



College of  
**Midwives**  
of Alberta

*P11: Policy on  
Supervision Requirements and  
Plan for Reporting*

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**MIDWIFERY**

## ***Policy on Supervision Requirements and Plan for Reporting***

### **Approval of Supervisory Relationship**

The supervising practitioner (supervisor) must be approved by the Registrar of the College of Midwives of Alberta, (qualifications are outlined at conclusion of document) and must agree to the terms of supervision prior to supervision taking place.

The “*Supervision Agreement*” must be approved by the Registrar of the College of Midwives of Alberta and will be placed on the supervised midwife’s file.

### **Reporting**

The supervisor must submit the provided written progress report to the Registrar of the College of Midwives of Alberta, at the 3 month period and at least quarterly for the duration of the supervision period. This report details the supervised midwife’s clinical experience and progress to date and must be signed by both the supervisor and the supervised midwife.

The supervised midwife must complete the enclosed forms documenting her clinical experience.

### **Additional Concerns**

At any time during the supervised period the supervisor or the supervised midwife may, after notifying the other party, report concerns with respect to the matters outlined above or regarding any other aspect of the supervision arrangement to the Registrar of the College of Midwives of Alberta.

### **Conclusion of Supervision**

At the end of the supervision period,

- (1) the supervised midwife will submit the completed records documenting her clinical experience (see Appendix A for example).
- (2) the supervisor must submit a final written report, stating whether or not the supervised midwife has, in the supervisor’s opinion, satisfactorily addressed all requirements for supervision as outlined by the College of Midwives Alberta.

## **College of Midwives of Alberta**

The College of Midwives of Alberta will review each report and if, in the Committee's opinion, all supervision requirements have been satisfactorily fulfilled and the necessary level of competence demonstrated, it will direct that

- (1) restrictions on the supervised midwife's registration be removed and
- (2) full registration be issued.

In the event that, at any point during the supervision period or at the end of the supervision period,

- (1) the supervised midwife and/or the supervisor do not submit required records and reports stating supervision requirements have been met,
- (2) the supervisor is not satisfied the supervised midwife has satisfactorily addressed all supervision requirements or that the supervised midwife has not yet attained an adequate level of competence, or
- (3) the College of Midwives of Alberta determines that the supervision requirements have not been satisfactorily addressed,

the College of Midwives of Alberta, may

- (1) extend the supervision period
- (2) revise supervision requirements and/or registration restrictions accordingly
- (3) direct that the supervised midwife undertake additional training, education or practice experience, or
- (4) deny renewal of registration in the following year

***Failure on behalf of the supervised midwife to meet supervision requirements may have implications for renewal of registration and continued registration status.***

*Approved: January 21, 2000*

*Reviewed: March 8, 2002*

*Revised: March 8, 2002*

*Revised: January 30, 2013*

*Approved: March 15, 2013*

***Revised: May 15, 2015***

***Approved: May 15, 2015***

## *Required Qualifications For Supervisors*

On February 18, 2000, the Midwifery Health Discipline Committee determined that the following criteria must be met, in order to qualify as a supervisor of a restricted midwife in Alberta:

- 1) Fully registered midwife in good standing
- 2) Practiced in Alberta for a minimum of one (1) year
- 3) Principal midwife at a minimum of 40 births total (student/supervised births are not acceptable) of which:
  - at least 20 births were in Alberta
  - at least 10 births were in the last 2 years.

(A checklist of these requirements is included in the supervision agreement package)

## **APPENDIX A**

***Supervision Requirement:  
Newborn Assessment***

To fulfil supervision requirements for Newborn Assessment,

- (1) the supervised midwife must complete a thorough newborn assessment.
- (2) the supervisor must directly observe the thorough newborn assessment being completed.

In order for the required newborn assessment to be considered acceptable, the supervisor must be satisfied that the supervised midwife competently completed all components of a thorough assessment.

***The attached chart must be completed and submitted to the Registrar of the CMA for review.***

**NEWBORN ASSESSMENT RECORD (1)**

Name of Midwife \_\_\_\_\_

#	Date	Client Id.	Gest. Age at Birth by Date	Gest. Age at Birth by Exam	Postpartum Date of Exam	Site	Description of any problems Identified	Sprvsr Initials	Satisfactory/ Unsatisfactory	Comments
1										
2										
3										
4										
5										

( Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

**NEWBORN ASSESSMENT RECORD (2)**

Name of Midwife \_\_\_\_\_

#	Date	Client Id.	Gest. Age at Birth by Date	Gest. Age at Birth by Exam	Postpartum Date of Exam	Site	Description of any problems Identified	Sprvsr Initials	Satisfactory/ Unsatisfactory	Comments
6										
7										
8										
9										
10										

( Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

***Supervision Requirement:  
Perineal Repair***

To fulfil supervision requirements for Perineal Repair,

- (1) the supervised midwife must independently infiltrate and repair a second-degree tear or episiotomy.
- (2) the supervisor must directly observe the supervised midwife infiltrating and repairing a second-degree tear or episiotomy.

In order for the required perineal repair to be considered acceptable, the supervisor must be satisfied that the supervised midwife competently completed all aspects of the infiltration and repair.

***The attached chart must be completed and submitted to the Registrar of the CMA for review.***

**PERINEAL REPAIR RECORD**

Name of Midwife \_\_\_\_\_

#	Date	Client Identifier	Type of Repair	Supervisor Initials	Satisfactory/Unsatisfactory	Comments
1						
2						
3						
4						
5						
6						
7						
8						

( Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

### ***Birth Attendance at Specific Site***

To fulfil supervision requirements for Attendance at a Birth at a Specific Site,

- (1) the supervised midwife must be the principal or second midwife in attendance at the birth.
- (2) the supervised midwife must be present at a birth during the time the backup/second attendant would normally be in attendance at the birth.
- (3) the supervisor must also be in attendance at the birth, during the time the backup/second attendant would normally be in attendance, to observe the supervised midwife.

***The attached chart must be completed and submitted to the Registrar of the CMA for review.***

**BIRTH ATTENDANCE AT SPECIFIED SITE BIRTH RECORD**

Name of Midwife \_\_\_\_\_

**BIRTH**

#	Date	Client Identifier	Site	Outcome	Role	Supervisor Initials	Comments
1							
2							
3							
4							

(Please identify each client by number or initials only)

Role: 1= Principal  
2= Backup/Second Midwife

Name and Initials of Supervisor (s) \_\_\_\_\_

***Supervision Requirement:  
Principal Care***

To fulfil supervision requirements for Principal Care,

- 1) the supervised midwife must
  - a) manage care from the onset of labour,
  - b) catch the baby (or provide supportive care if transfer of care has occurred) and
  - c) manage immediate postpartum care.
- 2) the supervisor must directly observe the midwife managing care from the onset of active labour until immediate postpartum care is completed for each client.

If, however, the supervisor is satisfied the supervised midwife has demonstrated an acceptable level of competence,

- 3) she may, at her discretion, provide supervision at arms-length via telephone **during early labour**. Arms-length supervision must consist of a minimum of one call every four hours from the onset of active labour.
- 4) the supervisor **must always be present to directly observe the supervised midwife** during the period that the back-up/second midwife is normally in attendance at the birth. The supervisor may be the back-up/ second midwife, if appropriate.

Items (3) & (4) does not apply when close supervision has been directed in the first 3mths  
Only applicable once close supervision has been lifted by CMA.

***The attached chart must be completed and submitted to the Registrar of the CMA for review.***

**PRINCIPAL CARE RECORD**

*(Please copy chart as necessary to document restriction)* Name of Midwife \_\_\_\_\_

**BIRTH**

#	Date	Client Identifier	Site	Outcomes	Supervisor Initials	Comments
1						
2						
3						
4						
5						
6						
7						
8						

( Please identify each client by number or initials only)

Name and Initials of Supervisor (s) \_\_\_\_\_

***Supervision Requirement:  
Continuity of Care***

To fulfil supervision requirements for Continuity of Care,

- a) the supervised midwife must, for each client,
  - a. attend a minimum of 7 visits which include:
    - a minimum of four (4) prenatal visits,
    - a minimum of three (3) postpartum visits
  - b. attend the birth
  
- b) the supervisor must ensure by monthly chart review that the supervised midwife has conducted the total number of visits and births necessary to meet continuity of care requirements.

***The attached chart must be completed and submitted to the Registrar of the CMA for review. One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.***

Revised May 15, 2015

**CONTINUITY OF CARE RECORD**

*One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.*

Name of Midwife \_\_\_\_\_  
 Client Identifier \_\_\_\_\_

Name and Initials of Supervisor (s) \_\_\_\_\_  
 \_\_\_\_\_

**PRENATAL CARE**

#	Date of Visit	Gest. Age	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

**BIRTH**

Date	Role	Site	Supervisor Initials	Comments

**CONTINUITY OF CARE RECORD (Continued)**

Name of Midwife \_\_\_\_\_  
 Client Identifier \_\_\_\_\_

Name and Initials of Supervisor (s) \_\_\_\_\_  
 \_\_\_\_\_

**POSTPARTUM**

#	Date of Visit	PP Day	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

*Please include any Legend necessary*

***Supervision Requirements:  
Antenatal and Postnatal Care***

To fulfill supervision requirements for Antenatal and Postnatal Care:

- (1) the supervisor must directly observe the supervised midwife conducting each of the following visits until she is satisfied the supervised midwife has attained a minimum level of competence:
  - a. initial visit
  - b. second trimester visit
  - c. third trimester visit
  - d. postpartum home visit and
  - e. six-week follow up visit
  
- (2) the supervisor must also directly observe the supervised midwife as either principal midwife, or second midwife (not just an observer) during at least one birth.

***The attached chart must be completed and submitted to the Registrar of the CMA for review. One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.***

**ANTENATAL/POSTNATAL CARE RECORD***One chart documents the care given to one client. Please copy the chart as needed to record your care of the requisite number of clients.*

Name of Midwife \_\_\_\_\_

Name and Initials of Supervisor (s) \_\_\_\_\_

Client Identifier \_\_\_\_\_

**PRENATAL CARE**

#	Date of Visit	Gest. Age	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

**BIRTH**

Date	Role	Site	Supervisor Initials	Comments

(Continued on next page)

**ANTENATAL/POSTNATAL CARE RECORD (Continued)**

Name of Midwife \_\_\_\_\_  
Client Identifier \_\_\_\_\_

Name and Initials of Supervisor (s) \_\_\_\_\_  
\_\_\_\_\_

**POSTPARTUM**

#	Date of Visit	PP Day	Site	Supervisor Initials	Supervisory Method	Comments
1						
2						
3						
4						
5						
6						
7						
8						

*Please include any Legend necessary*

