

PROFESSIONAL STANDARDS FOR MIDWIVES

PROFESSIONAL KNOWLEDGE & PRACTICE

PERSON-CENTRED CARE

LEADERSHIP & COLLABORATION

INTEGRITY

COMMITMENT TO SELF-REGULATION



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

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OVERVIEW

The Professional Standards for Midwives (“Professional Standards”) describes what is expected of all midwives registered with the College of Midwives of Ontario (“College”). The Professional Standards sets out the College’s minimum requirements regarding your practice and conduct, and helps you achieve the best outcomes for your clients and the public.

All midwives involved in client care hold the role of a trusted professional. There are duties arising from this role and obligations owed to others, including your clients, the public, your peers, other health care providers, and your regulator.

It is your responsibility to be familiar with and comply with the Professional Standards. You must use your judgment in applying the principles to the various situations you will face as a midwife. While no standard can foresee or address every issue or ethical dilemma which may arise throughout your professional career, your decisions, and actions must be justifiable.

You must always act in accordance with the law. The Professional Standards is not a substitute for legislation and regulations that govern the midwifery profession in Ontario. If there is any conflict between the Professional Standards and the law, the law prevails.

Midwives provide care in a variety of settings including homes, clinics, hospitals, and birth centres, so you must also be aware of, and work in accordance with, the rules set by each of the locations where you practise, including institutional policies and procedures, and community standards. When those institutional policies and procedures in your community standards are less stringent than, or contradict the Professional Standards, you must comply with the Professional Standards. While many standards are compiled, written down, and formally approved by the College, other

standards are not documented and are unwritten expectations that describe the generally accepted practice of midwives who work in similar contexts in Ontario. In addition to the Professional Standards, the College has approved other written standards, which are available on the College's website.

The Principles

Five (5) mandatory principles form the Professional Standards. These principles define the fundamental ethical and professional standards that the College expects all practices and individual midwives to meet when providing midwifery services. The standards are not negotiable or discretionary. You must be able to demonstrate at all times that you work in accordance with the principles and standards set out in the Professional Standards. A failure to maintain a standard of practice of the profession may amount to professional misconduct.

You must practise according to the standards expected of you by:

- ◆ Demonstrating professional knowledge and practice
- ◆ Providing person-centred care
- ◆ Demonstrating leadership and collaboration
- ◆ Acting with integrity
- ◆ Being committed to self-regulation

Structure of the Professional Standards

The Professional Standards is divided into five (5) principles. Each principle includes a definition of the principle and a set of standards. The standards describe what midwives must achieve for compliance with the relevant principle. For midwives who are practice owners, there are additional standards at the end of each section that apply to you.

Interpretation

Words highlighted in grey are defined in the Glossary.

PROFESSIONAL KNOWLEDGE & PRACTICE

Professional Knowledge and Practice focuses on developing and maintaining the knowledge and clinical skills necessary to provide high quality care to clients. All midwives practising in Ontario must possess the knowledge, skills, and judgment relevant to their professional practice. They must exercise good clinical and professional judgment to provide safe and effective care. Midwives must be committed to an ongoing process of learning, self-assessment, evaluation, and identifying ways to best meet client needs.

To demonstrate Professional Knowledge and Practice, you must meet the following standards:

1. Work within the boundaries of the **Midwifery Act** related to **scope of practice** and the **controlled acts authorized to midwives**.
2. Be competent in all areas of your practice.
3. Know, understand, and adhere to the standards of the profession and other relevant standards that affect your practice.
4. When you are also a member of another regulated profession and acting in this capacity:
 - 4.1. inform clients if any part of a proposed service or treatment is outside the scope of midwifery practice or will be administered outside your role as a midwife
 - 4.2. maintain midwifery records separate from the records for the practice of the other profession
 - 4.3. inform clients that they are not obligated to receive care from you in your capacity as another regulated professional.
5. Maintain contemporaneous, accurate, objective, and legible records of the care that was provided during client care.
6. Offer treatments based on the current and accepted evidence, and the resources available.

7. Order tests or prescribe medications only when you have adequate knowledge of clients' health and are satisfied that tests and medications are clinically indicated.
8. Maintain and carry supplies and equipment necessary for safe care in home or out-of-hospital settings.
9. Continuously monitor and make efforts to improve the quality of your practice using reflection, and client and peer feedback.

Midwives who are **practice owners** must also:

10. Maintain a practice environment that supports compliance with relevant legislation, regulations, policies, and standards governing the practice of midwifery.
11. Ensure essential operational and clinical supplies are available to midwives in your practice.
12. Develop and maintain **quality improvement systems** to support the professional performance of midwives and to enhance the quality of client care.

PERSON-CENTRED CARE

Person-centred care is focused on the client and their life context. Person-centred care recognizes the central role the client has in their own health care, and responds to their unique needs, values, and preferences. Working with individuals in partnership, person-centred care offers high-quality care provided with compassion, respect, and trust.

To achieve Person-Centred care, you must meet the following standards:

13. Ensure that every birth you attend as the **most responsible provider** is also attended by a second midwife or **second birth attendant**.
14. Listen to clients and provide information in ways they can understand.
15. Support clients to be active participants in managing their own health and the health of their newborns.
16. Recognize clients as the primary decision-makers and provide informed choice in all aspects of care by:
 - 16.1. providing information so that clients are informed when making decisions about their care
 - 16.2. advising clients about the nature of any proposed treatment, including the expected benefits, material risks and side effects, alternative courses of action, and likely consequences of not having the treatment
 - 16.3. making efforts to understand and appreciate what is motivating clients' choices
 - 16.4. allowing clients adequate time for decision-making
 - 16.5. ensuring treatment is only provided with the client's informed and voluntary **consent** unless otherwise permitted by law
 - 16.6. supporting clients' rights to accept or refuse treatment

- 16.7. respecting the degree to which clients want to be involved in decisions about their care.
17. Ensure clients have 24-hour access to midwifery care throughout pregnancy, birth, and postpartum or, where midwifery care is not available, to suitable alternate care known to each client.
18. Provide clients with a choice between home and hospital births.
19. Provide care during labour and birth in the setting chosen by the client.
20. Take reasonable steps to provide care in the **early postpartum** in the setting chosen by clients.
21. Ensure that your personal biases do not affect client care.

Midwives who are **practice owners** must also:

22. Develop a reasonable and transparent client intake process.

LEADERSHIP & COLLABORATION

Leadership and Collaboration requires that you work both independently and together with midwives, and other regulated and unregulated health care providers in relationships of reciprocal trust. Leadership and Collaboration demands that midwives work with clearly defined roles and responsibilities in all health care settings and when in health care teams. Communication, cooperation, and coordination are integral to the principle of Leadership and Collaboration.

To demonstrate Leadership and Collaboration, you must meet the following standards:

23. Be accountable and responsible for clients in your care and for your professional decisions and actions.
24. Provide continuity of care by developing an ongoing relationship of trust with your clients.
25. Establish and work within systems that are clear to clients whether you are a sole practitioner, part of a primary care team of midwives, or a member of an interprofessional care team by:
 - 25.1. developing and following a consistent plan of care
 - 25.2. practising with clearly defined roles and responsibilities based on scopes of practice
 - 25.3. assuming responsibility for all the care you provide
 - 25.4. ensuring that the results from all tests, treatments, consultations, and referrals are followed-up and acted upon in a timely manner
 - 25.5. providing complete and accurate client information to other midwives or care providers at the time care is transferred over to them
 - 25.6. taking reasonable steps to ensure that a midwife or another care provider known to the client is available to attend the birth.
26. Collaborate with the most responsible provider (MRP), after a transfer of care, to provide care that is in the best interest of the client.

27. Coordinate client care with other providers when an alternative to midwifery care is requested.
28. Consult with or **transfer** care to another care provider when the care a client requires is beyond the midwifery scope of practice or exceeds your competence, unless not providing care could result in imminent harm.
29. Provide complete and accurate client information to the consultant at the time of consultation or transfer of care.
30. Ensure that clients and health care providers know who is the **MRP** throughout the client's care, including when there are **delegations**, **consultations**, and **transfers of care**.
31. Be accountable for your decisions to delegate and accept **delegations** of controlled acts by:
 - 31.1. delegating acts only to individuals whom you know to be competent to carry out the delegated act, and who are authorized to accept the delegation
 - 31.2. delegating only those acts you are authorized and competent to perform
 - 31.3. never delegating a controlled act delegated to you by another health care provider (sub-delegation) and never accepting delegation from an individual who has been delegated to perform a controlled act themselves
 - 31.4. accepting only delegated acts that you are competent to perform
 - 31.5. ensuring the client has provided informed **consent** to the performance of the delegated act
 - 31.6. documenting in the client record who you received the delegation from or to whom you delegated, and the controlled acts that have been delegated.

INTEGRITY

Integrity is a fundamental quality of any member of the midwifery profession. Every midwife has a duty to practise truthfully and honestly, with the best interest of their clients as paramount. Integrity demands that midwives consistently model appropriate behaviour, recognize the power imbalance inherent in the midwife–client relationship, and maintain the reputation and values of the profession.

To demonstrate Integrity, you must meet the following standards:

32. Conduct yourself in a way that promotes clients' trust in you and the public's trust in the midwifery profession.
33. Never abandon a client in labour.
34. Be honest in all professional dealings with clients, midwives, other health care providers, and the College.
35. If a client experienced any harm or injury during your care that is related to your care, disclose the following information promptly and accurately:
 - 35.1. the facts of the incident
 - 35.2. anticipated short-term and long-term effects
 - 35.3. recommended actions to address the consequences.
36. Avoid caring for clients while in a **conflict of interest**, unless all the following circumstances apply:
 - 36.1. you have explained the conflict to clients and have advised clients of their right to seek care from another provider
 - 36.2. you have a reasonable belief that clients understand the conflict and their right to seek care elsewhere
 - 36.3. you and the clients are satisfied that it is in the clients' best interest for you to provide care
 - 36.4. you have documented the clients' choice to you providing care despite the conflict.

37. Take every reasonable precaution to protect the confidentiality and privacy of your clients' personal health information, unless release of information is required or permitted by law.
38. Recommend the use of products or services based on evidence and clinical judgment, and not commercial gain.
39. Make referrals to other health care providers only based on the client's best interest and not financial gain.
40. Appropriately use the healthcare resources available to you for client care.
41. Establish and maintain clear and appropriate professional boundaries always.
42. Never pursue or engage in a sexual relationship with a client.
43. Ensure that any physical or mental health condition does not affect your ability to provide safe and effective care.
44. Recognize the limits imposed by fatigue, stress, or illness, and adjust your practice to the extent that is necessary to provide safe and effective care.

Midwives who are practice owners must also:

45. Manage practice in a way that supports the physical and mental well-being of all individuals involved in client care.
46. Ensure that information you publicize about your practice or any other practice is accurate and verifiable.

COMMITMENT TO SELF-REGULATION

Self-regulation is the authority, delegated from the government to the members of the profession, to govern their profession. Commitment to self-regulation demands that midwives demonstrate personal responsibility by diligently fulfilling their duties owed to others, including their clients and the public, other midwives, midwifery students, and the College. As self-regulated professionals, midwives must uphold the standards and reputation of the profession, protect and promote the best interests of clients and the public, and collectively act in a manner that reflects well on the profession.

To demonstrate Commitment to Self-Regulation, you must meet the following standards:

47. Appropriately supervise students and peers whom you have a duty to supervise by:
 - 47.1. role modelling integrity and leadership
 - 47.2. facilitating their learning and providing opportunities for consolidating knowledge
 - 47.3. providing honest and objective assessments of their competence.
48. Co-operate fully with all College procedures. This duty applies to:
 - 48.1. investigations of your practice and the practice of others
 - 48.2. peer and practice assessments and audits
 - 48.3. referrals to a committee panel
 - 48.4. any other proceedings before the College.
49. Know, understand, and comply with mandatory reporting obligations and notification requirements.
50. Respond promptly to College correspondence that requires a response.
51. Do not discourage or prevent anyone from filing a complaint or raising a concern against you.
52. Provide appropriate information to your clients about how the midwifery profession is regulated in Ontario, including how the College's complaints process works.

Midwives who are practice owners must also:

53. Establish a system to deal with clients' expressed concerns promptly, fairly, and openly.

GLOSSARY

The Glossary comprises a set of defined terms which are used in the Professional Standards. Defined terms are highlighted in grey within the individual standards under each principle. The Glossary may also contain commentary and interpretation.

Boundaries

means a clear separation between professional conduct aimed at meeting the needs of a client and the midwife's personal views, feelings, and relationships which are not relevant to a client-midwife relationship.

College

means the College of Midwives of Ontario established under the *Midwifery Act, 1991*.

Conflict of interest

means a situation that arises when a midwife, entrusted with acting in the best interests of a client, also has professional, personal, financial or other interests, or relationships with third parties which may undermine the midwife's professional judgment and affect their care of the client.

Confidentiality and Privacy

means complying with the legal and professional duty to maintain the confidentiality of clients' personal health information and protecting that information from inappropriate access. The *Personal Health Information Protection Act, 2004* (PHIPA) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access. For more guidance, refer to the *Personal Health Information Protection Act, 2004* (PHIPA) and the College's Guide on Compliance with the *Personal Health Information Protection Act*.

Consent

Means consent to treatment to treatment as defined in the *Health Care Consent Act, 1996*, SO 1996, c 2, Sched A. According to section 11(1) of the *Health Care*

Consent Act, 1996, the following are the required elements for consent to treatment:

- The consent must relate to the treatment.
- The consent must be informed.
- The consent must be given voluntarily.
- The consent must not be obtained through misrepresentation or fraud.

Consultation

means a discussion with another professional (e.g., a midwife or physician) who has a particular area of expertise for the purpose of seeking clinical advice.

Controlled acts authorized to midwives

means the list of controlled acts provided to midwives pursuant to section 4 of the *Midwifery Act, 1991*.

Delegation

means a process where a regulated health professional (the delegator) who is authorized to perform a controlled act, as defined under the *Regulated Health Professions Act, 1991*, designates that authority to someone else (delegatee) who is not authorized to perform that controlled act. When an act is delegated, both the delegator and the delegate are accountable. Delegation is carried out by either a direct order or a medical directive.

A direct order provides the delegatee with authority to carry out a medical procedure on one specific client and occurs after the client has been assessed by the delegator. A direct order can be written or verbal and provides the details required for the delegatee to carry out the procedure.

A medical directive provides authority to carry out a medical procedure or series of procedures for any client as long as clinical conditions set out in the directive exist and are met. Medical directives are written in advance.

Early postpartum

means the time period from birth to 7 days after birth.

Mandatory reporting obligations

means a statutory responsibility to report relevant matters to the College or other authorities. The *Regulated Health Professions Act, 1991* (RHPA) governs midwives' use of personal health information, including its collection, use, permitted disclosure, and access. For more guidance, refer to the *Regulated Health Professions Act, 1991*, Health Professions Procedural Code Section 85.1, and the College's Guide on Mandatory and Permissive Reporting.

Midwifery Act

means the legislation that sets out the midwifery scope of practice and controlled acts that are authorized to midwives, as well as provisions on title protection and Council composition.

Most responsible provider (MRP)

means a midwife or another health care provider who holds overall responsibility for leading and coordinating the delivery and organization of a client's care at a specific moment in time.

Notification requirements

means a requirement to provide information to the College in accordance with the Registration Regulation, made under the *Midwifery Act, 1991* and Article 14 of the General by-law.

Practice Owner

means a midwife who owns a midwifery practice as a sole proprietor, partner in a partnership as defined in the *Partnerships Act, 1990* (Ontario), or shareholder of a corporation.

Quality improvement systems

means developing and maintaining an approach for evaluating and improving client outcomes. Quality improvement is a team process and includes monitoring and data collection, including client feedback, implementation of quality improvement measures, and evaluation.

Scope of Practice

has the same meaning as in section 3 of the *Midwifery Act, 1991*. For more guidance on the midwifery scope of practice, refer to the College's Midwifery Scope of Practice document.

Second birth attendant

has the same meaning as in the Second Birth Attendant Standard.

Transfer

means the transfer of responsibility from a midwife to another midwife or a physician for some, or all, of the duration of the client's care.

ABOUT THE COLLEGE

The College of Midwives of Ontario was established with the proclamation of the *Regulated Health Professions Act, 1991* and the *Midwifery Act, 1991* on December 31, 1993 to govern midwifery. The mandate of the College is to regulate the profession of midwifery in the public interest. The College's primary obligation to the public is to ensure that members of the profession are qualified, skilled, and competent in the area in which they practise.

Professional Standards for Midwives

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