



# Alberta Competencies for Midwives

Current as of June 17, 2021

**All competence items set out below are considered core, or “Entry to Practice” competencies in Alberta unless they appear in the list of additional competencies and advanced authorization at the end of this document.**

These Competencies for Midwives, included with the Standards of Practice, set out the minimum requirements regarding midwifery practice and conduct, to help achieve the best health-related outcomes for clients and the public (CMA, 2018).

These competence items also encompass the Restricted Activities (Schedule 16), under the *Midwives Profession Regulation (2019)*, as they are granted to registered midwives through the HPA. The registered midwife is competent and performs the restricted activities, as appropriate to their skill level and area of practice.

## Definitions

**Competencies:** The integrated knowledge, skills, abilities, judgements, and attitude required to perform midwifery care safely and ethically.

**Emergency measures:** Evidence-based therapeutic actions and communication within the scope of practice of midwifery, which have the potential to physiologically stabilize and/or support the client during a crisis, e.g., IV fluids, airway, breathing, circulation resuscitation, and communication with emergency services or resources.

## General Competencies Required for Entry to Practice

Midwives have the **knowledge** and **skills** necessary to:

- a) Provide wellness and reproductive care advice to clients throughout the childbearing years.
- b) Provide education, health promotion and counseling related to general health and wellness, breastfeeding, childbearing and family planning for the client, family, and the community.
- c) Provide continuity of care throughout the childbearing cycle.
- d) Exercise appropriate clinical judgment as an autonomous primary-care provider delivering midwifery care.
- e) Provide culturally appropriate, gender inclusive and trauma-informed sensitive midwifery care.

- f) Promote and support physiologic birth.
- g) Provide care in a variety of community and hospital settings.
- h) Facilitate client informed choice decision-making for all aspects of midwifery care.
- i) Independently provide all necessary prenatal care according to evidence informed practice guidelines.
- j) Independently conduct births and care for the client and newborn according to evidence informed practice guidelines.
- k) Assist the client and family in planning for an appropriate place of birth.
- l) Identify risk factors before and during pregnancy, during labour and birth and the postpartum period, and take appropriate action.
- m) Order, perform and interpret results of screening and diagnostic tests, including ultrasound, in accordance with the *Midwives Profession Regulation* (Section 16) and other CMA documents.
- n) Identify abnormal conditions, recommend, and initiate appropriate treatment and make referrals, as required.
- o) Provide objective information about care alternatives including options, risks and benefits, and assist client decision-making (See CMA Policy on Informed Decision Making).
- p) Prescribe, order, and administer drugs in accordance with the *Midwives Profession Regulation* (Sections 16 & 17) and other CMA documents.
- q) Establish and maintain contemporaneous, comprehensive, relevant, and confidential records, on all aspects of client care, including informed choice discussions, in accordance with P#7: Midwifery Client Records and Recordkeeping.
- r) Manage privacy of client records and securely store client records according to the Client Health Information Management Policy.
- s) Perform IV starts, IM/SQ injections and administer local anesthetic.
- t) Use emergency measures when necessary.
- u) Critically review, appraise, and apply current information, including research findings relevant to midwifery practice.
- v) Practice according to the Code of Ethics.

- w) Use information technology according to CMA Standard on: Privacy of Client Health Information Management and Maintenance, and Standard on Professional Communication via Social Media.
- x) Integrate infection prevention and control principles, clean and aseptic technique, universal precautions standards and guidelines in providing care and service to protect the health and well-being of clients, families, other health care professionals and the public.
- y) Assist the client and family to access appropriate community resources.
- z) Act as an advocate within the health care system for the client in all aspects of care.
- aa) Communicate to the client the scope of practice of a registered midwife including limitations of practice.

## Specific Competencies Required for Entry to Practice

### 1. Antepartum Care

#### *A. Midwives have knowledge of:*

- a) The importance and functions of pre-pregnancy counseling.
- b) The importance and functions of antepartum care.
- c) General anatomy and physiology.
- d) Detailed knowledge of the anatomy and physiology of the reproductive systems.
- e) Anatomy of the breast, physiology of lactation and principles of effective breastfeeding including the normal process and necessary conditions and factors for its success and management of common breastfeeding problems.
- f) Physical, emotional, sexual, social factors and changes associated with pregnancy, including those likely to influence its outcome.
- g) Genetics, embryology and fetal development and their implications.

- h) Nutritional requirements during pre-conception, pregnancy, and lactation.
- i) The physiology and management of common discomforts of pregnancy.
- j) Methods for confirmation of pregnancy, establishing due date, assessing gestational age, and assessing the progress of pregnancy.
- k) Screening and diagnostic tests available and used during pregnancy, including ultrasound and non-stress tests.
- l) Pharmaceuticals, and therapies used during pregnancy and their effects, side effects and interactions.
- m) Complementary therapies which may be used during pregnancy.
- n) Environmental, occupational, genetic, biologic, and pharmacologic hazards to the client and fetus.
- o) Recognition and causes, of variations of normal which may occur during pregnancy.
- p) Causes, recognition, and treatment of abnormalities which may occur during pregnancy.
- q) Infections, including sexually transmitted diseases and vaginal infections prior to and during pregnancy and their implications.
- r) Principles and procedures for responding to fetal mal presentation such as breech or shoulder presentation.
- s) Assessment and management of post-dates pregnancy.
- t) Antenatal emergency situations.
- u) Informed choice discussions.

*B. Midwives have the ability to:*

- a) Obtain a comprehensive health, environmental, social, and family history.
- b) Assess and promote the pregnant client's general health and well-being.

- c) Perform a physical examination of the client.
- d) Perform a breast exam.
- e) Perform a vaginal exam and assess the soft and bony structures of the pelvis, uterine size, shape, consistency, and mobility.
- f) Perform abdominal palpation and fundal height measurement to assess uterine size, fetal position, and presentation, and to estimate fetal size, number, and gestational age.
- g) Confirm pregnancy.
- h) Assess nutritional intake and provide or recommend counseling, as appropriate.
- i) Manage common discomforts associated with pregnancy.
- j) Assess fetal well-being.
- k) Perform ongoing physical assessments of the client during pregnancy to detect abnormalities and initiate treatment and/or consult or refer as appropriate.
- l) Perform a speculum examination and assess cervical and vaginal health and obtain the necessary specimens to determine the presence of ruptured membranes, sexually transmitted infections, vaginal infections, cytological change or promote cervical ripening.
- m) Order, perform and interpret: screening and diagnostic tests, non-stress tests, and also ultrasound tests as per *Midwives Profession Regulation, section 16*.
- n) Prescribe, order, and administer drugs, and therapies used during pregnancy in accordance with the *Midwives Profession Regulation, section 16*.
- o) Conduct informed choice discussions.
- p) Use complementary therapies safely and appropriately.
- q) Recognize variations of normal and alternate fetal presentations which may occur during pregnancy, and act on them appropriately.
- r) Recognize abnormalities which may occur during pregnancy and take appropriate action.
- s) Manage a post-dates pregnancy.
- t) Manage antenatal emergency situations until medical resources are available.

- u) Perform venipuncture and capillary puncture.
- v) Counsel the client and family on the benefits and practice of breastfeeding.

## 2. Intrapartum Care

### *A. Midwives have knowledge of:*

- a) The assessment of onset of and progress of labour including the mechanisms of labour and birth.
- b) Indicators and assessment techniques of client and fetal well-being, including ultrasound.
- c) Anatomy of client pelvis and anatomy of the fetal skull and its landmarks as relevant to assessing fetal position and the progress of labour.
- d) Indicators and assessment techniques for determining fetal presentation, lie and station.
- e) Normal variation and abnormalities of fetal position and their impact on fetal well being and the progress of labour and birth.
- f) Comfort and support measures during labour and birth, including water labour/birth.
- g) Physiological methods to facilitate labour.
- h) Normal variation and abnormalities of fetal heart rate and methods of assessing the fetal heart rate in labour to the standard established by current national standards approved by the CMA.
- i) The significance of ruptured membranes and methods of reducing risk of infection.
- j) Abnormalities of labour, birth, and the immediate postpartum period.
- k) Indications, techniques and management of induction and augmentation of labour.
- l) Prevention, assessment and management of exhaustion, dehydration and ketonuria during labour.
- m) Techniques to protect the perineum, avoid episiotomy and minimize perineal trauma.

- n) Indications and procedure for episiotomy.
- o) Indications and procedure for repair of 1<sup>st</sup> and 2<sup>nd</sup> degree lacerations or episiotomy.
- p) Indications and appropriate consultation and referral for repair of 3<sup>rd</sup> or 4<sup>th</sup> degree tears.
- q) Drugs and other substances and therapies which may be used during the intrapartum period.
- r) Breastfeeding priorities in the first hour of life.
- s) Epidural anesthesia, the procedure, risks, benefits and management.
- t) Prevention, recognition, and management for intrapartum emergency obstetrical situations to the standard approved by the CMA Council.
- u) Immediate support, assessment, and care of the newborn.
- v) Neonatal resuscitation procedures to the standard approved by the CMA Council.
- w) Collection of cord blood samples.
- x) Requirements for a safe birthing environment.

*B. Midwives have the ability to:*

- a) Provide individualized emotional and physical support to the labouring client and the support people.
- b) Assess the onset and progress of labour and provide care according to evidence informed practice.
- c) Assess fetal heart with a fetoscope, doppler and electronic fetal monitor (internal and external), interpret findings and take action if indicated, in accordance with current national standards approved by CMA Council.
- d) Apply a fetal scalp electrode for internal fetal monitoring.
- e) Assess for the full urinary bladder and perform urinary catheterization, as necessary.

- f) Use comfort and support measures (ex. water labour / birth) and physiologic methods to promote spontaneous labour and birth, including prevention of dehydration and exhaustion.
- g) Assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required.
- h) Recognize variations of normal and abnormal labour patterns, identify the probable causes, and carry out appropriate interventions when indicated.
- i) Determine the status of fetal membranes and perform amniotomy as necessary.
- j) Assess amniotic fluid.
- k) Give injections, insert an intravenous catheter, and administer intravenous fluids and medications.
- l) Administer inhalants in accordance with the *Midwives Profession Regulation*.
- m) Conduct spontaneous birth.
- n) Protect the perineum, avoid unnecessary episiotomy, and minimize lacerations.
- o) Recognize and act on abnormal findings during second stage, birth and immediate postpartum.
- p) Conduct a spontaneous vaginal breech birth.
- q) Manage a shoulder dystocia.
- r) Perform and repair episiotomy and 1<sup>st</sup> and 2<sup>nd</sup> degree perineal tears, as necessary.
- s) Examine the perineal and vulva areas for lacerations, hematomas, abrasions, and 3<sup>rd</sup> degree tears, and take appropriate action.
- t) Collect cord blood samples.
- u) Recognize signs of separation of the placenta; assist in the delivery of and inspect the placenta.
- v) Recognize and manage obstetrical emergencies until medical resources are available to the standard approved by the CMA Council.
- w) Provide immediate assessment and care of the newborn.

- x) Perform neonatal resuscitation including tracheal intubation and umbilical vein catheterization according to the standards approved by the CMA Council.
- y) Prescribe, order, and administer drugs as necessary in the intrapartum in accordance with *Midwives Profession Regulation*.
- z) Conduct induction and/or augmentation of labour according to CMA standards, and institutional guidelines.
- aa) Order, assist with initiation of epidural anesthesia, monitor, and manage epidural anesthesia according to institutional guidelines.
- bb) Encourage and assist with the initiation of breastfeeding, including skin to skin contact.

### **3. Postpartum Care of the Newborn Client:**

#### *A. Midwives have knowledge of:*

- a) Anatomy and physiology of the newborn.
- b) Newborn assessment and gestational age assessment.
- c) Growth and development of the newborn.
- d) Newborn screening and diagnostic testing.
- e) Ongoing nutritional needs of the newborn, including properties of breast milk and infant formula, and methods of infant feeding.
- f) Assessment and management of a lingual frenulum.
- g) Signs and symptoms of abnormal conditions in the newborn.
- h) Drugs, and therapies used for the newborn, their effects, side effects and interactions.
- i) Effects of prescriptive and non-prescriptive substances on the newborn, including those excreted in the breast milk.

- j) Indications, screening and use of phototherapy for the newborn.
- k) Environmental, biological, and pharmacologic hazards to the newborn.
- l) Physical and emotional needs of the newborn including appropriate safety considerations.
- m) Issues related to circumcision.
- n) Issues related to immunization.
- o) Public Health and community resources for ongoing family and newborn support.

*B. Midwives have ability to:*

- a) Provide initial newborn assessment and care.
- b) Perform a complete physical examination of the newborn.
- c) Provide ongoing newborn care and assessment of well-being and development.
- d) Order, perform and interpret relevant screening and diagnostic tests.
- e) Educate parents regarding newborn growth, development, behaviour, nutrition, and care.
- f) Reinforce benefits of breastfeeding and support the breastfeeding dyad.
- g) Educate and support the use of breastmilk substitutes when indicated.
- h) Assess the ongoing well-being and development of the newborn and make referrals as necessary for screening and diagnostics.
- i) Recognize complications in the newborn and make appropriate referrals as necessary.
- j) Prescribe, order and administer drugs to the newborn according to *Midwives Profession Regulation*.
- k) Assess and perform a frenotomy as indicated.
- l) Assess, order, and manage phototherapy for the newborn.

- m) Reinforce family awareness of environmental, biological, pharmacological hazards for newborns.
- n) Promote physical, emotional, and safety measures to support a new family member.
- o) Provide informed choice discussions to parents on the benefits and risks of vaccination.
- p) Provide informed choice discussions to parents on the benefits and risks of circumcision.
- q) Provide information to parents regarding available public health and community resources, and make appropriate referrals for ongoing care.

#### **4. Postpartum Care of the Client:**

##### *A. Midwives have knowledge of:*

- a) Anatomy and physiology in the postpartum period, and the normal progress of the postpartum period.
- b) Postpartum assessment of the client.
- c) Emotional, psychological, social, cultural, and sexual aspects of the postpartum period, breastfeeding and early parenting.
- d) Promotion of factors necessary for the support of new families and integration of newborns.
- e) Nutritional requirements of clients during the postpartum period including for lactation.
- f) Anatomy of the breast, physiology of lactation and principles of effective breastfeeding including the normal process and necessary conditions and factors for its success and management of common breastfeeding problems.
- g) Stimulation and suppression of lactation.
- h) Drugs and other substances and therapies used during the postpartum period and their effects on breastfeeding.

- i) Postpartum discomforts and management.
- j) The influence of environmental, occupational, biological, and pharmacologic hazards to lactating clients and breastfeeding.
- k) Assessment and management of postpartum complications, including postpartum depression.
- l) Methods of contraception and family planning, and their risks and benefits.
- m) Screening and diagnostic tests (including ultrasound) for the postpartum period.
- n) Assessment and management of potential postpartum complications and emergency situations.
- o) Public Health and community resources for ongoing client and family support.

*B. Midwives have the ability to:*

- a) Assess the health and monitor the progress of the client in the postpartum period.
- b) Assist the client to establish and maintain breastfeeding or the chosen method of infant feeding.
- c) Identify special or abnormal environmental, occupational, biological or pharmacological client or infant situations that influence infant feeding and develop an appropriate plan.
- d) Use appropriate therapies to support effective breastfeeding.
- e) Educate clients on typical nutritional needs for postpartum, including lactation.
- f) Facilitate the introduction of the new family member.
- g) Educate clients regarding self-care, normal postpartum progress, and signs and symptoms of common emotional, physiological, social, cultural, and sexual postpartum complications.
- h) Recognize postpartum complications including postpartum depression and take appropriate action including consulting or referring when indicated.
- i) Prescribe, order, and administer appropriate drugs as necessary in the postpartum period in accordance with the *Midwives Profession Regulation*.

- j) Order, perform and interpret screening, diagnostic, and ultrasound tests according to established CMA policies and guidelines.
- k) Conduct a postpartum assessment including vaginal and speculum examination where appropriate.
- l) Assess and manage postpartum emergency situations until medical resources are available.
- m) Perform venipuncture, injections and give local anesthetic as needed.
- n) Counsel clients in decision-making regarding contraceptive methods.
- o) Instruct clients in the use of their chosen contraceptive method.
- p) Fit diaphragms and cervical caps.
- q) Provide appropriate referrals for ongoing care.

## 5. Education and Counseling:

### *A. Midwives have knowledge of:*

- a) The principles and processes of informed choice decision-making.
- b) Principles of adult education, communication, and counseling.
- c) Theoretical approaches to prenatal and parenting education.
- d) Issues related to grief and loss in childbearing.
- e) Available community resources.
- f) Cultural influences on childbearing and child rearing.
- g) Gender inclusivity and diversity within the childbearing population.
- h) Issues related to abuse and discrimination.
- i) Trauma-informed care with issues related to sexual abuse and sexual misconduct.

*B. Midwives have the ability to:*

- a) Provide objective, evidence-informed information about care alternatives, including options, risks, and benefits, to facilitate informed choice decision-making.
- b) Utilize a broad range of communication skills to communicate effectively with clients and their support people.
- c) Adopt an individualized approach to clients incorporating gender inclusivity and diversity.
- d) Use cultural context to enhance childbearing experiences.
- e) Assist the client and family in planning and preparing for the birth experience and early parenting.
- f) Counsel and support the client and family in responding to grief and loss in childbearing.
- g) Provide trauma-informed care and support when needed.
- h) Provide prenatal and parenting education.
- i) Assess the well-being of the client in the context of the family and community and provide information, education, and support according to the identified needs.

## **6. Sexual and Reproductive Health**

*A. Midwives have knowledge of:*

- a) Anatomy, physiology, and psychosocial components of human sexuality in general, during the childbearing cycle and human fertility.
- b) Normal reproductive health and signs and symptoms of pathology.
- c) Cultural, gender, inclusivity, diversity, and sexual abuse factors involved in client and family responses to childbearing.

- d) Resources for counseling and referral, including those clients seeking termination.

*B. Midwives have the ability to:*

- a) Assess the client's individual reproductive and sexual health.
- b) Inform and advise clients on issues of human sexuality, fertility, and pregnancy.
- c) Support a client seeking termination of pregnancy and make referrals when requested.
- d) Provide reproductive and sexual health care according to the *Midwives Profession Regulation* and Standards of Practice for Midwives in Alberta.

**7. Professional, Legal and Other Aspects of the Profession:**

*A. Midwives have knowledge of:*

- a) The roles and responsibilities of other health care providers and their standards of practice.
- b) Legislation and public health policies and procedures relevant to midwifery nationally and in Alberta.
- c) The Legislation, Regulations, Code of Ethics, Standards of Practice, and policies for midwifery in Alberta.
- d) The history and philosophy of the midwifery profession in Canada.
- e) The structure and function of professional and regulatory midwifery organizations in Alberta.
- f) The legal requirements of midwifery practice including but not limited to those respecting privacy, freedom of information, informed consent and informed choice, recording and reporting and data collection requirements, fitness to practice, sexual abuse and sexual misconduct.

- g) The health care system in Alberta including existing health services, protocols and regulations regarding communicable diseases, infection control and immunization as it pertains to midwifery.
- h) The process of teambuilding and engaging in professional and inter-professional partnerships.

*B. Midwives have the ability to:*

- a) Work in a professional and collaborative manner with other caregivers in a variety of settings.
- b) Communicate and collaborate effectively and professionally with midwifery colleagues, students, and other caregivers, facilitating referral, consultation, and collaboration when appropriate.
- c) Practice in accordance with the legislation, CMA Code of Ethics, Midwifery Regulation, Standards of Practice and Alberta Competencies for Midwives.

## **8. Professional Development**

*A. Midwives have knowledge of:*

- a) Methods of assessing statistical evidence and critically appraising the research literature.
- b) Continuing education and quality assurance programs and requirements for the ongoing evaluation of midwifery practice.
- c) Midwifery practice management.
- d) Quality improvement activities.

*B. Midwives have the ability to:*

- a) Engage in reflective practice.
- b) Seek midwifery-related educational opportunities to enhance professional development.
- c) Share midwifery knowledge and participate in midwifery related research.
- d) Recognize personal and professional boundaries and limitations, practice appropriate self-care and seek support when needed.
- e) Participate in quality improvement activities.
- f) Recognize and act upon unsafe practice situations.

## **Additional Competencies**

***NOTE: This entire section is on hold until the DRAFT CMA Standards of Practice have been approved by the Alberta Minister of Health.***

These competencies are granted to registered midwives by the *Midwives Profession Regulation* (Section 17). Registered midwives may acquire and use additional competencies and advanced authorizations after demonstrating to the satisfaction of the CMA that they have attained the necessary knowledge and skill to employ these competencies safely. In addition, the registered midwife must continue to remain competent as outlined in the CMA Continuing Competence Program.

See “Standard for Recognition of Additional Competencies and Advanced Authorizations for Registered Midwives in Alberta” for the expected requirements by the CMA  
*Advanced Authorizations*

- a) Prescribe, dispense, and administer uterotonic drugs under Schedule 1 or Schedule 2 of the *Pharmacy and Drug Act* when incidental to the practice of midwifery and for the purpose of inducing or augmenting labour.
- b) Prescribe, order, and administer controlled substances.

- c) Prescribe and administer for midwifery practice: oral contraceptives and contraceptive devices.
- d) Conduct point of care third trimester ultrasound for obstetrical purposes.
- e) Prescribe or administer vaccines.

*Other Competencies (including, but not limited to):*

- a) Performing vacuum extraction.
- b) First surgical assist at caesarean section.
- c) Suturing of 3<sup>rd</sup> degree tears.
- d) Insert intrauterine contraceptive devices.
- e) Conduct external cephalic version.
- f) Perform evacuation of the uterus.