Postnatal care: new NICE guideline for the ‘Cinderella service.’** *Br J Gen Pract* 2021;71:394–5. PMID: 34446406.
<https://doi.org/10.3399/bjgp21X716825>

Midwifery Standards of Practice
February 2022 - Approved by SCM Transitional Council
Revised February 2023 - Approved by SCM Transitional Council
Revised April 2024 - Approved by SCM Transitional Council
Revised February 2025 - Approved by SCM Transitional Council

McKee-Garrett T. **Overview of the routine management of the healthy newborn infant.** *UpToDate* n.d.

<https://www.uptodate.com/contents/overview-of-the-routine-management-of-the-healthy-newborn-infant>

Ogunwole SM, Chen X, Mitta S, Minhas A, Sharma G, Zakaria S, et al. **Interconception Care for Primary Care Providers: Consensus Recommendations on Preconception and Postpartum Management of Reproductive-Age Patients With Medical Comorbidities.** *Mayo Clin Proc Innov Qual Outcomes* 2021;5:872–90. PMID: PMC8452893.

<https://doi.org/10.1016/j.mayocpiqo.2021.08.004>

Overview | Postnatal care | Guidance | NICE. n.d.

<https://www.nice.org.uk/guidance/ng194> (accessed February 2, 2022)

Phipps MG, Son S, Zahn C, O'Reilly N, Cantor A, Frost J, et al. **Women's Preventive Services Initiative's Well-Woman Chart: A Summary of Preventive Health Recommendations for Women.** *Obstet Gynecol* 2019;134:465–9. PMID: 31403594.

<https://doi.org/10.1097/AOG.0000000000003368>

Position Statement 49: Perinatal Mental Health. *Mental Health America* n.d.

<https://www.mhanational.org/issues/position-statement-49-perinatal-mental-health> (accessed February 2, 2022)

Primary Care Interventions to Support Breastfeeding: Recommendation Statement. *AFP* 2017;95

Quality statement 9: Emotional wellbeing and bonding with the baby | Postnatal care | Quality standards | NICE. n.d.

<https://www.nice.org.uk/guidance/qs37/chapter/Quality-statement-9-Emotional-wellbeing-and-bonding-with-the-baby> (accessed February 2, 2022)

Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals. n.d.

<https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals> (accessed February 2, 2022)

Rourke Baby Record. n.d.

<https://www.rourkebabyrecord.ca/downloads.asp> (accessed February 2, 2022)

Saskatchewan Health Authority. **Well Child Care Guidelines** n.d.

<https://www.cps.sk.ca/iMIS/Documents/PANDEMIC/COVID-19/Practice%20Resources/Well%20Child%20visits%20guideline%20May%204%202020.pdf> (accessed February 2, 2022)

Taylor A, Parekh J. **Follow-up Care of the Healthy Newborn** 2020.

<https://doi.org/10.1542/9781610022255-16>

The Utility of and Indications for Routine Pelvic Examination. n.d.

<https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2018/10/the-utility-of-and-indications-for-routine-pelvic-examination> (accessed February 2, 2022)

Turner K. **Well-Child Visits for Infants and Young Children.** *AFP* 2018;98:347–53

Vivanti AJ, Deruelle P, Picone O, Guillaume S, Roze J-C, Mulin B, et al. **Post-natal follow-up for women and neonates during the COVID-19 pandemic: French National Authority for Health recommendations.** *J Gynecol Obstet Hum Reprod* 2020;49:101805. PMID: PMC7212945.

<https://doi.org/10.1016/j.jogoh.2020.101805>

Midwifery Standards of Practice

February 2022 - Approved by SCM Transitional Council

Revised February 2023 - Approved by SCM Transitional Council

Revised April 2024 - Approved by SCM Transitional Council

Revised February 2025 - Approved by SCM Transitional Council

Blanchard AK, Goodall P. **Preventive Care in Women's Health.** *Obstet Gynecol Clin North Am* 2016;43:165–80. PMID: 27212087.
<https://doi.org/10.1016/j.ogc.2016.01.008>

Conry JA, Brown H. **Well-Woman Task Force: Components of the Well-Woman Visit.** *Obstetrics & Gynecology* 2015;126:697–701.
<https://doi.org/10.1097/AOG.0000000000001055>

Espey E, Dennis A, Landy U. **The importance of access to comprehensive reproductive health care, including abortion: a statement from women's health professional organizations.** *American Journal of Obstetrics & Gynecology* 2019;220:67–70. PMID: 30267653.
<https://doi.org/10.1016/j.ajog.2018.09.008>

Killion MM. **A New Standard for Care during Postpartum.** *MCN Am J Matern Child Nurs* 2021;46:236. PMID: 34166241.
<https://doi.org/10.1097/NMC.0000000000000729>

NICE. **Postnatal care up to 8 weeks after birth** n.d.
<https://www.nice.org.uk/guidance/ng194/documents/final-scope> (accessed February 2, 2022)

Obstetricians AC of, Gynecologists. **ACOG Committee Opinion No. 755 summary: well-woman visit.** *Obstet Gynecol* 2018;132:1084–5

Ontario Midwives. **Guideline for postpartum visit schedules: full evidence review** n.d.
<https://www.ontariomidwives.ca/sites/default/files/2019-07/KT-PPV-Postpartum%20Visit%20Schedule%20Full%20Evidence%20Review%208JULY2019.pdf> (accessed February 2, 2022)

Paladine HL, Blenning CE, Strangas Y. **Postpartum Care: An Approach to the Fourth Trimester.** *AFP* 2019;100:485–91

Pascale A, Beal MW, Fitzgerald T. **Rethinking the Well Woman Visit: A Scoping Review to Identify Eight Priority Areas for Well Woman Care in the Era of the Affordable Care Act.** *Women's Health Issues* 2016;26:135–46.
<https://doi.org/10.1016/j.whi.2015.11.003>

Phipps MG, Son S, Zahn C, O'Reilly N, Cantor A, Frost J, et al. **Women's Preventive Services Initiative's Well-Woman Chart: A Summary of Preventive Health Recommendations for Women.** *Obstetrics & Gynecology* 2019;134:465–9.
<https://doi.org/10.1097/AOG.0000000000003368>

Routine postnatal care of women and babies. n.d.
<https://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country/documents/Routine%20Postnatal%20Care%202013.pdf> (accessed February 2, 2022)

Sanchez C, Israel R, Hughes C, Gorman N. **Well-woman Examinations: Beyond Cervical Cancer Screening.** *The Journal for Nurse Practitioners* 2019;15:189-194.e2.
<https://doi.org/10.1016/j.nurpra.2018.09.005>

Screening for Gynecologic Conditions with Pelvic Examination: Recommendation Statement. *AFP* 2017;96

Sénat M-V, Sentilhes L, Battut A, Benhamou D, Bydlowski S, Chantry A, et al. **Postpartum practice: guidelines for clinical practice from the French College of Gynaecologists and Obstetricians (CNGOF).** *Eur J Obstet Gynecol Reprod Biol* 2016;202:1–8. PMID: 27155443.
<https://doi.org/10.1016/j.ejogrb.2016.04.032>

Midwifery Standards of Practice
February 2022 - Approved by SCM Transitional Council
Revised February 2023 - Approved by SCM Transitional Council
Revised April 2024 - Approved by SCM Transitional Council
Revised February 2025 - Approved by SCM Transitional Council

Stuebe AM, Kendig S, Suplee PD, D’Oria R. **Consensus Bundle on Postpartum Care Basics: From Birth to the Comprehensive Postpartum Visit.** *Obstet Gynecol* 2021;137:33–40. PMID: 33278281. <https://doi.org/10.1097/AOG.0000000000004206>

Women’s Preventive Services Guidelines. *Official Web Site of the US Health Resources & Services Administration* 2017. <https://www.hrsa.gov/womens-guidelines/index.html> (accessed February 2, 2022)

Woodruff JN, Blanchard AK. **Primary Care of Adult Women.** *Obstet Gynecol Clin North Am* 2016;43:xv–xvi. PMID: 27212099. <https://doi.org/10.1016/j.ogc.2016.03.001>

**Saskatchewan College of Midwives
Midwifery Standards of Practice
Approved by the Transitional Council - February 2022
February 2023 – Revised
April 2024 – Revised
February 2025 - Revised**

Midwifery Standards of Practice
February 2022 - Approved by SCM Transitional Council
Revised February 2023 - Approved by SCM Transitional Council
Revised April 2024 – Approved by SCM Transitional Council
Revised February 2025 - Approved by SCM Transitional Council