College of Midwives of Alberta

New Registrant Program (NEW Graduate) Handbook 2022-2023

New Registrant Welcome Package

Table of Contents

INTRODUCTION

The College of Midwives of Alberta (CMA) is pleased to assist in preparing graduate midwifery students to achieve General Registration with a Full Practice Permit. This process is done through two STEPS: initial registration and then completion of the New Registrant Program.

This current New Registrant Program Handbook outlines the components of:

STEP 1: initial registration process requirements, and resources, and

STEP 2: New Registrant Program completion for you as a new graduate. This program integrates New Registrant, Mentor(s) Midwives, Midwifery Practices and related organizations: Alberta Association of Midwives (AAM), (midwives' professional body) and the AHS Provincial Midwifery Administration Office (PMAO), Alberta's province-wide, fully integrated health system, responsible for delivering health services to Albertans.

The New Registrant Program, STEP 2 above, is evolving and adapting to the current and future professional landscape.

Please do not hesitate to contact the CMA should you have any questions, comments or thoughts at any time throughout the New Registrant Program process at: **info@albertamidwives.org**.

Best wishes on your journey in the New Registrant Program.

Sincerely,

CMA Council and Staff

STEP 1: CMA Registration Prior to the New Registrant Program

In Alberta, all New Registrants and new graduates will need to register initially with CMA. Please refer to the CMA Website: www.albertamidwives.org for information on this part. Then find “Registration” to get to the Registration page.” Then click on “Routes to Alberta Midwifery Registration” and read “1) New Graduates from an Approved Canadian Midwifery Education Program”. To complete all of the steps required for initial registration, please also access the Checklist for Reviewing an Application for Registration as a New Graduate from an Approved Midwifery Educated Program in the Appendices in this Handbook, or as an Appendices A in the CMA Registration Policy P#6, on the CMA Website. Please contact the Deputy Registrar to help guide you through this process at: admin@albertamidwives.org

STEP 2: The New Registrant Program

Overview

Once you have started your application for initial registration and consultation with the Deputy Registrar, you can also start planning for your New Registrant time and the New Registrant Program.

WHO: New Graduates in their first twelve months of practice in Alberta may be eligible. This also may include New Registrants from other Canadian Jurisdictions who have less than twelve months of midwifery experience upon arrival to Alberta. This may also apply for new graduates from outside of Canada. Conversation with the Deputy Registrar will help clarify the process.

WHAT: The New Registrant Program is a structured program following your graduation; a legislated “internship period”.

WHEN: The recommended and ideal time to complete the New Registrant, Program is directly after you graduate (within a month of writing the Canadian Midwifery Regulators – CMRE, your entry to practice exam). Some New Registrants have delayed their New Registrant time by some months, due to family or personal reasons, but most will go from graduation to the New Registrant Program. Application to the New Registrant Program should ideally start three (3) months before graduation.

WHERE: Once you are a New Registrant, you can complete your New Registrant Program at any midwifery practice approved by the CMA.

1) CMA supports you to complete your New Registrant Program, with a CMA-approved Mentor Midwife and Midwifery Practice. CMA will conduct an application and matching process, using criteria that supports the goals of the New Registrant Program. (Please see CMA matching and approval process in this handbook)

2) AHS (PMAO) positions and funding for New Registrants.

For MRU Midwifery Graduates

Upon graduation and New Registrant registration with the CMA, you are eligible at a minimum to receive a temporary AHS billing number and temporary appointment and privileges in the AHS Midwifery Staff for up to 12 months. This may be extended at AHS discretion to allow you to complete the CMA requirements.

You may apply for any vacant position with a Midwifery Practice as long as the practice meets the CMA New Registrant requirements. If the position is an AHS approved position, you would be eligible to receive a permanent billing number and can apply for probationary appointment and privileges in the AHS Midwifery Staff.

For Non MRU Graduates

You may apply for any AHS approved position as long as it meets the CMA requirements for the New Registrant Program. Please see above MRU Graduate information, as your process is similar.

Information on job postings is currently housed on the AAM website: alberta-midwives.ca.

WHY: the concept for the New Registrant Program is embedded in legislation (Midwives Profession Regulation, April 1, 2019) This allows for a period of at least one year, in which you will consolidate your entry to practice knowledge and skills, gain confidence and attain the experience you need to be a Primary Care Midwife Provider in Alberta. Simply put, your midwifery education program gives you the general knowledge you need and the New Registrant Program gives you more opportunity to gain practical knowledge, skills and experience.

HOW: Please consider carefully where you wish to complete your New Registrant Program; including finding a Mentor Midwife and an attached Midwifery Practice. You then use the three-part application form to apply and submit to CMA. (See Appendices). The CMA Registration Committee then reviews the application, using a process that supports the goals of the New Registrant Program. Once the CMA has completed this work, you are approved for a Mentor

Midwife and Midwifery Practice. (Please see the CMA matching and approval process in this handbook).

You will find details on all of the aspects of the New Registrant Program within the New Registrant Policy (see Appendices). Checklists for all of the components of the Program are outlined in the Appendices as well.

**** Please read all of the documents enclosed here very carefully, so that you can skillfully work your way to success as a Primary Care Midwife Provider.****

As stated before, please contact CMA, should you have any questions at: info@albertamidwives.org

New Registrant (new graduate) Policy #24

You are required to read this policy completely, as it contains essential information to guide you as a New Registrant and as a new graduate.

The New Registrant Policy can be found in the Appendix 2 section of this Handbook and on the CMA Website as Policy #24.

New Registrants: Tips from 'those who have gone before you'

If you have not worked in the geographical area before, get acquainted with the hospitals and the local health care resources.

Create a hand book of procedures, tips and protocols, details, passwords etc.

Seek out courses that will aid you in managing Primary Care and decrease competency - related transfer of care, e.g. oxytocin management, epidural management.******** CMA Competence Committee is working on approval of such courses

Build orientation time into your first months as a New Registrant. Examples include: hospital orientation, facilities, computer systems, community resources, buddy shifts, emergency skills training, drills on nursing units, etc.

Form a support group with your New Registrant cohort – a group outside of your Midwifery Practice.

Recognize your limits (mental and physical), ask for help to understand, ask questions, and rest when you can.

Defer any actions related to becoming a full legal practice partner until after your New Registrant Program is complete.

Mentor Midwives: What's in it for Me?

Thank You for considering becoming a mentor in the CMA New Registrant Program. CMA recognizes that being a mentor is a big commitment on your part in terms of your time and energy in launching a New Registrant into the world of Primary Care Provider.

Mentoring and facilitation of learning for new midwives is a big challenge, yet can also be rewarding. If you like teaching and helping others attain skills and experience, then this is the position for you!

Alberta has a small but mighty workforce of Registered Midwives, making it even more important that you consider mentoring New Registrants for the future, as we grow this profession and grow into the Primary Care Provider role within the health care system. Alberta families need competent, ethical, professional Registered Midwives now and into the future. You can play an important, integral role.

Here are some advantages to consider as you think about the Mentor Midwife role.

- Teaching and helping New Registrants keeps your knowledge levels high
- You can be proud knowing that you are influential in launching new midwives into the Alberta workforce
- Mentors will gain valuable activities for continuing competence requirements for the CMA, for registration renewal every year.
- Your practice will gain new staff, in the short term and possibly for the future
- New Registrants bring practice fees to help support the business portion of the Midwifery Practice

Information for Mentors

In a recent poll of New Registrants, the following information was expressed, related to the role of the Mentor Midwife.

Great mentors:

- View the New Registrant as an intern worthy of your time, attention and facilitation of their learning
- Are able to form a positive working relationship with a New Registrant
- Are ones who encourage the New Registrant to call if they are unsure and need to talk things through

- Are willing to provide support to New Registrants in the form of being a sounding board

In the New Registrant Program, there is an evaluation component for Mentor Midwives built into the program requirements. CMA will be requesting your assessment and evaluation of key activities and situations that the New Registrant will experience, and comment on specific goals that the New Registrant is required to achieve.

For your support and resources, there is a New Registrant Program Completion Form (see Appendices) that you will be asked to complete along with the New Registrant, and there are plenty of resources included: Standards of Practice, Code of Ethics, Alberta Competencies for Midwives (2021).

From time-to-time New Registrant/mentor/practice situations do not work. Address conflict situations with the New Registrant or the Midwifery Practice in the following way:

a) refer to the CMA Standards of Practice related to dealing 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 registrar@albertamidwives.org

If there is eventually a change in either Mentor Midwife or Midwifery Practice for the New Registrant, firstly, clients of the New Registrant must be given a fair, informed and transparent choice about their subsequent care provider and Midwifery Practice coverage.
Clients will most likely follow the New Registrant in the spirit of continuity of care, unless the client(s) make an informed choice differently. Protection of client health information must occur in all steps of the client transition process. Any remaining clients who do not follow the New Registrant must be given a solid acceptable plan for adequate midwifery care coverage.

Other Organizations to Assist New Registrants

1) Alberta Association of Midwives (AAM):

- Provides Liability Insurance to Registered Midwives in Alberta
- Can assist in:

    Interview skills for potential mentor midwives and midwifery practices

Determining if the Midwifery Practice and New Registrant are a “good fit”

Midwifery Practice contract interpretation (practice fees, back up fees, admin support), as there are varying charges

Conflict resolution and dissolution steps/principles

Contact information: 1 (888) 316-5457 or alberta-midwives.ca

AAM staff will be meeting with you to provide detailed information

2) AHS Provincial Midwifery Administration Office (PMAO):

Contact Information: midwives@ahs.ca

(403) 943-1808

Feel free to reach out with any questions or clarification. AHS will also be meeting with you to provide detailed information.

AHS supports Mount Royal University Midwifery graduate New Registrants as a priority in meeting the CMA general registration requirements, and supports the growth of midwifery services in Alberta, keeping in line with the Midwifery Workforce Plan and AHS provincial planning.

The PMAO is a team within AHS that provides clinical and administrative support for Registered Midwives that are members of the AHS Midwifery Staff.
Clinical support includes the granting of AHS Midwifery Staff Appointments and Clinical Privileges, access and orientation, point of care support, collaborative support, professional development and quality and safety activities.

Administrative support includes funding management (fund and pay midwifery services and liability insurance less $1000 per midwife), AHS Midwifery Staff Bylaws and Rules, Midwifery Practice contract management, AHS committee leadership and membership, partnerships, engagement and strategic planning.

CMA Approval and Matching Process

Criteria:

Safety of clients and upholding the public trust and confidence in Midwives and Midwifery is the CMA mandate.

Additional criteria is contained in Part B (Mentor Midwife Portion of the New Registrant Program Application Form), and Part C (Midwifery Practice Portion of the New Registrant Program Application Form),

CMA Registration Committee will review the following:

1. The proposed situation and relationship to allow opportunity to achieve all entry to practice skills
2. Midwifery Practice is one that meets the criteria for an Established Practice (see definition section of the New Registrant Policy).
3. There is a reasonable number of New Registrants potentially drawing from the same client pool in any particular geographical area
4. Maintaining a 1:1 ratio of New Registrant to Mentor Midwife within any given Midwifery Practice.
5. Level of historical support for a New Registrant, with midwives and with a midwifery practice
6. Graduation status of the New Registrant, new graduate
7. Other criteria as determined by the CMA Registrar and/or the Registration Committee.

New Registrant Program Requirements

This section is an overview of the requirements to complete during the New Registrant Program. For more specific details, please find the Checklist of New Registrant Program Requirements in the Appendices. The requirements are in three categories:

Legislated Requirements:

The New Registrant must:

1) be under the supervision of a CMA approved 'supervisor' – ie. Mentor Midwife

2) monthly Chart Reviews must be conducted

Practice Requirements set by CMA Council:

Every year CMA Council will approve a key set of practice requirements for New Registrants to complete during their Program. The key set of requirements is derived from information and

collaboration with the CMA Registration Committee, the Competence Committee, Mount Royal BMid Program communication, and other sources.

NOTE: A set of definitions related to birth numbers and New Registrants are contained at the beginning of the New Registrant Policy. You will need to refer to them for accuracy of reporting your birth numbers

Current Council Requirements:

1) 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.

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

3) Complete a minimum of 30 births as the Primary Midwife (Primary Births) with Continuity of Care and 20 births as the Second Midwife.

4) 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.

5) For the duration of your 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.

6) Be a Primary Midwife for In-hospital births, and make every effort for the duration of your 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 can be Primary Midwife with any qualified Second Birth Attendant (see CMA policy P13a). This means another Registered Midwife, a Registered Nurse, or another New Registrant.

Additional Council Requirements:

Please refer to the Checklist of New Registrant Program Requirements in the Appendices for the additional requirements for this year.

Individual Experiences/ Activities Needed/Areas to Grow into:

NOTE: CMA will be meeting and working with you on setting out the following categories.

1) Outcomes of the individual CMA-identified Restricted Activities Survey:

Upon receiving your initial CMA Registration, you will be given a Survey to complete and submit to the CMA. The items on the survey are entry to practice competencies and activities. Some of

them you may not have run into in your education and clinical experiences. These areas will be added to your checklist by CMA as goal experiences for your New Registrant Program.

2) Individual Graduation-related birth numbers/experiences:

From time to time, despite great planning, the requisite birth numbers and experiences do not happen during the BMid Program timeframe. The CMA and faculty from the BMid Program will have communicated about these matters. This area can be addressed and completed during the New Registrant Program.

Areas may include: birth numbers, hospital experience, community birth experience or other identified areas.

Starting Work as a New Registrant

No doubt, the transition from your 4th Year Practicum to your New Registrant Program will bring some adjustments and change. For some, it represents a physical move to a different location. For others, it is simply an extension of their 4th year practicum situations.

No matter what, there will be differences, as you start gathering and buying your equipment and supplies and enter into the world of being paid and having Midwifery Practice expenses, and gathering your own clients to manage care for.

Be sure to have a signed contract in place. And remember to keep your checklist for your New Registrant Program Requirements handy, as you move into your new role.

CMA will be eager to see how things are going as you move through your New Registrant Program. A CMA representative will request a time frame for an interview about half way through your Program. In addition, you are always welcome to contact CMA to share how things are going.

New Registrant Program Completion

Fast forward to a number of months in the future, at least twelve months, as you near the end of your New Registrant Program and the completion of your requirements.

As part of this Package, you will also find a New Registrant Program Completion Form that both you and your Mentor Midwife will need to complete and submit to CMA.

Submission of this form will trigger a series of events that will move you to the General Registrant Full Practice Permit category.

Congratulations!

APPENDIX 1, STEP 1: Initial Registration checklist

As a recent graduate from an approved midwifery education program in Canada, who has not yet registered as a Registered Midwife and would like to apply for registration with the College of Midwives of Alberta (CMA), you must:

☐ Read the CMA P24 New Registrants (New Graduates) Policy to learn about your New Registrants requirements. Prior to the start of your New Registrant period, your mentor must provide the completed "Mentor Identification Form" (please see Policy above for this form).

☐ Submit a completed Application for Registration through CMA's website to begin the registration process and create your CMA profile. * If you are a student registered with the CMA, you do not need to start a new application, please request a change of status through your CMA member profile.

☐ Fee for initial registration is $300 CAD and fee for change of status is $25 CAD. If you are already a student registered with the CMA, you should only pay the $25 CAD fee for a change of status. Submit payment of the non-refundable registration fee to the CMA. You will be invoiced after the completion of the application above and payments will be accepted by cheque or Interac e-transfer to info@albertamidwives.org .

☐ Upload in your profile a copy of a government issued identification that matches your full name on the application form. The identification must include your photograph and signature. For example, a passport or a driver's license.

☐ Upload in your profile a copy of documentation to support your name change if your name on any document submitted is different than your full name on the application. For example, a marriage certificate or legal name change document.

☐ Upload official transcripts and certificate/diploma from your midwifery program. The CMA will accept a letter directly from your Midwifery Education Program to confirm you have completed the program and are eligible for registration (this must be sent directly from your program to the CMA).

☐ Successfully complete the Canadian Midwifery Registration Exam (CMRE) and upload evidence in your profile.

☐ Provide a Police Information Check through your local police service in Canada and upload the copy in your profile. You must provide current Police Information Check every 5 years and upload the document in your profile.

☐ Provide a Letter of Verification of Registration and Status from each jurisdiction where you were or are registered as a regulated professional (for example, nurse, physician). This letter is valid for 6 months. If you do not complete your registration in 6 months you will be required to provide a new one. This letter should be sent directly from the regulatory body to the email: admin@albertamidwives.org .

☐ Complete Trauma Informed Module: "Protecting Patients from Sexual Abuse and Misconduct" from the Alberta Federation of Regulated Health Professional. Once completed, please save your certificate and upload it in your CMA profile. You can find the link to this course here: http://afrhp.org/bill21-protecting-patients/

☐ Complete the Restricted Activity Survey and Declaration for registration form. These requirements will be sent to you once you apply for registration.

☐ Successfully complete the Jurisprudence Exam. The link to this exam will be sent to you once you apply for registration and will only be required for applicants who have not studied through an Alberta Midwifery Program.

☐ Provide evidence of professional liability insurance and upload the copy of your Certificate of insurance in your profile. Please contact Alberta Association of Midwives for more information.

☐ Provide evidence of successfully completing the mandatory competencies: Cardiopulmonary Resuscitation – CPR (valid for 2 years); Fetal Health Surveillance (includes 3 cm tracing and is valid for 2 years); Emergency Skills Workshop (valid for 2 years) or equivalent as per CMA's Continuing Competence Program Policy; Neonatal Resuscitation (includes E-tube intubation and is valid for 1 year). These courses must be retaken prior to their expiration and current certificates must be uploaded in your profile.

☐ Submit payment of Practice Permit Fee: Fees will be adjusted according to the month you begin practice. Please contact info@albertamidwives.org for payment arrangements.

Please note: Midwifery services are publicly funded through Alberta Health Services. We recommend that if you are applying for any midwifery position you ensure the position is funded by contacting Alberta Health Services at: midwives@AHS.ca

APPENDIX 2, New Registrant (New Graduate) Policy # 24

Policy Name	New Registrant (New Graduates) Policy	Number	24
Date Approved by Council: February 11, 2021	Date Due for Review: August 2021		

PURPOSE:

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.

The Midwives Profession Regulation (April 1, 2019), Conditions of Practice states:

5 (1): During the first year that a regulated member is registered on the general register, the regulated member must:

a) work within a midwifery practice

b) have a supervisor who has been approved to serve by the Registrar or Registration Committee

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.

(2) In the regulated member's first year, the regulated member must meet any practice requirements set by Council.

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.

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.

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.

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 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 Regulator's 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 Registered Midwife who is publicly funded and has been actively practicing for at least one year in Alberta
- has at least one Registered Midwife who has practiced in the community and has privileges for at least one year at a hospital with 24/7 obstetrical care

- 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
- one year of establishment in the current geographical location.

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 in 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 REQUIRMENTS:

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 an CMA-Approved Midwifery Practice for a period of at least twelve (12) months.

For the duration of their 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 will make every effort for the duration of their 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 policy 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 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: cam.ca Search box > Position Statements>

CMA Policy # 6 Registration Policy

CMA Policy #13a Second Birth Attendant

Midwives Professional Regulation (April 2019). Alberta Health

APPENDIX:

Canadian Model of Midwifery Care (CAM) Canadian Association of Midwives. cam.ca

New Registrant Handbook (2021)

_____ _____

President, CMA Date approved by CMA Council

CAM ACSF
Canadian Association of Midwives
Association canadienne des sages-femmes

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.

CAM/ACSF Position Statement: CANADIAN MIDWIFERY MODEL OF CARE
Adopted CAM/ACSF Board of Directors September 2015 Page | 1

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.

APPENDIX 3, Step 2: New Registrant Application Form (Part 1, 2 & 3)

Part 1: New Registrant Portion of the New Registrant Application Form

NOTE: When entering your information please click and then delete the fillable areas and proceed to enter your information.

This is the start of the CMA New Registrant/Mentor approval process. This form is electronically fillable.

New Registrant name: First Name Last Name Date: Click or tap to enter a date.

I have fully researched potential Mentor Midwives and Midwifery Practices for a "good fit" for my completion of my New Registrant Program. The requested Mentor Midwife and the Midwifery Practice are aware of my request. Initials (New Registrant initials)

Name of requested Midwifery Practice: Type Name

a) does this specific Midwifery Practice have a permanent position available through the AHS PMAO? ☐ yes ☐no

b) your rationale for requesting this Midwifery Practice:

Type here

c) where have you done your 4th year practicum? Name of Practice

Requested Mentor Midwife: 1st choice: First Name Last Name

2nd choice: First Name Last Name

Please ask your 1st choice Mentor Midwife to fill out the next page. It can be done electronically and sent to CMA.

Please complete and save this form and submit via email attachment to

admin@albertamidwives.org

Part 2: Mentor Midwife portion of the New Registrant Program Application

NOTE: When entering your information please click and then delete the fillable areas and proceed to enter your information.

Please fill out this form and send it to CMA at: admin@albertamidwives.org

Name of New Registrant (NR): First Name Last Name

Your Name: First Name Last Name Date: Click or tap to enter a date.

Name of Midwifery Practice you are with: Enter Name

Please check all that apply on the following list. If you need extra space to give more information, please use the space at the bottom of the form. YOU:

☐ Are CMA- registered and been actively practicing and AHS-funded for at least one year

☐ Are prepared to have only one New Registrant with you for a 1:1 relationship

☐Are prepared to be a mentor for at least one year (12 months), (shortest duration of New Registrant Program)

☐Have hospital privileges in your current practice at a hospital with 24-hour OB services

Name of Hospitals Enter Hospital Names)

☐Provide care consistent with the full scope of practice of AB RM's, with Continuity of Care and choice of birthplace as described in the *Canadian Model of Midwifery Care*

☐Provide orientation to the New Registrant to your Midwifery Practice and in the hospital(s) where the NR will be operating, eg. computer systems, buddy shifts.

☐Are prepared to provide 24/7 mentorship to a New Registrant and that New Registrant's full client load

☐Have the ability to consistently offer the New Registrant both hospital and community primary Registered Midwife experiences

☐Have the ability to offer the New Registrant as the Primary Registered Midwife, a range of interprofessional communication situations

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

☐Are willing to facilitate learning opportunities for the NR to help them achieve the requirements of the NR Program

☐ Will support the New Registrant **condition** where you need to be readily available to the NR by phone or in the facility.

☐Are willing to take on clients on behalf of the NR early so they can assume client care for June/July

Comments: Type Here

Signature of Registered Midwife: First & Last Name Today's Date: Click or tap to enter a date.

Please send this form to CMA at: admin@albertamidwives.org. Allow two weeks for a CMA response

Part 3: Midwifery Practice Portion of the New Registrant Application Form

NOTE: When entering your information please click and then delete the fillable areas and proceed to enter your information.

New Registrant (NR): Type your # Date: Click or tap to enter a date.

Your name (as Practice Owner/Lead): First Name Last Name

Midwifery Practice name: Type

Please check all that apply on the following list. If you need extra space to give more information, please use the space at the bottom of the form.

In your Midwifery Practice YOU:

☐Have at least one midwife who has been actively practicing and AHS-funded in Alberta for at least 1 year

☐Have at least one registered midwife who has had hospital privileges for at least 12 months in a hospital with 24-hour OB services nearest to where the midwife is currently practicing

Name of hospital(s): Type Here

☐Provide care consistent with the full scope of practice of AB Registered Midwives, including continuity of care and choice of birthplace as described in the Canadian Midwifery Model of Care (LINK)

☐ Have enough practice capacity to support a New Registrant with mentor(s) on a 1:1 basis, who are available and prepared to provide 24/7 mentorship

☐Have enough practice capacity to support a New Registrant with booked clients to equal full-time practice for the duration of the New Registrant Program (at least 12 months)

☐Provide orientation to the New Registrant to your Midwifery Practice and in the hospital(s) where the New Registrant will be operating, e.g. computer systems, buddy shifts.

☐Are willing to facilitate learning opportunities for the New Registrant to help them achieve the requirements of the New Registrants Program

☐Are willing to take on clients on behalf of the New Registrant one month ahead so they can assume client care in June/July

☐Have the ability to consistently offer the New Registrant both hospital and community primary RM experiences

☐Have the Midwifery Practice physically separate from any midwife's living quarters (doors).

☐Possess a welcoming, accepting and open attitude within the practice.

☐Willingness to integrate New Registrants funding into the business portion of the practice.

Comments: Type here

_____

Signature of Practice Lead/Owner: (Print your full name)

Please save and send this form as an attachment to Juliana at: admin@albertmidwives.org
Please allow two weeks for CMA to process and reply

APPENDIX 4, Step 3: Checklist of New Registrant Program Requirements

NOTE: This document serves as a check list, and also as a report form for your program completion.

STEP 3: Checklist of New Registrant Program Requirements

NOTE: New Registrants: please keep this form handy and use it as a log for your New Registrant experiences.

New Registrant Name: First Name Last Name

Mentor Midwife Name: First Name Last Name

Midwifery Practice Name Practice Name

Date of the first day you started work as a New Registrant: Click or tap to enter a date.

A. Legislated Requirements:

1.) Supervision: see identified Mentor Midwife above

2.) Participate in monthly Chart Reviews with a General Registrant, who has been registered on the CMA General Register for over one year.

Chart reviews: 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.

#	Date: 1 session a month	Client(s) initials	RM who reviewed chart (s) with you - initials	Area(s) of focus	Comments
1	Click or tap to enter a date.				
2	Click or tap to enter a date.				
3	Click or tap to enter a date.				
4	Click or tap to				

	enter a date.				
5	Click or tap to enter a date.				
6	Click or tap to enter a date.				
7	Click or tap to enter a date.				
8	Click or tap to enter a date.				
9	Click or tap to enter a date.				
10	Click or tap to enter a date.				
11	Click or tap to enter a date.				
12	Click or tap to enter a date.				

B. Practice Requirements set by CMA Council:

Current Council Requirements:

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

Describe three situations/conversation topics where you did this:

a.) Type here

b.) Type here

c.) Type here

2) Birth Numbers:

NOTE: A set of definitions related to birth numbers and New Registrants are contained at the beginning of the New Registrant Policy. You will need to refer to them for accuracy of reporting your birth numbers

a.) Complete a minimum of 30 births as the Primary Midwife (Primary Births) with Continuity of Care and 20 births as the Second Midwife.

Primary Midwife with Continuity of Care	**Second Midwife**
Total number of births attended (30 required)	Total Number of births attended (20 required)

b.) 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.

c.) For the duration of their 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.

d.) Be a Primary Midwife for In-hospital births, and will make every effort for the duration of their 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 policy P13a). This means another RM, a Registered Nurse, or another New Registrant.

Please insert client initials for births below as they apply.

Number and client Initials	**Date of Birth**	**In Hospital**	**Community Birth**
1			
2			
3			
4			
5			
6			
7			
8			
9			

10			

Additional Council Requirements:

1) Transfer of Care Process and Outcome as a Primary Care Midwife Provider

As a Primary Midwife, when the situation presents itself, conduct and report here on your comfort, learnings and the nature of Interprofessional conversations **on a transfer of care to another Most Responsible Provider in:**

a) pregnancy

b) Intrapartum

c) intrapartum with a transfer of care back in the immediate postpartum

C. Individual Needs for Experience/Areas to Grow into:

NOTE: CMA will be meeting and working with you on setting out the following categories.

1) Items identified on the Individual Restricted Activities Survey from CMA. These items will be placed by CMA onto this checklist. You will then have them as goal experiences for your New Registrant Program. When the opportunity comes up, please do them. You might also have to plan ahead or seek out some opportunities. Experience with each of these items will serve to enhance your scope of practice.

a.) Type here

b.) Type here

c.) Type here

d.) Type here

e.) Type here

f.) Type here

g.) Type here

h.) Type here

2.) Identified Graduation-related Birth Numbers/Experiences: (as needed)

Additional Comments

From time to time, despite great planning, the requisite birth numbers and experiences do not happen during the BMid Program timeframe. The CMA and faculty from the BMid Program will communicate with you about these matters. This area can be addressed during the New Registrant Program process.

Birth numbers, Hospital Experience, Community Birth Experience and Other

The CMA Registration Committee will review this form and make recommendations to the Registrar for next steps.

APPENDIX 5, New Registrant Program Completion Form

New Registrant Program Completion Form

Upon completion of the New Registrant Program, the New Registrant and the Mentor Midwife will:

1.) submit this form AND

2.) the completed Checklist of New Registrant Program Requirements

to the CMA.

Please do this by saving both completed documents and sending as an attachment to: admin@albertamidwives.org

Submission of these completed documents will trigger the process of you moving from New Registrant status to General Registrant with Full Practice Permit.

Mentor Midwife Portion:

NOTE: the following portion of the form ideally would be completed together.

Perceptions and Evaluation of:

1.) New Registrant achievement of the following aspects of the Primary Care Midwife Role:

a.) managing the intrapartum role as Primary Midwife

Type Comments

b.) communicating effectively and respectfully with midwifery colleagues

Type Comments

c.) communicating effectively and respectfully with other providers in the Health Care System

d.) accountability for care provided

Type Comments

e.) communication with clients in a client-centered care manner

Type Comments

2.) New Registrant ability to adeptly organize and prepare to act as Primary Midwife at a Community Birth

Type Comments

3.) New Registrant ability to exercise clinical and professional judgement and set justifiable priorities in practice

Type Comments

4.) New Registrant ability to manage obstetrical emergencies.

Type Comments

5.) New Registrant adherence to CMA documentation standards and policies.

Type Comments

6.) Areas of further development needed (eg Items identified on the Individual Restricted Activities Survey)

Type Comments

I certify that the information provided in the Checklist of New Registrant Program Requirements is accurate and complete.

New Registrant: _____ Date: _____

Mentor Midwife: _____ Date: _____

APPENDIX 6, Foundational Resource Documents

A) Current CMA Competencies and Standards of Practice

CONTENTS

The Midwifery Regulation establishes criteria of eligibility for registration as a midwife in Alberta. The purpose of these criteria is to ensure that midwives have the knowledge and skills necessary for safe and effective practice. This section describes the competencies midwives are currently expected to possess and maintain throughout their careers.

College of Midwives of Alberta

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 situation, 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:

1. a) Provide wellness and reproductive care advice to clients throughout the childbearing years.
2. 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.
3. c) Provide continuity of care throughout the childbearing cycle.
4. d) Exercise appropriate clinical judgment as an autonomous primary-care provider delivering midwifery care.
5. e) Provide culturally appropriate, gender inclusive and trauma-informed sensitive midwifery care.
6. f) Promote and support physiologic birth.
7. g) Provide care in a variety of community and hospital settings.
8. h) Facilitate client informed choice decision-making for all aspects of midwifery care.
9. i) Independently provide all necessary prenatal care according to evidence informed practice guidelines.
10. j) Independently conduct births and care for the client and newborn according to evidence informed practice guidelines.
11. k) Assist the client and family in planning for an appropriate place of birth.

12. l) Identify risk factors before and during pregnancy, during labour and birth and the postpartum period, and take appropriate action.
13. m) Order, perform and interpret results of screening and diagnostic tests, including ultrasound, in accordance with the *Midwives Profession Regulation (*Section 16*)* and CMA policies and guidelines.
14. n) Identify abnormal conditions, recommend, and initiate appropriate treatment and make referrals, as required.
15. o) Provide objective information about care alternatives including options, risks and benefits, and assist client decision-making (See CMA Policy on Informed Decision Making).
16. p) Prescribe, order, and administer drugs in accordance with the *Midwives Profession Regulation* (Sections 16 & 17) and CMA policies and guidelines.
17. 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.
18. r) Manage privacy of client records and securely store client records according to the Client Health Information Management Policy.
19. s) Perform IV starts, IM/SQ injections and administer local anesthetic.
20. t) Use emergency measures when necessary.
21. u) Critically review, appraise, and apply new information, including research findings relevant to midwifery practice.
22. v) Practice according to the Code of Ethics.
23. w) Use information technology according to CMA Standard on**:** Privacy of Client Health Information Management and Maintenance, and Standard on Professional Communication via Electronic Media.
24. 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.
25. y) Assist the client and family to access appropriate community resources.
26. z) Act as an advocate within the health care system for the client in all aspects of care.
27. 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:

1. a) The importance and functions of pre-pregnancy counseling.
2. b) The importance and functions of antepartum care.
3. c) General anatomy and physiology.
4. d) Detailed knowledge of the anatomy and physiology of the reproductive systems.
5. 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.

6. f) Physical, emotional, sexual, social factors and changes associated with pregnancy, including those likely to influence its outcome.
7. g) Genetics, embryology and fetal development and their implications.
8. h) Nutritional requirements during pre-conception, pregnancy, and lactation.
9. i) The physiology and management of common discomforts of pregnancy.
10. j) Methods for confirmation of pregnancy, establishing due date, assessing gestational age and assessing the progress of pregnancy.
11. k) Screening and diagnostic tests available and used during pregnancy, including ultrasound and non-stress tests.
12. l) Pharmaceuticals, and therapies used during pregnancy and their effects, side effects and interactions.
13. m) Complementary therapies which may be used during pregnancy.
14. n) Environmental, occupational, genetic, biologic, and pharmacologic hazards to the client and fetus.
15. o) Recognition and causes, of variations of normal which may occur during pregnancy.
16. p) Causes, recognition, and treatment of abnormalities which may occur during pregnancy.
17. q) Infections, including sexually transmitted diseases and vaginal infections prior to and during pregnancy and their implications.
18. r) Principles and procedures for responding to fetal mal presentation such as breech or shoulder presentation.

19. s) Assessment and management of post-dates pregnancy.
20. t) Antenatal emergency situations.
21. u) Informed choice discussions.

B. Midwives have the ability to:

1. a) Obtain a comprehensive health, environmental, social, and family history.
2. b) Assess and promote the pregnant client's general health and well-being.
3. c) Perform a physical examination of the client.
4. d) Perform a breast exam.
5. e) Perform a vaginal exam and assess the soft and bony structures of the pelvis, uterine size, shape, consistency, and mobility.
6. 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.
7. g) Confirm pregnancy.
8. h) Assess nutritional intake and provide or recommend counseling, as appropriate.
9. i) Manage common discomforts associated with pregnancy.
10. j) Assess fetal well-being.
11. k) Perform ongoing physical assessments of the client during pregnancy to detect abnormalities and initiate treatment and/or consult or refer as appropriate.
12. 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.

13. m) Order, perform and interpret screening and diagnostic tests, ultrasound and non-stress tests, as per *Midwives Profession Regulation* (see CMA Policy Ordering, Performing and Interpreting Screening Tests, Diagnostic Tests and Ultrasound).
14. n) Prescribe, order, and administer drugs, and therapies used during pregnancy in accordance with the *Midwives Profession Regulation* and CMA Policy Prescribing, Ordering and Administering Drugs.
15. p) Use complementary therapies safely and appropriately.
16. q) Recognize variations of normal and alternate fetal presentations which may occur during pregnancy, and act on them appropriately.
17. r) Recognize abnormalities which may occur during pregnancy and take appropriate action.
18. s) Manage a post-dates pregnancy.
19. t) Manage antenatal emergency situations until medical resources are available.
20. u) Perform venipuncture and capillary puncture.
21. v) Counsel the client and family on the benefits and practice of breastfeeding.

2. Intrapartum Care

A. Midwives have knowledge of:

1. a) The assessment of onset of and progress of labour including the mechanisms of labour and birth.
2. b) Indicators and assessment techniques of client and fetal well-being, including ultrasound.
3. 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.
4. d) Indicators and assessment techniques for determining fetal presentation, lie and station.
5. e) Normal variation and abnormalities of fetal position and their impact on fetal well being and the progress of labour and birth.
6. f) Comfort and support measures during labour and birth, including water labour/birth.
7. g) Physiological methods to facilitate labour.
8. 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
9. i) The significance of ruptured membranes and methods of reducing risk of infection.
10. j) Abnormalities of labour, birth, and the immediate postpartum period.
11. k) Indications, techniques and management of induction and augmentation of labour.
12. l) Prevention, assessment and management of exhaustion, dehydration and ketonuria during labour.
13. m) Techniques to protect the perineum, avoid episiotomy and minimize perineal trauma.
14. n) Indications and procedure for episiotomy.
15. o) Indications and procedure for repair of 1st and 2nd degree lacerations or episiotomy.
16. p) Indications and appropriate consultation and referral for repair of 3rd or 4th degree tears.
17. q) Drugs and other substances and therapies which may be used during the intrapartum period (See CMA Policy for Prescribing, Ordering and Administering Drugs, and Policy for Prescribing, Ordering and Administering Controlled Substances).
18. r) Breastfeeding priorities in the first hour of life.

19. s) Epidural anesthesia, the procedure, risks, benefits and management.
20. t) Prevention, recognition, and management for intrapartum emergency obstetrical situations to the standard approved by the CMA Council.
21. u) Immediate support, assessment, and care of the newborn.
22. v) Neonatal resuscitation procedures to the standard approved by the CMA Council.
23. w) Collection of cord blood samples.
24. x) Requirements for a safe birthing environment.

B. Midwives have the ability to:

1. a) Provide individualized emotional and physical support to the labouring client and the support people.
2. b) Assess the onset and progress of labour and provide care according to evidence informed practice.
3. 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.
4. d) Apply a fetal scalp electrode for internal fetal monitoring.
5. e) Assess for the full urinary bladder and perform urinary catheterization as necessary.
6. 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.
7. g) Assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required.
8. h) Recognize variations of normal and abnormal labour patterns, identify the probable causes, and carry out appropriate interventions when indicated.
9. i) Determine the status of fetal membranes and perform amniotomy as necessary.
10. j) Assess amniotic fluid.
11. k) Give injections, insert an intravenous catheter, and administer intravenous fluids and medications.
12. l) Administer inhalants in accordance with the *Midwives Profession Regulation* and established CMA policies.
13. m) Conduct spontaneous birth.
14. n) Protect the perineum, avoid unnecessary episiotomy, and minimize lacerations.
15. o) Recognize and act on abnormal findings during second stage, birth and immediate postpartum.
16. p) Conduct a spontaneous vaginal breech birth.
17. q) Manage a shoulder dystocia.
18. r) Perform and repair episiotomy and 1st and 2nd degree perineal tears, as necessary.
19. *s)* Examine the perineal and vulva areas for lacerations, hematomas, abrasions, and 3rd degree tears, and take appropriate action.
20. t) Collect cord blood samples.

21. u) Recognize signs of separation of the placenta; assist in the delivery of and inspect the placenta.
22. v) Recognize and manage obstetrical emergencies until medical resources are available to the standard approved by the CMA Council.
23. w) Provide immediate assessment and care of the newborn.
24. x) Perform neonatal resuscitation including tracheal intubation and umbilical vein catheterization according to the standards approved by the CMA Council.
25. y) Prescribe, order, and administer drugs as necessary in the intrapartum in accordance with *Midwives Profession Regulation* and the CMA Policy for Prescribing, Ordering, and Administering Drugs and the Policy for Prescribing, Ordering and Administering Controlled Substances.
26. z) Conduct induction and/or augmentation of labour according to CMA policy, standards, and institutional guidelines.
27. 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.

1. b) Newborn assessment and gestational age assessment.

2. c) Growth and development of the newborn.
3. d) Newborn screening and diagnostic testing.
4. e) Ongoing nutritional needs of the newborn, including properties of breast milk and infant formula, and methods of infant feeding.
5. f) Assessment and management of a lingual frenulum.
6. g) Signs and symptoms of abnormal conditions in the newborn.
7. h) Drugs, and therapies used for the newborn, their effects, side effects and interactions.
8. i) Effects of prescriptive and non-prescriptive substances on the newborn, including those excreted in the breast milk.
9. j) Indications, screening and use of phototherapy for the newborn.
10. k) Environmental, biological, and pharmacologic hazards to the newborn.
11. l) Physical and emotional needs of the newborn including appropriate safety considerations.
12. m) Issues related to circumcision.
13. n) Issues related to immunization.
14. o) Public Health and community resources for ongoing family and newborn support.

B. Midwives have ability to:

1. a) Provide initial newborn assessment and care.
2. b) Perform a complete physical examination of the newborn.

3. c) Provide ongoing newborn care and assessment of well-being and development.

4. d) Order, perform and interpret relevant screening and diagnostic tests, as per *Midwives Profession Regulation and* CMA Policy Ordering, Performing and Interpreting Screening Tests, Diagnostic Tests and Ultrasound.
5. e) Educate parents regarding newborn growth, development, behaviour, nutrition, and care.
6. f) Reinforce benefits of breastfeeding and support the breastfeeding dyad.
7. g) Educate and support the use of breastmilk substitutes when indicated.
8. h) Assess the ongoing well-being and development of the newborn and make referrals as necessary for screening and diagnostics.
9. i) Recognize complications in the newborn and make appropriate referrals as necessary.
10. *j)* Prescribe, order and administer drugs to the newborn according to *Midwives Profession Regulation* and CMA Policy on Prescribing and Administering Drugs.

11. k) Assess and perform a frenotomy as indicated.
12. l) Assess, order, and manage phototherapy for the newborn.
13. m) Reinforce family awareness of environmental, biological, pharmacological hazards for newborns.
14. n) Promote physical, emotional, and safety measures to support a new family member.
15. o) Provide informed choice discussions to parents on the benefits and risks of vaccination.
16. p) Provide informed choice discussions to parents on the benefits and risks of circumcision.
17. 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:

1. a) Anatomy and physiology in the postpartum period, and the normal progress of the postpartum period.

2. b) Postpartum assessment of the client.
3. c) Emotional, psychological, social, cultural, and sexual aspects of the postpartum period, breastfeeding and early parenting.
4. d) Promotion of factors necessary for the support of new families and integration of newborns.
5. e) Nutritional requirements of clients during the postpartum period including for lactation.
6. 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.
7. g) Stimulation and suppression of lactation.
8. h) Drugs and other substances and therapies used during the postpartum period and their effects on breastfeeding.
9. i) Postpartum discomforts and management.

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

B. Midwives have the ability to:

1. a) Assess the health and monitor the progress of the client in the postpartum period.
2. b) Assist the client to establish and maintain breastfeeding or the chosen method of infant feeding.
3. c) Identify special or abnormal environmental, occupational, biological or pharmacological client or infant situations that influence infant feeding and develop an appropriate plan.
4. d) Use appropriate therapies to support effective breastfeeding.
5. e) Educate clients on typical nutritional needs for postpartum, including lactation.
6. f) Facilitate the introduction of the new family member.
7. g) Educate clients regarding self-care, normal postpartum progress, and signs and symptoms of common emotional, physiological, social, cultural, and sexual postpartum complications.
8. h) Recognize postpartum complications including postpartum depression and take appropriate action including consulting or referring when indicated.
9. i) Prescribe, order, and administer appropriate drugs as necessary in the postpartum period in accordance with the *Midwives Profession Regulation* and CMA Policy for Prescribing, Ordering and Administering Drugs.
10. j) Order, perform and interpret screening, diagnostic, and ultrasound tests according to established CMA policies and guidelines.
11. k) Conduct a postpartum assessment including vaginal and speculum examination where appropriate.
12. l) Assess and manage postpartum emergency situations until medical resources are available.
13. m) Perform venipuncture, injections and give local anesthetic as needed.
14. n) Counsel clients in decision-making regarding contraceptive methods.
15. o) Instruct clients in the use of their chosen contraceptive method.
16. p) Fit diaphragms and cervical caps.
17. q) Provide appropriate referrals for ongoing care.

5. Education and Counseling:

A. Midwives have knowledge of:

1. a) The principles and processes of informed choice decision-making.
2. b) Principles of adult education, communication, and counseling.
3. c) Theoretical approaches to prenatal and parenting education.

4. d) Issues related to grief and loss in childbearing.
5. e) Available community resources.
6. f) Cultural influences on childbearing and child rearing.
7. g) Gender inclusivity and diversity within the childbearing population.
8. h) Issues related to abuse and discrimination.
9. i) Trauma-informed care with issues related to sexual abuse and sexual misconduct.

B. Midwives have the ability to:

1. a) Provide objective, evidence-informed information about care alternatives, including options, risks, and benefits, to facilitate informed choice decision-making.
2. b) Utilize a broad range of communication skills to communicate effectively with clients and their support people.
3. c) Adopt an individualized approach to clients incorporating gender inclusivity and diversity.
4. d) Use cultural context to enhance childbearing experiences.
5. e) Assist the client and family in planning and preparing for the birth experience and early parenting.
6. f) Counsel and support the client and family in responding to grief and loss in childbearing.
7. g) Provide trauma-informed care and support when needed.
8. h) Provide prenatal and parenting education.
9. 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:

1. a) Anatomy, physiology, and psychosocial components of human sexuality in general, during the childbearing cycle and human fertility.
2. b) Normal reproductive health and signs and symptoms of pathology.
3. c) Cultural, gender, inclusivity, diversity, and sexual abuse factors involved in client and family responses to childbearing.
4. d) Resources for counseling and referral, including those clients seeking termination.

B. Midwives have the ability to:

1. a) Assess the client's individual reproductive and sexual health.
2. b) Inform and advise clients on issues of human sexuality, fertility, and pregnancy.
3. 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:

1. a) The roles and responsibilities of other health care providers and their standards of practice.
2. b) Legislation and public health policies and procedures relevant to midwifery nationally and in Alberta.
3. c) The Legislation, Regulations, Code of Ethics, Standards of Practice, and policies for midwifery in Alberta.
4. d) The history and philosophy of the midwifery profession in Canada.
5. e) The structure and function of professional and regulatory midwifery organizations in Alberta.
6. 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.
7. 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.
8. 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.

1. b) Communicate and collaborate effectively and professionally with midwifery colleagues, students, and other caregivers, facilitating referral, consultation, and collaboration when appropriate.

2. 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:

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

B. Midwives have the ability to:

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

Additional Competencies

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.

2. STANDARDS OF PRACTICE

2.1 Professional Accountability and Evaluation of Practice and Quality Improvement

Midwives are accountable to their clients, their peers and the wider community for safe, competent, ethical practice. Midwives continuously evaluate their practices to improve the quality of care they provide and to ensure their clients' needs are met.

Midwives' fundamental accountability is to their clients. They are also accountable to the regulatory body, the health agencies they practice with, and, as a member of the profession, to the public.

Midwives are responsible for participating in processes of evaluation of practice and quality improvement as required within their practice, their health region and province in a manner consistent with privacy legislation.

2.2 Research on Effectiveness of Midwifery Care

Midwives have a responsibility to initiate, promote and participate in research regarding midwifery outcomes and share the knowledge across the health care system. All midwives will be expected to participate in this endeavor and to use the findings to develop and enhance their practice.

2.3 Medical Consultation and Transfer of Care

2.3.1 Guidelines for Consultation and Transfer of Care

The Regulations make it clear that midwives can accept primary responsibility for the care of any woman experiencing a normal pregnancy, labour, birth or postpartum period. Midwives are responsible not only for care in support of normal childbearing, but also for the identification of conditions which require consultation with a physician.

Because of the inherent difficulties in defining a "normal" pregnancy, this term has been defined by exception. The guidelines for medical consultation (4.3.2) identify conditions which may indicate a pregnancy can no longer be considered normal and within the scope of midwifery practice. The presence of these conditions indicates consultation with a physician is necessary.

Midwives use their professional judgment, guided by this document and the Alberta Perinatal Risk Scoring System, to assess and manage the conditions outlined below. It is the midwife's responsibility to identify these conditions and to initiate medical consultation.

The Midwifery Regulation states that:

(1) In respect of normal pregnancy, a midwife may, in accordance with the guidelines approved by the Board,

1. (a) engage in the practice of midwifery as a primary health care provider, and
2. (b) provide services in a variety of settings.

(2) If medical conditions exist or arise during pregnancy that may require management by a physician, a midwife shall consult with a physician in accordance with the guidelines approved by the Board.

(3) If the result of the consultation referred to under subsection (2) is a determination that management by a physician is required, the midwife shall transfer primary responsibility of care, or aspects of care, to a physician and may engage in the practice of midwifery in collaboration with the physician, to the extent agreed to by the client, physician and midwife.

Primary responsibility for care is transferred or care is shared if the result of the consultation so indicates. The decision to transfer primary responsibility involves the professional judgment of the midwife and the physician and the informed consent of the client. It is ultimately the client who decides from whom she will receive care. However, the midwife has the right to refuse to provide care that is outside the scope of practice of midwifery.

The midwife, the client and the physician collaborate to determine:

1) whether advice regarding appropriate management of the condition is all that is needed and the midwife remains the primary health care provider;

2) whether aspects of the woman's care should be handled by the physician while the midwife remains the primary health care provider or

3) whether the condition poses a medical threat to the woman and/or child to the extent that the physician should assume the role of primary caregiver.

If the physician is to assume the role of primary caregiver, the midwife may continue to be involved in the ongoing care of the client to the extent determined jointly by the client, the midwife and the physician. Care may be transferred on a temporary or a permanent basis. In some cases, the physician may choose to provide medical advice and information including prescribing therapy to the client via the midwife. In an emergency situation transfer of care will be immediate.

These guidelines will be reviewed and revised over time by the CMA, in consultation with the Health Disciplines Board and other stakeholders. Changes to the guidelines will be based on research, experience and ongoing evaluation of midwifery practice to ensure their relevance to safe and effective midwifery care.

These guidelines apply to all settings and are not exhaustive. Other circumstances may arise where the midwife believes consultation or transfer of care is necessary.

2.3.2 Guidelines for Medical Consultation

The following conditions require consultation with a physician:

1) Initial History and Physical Examination

- Any current medical condition that may be aggravated by the pregnancy or that may have an adverse effect on the pregnancy. Examples of such conditions are cardiovascular disease, neurologic disorders, insulin dependent diabetes mellitus, or hypertensive disorders.
- Congenital defect(s) of the reproductive organs.
- Family history of genetic disorders, hereditary disease and/or

congenital anomalies.

- History of repeated spontaneous abortions.
- History of severe postpartum hemorrhage.
- History of retained placenta.
- History of severe psychological problems.
- History of two or more consecutive premature labours or history of low

birth weight infant(s).

- History of severe pregnancy induced hypertension.
- Marked skeletal abnormalities.
- Previous operations or injuries to the uterus or vagina (e.g. operations

for prolapse, cervical conization, myomectomy, vesicovaginal and

recto-vaginal fistulae, classical cesarean section, etc.).

- Previous still birth or neonatal loss which may affect the current

pregnancy.

- Rh isoimmunization or the presence of other blood group antibodies

which may adversely affect the fetus.

- Significant use of drugs, alcohol or other toxic substances.
- Suspected or diagnosed congenital anomaly that may require

immediate medical management after delivery.

- Repeated vaginal bleeding this pregnancy.

2) Prenatal Care

- Medical conditions arising or exacerbated during the prenatal period, e.g. cardiac disease, insulin dependent diabetes, endocrine disorders, hypertension, renal disease, acute pyelonephritis, thromboembolic disease, significant infection.
- Abnormal fetal growth pattern.
- Abnormal pap smear.
- Active sexually transmitted diseases or known HIV positive.
- Persistent anemia.
- Antepartum fetal death.
- Documented post term pregnancy.
- Exposure to known teratogens.
- Fetal anomaly.
- Hyperemesis.
- Multiple pregnancy.

- Persistent abnormal presentation.
- Persistent abuse of drugs or alcohol.
- Polyhydramnios or oligohydramnios.
- Pregnancy induced hypertension, persistent proteinuria or other signs

of pre-eclampsia.

- Threatened premature labour.
- Rh isoimmunization or presence of other blood group antibodies which

may adversely affect the fetus.

- Serious psychological problems.
- Continued or unexplained vaginal bleeding.
- Unexplained sudden and severe abdominal pain.
- Rupture of membranes before term.

3) During Labour and Birth

- Abnormal fetal heart patterns unresponsive to therapy.
- Abnormal presentation.
- Active genital herpes at onset of labour.
- Ketonuria unresponsive to treatment.
- Multiple pregnancy.
- Excessive vaginal bleeding.
- Unexplained sudden and severe abdominal pain.
- Premature labour.
- Abnormal labour pattern unresponsive to therapy.
- Prolonged rupture of membranes.
- Prolonged second stage.
- Pregnancy induced hypertension or other signs of pre-eclampsia.
- Prolapsed cord.
- Retained placenta.
- Thick meconium.
- Uterine rupture.

4) Post-Partum (Maternal)

- Lacerations involving the anus, anal sphincter, rectum or urethra area.
- Hemorrhage unresponsive to therapy.
- Inversion of uterus.
- Persistent hypertension.
- Post-Partum eclampsia.
- Serious psychological problems.
- Signs of puerperal infection.
- Suspected retained placental fragments or membranes.
- Thrombophlebitis or thromboembolism.
- Breast infection unresponsive to therapy.

5) Post-Partum (Infant)

- APGAR lower than 7 at 5 minutes.
- Abnormal findings on physical exam, e.g.

- Abnormal abdominal distention.
- Abnormal cry.
- Abnormal heart rate or pattern.
- Abnormal movement of any extremity.
- Abnormal neurological signs including hypotonia.

- Respiratory distress.
- Excessive bruising other than a cephalhaematoma and/or generalized

petechia.

- Failure to pass urine within 24 hours or meconium within 48 hours of

birth.

- Feeding intolerance with vomiting or diarrhea.
- Less than 3 vessels in umbilical cord.
- Congenital anomalies.
- Persistent cyanosis or pallor
- Suspected pathological jaundice.
- Infection of umbilical stump site.
- Seizure like activity.
- Significant weight loss.
- Temperature above or below normal that is unresponsive to therapy.
- Conditions that cause concern in either the parents or the midwife.

2.4 Guidelines for Out-of-Hospital Birth

Midwives offer women a choice of birthplace. A midwifery client can choose to give birth in a hospital, a birth-centre or at home. Midwives are responsible for informing their clients regarding the benefits and risks of all birth-settings and for assisting them in choosing the most appropriate birth site for their individual circumstances.

2.4.1 Notifying Regional Health Authorities

Before acting as a principal midwife for out-of-hospital births in an area where she does not already hold admitting privileges, a midwife must notify the administration of the Regional Health Authority responsible for the area within which she intends to provide midwifery services.

2.4.2 Consideration in Determining an Appropriate Site for Birth

Before acting as a principal midwife for out-of-hospital births, a midwife must:

1. use *The Guidelines for Medical Consultation* in Chapter 4.3.2. to identify conditions that exist or arise prior to the onset of labour, which require the midwife to advocate a medical consultation and a planned hospital birth, and
2. take into account the availability of emergency support systems, distances, and other factors relating to the safety of the mother and child.

The final decision about the planned place of birth is based on the professional judgement of the midwife and the informed choice of the client.

If a clients' choice of birthplace contravenes the *Midwifery Standards of Practice*, the midwife must follow the *Policy for Care Outside Midwifery Standards of Practice* (See Appendix 6).

2.4.3 Emergency Support

In each area where a midwife offers services, the midwife must know about the availability of and how to access emergency services including local EMS and the nearest hospital capable of dealing with an obstetrical emergency.

Once the decision to attend an out-of-hospital birth has been made, the principal midwife must ensure that an appropriate emergency support system is in place for the birth including:

(a) an emergency transport service that is available 24 hours a day and can respond within 30 minutes; and

(b) a nearby hospital capable of dealing with an obstetrical emergency at which the midwife has admitting privileges or other standing arrangements in place that allow the hospital to know the midwife is regularly attending births within its catchment area; or

(c) a nearby hospital capable of dealing with an obstetrical emergency which the midwife has notified that she will be conducting a home birth within its catchment area.

2.4.4 Out-of-Hospital Birth: Essential Equipment

A midwife who attends an out-of-hospital birth must have and must maintain equipment, supplies and drugs that may be required during labour, birth and the postpartum period, including but not limited to:

Amnihook Antiseptic solution Blood pressure cuff Blood tubes Cord clamps (sterile) Doppler/Fetoscope Epinephrine (1 in 10,000) Erythromycin eye ointment IV Solution and equipment Gloves (sterile) Lubricant (sterile) Mechanical suction equipment Neonatal intubation equipment Oral airways for adult and infant Oxytocic drugs	Resuscitation equipment for infant including self-inflating or anesthesia bag Scissors: (sterile) One pair blunt-ended for cord One pair for episiotomy Syringes and needles (sterile) Stethoscope Suturing equipment (sterile) and local anesthetic Thermometer Two hemostats (sterile) Urinalysis supplies Urinary catheter (sterile) Vitamin K.

2.4.5 Conditions Requiring Transport From an Out-of-Hospital Setting

Midwives must advise each client of potential conditions and circumstances that may require transport to a hospital and/or transfer of primary responsibility for care to a physician.

Although women choosing to birth at home or in a birth centre will have been screened, conditions may arise during labour, birth and the postpartum period which necessitate transport to a hospital. This section lists these conditions.

If any of the following conditions are present, the midwife must arrange for transport of the midwife's client to a hospital capable of dealing with the condition.

I. Conditions noted during labour and birth

a) Severe gestational hypertension, proteinuria or other symptoms;

b) Active genital herpes at onset of labour;

c) Abnormal labour pattern unresponsive to therapy;

d) Abnormal presentation;

e) Unexplained sudden and severe pain;

f) Prolapsed cord;

g) Non-reassuring fetal heart rate patterns;

h) Excessive vaginal bleeding;

i) Retained placenta;

j) Unexplained fever or other signs of chorioamnionitis;

k) Any circumstance where the safety of the mother, child and/or midwife cannot be assured.

II. Conditions noted postpartum

a) Hemorrhage unresponsive to therapy;

b) Inversion of uterus;

c) Postpartum eclampsia.

III. Conditions noted in the newborn within the first 48 hours

Abnormal heart rate or pattern;
Respiratory distress;
Persistent cyanosis or pallor;
Suspected pathological jaundice;
Extensive bruising other than a cephalhaematoma and/or generalized petechial;

Significant congenital abnormalities;
Temperature above or below normal that is unresponsive to treatment; Seizure-like activity;
Hypotonia;
Lethargy, with or without poor feeding.

This list is not exhaustive.

There may be other circumstances where the midwife or labouring woman believes transport to a hospital is advantageous

B) Canadian Model of Midwifery Care Position Statement

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.

CAM/ACSF Position Statement: CANADIAN MIDWIFERY MODEL OF CARE
Adopted CAM/ACSF Board of Directors September 2015 Page | 1

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.

SUITE 310 – 259 Midpark Way SE
Calgary, AB T2X 1M2
www.albertamidwives.org
info@albertamidwives.org
Phone: 1 (403) 474-3999
Fax: 1 (403) 474-3990