

Policy Name	New Registrant (New Graduates) Policy		Number	24
Date Approved by Council	February 11, 2021 March 23, 2023	Date of Review	March 23, 2023	
<p>PURPOSE:</p> <p>In accordance with the Midwives Profession Regulation, the College of Midwives of Alberta (CMA) Standards of Practice and Competence, Code of Ethics, and the New Registrant Program, the New Registrant Policy is designed to ensure that New Registrants receive midwifery full scope of practice support and experience that will benefit them in entering the profession of midwifery in Alberta. In addition, it will ensure the safest possible care to the clients served during the period when New Registrants are becoming integrated into the health care system.</p> <p>The Midwives Profession Regulation (April 1, 2019), Conditions of Practice states: <i>5 (1): During the first year that a regulated member is registered on the general register, the regulated member must:</i></p> <ul style="list-style-type: none"> <i>a) work within a midwifery practice</i> <i>b) have a supervisor who has been approved to serve by the Registrar or Registration Committee</i> <i>c) participate in monthly chart reviews with a regulated member who is registered on the general register, and who has been registered on the general register for at least one year.</i> <p><i>(2) In the regulated member's first year, the regulated member must meet any practice requirements set by Council.</i></p> <p>Entry level Midwives require time and support from employers, mentors and the health care team to consolidate their knowledge, skills and judgement, develop their individual approach to delivery of midwifery care, and establish professional relationships. As they develop confidence in their clinical midwifery role, they integrate and further build their leadership, research and clinical skills that are critical to midwifery practice. In short, they become adept at the Primary Care Midwifery Provider role.</p> <p>The New Registrant Program (of which the New Registrant Policy is one component), is designed for a 1:1, 24/7 pairing of New Registrant to CMA-approved Mentor Midwife. The support that can be provided in both clinical and interprofessional situations will be a valuable asset to all newly practicing midwives. The New Registrant Program encompasses at least one year (12 months) AND completion of key requirements.</p> <p>The CMA recognizes that this policy will effectively delay some New Registrants from setting up new practices in previously unserved areas of the province. However, Registered Midwives who move into under serviced areas following the New Registrant Program will be in a stronger position as a result of that experience.</p> <p>This policy applies to all new graduates in their first twelve (12) months of practice in Alberta. If New Registrants from other Canadian jurisdictions have less than 12 months of midwifery experience upon arrival in Alberta, the New Registrant Policy will apply. This policy is followed once new graduates</p>				

have successfully completed all of the requirements for initial registration in Alberta. Please see the CMA Registration Policy # 6 for details on initial registration.

Section 6 (3) of the *Midwives Profession Regulation (April 2019)* provides direction related to the Canadian Midwifery Registrations Exam (CMRE), and possible change of the New Registrant to the Provisional Register.

If the CMRE is delayed or cancelled for any reason (due to unforeseen circumstances on the part of the Exam administrator – CMRC), all New Registrants will be placed on a Provisional Register, with the condition of successful completion of the CMRE when it is next offered.

a) Provisional Registration can mean in some circumstances a condition of more **direct** in-person mentoring, as opposed to having the Mentor Midwife being available by phone at all times. This would then become a consideration for the situation where a New Registrant is unsuccessful in passing the CMRE. CMRE candidates have three attempts to successfully pass the exam, with each unsuccessful attempt requiring consideration of placing the New Registrant on the Provisional Register with more direct mentoring.

b) In addition, a registration on the provisional register category of the regulated members register expires:

1) 2 years after the registration is made, or

2) immediately on the regulated member's 3rd unsuccessful attempt to pass the CMRE (*Midwives Profession Regulation, s. 6 (3), April 2019*).

Conflict Situations

From time to time, New Registrant/mentor/practice situations may not work. Conflict situations must be addressed with the Mentor Midwife or Alternate Mentor Midwife, or the Midwifery Practice in the following way:

a) refer to the CMA Standards of Practice to deal with the immediate relationship issue directly;

b) contact the CMA Registrar if a solution to the conflict cannot be reached, to review options for arranging the remainder of the New Registrant Program;

c) any changes to client care providers (either within the Midwifery Practice or moving to another Midwifery Practice) must firstly include client management of a fair, transparent nature, where clients are given informed choice about their subsequent care provider. In keeping with client choice and continuity of care, the clients will likely follow the New Registrant unless they make an informed choice differently. Protection of client health information must occur in all steps of any client transition process;

d) any remaining clients who do not follow the New Registrant must be given a solid, acceptable plan of care for fair, appropriate, adequate midwifery care coverage.

DEFINITIONS:

Alternate Mentor Midwife/ves: an additional named and CMA-approved Midwife, who acts as the Mentor Midwife when that Mentor Midwife is unable to fulfill the Mentor Midwife duties for any specified length of time.

Code of Ethics: ethical principles that govern decisions, behaviour and practice.

Chart Review: a review of current cases on the New Registrant's caseload, and at a minimum should include review of all postpartum clients, clients of 30 weeks gestation or later, and clients with specific concerns. Areas of focus may include: documentation consistency, accuracy, informed decision-making conversations and decisions documented, client management, storage of client health information, adherence to CMA policy-related topics and clinical practice guidelines, etc.

Community Birth: birth that occurs outside of the hospital. This includes, but is not limited to birth that occurs in birth centers, birth suites, and other out of hospital locations.

Competence: the integrated specific knowledge, skills, ability and judgement required to practice safely and ethically in a designated role and setting.

Continuity of Care: a philosophy and a process that facilitates the perception by the client of continuous midwifery support with the goal of building understanding, support and trust. Midwifery care is provided throughout pregnancy, labour, and postpartum.

Entry Level Midwife: when a midwife is at the point of initial registration, following graduation from an approved Canadian midwifery education program or bridging program.

Established Practice: a Midwifery Practice that meets all of the following requirements:

- has at least one General Registered Midwife who is publicly funded and has been actively practicing for at least one year in Alberta
- has at least one General Registered Midwife who has practiced in the community and has privileges for at least one year at a hospital with 24/7 obstetrical care within that same community
- provision of care consistent with the full scope practice of Alberta Registered Midwives, including continuity of care and choice of birthplace as described in the *Canadian Midwifery Model of Care (see Appendix)*
- enough capacity to support a New Registrant with mentor(s) on a 1:1, 24/7 basis, and accommodate New Registrant clients equal to full time practice

General Registrant Midwife: for the purpose of this program, a midwife on the CMA register who has been actively practicing in Alberta for at least 12 months and has no conditions on their Practice Permit.

In Good Standing: the status assigned to a member of the College of Midwives of Alberta when they:

- 1) Fulfill all the requirements of registration: current registration, and any CMA fees have been paid
- 2) Practice in accordance with the *Midwives Profession Regulation*, Code of Ethics, Standards of Practice and Competence
- 3) Have no suspensions or current disciplinary judgements imposed on their registration
- 4) Have not had their registration cancelled by the CMA.

Immediate Postpartum: includes the time from the birth of the baby to a point of stabilization of the client and baby when no further care and/or support from the second birth attendant is required, as determined by the Primary Midwife. Usually, 2-4 hours post birth.

Intrapartum: the time period spanning childbirth, from the onset of labor through delivery of the placenta.

Mentor Midwife: a named General Registrant Midwife, who has practiced as a General Registrant with full Practice Permit for at least one year, is in good standing with the CMA, and is approved by the CMA for this role. This midwife is the main person who provides support to the New Registrant during the New Registrant Program period.

Midwifery Practice: one or more midwives who work together, using a financial structure, to deliver midwifery services to a group of clients. The business entity with which the New Registrant has a formal contract agreement for the duration of the New Registrant Program.

Most Responsible Provider (MRP): The Registered Midwife or other Primary Care Provider who holds overall responsibility for leading and coordinating the delivery and organization of the clients care at a specific moment in time.

NOTE: There can only be one designated MRP at any given point in time. This role can be discussed, adjusted, and agreed upon by all parties involved, when transfer of care is anticipated/occurs.

New Registrant: a graduate midwife who is in their first year of practice in Alberta, and who is planning to complete the CMA New Registrant Program.

Primary Birth: when the Primary Care Midwife Provider is the Most Responsible Provider for a client during the intrapartum period. The Primary Care Midwife Provider attends and manages the client during labour, birth and the immediate postpartum period.

NOTE: a planned Cesarean Section would not count here, but could count as a Continuity of Care.

Primary Birth when Transfer of Care occurs:

- 1) If the initial Primary Care Midwife Provider leaves a client during the intrapartum period (due to illness, no longer safe to work/too tired, family emergency, etc.) prior to the birth, the receiving Primary Care Midwife Provider to whom the care is transferred assumes the role as the Most Responsible Provider and can count the birth as a primary birth. The receiving Primary Care Midwife Provider must however, manage and attend the labour, birth and immediate postpartum period.
- 2) If a transfer of care occurs to an Obstetrician antenatally/prior to the onset of labour and the Primary Care Midwife Provider is not in the role of the Most Responsible Provider during the labour, birth and the immediate postpartum period, it CANNOT be counted as a primary birth toward CMA primary birth numbers. This situation could still be counted as a Continuity of Care.
- 3) If a transfer of care to an Obstetrician occurs during the intrapartum period (i.e., emergent caesarean section, instrumental delivery, or high-risk obstetrical complication, etc.), the Primary Care Midwife Provider can count up to 20% of intrapartum transfers of care toward the CMA primary birth requirements when the Primary Care Midwife Provider maintains intrapartum care in a supportive role, attends the birth and takes over care again in the immediate postpartum.

Primary Care Midwife Provider/Primary Midwife: a regulated health professional who is the initial access point to the health care system. They can provide first contact maternity services and coordination to ensure continuity, if specialized care is required.

Second Birth Attendant: an individual, other than a Registered Midwife with the CMA, who works with a Registered Midwife to provide care during labor, birth and the immediate postpartum period, but not in subsequent visits. This person is a member of a regulated professional college.

Second Midwife: a Registered Midwife with a valid practice permit from the CMA, who provides collaboration and support to the Primary Midwife for the client labour, birth and immediate postpartum period.

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

Standards of Practice: an authoritative statement that describes the required behaviour of every Registered Midwife and is used to evaluate individual performance.

Transfer of Care: the transfer of responsibility from one Most Responsible Provider to another, for some, or all of the duration of the client's care.

NEW REGISTRANTS ARE EXPECTED TO:

Note: Please refer to the Appendices for The New Registrant Program Handbook for process steps and expectations for New Registrants.

Keep Informed decision-making and client choice at the forefront of all client interactions.

Research potential Mentor Midwives and Midwifery Practices adequately for “good fit” before signing any contract agreements.

Start work and/or volunteering at a Midwifery Practice only when the following conditions are met:

- a) written confirmation from the CMA of a complete initial registration,
- b) a Practice Permit has been issued by CMA, and a confirmation that the RM protected title or designation has been conferred to the New Registrant,
- c) possess liability insurance through Alberta Association of Midwives (AAM),
- d) confirmation that AHS Appointments and Clinical Privileges have been granted
- e) complete and sign a Midwifery Practice Contract before starting work in the Midwifery Practice

With the Mentor Midwife, create and complete an orientation related to the Midwifery Practice and to the relevant hospital(s) and community resources.

Participate in an interview with a CMA representative during the New Registrant Program to enable the CMA to gain an understanding of what aspects of the Program are working and which aspects could improve.

Accomplish all aspects of the New Registrant Program Completion Requirements.

Upon completion of all of the New Registrant Program requirements AND completion of one year (12 months) in the New Registrant program:

- a) provide the CMA with a completed New Registrant Program Completion Form,
- b) provide any other required documents to the CMA.

NEW REGISTRANT PROGRAM COMPLETION REQUIREMENTS:

There are three areas of requirements:

Legislated Requirements

- 1) Participate in monthly chart reviews with a regulated member who is registered on the general register, and who has been registered on the general register for at least one year.
- 2) Work within a midwifery practice and have supervisor who has been approved to serve by the Registrar or Registration Committee

Practice Requirements set by the CMA Council

In addition to the policy statements below, the CMA Council will approve yearly, a key set of practice requirements for new registrants to complete. The key set of requirements is derived from information and collaboration from the CMA Registration Committee, the Competence Committee, Mount Royal BMid Program communication, and other sources deemed important.

Currently, the list of requirements is below. The New Registrant is referred to the New Registrant Handbook and the Checklist for New Registrant Program Completion Requirements for any additional requirements from the CMA Council.

- 1) Complete a minimum of 30 births as the Primary Midwife (Primary Births) with Continuity of Care and 20 births as the Second Midwife.
- 2) Complete a minimum of five (5) births in both In-hospital and Community birth situations, as either Primary Midwife or Second Midwife. This will be included in the above total of 50 births.
- 3) Work on a 1:1 basis with the CMA-approved Mentor Midwife (or approved Alternate Mentor Midwives) within a CMA-Approved Midwifery Practice for a period of at least twelve (12) months.

For the duration of the New Registrant Program, for Community Births, make every effort to have a General Registrant Midwife who has completed at least one year of practice in Alberta serve as Second Midwife.

Be a Primary Midwife for In-hospital births, and make every effort for the duration of the New Registrant Program to have a General Registrant Midwife who has completed at least one year of practice in Alberta to serve as Second Midwife. Alternately, a New Registrant in the Primary Midwife role will have a qualified Second Birth Attendant (see CMA P13a Second Birth Attendant Policy). This means another RM, a Registered Nurse, or another New Registrant.

Individual Needs for Experience/Areas to Grow

These requirements are determined after the New Registrant and the CMA and sometimes the Mount Royal BMid program confer. This discussion and individual plan will take place around graduation time and before the New Registrant begins work.

Please see the New Registrant handbook for more details in this area.

MENTOR MIDWIVES ARE EXPECTED TO:

Note: Please refer to the New Registrant Handbook for a detailed checklist of process steps and expectations for Mentor Midwives.

Work on a 1:1 basis with ONE New Registrant for at least one year (12 months). There will be a 1:1 Ratio of New Registrants to approved Mentor Midwives within any given Midwifery Practice.

Keep Informed Decision-making and client choice at the forefront of all client interactions.

Complete and sign the Mentor Midwife portion of the New Registrant Program Application Form and send it electronically to the CMA.

Form a positive relationship with the New Registrant; be willing to be a sounding board and provide emotional support at times.

In the first month that the New Registrant starts work, support the orientation and mentorship of the New Registrant to the Midwifery Practice, hospital and community environments.

Orientation and mentorship typically includes:

- a) orientation to Midwifery Practice protocols and community resources
- b) orientation to hospital systems, policies and staff (documentation, other professions on call, computer systems, buddy shifts, emergency skills training, drills on units, etc.)
- c) orientation to conducting Community Birth as a Primary Midwife (equipment, supplies, communication with EMS, other planning components)

Assist the New Registrant to complete their Checklist of New Registrant Program Requirements (see requirements section later in this policy).

Facilitate learning opportunities and advise the New Registrant on appropriate resources.

Give advice for clinical situations, and give objective feedback.

Provide a positive environment and relations with the New Registrant.

Be available to the New Registrant in person or by phone 24/7 for support and advice. In the event that the CMA approved Mentor Midwife is unavailable (vacation or days off), the New Registrant and Mentor Midwife will **designate and communicate to CMA** the name of an Alternate Mentor Midwife to be available to the New Registrant during that time.

Work to ensure that the New Registrant has consistent opportunity to act as Primary Midwife in both hospital and community birth situations during their New Registrant Program.

Be willing to be called as Second Midwife for your New Registrant.

Assist the New Registrant to participate in monthly Chart Reviews (see definition above).

Participate in an interview with a CMA representative during the New Registrant Program to enable the CMA to gain an understanding of what aspects of the Program are working and which aspects could improve.

Provide reasonable off-call time and holidays for the New Registrant during the New Registrant Program period.

Sign off on the New Registrant Program Completion Form at the conclusion of the New Registrant Program.

Be aware that if the New Registrant does not successfully pass the CMRE (initially or on their second and third attempts), you may be required to ensure that the New Registrant has direct in-person mentoring, depending on the conditions on their practice permit. The CMA would inform you at the time of any changes.

All Mentor Midwives are directed to review the Mentor Midwife Section of the New Registrant Program Handbook: [What's in it for me?](#)

MIDWIFERY PRACTICES ARE EXPECTED TO:

Complete and sign the Midwifery Practice portion of the New Registrant Program Application form and send it electronically to the CMA at: admin@albertamidwives.org

Complete and sign the New Registrant contract agreement prior to the New Registrant starting work.

In the first month that the New Registrant starts work, support the orientation and mentorship of the New Registrant to the Midwifery Practice and hospital environments.

Keep your Midwifery Practice policies and procedures up to date for orientation.

Give the New Registrant reasonable off-call time and holidays.

Provide adequate, consistent and helpful administrative support.

Assist the New Registrant and the Mentor Midwife to complete the Checklist of the New Registrant Program Completion Requirements (see the New Registrant Handbook).

Assist the New Registrant to participate in monthly Chart Reviews (see definition above).

Be aware that if the New Registrant does not successfully pass the CMRE (initially or on their second and third attempts), you may be required to ensure that the New Registrant has direct in-person mentoring, depending on the conditions on their practice permit. CMA would inform you at the time of any changes.

ROLE OF THE CMA IN THE NEW REGISTRANT PROGRAM

Follow and enact the legislative directives.

Provide each potential New Registrant with a New Registrant Program Handbook, containing all aspects of the New Registrant Program.

The CMA is responsible for the registration of new graduates and the approval of Mentor Midwives and subsequently, Midwifery Practices in Alberta who meet the criteria for mentorship.

The CMA Council will approve yearly, a key set of practice requirements for New Registrants to complete. The key set of requirements is derived from information and collaboration from the CMA Registration Committee, the Competence Committee, Mount Royal BMid Program communication, and other sources deemed important.

Manage the New Registrant/Mentor Midwife/Midwifery Practice approval and matching process, using the following criteria: application answers provided by the New Registrant, Mentor Midwife and Midwifery Practice Owner/Lead, level of past support for New Registrant, Mentor Midwife "in good standing" status, number of New Registrants per Midwifery Practice and/or geographical area, graduation status of the New Registrant, established practice status, and other criteria as deemed necessary by the Registration Committee and/or the Registrar.

Approve one New Registrant for one Mentor Midwife.

Communicate to both the New Registrant and the Mentor Midwife the expectations of each during the New Registrant Program timeframe.

Conduct an interview with both the New Registrant and the Mentor Midwife to learn what aspects of the program are working and which aspects need further consideration.

Facilitate positive working relations between the New Registrant and the Mentor Midwife and review and follow through on options if the relationship is not working out, ALWAYS keeping client trust, safety and privacy as priority.

The Registration Committee will receive the New Registrant Program Completion forms. They then conduct a review of the Checklist of New Registrant Program Completion Requirements and the New Registrant Completion Form and recommend next steps to the Registrar.

The Registrar will review the recommendations of the Registration Committee and act upon them. Options include:

- Move the New Registrant to the general register with full Practice Permit
- Require completion of documentation on the forms sent to the CMA
- Direct the New Registrant to complete additional requirements

REFERENCES:

Canadian Model of Midwifery Care (September 2015)

Canadian Association of Midwives (CAM) website: <https://canadianmidwives.org/position-statements/>

CMA Policy # 6 Registration Policy

CMA Policy #13a Second Birth Attendant Policy

Midwives Professional Regulation (April 2019), Alberta Health

APPENDIX:

Canadian Model of Midwifery Care (CAM) - [https://canadianmidwives.org/
New Registrant Handbook \(2021\)](https://canadianmidwives.org/New_Registrant_Handbook_(2021))

President, CMA

Date approved by CMA Council



POSITION STATEMENT

THE CANADIAN MIDWIFERY MODEL OF CARE POSITION STATEMENT

Purpose

The purpose of this statement is to articulate the essential principles of the Canadian midwifery model of care, which has achieved worldwide recognition and admiration. This statement is meant to serve as a reference for the public, midwives, policy makers, government, health professionals, and educators, as well as those engaged in research, education, regulation, collaboration, and professional development.

Background

Historically, Aboriginal midwives have held a distinct traditional role within Indigenous, First Nations, Inuit and Métis communities, which included all aspects of the health of women and their families throughout the lifecycle. A grass roots movement, born out of social activism and the struggle for women's rights, resulted in the development of a parallel midwifery practice in Canada. Together, these two foundations, alongside research, evidence-based guidelines and clinical practice have helped to develop and solidify the current Canadian midwifery model of care.

Context

CAM recognizes that pregnant individuals, supporting partners and co-parents, as well as the midwives who provide their care, may self-identify as female, male, two-spirit, transgender or otherwise. In this statement, the words used to describe midwifery clients were carefully selected to honour and acknowledge both the roots of midwifery in the women's rights movement as well as the diversity of midwives and clients in their care.

The Seven Core Principles of the Canadian Midwifery Model of Care

The delivery of midwifery care is flexible and aims to meet the diverse needs of families and communities across Canada. Within this flexible framework are seven essential principles which form the core of Canadian midwifery care:

Professional Autonomy

Canadian midwives are autonomous primary health care providers, who provide comprehensive care during pregnancy, labour, postpartum and the newborn period. Midwifery in Canada is a direct entry profession and is self-regulated. Midwifery services are publicly funded and integrated within the Canadian healthcare system. Midwives work in home, hospital and community settings, including maternity centres and birth centres. Midwives access emergency services as needed. Where available, midwives maintain hospital privileges for the admission of clients and their newborns.

Partnership

Midwives engage in a non-authoritarian and supportive partnership with clients throughout their care. Midwifery recognizes the intimate client-care provider relationship as being integral to the provision of care that is responsive to the unique cultural values, beliefs, needs and life experiences of each client. Research suggests that the nature of the relationship between a client and healthcare provider is one of the most significant determinants of positive outcomes. For Aboriginal communities, the inclusion of extended families and the integration of culturally safe care increases positive health outcomes. Midwifery has grown from and continues to be driven by the voices of women and all people experiencing midwifery care.

Continuity of Care-Provider

Midwifery provides continuity of care-provider, whereby a known midwife or small group of midwives, provides care throughout pregnancy, labour and the postpartum period. Sufficient time is offered during routine visits for meaningful discussion and ongoing health assessment. This approach creates the opportunity for building a relationship of familiarity and trust, and facilitates informed choice discussions. The presence of a known and trusted caregiver during the birth experience enhances client safety and satisfaction, and is an aspect of midwifery care that is highly valued. Continuity of care-provider results in excellent health outcomes, increased client satisfaction and cost effective care.

Informed Choice

Midwives recognize the right of each person to be the primary decision maker about their care. Midwives encourage and enable clients to participate fully in the planning of their own care and the care of their newborns. Informed choice requires cooperative dialogue and encourages shared responsibility between client and midwife or midwives. Midwives share their knowledge and experience, provide information about community standards, and offer evidence-based recommendations. Midwives encourage clients to actively seek information and ask questions throughout the process of decision-making. Midwives recognize and respect that clients will sometimes make choices for themselves and their families that differ from their midwife's recommendation and/or community standards. In such circumstances, midwives will continue to provide access to the best possible care.

Choice of Birth Place

Everyone has the right to choose where they will give birth, and midwives are responsible for providing care within their scope of practice to their clients in the setting of their choice. People may choose to give birth in their homes, hospitals, birth centres and health clinics safely with midwives in

attendance. Midwives are an essential part of quality maternity care that supports people to give birth as close to home as possible in urban, rural and remote communities.

Evidence-based Practice

Midwives support physiologic birth. Midwifery practice is informed by research, evidence-based guidelines, clinical experience, and the unique values and needs of those in their care. Aboriginal communities value the traditional knowledge that has been passed down orally and experientially through generations of midwives and use this knowledge in practice for optimal birth outcomes.

Collaborative Care

Midwives are autonomous healthcare providers, working independently and in collaboration with other healthcare professionals as needed. Where it meets the unique needs of a specific community, population, or geographical area, midwives may work collaboratively within creative interdisciplinary models of practice. CAM supports collaborative care that is innovative and midwifery led. The principles of continuity, informed choice, partnership and choice of birthplace remain essential elements of midwifery care within a collaborative practice.

Conclusion

Excellent research evidence has demonstrated that midwifery in Canada offers optimal health outcomes and increased client satisfaction compared to other models of reproductive healthcare. The Canadian model of midwifery care is a highly valued paradigm of the profession globally. CAM believes that these principles of the Canadian model of midwifery care must be safeguarded as midwifery grows and evolves to meet the diverse needs of families, communities, and the midwives themselves. Midwifery services in Canada must be universally accessible to all people wherever they live, and adequate supports must be in place to ensure that the Canadian model of midwifery care can flourish. CAM supports the sustainability and growth of Aboriginal midwifery across Canada and access to midwifery care for all Aboriginal communities. The profession of midwifery, well-integrated and supported within existing health care services, is essential to improving reproductive and child health outcomes across Canada.

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