

**MULTI-JURISDICTIONAL MIDWIFERY BRIDGING
PROJECT**



Accelerated Option Guide

(2010-11)

The information provided in this Accelerated Option Guide was accurate at the time of printing. The Multi-Jurisdictional Midwifery Bridging Project reserves the right to change policies, schedules, and other aspects of the assessment process at any time.

Please note that while in this Handbook we have used generic feminine pronouns, the terms “midwife” and “midwives” are intended to include both male and female midwives.

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Multi-Jurisdictional Midwifery Bridging Project
Website: www.midwiferybridging.ca

Acknowledgements

Simosko, S (1991) *Crediting Competence, A Guide to APL for Practicing Managers*, MCI - The National Forum for Management Education and Development, UK.

Simosko, S (1999) *Post-Diploma Assessor Certificate Candidate Workbook*, Open Learning Agency, Canada.

Simosko, S (scheduled for publication Fall 2001) *Make the Most of What You Know and Can Do: Earn a credential in Nursing*, Collaborative Nursing Project of British Columbia, Canada.

Gauchie, P, Richardson, J, Woods, L (1999) *Your Guide to Prior Learning Assessment for the Resident Care Attendant Credential*, Healthcare Labour Adjustment Agency, Canada.

College of Midwives of BC Framework of Professional Practice and Examination Exemption Stream Guide

Notarized Authorization and Certification

As part of your AO expanded portfolio, you must sign and date the following Authorization and Certification in front of a notary public.

The notary public must:

- 1. initial to witness these signatures*
- 2. read, complete and sign the declaration that follows the Authorization and Certification,*
- 3. place her/his stamp or seal on the page with their signed declaration.*

The notary public must be in good standing in a jurisdiction where this profession is regulated and monitored. If this is not possible, then you may have your application witnessed and your photo verified by a lawyer in good standing who is authorized to take oaths.

MMBP Accelerated Option AUTHORIZATION

I, _____ of _____ (city, province/state/region, country), hereby authorize the Multi-jurisdictional Midwifery Bridging Project staff and assessors to make such inquiries about me or the services I have provided as a midwife as is considered appropriate in connection with this MMBP Accelerated Option expanded portfolio submitted by me.

I authorize any of my clients, employers, associates or any other person or organization that the MMBP or regulatory organization may approach to release information about me or the services I have provided. I agree that any communication between the MMBP and other persons pertaining to this AO expanded portfolio shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the MMBP to disclose information about me or the services I have provided to regulatory authorities, educational institutions, hospitals and other institutions to which I may apply for registration, appointment or employment.

I understand that any information provided by me or any other person or organization in this Application may be used by the MMBP to assess my eligibility for the MMBP Accelerated Option and by Canadian midwifery regulatory bodies for registration as a midwife (if I apply to a regulatory body of participating MMBP jurisdictions).

I authorize the use of the information provided in my MMBP Accelerated Option expanded portfolio, in anonymous format, for statistical evaluation of the MMBP Pilot and the Accelerated Option process. Also, I understand that if I request to withdraw my AO Application, a small amount of my information that is not personally identifiable will NOT be deleted/destroyed, to allow for statistical analysis.

Full name of Applicant: _____

Signature of Applicant: _____

Date: _____

Initials of Notary Public or Lawyer (authorized to take oaths): _____

MMBP Accelerated Option CERTIFICATION

I, _____ of _____ (city, province/state/region, country), hereby declare the following:

I am the person applying for entry to the Accelerated Option of the Multi-jurisdictional Midwifery Bridging Project Pilot under my name, via this Accelerated Option expanded portfolio, and the Basic MMBP Online Application Portfolio and the printed version of the basic MMBP Application Portfolio -Applicant #: _____.

I certify that the information contained in this MMBP Accelerated Option expanded portfolio, and related documents provided by me are true and complete to the best of my knowledge and belief.

I understand that any false or misleading statement or representation made by me in my expanded portfolio for the MMBP Accelerated Option may disqualify me from eligibility for the MMBP Accelerated Option and associated components of the MMBP Pilot, and from registration as a midwife in the participating provinces/territories, or may be cause for revocation of any assessment decision or subsequent registration as a midwife which is granted to me.

Full name of Applicant: _____

Signature of Applicant: _____

Date: _____

Initials of Notary Public or Lawyer (authorized to take oaths): _____

DECLARATION by Notary Public / Lawyer

Notary Public or Lawyer (authorized to take oaths): Please complete the declaration below, and stamp or place seal on this page.

I declare that I have witnessed this document being signed (in the places I have initialled above).

I have checked the photo identification of the person who signed this application, and I am satisfied that she/he is the person named as the applicant.

Signature of Notary Public or Lawyer (authorized to take oaths):

Date: _____

Location: _____

Full Name of Notary Public or Lawyer (authorized to take oaths)

(please print): _____

Address of Notary Public or Lawyer (authorized to take oaths):

Telephone number of Notary Public or Lawyer (authorized to take oaths):

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Introduction

Throughout this guide, you will notice the use of abbreviations, or acronyms (shortened forms of longer terms or names). A list of acronyms is included at the end of the guide.

The Accelerated Option Guide contains the information you will need in order to take advantage of the Accelerated Option (AO) process offered by the Multi-Jurisdictional Midwifery Bridging Project (MMBP). Detailed instructions on eligibility for the AO are provided. In addition, a copy of the *Multi-jurisdictional Midwifery Bridging Project (MMBP) Framework of Professional Practice* is included.

Please note that AO applicants in the AO process must pass required coursework and related examinations in order to qualify for an MMBP completion letter and to be eligible to take the Canadian Midwifery Registration Examination.

What is the Accelerated Option?

The Accelerated Option is a shortened route through the MMBP for those individuals with significant verifiable education and current clinical experience. AO is **an expanded portfolio** you create that contains specific and extensive evidence that documents your life work and experience in relation to the scope of practice of a Canadian midwife. Whereas individuals in the regular MMBP stream demonstrate readiness to practice in the Canadian midwifery model during their MMBP internship, AO candidates demonstrate this within their expanded portfolio. (All candidates must take the clinical and written examination, and participate in the MMBP intensive.)

Your AO expanded portfolio is assessed by specially trained registered midwife assessors from the jurisdiction you have chosen to apply in. If your assessors feel that you have the required knowledge, skills, and experience you will be allowed to proceed with the Accelerated Option.

After submitting an application for the basic MMBP program, experienced midwives may choose to also apply to the Accelerated Option. One of the benefits of the AO is that it allows you to take an active role in your own assessment - it gives you an opportunity to present yourself in a way that you think fully reflects your work and your ability to meet the standards of performance outlined in the *MMBP Framework of Professional Practice*.

Eligibility Requirements for Accelerated Option (AO)

Candidates seeking midwifery registration in Nova Scotia, Manitoba, Saskatchewan, Alberta, British Columbia and the Northwest Territories, who meet the following eligibility criteria, may apply for entry to the MMBP's Accelerated Option by submitting an expanded portfolio.

Eligibility Criteria:

1. Evidence of clinical experience¹ over the past five years as follows:
 - a. 60 births attended as a midwife²
 - b. 30 (Of 60) births attended as a midwife providing continuity of care³
 - c. 40 (of 60) attended as primary midwife⁴
 - d. 10 (of 40) births attended as a primary midwife in an out-of-hospital setting
 - e. 10 (of 40) births attended as a primary midwife in a hospital setting

All of your eligible clinical experience must have happened in either:

 - A jurisdiction or jurisdictions where midwifery is regulated

OR

 - A Canadian province or territory in the two years before midwifery became regulated

OR

 - A situation in which practice is overseen by a recognized organization
2. Evidence of a high level of English language fluency via exemption from language testing. **Or** achievement of a required English language test score for completion of MMBP pilot **and** eligibility to take CMRE (see basic entry criteria for list of acceptable tests and scores required).
3. Evidence of knowledge of the Canadian health care system: obtained either by having passed an acceptable course on this topic, **or** having experience working within the Canadian healthcare system **and** having been granted exemption from taking a course by the MMBP.
4. Evidence of having the competencies required for general or full registration as set out in the Competencies for Canadian Midwives and as required by the province or territory to which the applicant has applied.⁵
5. Evidence of having maintained competency in evidence-based midwifery practice.

¹ This is equal to the Canadian Midwifery Regulators Consortium requirements for full registration used for reciprocity of registration between Canada's provinces and territories

² Includes as a midwifery student as part of her midwifery education program

³ Continuity of care shall be deemed to have been provided to an individual woman and her newborn when one midwife, or student of midwifery, has attended a minimum of seven visits (including both prenatal and postnatal visits), the labour, and birth with that client. Equivalency to continuity of care, where visits with various clients are counted, is not acceptable.

⁴ Primary midwife is defined as a midwife who, in her practice or as part of her education program, is the most responsible care provider for a woman during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn, and managing the third stage of labour, unless there were clinical indications for transferring care to a physician.

⁵ Applicants with minimal discrete competency gaps may still be allowed entry if the assessors believe that these gaps can be addressed in the short time available in the accelerated program.

This Accelerated Option is designed to:

- Ensure that those who successfully complete this option are competent and ready to practice in Canada
- Acknowledge the skills and abilities of experienced midwives who meet the Accelerated Option criteria, and support them in moving forward to registration without requiring them to take those educational components of the MMBP that they do not need
- Prepare AO candidates to sit the Canadian Midwifery Registration Exam (CMRE) in a shorter timeframe than the regular MMBP stream.

*We anticipate that Internationally Educated Midwives (IEM) with current experience working in a midwifery model similar to that in Canada will benefit most from this option.

Accelerated Option Process

1. **Complete and finalize a regular MMBP Application Portfolio by *finalization deadline*⁶.**
 - Indicate you will be doing Accelerated Option (question #908)
 - Finalize the application
 - Pay both the \$300 MMBP Application Portfolio fee AND the \$500 AO fee
2. **Mail in your regular MMBP Application Portfolio with all supporting documents needed.**
 - This must be received in the MMBP office by the MMBP Application Portfolio *submission and payment deadline*.
 - Once received, you will be contacted to set a time for your AO interview. All AO applicants are required to participate in an interview with assessors.
3. **Create your AO expanded portfolio**
 - Read this AO Guide and follow instruction for gathering adequate evidence and writing your 13 narrative statements. Creating your AO expanded portfolio may take a number of weeks to do.
 - Arrange for evidence from outside sources to be sent to the MMBP. Start this right away.
4. **Have a Notary Public witness your signature on the Certification and Authorization statements for your AO expanded portfolio**
5. **Submit your AO expanded portfolio to be received by the AO portfolio submission deadline.**
 - All parts of the AO expanded portfolio, both the portion you are submitting and evidence coming from outside sources must be received by this date.
6. **Participate in an AO interview.**
7. **Receive confirmation of eligibility**
 - Portfolio Assessment will determine if you are eligible for AO, for the regular MMBP program, or ineligible for either.

Eligible AO candidates who are offered a space and who choose to enroll in the MMBP AO program will continue to:

8. **Attend *Community 1* and the *Intensive* of the MMBP**
 - If discrete gaps are identified, they will need to be addressed during this timeframe.
 - If significant gaps are identified during either *Community 1* or the *Intensive*, you may be ineligible to continue in the AO process and may be required to complete the full MMBP.

⁶ See MMBP website for all current deadlines.

- 9. Complete the jurisdiction-specific orientation module for the province or territory where you will be applying for registration.**
- 10. Write Canadian Midwifery Registration Examination (CMRE) and an Emergency Skills Examination.**
- 11. Apply for registration**

What is your AO Portfolio Assessed against?

Your AO portfolio is assessed against the MMBP Framework of Professional Practice which is based upon the Canadian Competencies for Midwives. Both are described below.

Canadian Competencies for Midwives

The *Canadian Competencies for Midwives* were developed for three reasons:

1. to provide a base for the development of national assessment processes;
2. to provide information to internationally-educated midwives about what Canadian midwives are expected to know and be able to do; And
3. To have a common description of the majority of competencies required for registration as a midwife in Canada that supports the recognition and mobility of midwives across the country.

The competencies outline the knowledge and skills expected of an entry-level midwife in Canada. Entry-level midwives are defined as those who have been assessed as eligible to start practicing in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration.

The *Canadian Competencies for Midwives* are compatible with provincial/territorial competency statements but do not replace them. Since midwifery in Canada is regulated by province or territory, provincial/territorial competency documents take precedence over this national document and are the ultimate source of information about what a midwife is expected to know and be able to do in any specific province or territory. There is a high degree of similarity in the entry-level competencies required by the various Canadian jurisdictions regulating midwifery. However, some additional competency requirements can be found in provincial and territorial documents.

All applicants should consult the current competency document for the province or territory to which they are applying. These documents provide a detailed description of the competencies required for midwifery practice by that provincial or territorial regulatory body. (See Appendix 7)

MMBP Framework of Professional Practice

The *Multi-jurisdictional Midwifery Bridging Project (MMBP) Framework of Professional Practice (FPP)* was developed for the purposes of assessing the competencies of internationally educated midwives who are applying to the bridging project. This framework incorporates the Canadian Competencies for Midwives. At the time of development, this framework encompasses the regulated professional midwifery practices in the provincial and territorial jurisdictions of British Columbia (BC), Alberta (AB), Saskatchewan (SK), Manitoba (MB), Nova Scotia (NS) and the North West Territories (NWT).

Accelerated Option (AO) applicants should use the *MMBP FPP* as the key reference tool for preparation of your written Narrative to prove your competencies. The *Framework of Professional Practice* divides midwifery practice into three primary roles (Roles). Each role is then sub-divided into key areas of responsibility (Functions). These are further sub-divided so as to provide detailed descriptions of actual activities carried out (Activities) with their indicators of good performance (Performance Indicators). In addition, a list of the knowledge and skills required in order to perform well is listed for each Function (Foundational Knowledge and Skills). Given its level of detail, the *Framework* may seem overwhelming at first. It may be helpful to review the Glossary as a first step.

The glossary provides a visual chart that shows how the different elements fit together as well as definitions of terms used in the *Framework of Professional Practice*.

In the box below, the three Roles are printed in bold. They are divided into the twelve Functions. If you participate in the AO option, you will be relating your own knowledge and skills to those listed under each of the twelve Functions in the *Framework of Professional Practice*.

Multi-Jurisdictional Midwifery Bridging Project Framework of Professional Practice

(A more detailed Framework is located in Appendix 4)

In the box below, the three Roles are printed in bold and divided into the twelve Functions

- 1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care**
 - 1.1 Assure the availability of continuous primary care throughout the childbearing cycle, on a 24-hour on-call basis
 - 1.2 Organize care to provide time for the development of relationships and to provide informed choice
 - 1.3 Maintain complete and accurate health care records
- 2. Provide primary care, informed choice and continuity of care**
 - 2.1 Develop a relationship with the women in care
 - 2.2 Enable women and their families to play a full role in making informed choices
 - 2.3 Provide safe antenatal care
 - 2.4 Provide safe labour, birth and immediate ⁷ postpartum care
 - 2.5 Provide safe postpartum care
 - 2.6 Respond to increased risk
- 3. Establish and maintain current professional practice**
 - 3.1 Provide evidence-based care
 - 3.2 Plan, implement and facilitate personal and professional development
 - 3.3 Contribute to the effectiveness of the health care system

⁷ In this document the MMBP uses the word “immediate” to refer to the hours immediately after the birth when the midwife is providing care until mother and newborn are stable. (reference CdnCC doc)

Create an expanded portfolio for the AO

This section describes how to create an expanded portfolio. MMBP applicants who wish to apply for the Accelerated Option must submit an expanded portfolio (documentation/evidence) that includes:

- Proof of significant education in midwifery specific curriculum
- Proof of birth numbers (verification of clinical practice)
- A Narrative that describes your skills, knowledge, and experience in relation to the midwifery activities and performance indicators described in the *MMBP Framework of Professional Practice*. Evidence that validates the statements you have made in your Narrative will be required.

In addition, the AO includes a mandatory interview for all applicants.

What your AO expanded portfolio will look like.

Your AO expended portfolio should be in a 1- 2 inch binder. It will contain the following components. A detailed description of the components follows:

1. **Cover Page**

This should contain your name, address(s), phone number(s) and email address.

2. **Table of Contents**

3. **Overview Narrative**

4. **12 Narratives**

Narrative Checklist Form and Narrative Statement for each of the Twelve Functions

5. **Evidence Cross-Referencing Form**

6. **Evidence**

Evidence provided by you should be included here and indexed on *Evidence Cross-Reference Form*. It is a good idea to place evidence in plastic sheaths.

Evidence arriving from outside sources will be added to this section by the regulator as they receive it. It should also be indexed on the *Evidence Cross-Reference Form*.

7. **Certification and Authorization Statements**

These must be signed by you in front of a Notary Public or Lawyer authorized to take oaths.

The presentation of the information in your AO expanded portfolio is very important. A clear, logical, and easy-to-use format will assist your assessors to properly evaluate it. Proper spelling and cross-referencing of each piece of evidence is essential. It is strongly recommended that you have someone else review your portfolio, including the Narrative, to make sure that it is easy to understand.

AO Expanded Portfolio Preparation

Step 1: Reflect

Over your life, you have accumulated a wealth of knowledge, skills, and experiences, some of which relate to the Activities a Canadian midwife performs. This learning has taken place through formal instruction or informally as part of the day-to-day process of living. You may have gained your midwifery-related learning through classroom instruction, working as a midwife or in similar roles, from books you have read, volunteer work you have done, and from workshops you have participated in. Reflect on your strengths, limitations, and past accomplishments to see how these relate to the knowledge, skills and experience required of a midwife in Canada.

Step 2: Compare and Match

Review the entire *Framework of Professional Practice* in detail, examining the Roles, Functions, Activities, Performance Indicators and Foundational Knowledge and Skills more closely. Think about how your strengths in knowledge, skills, and experiences match those required of Canadian midwives, as outlined under each Function in the attached *Framework of Professional Practice*.

Step 3: Plan

Record your strengths, past accomplishments, learning and experiences. Gather any kind of documentation (evidence) you have to prove the things you have learned and done. You will begin to see where you can use the evidence you already have in your possession, and where you will need to generate or gather further evidence.

There is only a limited amount of time to write your Narrative and collect your documentation (evidence). Create a plan for yourself to make sure that you have your AO expanded portfolio ready by the posted deadline. Your plan should include both a timeline and indications of what evidence you will use for each Function.

Keep track of the documentation (evidence) you have requested from others so that you can make sure you, or the regulatory authority when documentation must be sent directly, have received this documentation in time to meet the deadline⁸.

Step 4: Write Narrative

Be prepared to set aside significant time to write your Narrative and to modify it more than once. Remember to include time for typing and proofreading your final submission. You may choose to handwrite instead of type your narrative, but narratives must be legible.

In writing your Narrative, describe, in sentence or point form, the work you have carried out as a midwife and explain how this work relates to the Functions in the *Framework of Professional Practice*. Use the Activities, Performance Indicators and Foundational Knowledge and Skills that are associated with each Function as a guide. Also refer to the *Guiding Points* on the next page. Your

⁸ Certain types of documentation, such as letters of reference or validation, must be received directly by the regulatory body from the source.

Narrative is a personal report that reflects your particular situation and the unique circumstances or contexts in which you worked.

Preparing your Narrative will give you a good opportunity to:

- Reflect on your practice as a midwife.
- Explain how you believe your work meets or exceeds the standards described for each Function in the *Canadian Competencies for Midwives*.
- Explain how you will deal with any gaps in your knowledge, skills, and/or experience if you do become registered in Canada.
- Explain or provide examples of how you have dealt with particular issues, problems or difficult situations.
- Describe what you have learned from your experiences.

Your Narrative will be made up of a total of thirteen (13) narrative statements:

- Twelve (12) Narrative statements that relate to the Twelve (12) Functions in the FPP
 - Describe the work you have done related to each particular Function
- One (1) Overview Narrative statement
 - Describe how all of the Functions fit together in your day-to-day practice. The overview statement should answer the questions: *How does the work you described in one Function relate to the work you did in the other Functions? What does your practice look like as a whole?* You will need to describe your knowledge, skills, and experience in relation to each of the twelve Functions in the *Framework of Professional Practice*.

Length of Narrative Statements

Brevity is essential. Two to three pages are a good length for each of the twelve narrative statements. The length of the Overview statement will vary with each applicant, but should also be as brief as possible. Your assessors will be more concerned with the quality of your narrative statements than the quantity. Keep them brief and focused.

Narrative Statements for each of the Twelve Functions

Prepare narrative statements for each of the Functions in the *Framework of Professional Practice*. While each narrative statement will be unique to you and your experience, there are certain standard elements that we ask that you include, as outlined next.

Format

Please use the *MMBP FPP Narrative Checklist Forms* (Appendix 6) to prepare your Narrative statements. Include the appropriate *Narrative Checklist Forms* in front of each of your Narratives in your AO binder.

Description of how you performed the work

If you have done the work described in a particular Function, your narrative statement should contain a description of how you performed that work. If you have not done the work in this Function, your narrative statement should state this, and should include a description of how your previous experience and your current knowledge and skills will enable you to perform the work to the standards outlined in the *Framework of Professional Practice*.

Guiding Points

The following points are designed as a guide for your narrative statements. Please refer to the *Framework of Professional Practice* for Activities, Performance Indicators and Foundational Knowledge and Skills associated with this Function.

1. Describe which aspects of this Function relate closely to your past experiences and which parts differ from your previous midwifery experience.
2. Briefly describe the situation or context in which you performed the various aspects of this Function.
3. Describe what you did for each Activity that you performed and give specific examples. If you have not performed this Activity, describe how your knowledge, skills, and experience will allow you to perform this Function should you be granted registration to practice in Canada.
4. Describe how the evidence you are providing for this Function reflects your practice.
5. Reflect on your past actions. How did you anticipate what needed to be done and make decisions? Is there anything you would do differently now? What challenges did you face? How did you overcome these challenges?
6. How did you use the Foundational Knowledge and Skills when doing this Function?

You are not expected to respond to each of the guiding points above. They simply suggest the types of information that the assessors will be looking for as they review your portfolio. Remember – brevity is essential.

Overview Narrative Statement

The final narrative should look at your midwifery practice as a whole and will be placed at the beginning of the Narrative section of the AO expanded portfolio. It should also serve as the introduction to your narrative statements on the twelve Functions. If you have any general comments to make about your practice of midwifery and/or about how your past practice has prepared you to practice in Canada, and more specifically in the province or territory to which you have applied, this is your chance to discuss them. Remember – brevity is essential. Other issues you should discuss are:

- Describe the general context of your practice.
- How did all of the Functions relate to one another in your practice?
- Identify any Functions or Activities that do not represent a significant part of your experiences.
- Did you practice these Functions in isolation or as part of the provision of continuity of care as defined in the Framework of Professional Practice and by the province or territory to which you have applied?
- What are your reflections on your practice as a whole?
- What are your strengths, in general?
- Do you anticipate any challenges regarding your practice of midwifery in Canada?

Step 5: Gather Evidence

As you realize the ways in which your midwifery knowledge, skills, and experience match the Functions in the *Framework of Professional Practice*, you will need to decide how you can prove this to your assessors. This process of proving what you know and can do will require you to gather, develop and present evidence. There are a few important considerations.

1. One piece of evidence may apply to more than one Function, possibly even to most of the twelve Functions. For instance, a performance appraisal might mention both how you responded to increased risk (Function 2.6) and how you monitored the latest journals to stay informed about current midwifery practices (Function 3.1).
2. The evidence you provide can come from any experiences that relate to the skills and knowledge required by a Canadian midwife. For instance, if you have done volunteer work in a safe home for women leaving abusive relationships, you have likely acquired skills and knowledge relating to developing relationships with women. A letter from the organization attesting to this could be one piece of evidence for the Functions that focus on developing relationships.
3. **Your evidence should come from more than one source.** There are many different types of evidence that you can use. A few examples are listed below:
 - Reports of continuing competency assessments or practice audits done by the regulatory authority in the jurisdiction where you practiced
 - Letters from midwifery colleagues and physician consultants with whom you have worked
 - Course descriptions and/or outlines of courses you have taken
 - Copies of journal articles you have published
 - Leaflets/papers from conferences or workshops where you have presented a paper or led a workshop
 - Credentials you have earned
 - Course or workshops you have taught
 - Awards you have been given
 - Performance appraisals
 - Memos from your workplace
 - Letters of praise or recognition from an employer
 - A video of you at work
 - Training plans/personal action plans
 - Examples of your own record keeping
 - Reports/transcripts of courses you have taken
 - Letters from former clients
 - Job specifications
 - Log books
 - Letters of Validation ⁹

AO Evidence Cross-Referencing Form:

In Appendix 5 you will find the Evidence Cross-Reference form. ***You must use this document to list all the evidence you are submitting and are requesting others to submit for your AO portfolio.*** The form will help you to use one piece of evidence for more than one Function. Each piece of evidence should be clearly numbered and briefly described. A ***sample*** Evidence Cross-Referencing Form can be found in Appendix 5, as well as a blank form that you can copy and use.

Acceptable Evidence:

Four technical requirements must be considered as you gather and develop your evidence:

Validity: This refers to how relevant your evidence is to the Function.

Authenticity: This refers to whether or not the work is actually yours. Most people who go through this kind of process are honest. However, in today's workplaces, many people work in teams and it is sometimes difficult to tell who did what. A letter of validation from an employer may be required to make sure that you really did what you claim, whether you were part of a team or not. This might also be the kind of information that the assessors will want to discuss in your interview.

⁹ See Appendix 3 for information about creating a Letter of Validation.

Currency: This refers to how recent your evidence is. Check that the evidence you have supplied is as current as possible in order to verify that you can currently practice according to standards required of midwives in Canada.

Knowledge and skills can start to be lost or forgotten, if not used. A number of factors will determine how quickly knowledge and skills will be lost, for example:

- How long have you used the skills and knowledge? The longer you used them, the less likely it is that they have been lost over time.
- Did you use the skills and knowledge in a variety of contexts? The more varied the contexts in which you practiced and/or the more broadly you practiced the full scope of midwifery practice, the less likely it is that the skills and knowledge have been forgotten.
- What level of independence did you have? The more independence you had as a midwife, the less likely it is that the skills and knowledge have been lost.

Additionally, if you used some of your midwifery skills and knowledge for related activities in the period when you not practicing, then you would be less likely to have forgotten them. For example, if you had supported pregnant women in a voluntary capacity or provided care as an obstetric or neonatal nurse, some of your knowledge and some of your skills pertinent to midwifery could have been retained and possibly even strengthened.

In assessing the currency of your evidence the extensiveness and diversity of your experience, the degree of independence you had when practicing and what you have done in the time since you last practiced will all be taken into consideration. Please refer to all of the education, clinical, and registration requirements listed on the MMBP website. In general, the more limited your experience is in midwifery, the more current your evidence will need to be.

Sufficiency: This refers to how much evidence you present. Your assessors will be less concerned with the quantity of evidence than the quality. However, you need to make sure that enough evidence is provided to make a good decision about your competence to practice as a midwife in Canada. If you have been doing related work or further studies in midwifery, for instance, these experiences could be used as proof that you have been keeping your midwifery skills and knowledge current.

Note: All personal and professional information revealed in your application will only be disclosed based on the Authorization in the Application for Assessment and will otherwise be held in strict confidence by the MMBP and its affiliated regulatory bodies.

A Note About Confidentiality

When you are gathering your evidence, you must keep the confidentiality of your clients in mind. All identifying information about a client (such as her name and address) should be blanked out on evidence documents unless you have the person's consent to use the evidence with her name on it. If you do obtain consent, a client may assist you in authenticating your evidence. Documentation of this consent should be included with your application.

If you are using a same piece of evidence for your MMBP application and AO expanded portfolio, the original or certified/notarized/legalized copy ¹⁰ of the document must be included with the MMBP application. A copy must then be included with your AO expanded portfolio. Note that this latter copy does not need to be certified, notarized, or legalized.

¹⁰ All copies must be certified, notarized, and/or legalized according to MMBP policies.

Step 6: Submit

Your AO expanded portfolio, including your Narrative and all related evidence, **must be received by the MMBP office by the AO portfolio submission deadline. This includes all supporting documentation from outside sources.**

Please note: Your AO expanded portfolio cannot be returned. Individual original documents can be returned, in accordance to file and document policies outlined in MMBP Policies on the MMBP website.

AO expanded portfolio Assessment

After submission, there are **3 further steps** in the process:

1. **Assessment** - Your portfolio will be assessed by trained midwife assessors. The process may take several weeks.
2. **Interview** - Be prepared to participate in an interview. You will be contacted to arrange for an interview date and time.
3. **Outcome** – Once the outcome has been determined, you will be notified of the results.

Step 7: Assessment

A team of specially trained, registered midwife assessors will evaluate your AO expanded portfolio. They will be looking at the same four technical requirements for evaluating evidence that were already described in Step 5: Gather Evidence (Validity, Authenticity, Currency, and Sufficiency).

Step 8: Interview

You will need to participate in an in-person¹¹ interview with the assessors, and will be contacted to arrange for an interview date and time. This interview may take up to two hours. The interview may be in-person or by telephone or videoconference.

There are **two main purposes for the interview**.

1. The interview will enable the assessors to ask you questions in order to confirm, to their own satisfaction, the Authenticity of the evidence you submitted. They will want you to tell them about the things you have done as a midwife. In this way, they can be confident that the work you described in your AO expanded portfolio really was done by you.
2. The interview will allow the assessors to collect more information from you. If there were areas in your AO expanded portfolio where the assessors have concerns that you may have gaps or weaknesses in your knowledge, skills, or experiences, they will focus on these areas in the interview in order to clarify and verify their assessment. The interview will allow you the opportunity to provide more evidence and to clarify any confusion that may have arisen. Additional evidence may be simply verbal information or it may be material types of evidence. You may be asked to provide additional evidence prior to the interview or to bring it with you.

¹¹ In some cases, a videoconference, at the applicants' expense, may be acceptable.

Step 9: Outcome

After the interviews are complete, the assessors will develop and write their final assessment report. Once this report is approved, you will be notified of the result.

There are **three possible outcomes to the AO process:**

1. You are determined to be eligible to proceed with the Accelerated Option
2. You are determined to be ineligible for the Accelerated Option, but are eligible to proceed with the full MMBP. In this case, you will be required to take the MMBP intensive and specifically identified courses and placements if you wish to continue in this project.
3. You are determined to be ineligible to continue in the assessment process. Additional evidence of your training and experience or more training and/or experience may be identified as necessary for participation in the bridging project. If you have done an accurate self-assessment prior to applying and provided the required evidence, this outcome is unlikely.

Appendices

Appendix 1: Glossary

Activities	Day-to-day practices of midwives as they fulfill each Function
AO expanded portfolio	The sum total of all pieces of evidence, narrative statements, cover page, table of contents, and cross-referencing form compiled and bound together for the purposes of applying for the Accelerated Option of the Multi-jurisdictional Bridging Project (MMBP)
Context	The background situation or setting; the environment; the set of inter-related conditions in which the midwife practiced
Evidence	Materials that provide proof that a midwife has the knowledge, skills, and experience that she claims she has in her Narrative statements. Evidence can take many forms as described in <i>Gather Evidence</i>
Foundational Knowledge and Skills	Knowledge and skills that provide a basis for, and contribute to, competent performance. They are needed in order to perform the Functions and Activities
Framework of Professional Practice (FPP)	A clear description of the performance expectations for an occupation - in this case, midwifery in the 5 jurisdictions participating in the MMBP. The FPP describes the key purpose of the occupation of midwife, as well as the broad Roles, Functions and Activities a midwife carries out in order to fulfill that purpose. Performance Indicators and Foundational Knowledge and Skills have also been developed. Each of these is described in the figure after the Glossary below, following a visual description of the key elements of the <i>Framework</i> .
Functions	Areas of responsibility that midwives need to assume in order to fulfill the Roles
Information and Data	Both broad and specific information that midwives need to know or be able to find out about in order to practice competently
Narrative	Detailed description of a midwife's knowledge, skills, and experience written by that midwife. This description should relate to the knowledge, skills, and experience required of a midwife in BC as described in the <i>Framework of Professional Practice</i>
Narrative Statements	A part of the Narrative that is focused on one topic, in most cases a specific Function
Notarized	Validated as a true copy of the original by an appropriate official in a legal jurisdiction
Performance Indicators	Critical components of good professional practice which answer the question: How do we know when an activity has been performed to a particular standard?
Principles, Concepts, and Theories	Broad and/or fundamental ideas that midwives need to understand in order to practice competently
Regulatory Body	Midwifery licensing or regulatory authority in the jurisdiction to which you have applied
Roles	Broad statements of the key performance expectations of Canadian midwives
Skills	Practical and/or concrete actions that midwives need to have the ability to do in order to practice competently

Appendix 2: Acronyms or Short Forms for Longer Terms

Acronym	Also Means the Longer Term
AB	Alberta
AO	Accelerated Option
BC	British Columbia
CMRU	Canadian Midwifery Regulators Consortium
CMRE	Canadian Midwifery Registration Examination
FPP	Framework of Professional Practice
MB	Manitoba
MMBP	Multi-jurisdictional Bridging Project
NWT	North West Territories
NS	Nova Scotia
SK	Saskatchewan

Appendix 3: Letter of Validation

A letter of validation is a “witness testimony” from a person who is familiar with your work and who can attest to one or more aspects of your competence. These letters often provide verification of other evidence you may want to include in your portfolio. Letters of validation may be written by anyone, other than a member of your family, who has been or is in a position to judge the value and quality of your competence. A letter of validation is generally more extensive and detailed than a letter of reference.

To be most useful to your assessors, letters of validation should include certain standard elements. These are listed in the box below. You will need to send this information to the person who is writing your letter of validation.

To obtain a letter of validation, here are the suggested steps to take:

1. Decide who could provide you with a letter of validation.
2. List the Roles and Functions you require to be verified by each person.
3. Prepare a request letter to each person listing the Roles and Functions on which you require verification. (Depending on your situation, you may make your initial contact through a personal meeting, phone call or e-mail, but it is suggested that you follow this up with a formal request letter.)
4. Include a copy of the *Guidance to Providers of Letters of Validation* document provided on the next page.
5. Follow-up your letter to see if the letter writer has any questions or concerns, and to make sure the letter has been sent.

Please remember that the MMBP’s policies require that all letters of reference (including letters of validation) be sent directly from the source to the MMBP office

Guidance to Providers of Letter of Validation

You are being asked to write on behalf of _____ who is seeking credit for her knowledge, skills, and experience in order to participate in Canada's Multi-jurisdictional Midwifery Bridging Project (MMBP) for internationally-educated midwives. The MMBP is mandated by participating regulated Canadian jurisdictions to assess the competency of internationally educated midwives to practice midwifery in Canada. Accordingly, one of the roles of the MMBP is to examine candidates to assess their competency in relation to the *Canadian Competencies for Midwives* prior to their application for registration as a midwife. In order to ensure public safety, the assessment process is rigorous and ensures that the MMBP obtains evidence of a candidate's competence to practice in the Canadian jurisdiction selected by the candidate. A Letter of Validation is one form of evidence that candidates may use. It will be assessed in conjunction with other evidence provided to us by the candidate. **Please do not testify to any claim for which you feel the candidate is not fully competent.**

If you do agree to write on behalf of the midwife named above, please ensure that your letter meets the following requirements:

- Your letter should be typed, if possible
- Your letter should be on organization's letterhead, if relevant
- Your letter should contain:
 - ✓ Midwife's name
 - ✓ Dates of employment (or the time during which you knew, worked with or were a client of the midwife)
 - ✓ Position or capacity in which you knew her
 - ✓ List of the Roles and Functions the midwife is claiming:
 - ✓ Statement of your verification (if you agree) and a summary description of the context in which the Functions have been demonstrated to or beyond the level of performance suggested by the Performance Indicators
 - ✓ Your signature and position

A note to applicants: Please fill out your name and insert the Roles and Functions, from the Framework of Professional Practice that you would like verified by this letter of validation. In addition, please attach a copy of the relevant pages of the Framework of Professional Practice (Appendix 4) that outline the Activities and Performance Indicators associated with each Function.

Appendix 4: MMBP Framework of Professional Practice

A Framework of Professional Practice is a clear description of the performance expectations for an occupation - in this case, midwifery in Canada. It describes the Roles, Functions and Activities a midwife carries out in order to fulfill the purpose of the occupation. Performance Indicators and Foundational Knowledge and Skills are included to provide further details and background for expected performance.

The MMBP *Framework of Professional Practice (Framework)* is a detailed description of competent midwifery practice in Canada. It is based on the Canadian core competencies¹² with input from provincial/territorial regulators to ensure inclusiveness of jurisdictional differences. The *Framework* is the key reference tool to be used by Accelerated Option (AO) applicants for their written Narrative. In the box below, the three Roles are printed in bold and divided into the twelve Functions.

- 1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care**
 - 1.1 Assure the availability of continuous primary care throughout the childbearing cycle, on a 24-hour on-call basis
 - 1.2 Organize care to provide time for the development of relationships and to provide informed choice
 - 1.3 Maintain complete and accurate health care records
- 2. Provide primary care, informed choice and continuity of care**
 - 2.1 Develop a relationship with the women in care
 - 2.2 Enable women and their families to play a full role in making informed choices
 - 2.3 Provide safe antenatal care
 - 2.4 Provide safe labour, birth and immediate¹³ postpartum care
 - 2.5 Provide safe postpartum care
 - 2.6 Respond to increased risk
- 3. Establish and maintain current professional practice**
 - 3.1 Provide evidence-based care
 - 3.2 Plan, implement and facilitate personal and professional development
 - 3.3 Contribute to the effectiveness of the health care system

In the pages that follow, the complete *Framework* with all components is provided. You will be relating your own knowledge, skills and experience to the Activities listed under each of the twelve Functions. Use the Performance Indicators for each Activity and the Foundational Knowledge & Skills for each Function as a guide for comparing and matching your prior education and experience to the requirements for midwifery practice in Canada. (See AO Guide p. 10 for detailed instructions on writing the Narrative)

¹² The *Canadian Competencies for Midwives* is compatible with provincial/territorial competency statements but it does not replace them. Since midwifery in Canada is regulated by province or territory, provincial/territorial competency documents are the ultimate source of information about what a midwife is expected to know and do in any specific province or territory. There is a high degree of similarity in the entry-level competencies required by the various Canadian jurisdictions regulating midwifery. However, some additional competency requirements can be found in provincial and territorial documents. (Excerpted from 'Canadian Midwifery Regulators Consortium Canadian Competencies for Midwives')

¹³ In this document the MMBP uses the word "immediate" to refer to the hours immediately after the birth when the midwife is providing care until mother and newborn are stable. (reference CdnCC doc)

MMBP Midwifery *Framework of Professional Practice:* Roles, Functions, Activities, Performance Indicators and Foundational Knowledge and Skills

A Framework of Professional Practice is a clear description of the performance expectations for an occupation - in this case, midwifery in the MMBP jurisdictions: Nova Scotia, Manitoba, Saskatchewan, Alberta, British Columbia and the Northwest Territories. It describes the Roles, Functions and Activities a midwife carries out in order to fulfill the purpose of the occupation. Performance Indicators and Foundational Knowledge and Skills are included to provide further details and background for expected performance.

The Framework divides midwifery into 3 main roles and 12 Functions. Each of the Functions will be the basis of one of your AO Narrative statements.

1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care		
1.1 Assure the availability of continuous primary care throughout the childbearing cycle, on a 24-hour on-call basis		
1.1.1 Create teams of midwives to provide 24-hour on-call services	<ul style="list-style-type: none"> a. The midwife assumes primary responsibility for care. b. The provision of continuity of care on a 24-hour on-call basis by a team of no more than four midwives for each individual client is ensured c. Clients are advised of 24-hour contact information for at least one of her midwives d. Cases of shared primary care with a physician are approved, where applicable, by the provincial/territorial body governing midwifery e. The client is informed of shared primary care with a physician, where applicable including 24-hour contact information 	
1.1.2 Develop and sustain a shared philosophy and consistent practices, guidelines and protocols within a team of midwives	<ul style="list-style-type: none"> a. A consistent and coordinated approach to clinical practice is established and maintained b. Work within a primary care team is within scope of practice and undertaken cooperatively c. Current knowledge and established policies, guidelines and protocols within the practice are used at all times by all team members d. Care provided is responsive to client diversity e. Practice conforms to the requirements of provincial/territorial Code of Ethics and Standards of Practice, Policies and Guidelines. 	
1.1.3 Ensure access both to out-of-hospital and in-hospital settings for births	<ul style="list-style-type: none"> a. Primary care is provided in a variety of settings including hospitals, homes, and birth centers where available b. Acquire and maintain hospital admitting and discharge privileges c. Appropriate equipment and supplies are accessible d. Safe transportation to hospital is organized e. Services of a second birth attendant are obtained as per provincial/territorial standards and guidelines. 	

Foundational Knowledge and Skills for Function 1.1:

Principles, Concepts and Theories - Midwives need to understand:

- Midwifery practice management

Skills - Midwives need to have the ability to:

- Write, maintain and revise practice policies, guidelines and protocols
- Build teams and engage in partnerships
- Communicate

Information and data - Midwives need to know or find out about:

- Provincial/territorial regulations and processes governing midwifery
- Legal aspects of midwifery practice including duties and responsibilities of the midwife
- Provincial/territorial Code of Ethics and ethical frameworks guiding midwifery practice
- Provincial/territorial documents ¹⁴ outlining
 - Model of Midwifery Practice
 - Policies on
 - Continuity of Care
 - Supportive Care
 - Shared Primary Care, where applicable
- The roles and responsibilities of other health care providers

¹⁴ Provincial and territorial documents vary in their titles. As well, certain jurisdictions do not have equivalent documents as listed in the FPP or they are under development. Please refer to the Document Cross Reference Chart (Appendix 7) to determine the correct document title for each province or territory.

1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care (continued)	
1.2 Organize care to provide time for the development of relationships and to provide informed choice	
1.2.1 Establish conditions for the development of a relationship	a. Sufficient time is allowed at initial contact and during visits to determine client's culture, values, motivation and expectations b. Sufficient time is allowed at initial contact and during visits to determine client's preferred communication style c. Service provided by midwife is described accurately and comprehensively at initial contact d. Client's understanding of services is checked for accuracy and completeness e. Arrangements are made for client to meet other midwife/midwives and where applicable, physicians involved in her care
1.2.2 Plan workload to ensure time for discussion of choices is available to clients	a. Caseload enables the midwife to spend quality time with the client b. Caseload is organized to allow sufficient time at each meeting to provide information, address questions and concerns, and determine client's needs and choices c. Appointments are planned so that each client regularly receives quality time with the midwife/midwives known to her

Foundational Knowledge and Skills for Function 1.2:

Principles, Concepts and Theories - Midwives need to understand:

- Basic principles of effective communication
- The range and impact of individual communication styles
- The diverse influence of personal values, beliefs and cultures on communication
- Principles of informed choice
- Principles of negotiation
- Principles of collaboration
- Dynamics of interpersonal relationships
- Principles of relationship development
- Concepts of time and stress management
- Principles of planning

Skills - Midwives need to have the ability to:

- Demonstrate active listening skills
- Provide information in ways that ensure client understanding
- Interpret and explain jargon and technical words and concepts
- Recognize, respect and respond to different communication styles and abilities
- Use verbal, non-verbal and written communication methods
- Recognize own communication style and preferences
- Balance competing priorities
- Demonstrate flexibility and patience when working with others
- Manage time

Information and data - Midwives need to know or find out about:

- The nature and availability of community services, supports and resources
- The socio-economic and cultural characteristics of the community

1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care (continued)	
1.3 Maintain complete and accurate health care records	
1.3.1 Set-up systems and procedures	<ul style="list-style-type: none"> a. Procedures and systems for storing and disposing of records are established b. Procedures and systems for collecting and sharing records are established c. Procedures and systems protect the confidentiality of information d. Procedures enable clients to gain access to their records
1.3.2 Maintain records	<ul style="list-style-type: none"> a. Records are legible and signed and dated b. Records are accurate, comprehensive and updated as events occur c. Records are reviewed and updated at each professional contact with the client d. Screening and diagnostic test results, treatments, consultations, decisions, professional actions, informed choice discussions, errors, are documented e. All information that may be received or supplied by consultants and institutions is documented f. Record keeping is consistent with provincial/territorial, local health authorities and hospital standards

Foundational Knowledge and Skills for Function 1.3:

Information and data - Midwives need to know or find out about:

- Legal aspects of midwifery practice including privacy and freedom of information and recording and reporting requirements
- Provincial/territorial documents outlining
 - Standards of Practice as they relate to Function 1.3
 - Standards, Guidelines and or Policies on Records and Record Keeping
- Records as required by provincial/territorial regulations
- Hospital record keeping policies

2. Provide primary care, informed choice and continuity of care	
2.1 Develop a relationship with the women in care	
2.1.1 Value and respect women in care	a. Client's value system is determined, respected and valued b. The midwife's language and behaviour respect and respond to cultural differences c. Open and interactive communication between client and midwife is facilitated d. Adequate time is given for visits in order to build a relationship with the client e. Information is provided in a non-authoritarian and cooperative manner f. All relevant information is shared with the client in a timely manner
2.1.2 Recognize individual and shared responsibilities	a. Client's right to and responsibility for informed choice is upheld throughout childbearing experience b. Client's role as primary decision maker in her care is supported at all times c. Information and time are given for discussions d. Dialogue is initiated and client involved in decision-making e. The midwife advocates for the client and her newborn
2.1.3 Foster open and positive communications	a. Clients are listened to attentively b. Clients are given sufficient time and are encouraged to ask questions and express their needs c. Midwife makes every effort to put client at ease d. Midwife takes all reasonable steps to encourage client to seek advice from her

Foundational Knowledge and Skills for Function 2.1:

Principles, Concepts and Theories - Midwives need to understand:

- Cultural influences and the impact of life experiences on childbearing and child rearing
- Basic principles of effective communication
- The range and impact of individual communication styles
- The diverse influence of personal values, beliefs and cultures on communication
- Principles of negotiation
- Principles of collaboration
- Dynamics of interpersonal relationships
- Principles of relationship development

Skills - Midwives need to have the ability to:

- Communicate
- Counsel
- Manage time

Information and data - Midwives need to know or find out about:

- Provincial/territorial documents outlining
- Philosophy of Care
- Model of Midwifery Practice
- Standards, Policies and/or Guidelines on Informed Choice

2. Provide primary care, informed choice and continuity of care (continued)	
2.2 Enable women and their families to play a full role in making informed choices	
2.2.1 Provide information, based on current available evidence, to enable women and their families to make choices	a. Primary care giver is identified to the client and her family b. Adequate time is provided to the client and her family for discussions with the midwife c. Information is provided in a manner that facilitates informed decision-making d. Members of the client's family are involved according to her wishes e. Objective information is provided about care alternatives, birth settings, natural birth, infant feeding and risks and benefits of and alternatives to obstetrical treatments and interventions f. The scope, standards of practice and limitations of midwifery care are shared with clients
2.2.2 Ensure that women can gain access to their records	a. Policies and procedures are established that enable a client to gain access to her records b. Clients are advised of the fact that their records are available for review c. Information is provided promptly d. Information provided is comprehensive and meets the needs of the client e. Support is provided to help the client understand the records
2.2.3 Provide health counseling and education for women and their families	a. Responsive, holistic advice, based on the best current evidence available, is provided to the client and her family during the course of care b. The client's and family's educational and counseling needs, as they relate to childbearing, parenthood, family planning, sexuality and informed choice are identified and responded to c. The client and family are provided with information and advice, and referrals to other care providers are made as required and in consultation with the client d. Counseling and education is provided in an objective, supportive, non-directive, non-authoritarian manner.
2.2.4 Support women in their decision-making	a. Midwife makes time available for discussion of options b. Clients are encouraged to actively participate in care and to make choices about the services they receive c. A plan for midwifery care is discussed with the client d. Client's choices and right to decline treatments or procedures are respected e. Ethical standards are observed at all times f. If the client asks the midwife to practice outside of her scope or Standards of Practice, the midwife follows the process set out by the provincial/territorial regulations and/or guidelines g. Midwife advocates to other health care providers with regard to the client's choices

Foundational Knowledge and Skills for Function 2.2:

Principles, Concepts and Theories - Midwives need to understand:

- Principles and processes of informed decision-making
- Principles of adult education, communication and counseling, and of mentoring
- Theoretical approaches to prenatal and parenting education
- Principles of risk analysis
- Principles of evidence-based practice

- Family theory
- Grief and loss theory
- Physiological and psychosocial aspects of human sexuality and fertility
- Cultural influences and the impact of life experiences on childbearing and child rearing

Skills - Midwives need to have the ability to:

- Communicate
- Counsel
- Educate adults
- Apply research to practice

Information and data - Midwives need to know or find out about:

- General anatomy and physiology and that of the reproductive system
- Physical, emotional and social changes associated with pregnancy
- Physical, emotional and social factors likely to influence pregnancy outcomes
- Legal aspects of midwifery practice including informed consent and informed choice
- The importance and functions of pre-pregnancy counseling
- Information on conception
- Available community resources
- Human sexuality during the childbearing cycle
- Infertility and its implications for midwifery care
- Resources for unexpected pregnancies
- Information pertaining to different birth settings, including issues relating to safety
- Information on the benefits of natural birth
- Information and resources on the benefits and practice of breastfeeding
- Information and resources on contraception and family planning
- Provincial/territorial documents outlining
 - The Code of Ethics and ethical frameworks
 - Standards of Practice
 - Philosophy of Care
 - Model of Midwifery Practice
 - Indications for Planned Place of Birth including Statement on Home Birth where applicable
 - Standards, Policies and/or Guidelines on Informed Choice

2. *Provide primary care, informed choice and continuity of care (continued)*

2.3 Provide safe antenatal care

2.3.1 Provide information	<ul style="list-style-type: none"> a. Care and advice to the client is holistic, responsive and evidence based b. Information is provided at the relevant time c. Information is provided in a way that is easily understood by the client and enables the client to make an informed decision d. Choices are identified and presented to the client e. Information and resources regarding self-care, normal pregnancy progress, signs and symptoms of common antenatal complications, and fetal growth are provided to the client and her family f. Client is made aware of how to contact a midwife 24 hours/day
2.3.2 Monitor and evaluate woman's wellness	<ul style="list-style-type: none"> a. Comprehensive health history is obtained b. A complete physical examination is conducted c. Pregnancy is confirmed d. Risk factors and abnormal conditions are identified e. Client's well-being is regularly monitored and assessed f. General nutritional status is assessed g. Signs and symptoms of abnormal conditions are recognized and assessed h. Antenatal complications are managed i. Conditions requiring referral or consultation are identified j. Consultations or referrals take place in a timely manner k. All relevant information is provided to the consultant, when applicable l. Plan for midwifery care is discussed with the client and modified in consideration of on-going assessment, as required
2.3.3 Monitor and evaluate fetal wellness	<ul style="list-style-type: none"> a. Fetal well-being is assessed b. Fetal growth and development is monitored c. Signs of abnormal conditions are recognized and assessed d. Maternal signs and symptoms that can have an impact on fetal well-being are recognized and assessed
2.3.4 In monitoring and evaluating wellness, undertake tests	<ul style="list-style-type: none"> a. Tests are conducted or ordered in a timely fashion b. Tests are pertinent to the need c. Outcomes of tests are interpreted for the client in order to support her ongoing decision-making d. Outcomes of tests are shared and acted on as relevant e. Tests are conducted in the recommended manner and with due regard to the comfort and dignity of the client f. Specimens are obtained and examined to determine the presence of sexually transmitted diseases, vaginal infections and cytological changes g. Samples and tests are ordered, performed, collected and/or interpreted as required h. Samples ordered/collected and screenings or tests ordered/performed/interpreted are limited to and in accordance with provincial/territorial regulations
2.3.5 Provide or recommend therapies	<ul style="list-style-type: none"> a. Appropriate treatment is recommended and initiated with client consent b. Drugs and substances prescribed or administered are limited to and in accordance with those in provincial/territorial regulations. c. Discomforts associated with pregnancy are managed d. Appropriate counseling is provided or recommended e. Complementary therapies are recommended and used as appropriate f. Appropriate action is taken when risk factors are identified g. Basic life support and other emergency measures are used when necessary

Foundational Knowledge and Skills for Function 2.3:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of holistic care (addressing the physical, emotional, social and spiritual needs of the client)
- Principles of evidence-based practice
- Importance and implications of regular antenatal care
- The role of socio-economic and cultural experiences on antenatal care
- Family theory
- The importance and functions of pre-pregnancy counseling

Skills - Midwives need to have the ability to:

- Diagnose pregnancy, establish due date, assess gestational age and assess the progress of pregnancy
- Assess and monitor fetal growth and development
- Assess and monitor maternal well-being
- Perform a physical exam on an adult woman including performing complete pelvic exam
- Counsel and support
- Assess nutritional status
- Perform venipuncture and finger puncture
- Assess and manage antenatal complications
- Examine specimens microscopically
- Order, perform and interpret results of screening and diagnostic tests in accordance with provincial/territorial regulations and standards
- Obtain necessary specimens to determine the presence of sexually transmitted diseases, vaginal infections and cytological changes
- Prescribe and administer drugs in accordance with provincial/territorial regulations and standards
- Respond to adverse drug reactions including anaphylactic shock
- Use technology appropriately

Information and data - Midwives need to know or find out about:

- General anatomy and physiology
- Anatomy and physiology of the reproductive system and normal changes of pregnancy
- Causes, recognition, treatment and management of abnormalities and variations of normal that may occur during pregnancy
- Anatomy and physiology of fetal development
- Signs of abnormal conditions in the fetus
- Physical, emotional and social changes associated with pregnancy
- Physical, emotional and social factors likely to influence pregnancy outcomes
- Selected aspects of genetics, embryology and fetal development
- Nutritional requirements during pre-conception and pregnancy
- The physiology and management of common discomforts during pregnancy
- Available community resources/supports and a range of program options
- Health benefits of breastfeeding

- Environmental, occupational, genetic, biological and pharmacological hazards to the woman and the fetus
- Uses and interactions of any drugs and substances that may be used during pregnancy
- Appropriate equipment needed for provision of care
- Complementary therapies that may be used during pregnancy
- Sexually transmitted diseases, vaginal infections and their impact on pregnancy
- Effects of drugs on the fetus
- Provincial/territorial regulations governing prescribing of medications, devices and ordering of laboratory and diagnostic tests
- Provincial/territorial documents outlining
 - Model of Midwifery Practice
 - Standards of Practice
 - Standards, Policies and/or Guidelines on Continuity of Care

2. *Provide primary care, informed choice and continuity of care (continued)*

2.4 Provide safe labour, birth and immediate postpartum care

2.4.1 Provide information and support	<ul style="list-style-type: none"> a. Client is kept informed b. Client's choices are respected c. Care and advice to the client is holistic, responsive and evidence based d. Information is provided at the relevant time e. Information is provided in a way that is easily understood by the client and enables the client to make an informed decision f. Choices are identified and presented to the client g. Emotional and physical support is provided
2.4.2 Prepare for a safe birth	<ul style="list-style-type: none"> a. All equipment and supplies are available, clean (or sterile as required), functional and in-date b. A safe environment for birth is promoted c. Second midwife or qualified second attendant meets the requirements as specified in the provincial/territorial document on Second Birth Attendants, where applicable d. Client is informed of Second Birth Attendant and consent is obtained where applicable e. Plans are modified based on assessments f. Risks are identified and appropriate action taken g. Conditions warranting a transfer to hospital or to physician are recognized, appropriate agencies are notified and action taken h. Consultations and referrals happen in a timely manner i. All relevant information is provided to the physician j. Midwife is up-to-date in certification for Neonatal Resuscitation (NRP), Cardiopulmonary Resuscitation (CPR) and Emergency Skills according to provincial/territorial regulations and standards
2.4.3 Provide care in all settings	<ul style="list-style-type: none"> a. Care is provided throughout course of labour b. Care responds to diversity of culture and values c. Care is provided in hospitals and homes or elsewhere as needed, according to the woman's choice and/or provincial/territorial regulations
2.4.4 Monitor fetal and maternal well-being in labour	<ul style="list-style-type: none"> a. Well-being of fetus is regularly assessed b. Well-being of client is regularly assessed c. Signs and symptoms of abnormal conditions are assessed, recognized and responded to d. Fetal distress is identified and responded to in a timely manner
2.4.5 Monitor and manage labour	<ul style="list-style-type: none"> a. Onset of labour is identified and progress of labour is assessed regularly b. Factors which could impede labour progress are identified c. Abnormal labour patterns and their probable causes are identified d. Technology is used when appropriate e. Appropriate modalities are selected and applied within scope of practice, as necessary f. The need for relief of pain is identified and choices for suitable intervention are offered in a timely manner g. Basic life support and other emergency measures are used when necessary
2.4.6 Conduct birth and provide immediate postpartum care for mother and newborn	<ul style="list-style-type: none"> a. Second midwife or qualified second attendant assists with the birth according to provincial/territorial standards, guidelines and/or policies b. Spontaneous vaginal birth of baby and placenta is managed c. Perineum is protected, lacerations are minimized d. Perineal lacerations are sutured when indicated according to provincial/territorial scope of practice and guidelines e. Maternal and newborn well-being is regularly assessed and any complications are promptly managed f. Basic life support and other emergency measures are used when necessary g. Immediate newborn assessment and care is performed h. The newborn is kept warm and stable i. Initiation of breastfeeding is encouraged and assisted

Foundational Knowledge and Skills for Function 2.4:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of natural childbirth
- Principles of labour management and assessment
- Holistic approaches to facilitate labour and birth
- Principles of evidence-based practice
- The role of socio-economic and cultural experiences on labour and birth

Skills - Midwives need to have the ability to:

- Assess maternal health and well-being - physical, emotional and social
- Assess progress of labour
- Assess fetal heart patterns
- Assess fetal position and presentation
- Assess contractions
- Perform vaginal examination to assess progress in labour and identify abnormal conditions, if they exist
- Assess membrane status and amniotic fluid
- Perform an amniotomy
- Catheterize bladder
- Use aseptic techniques
- Administer comfort measures
- Administer intravenous fluids, medications and inhalants
- Protect perineum, avoid episiotomy and minimize lacerations
- Perform an episiotomy
- Repair lacerations or episiotomy
- Perform obstetrical interventions appropriate to the midwife's scope of practice to assist labour
- Recognize maternal and newborn complications and initiate emergency measures as required
- Perform Neonatal Resuscitation (NRP) according to provincial/territorial regulations and standards
- Provide care and management during the 3rd stage of labour
- Collect cord blood
- Perform newborn examination
- Prevent and treat hemorrhage
- Recognize and respond to signs of maternal shock
- Use technology appropriately

Information and data - Midwives need to know or find out about:

- General anatomy and physiology
- Anatomy and physiology of the reproductive system
- Fetal and maternal anatomy as relevant to assessing fetal position and the progress of labour
- Normal and abnormal fetal heart patterns relevant to assessing fetal well-being in labour
- Mechanism of labour, relevant to assessing normal progress and abnormalities

- Comfort and support measures during labour and birth
- Pharmacologic and technologic approaches to facilitate labour and birth
- Significance of ruptured membranes and methods of reducing risk of infection
- Prevention, assessment and management of exhaustion and dehydration during labour
- Prevention and indications for repair of lacerations or episiotomy
- Other indicators of maternal and fetal well-being
- Requirements for a safe birthing environment
- Drugs and complementary therapies that may be used during the intrapartum period according to provincial/territorial regulations, standards and guidelines
- Continuing Competency Requirements for Neonatal Resuscitation (NRP), Cardiopulmonary Resuscitation (CPR) and Emergency Skills according to provincial/territorial regulations, standards and guidelines
- Provincial/territorial documents outlining
 - Required equipment and supplies for an Out of Hospital Birth setting
 - Standards of Practice related to Function 2.4
 - Philosophy of Care
 - Model of Midwifery Practice
 - Indications for Discussion, Consultation and Transfer of Care
 - Indications for Planned Place of Birth
 - Guidelines on Fetal Health Surveillance in Labour
 - Guidelines on Disinfection and Sterilization
 - Statement on Home Birth, where applicable
 - Standards, guidelines and/or policies for Second Birth Attendants

2. ***Provide primary care, informed choice and continuity of care (continued)***

2.5 **Provide safe postpartum care**

2.5.1 Provide information	<ul style="list-style-type: none"> a. Care and advice to the client is holistic and responsive and evidence based b. Information is provided at the relevant time c. Information is provided in a way that is easily understood by the client and enables the client to make an informed decision d. Information is provided on the health benefits of breast feeding e. Client is made aware of how to contact a midwife 24 hours/day f. Choices are identified and presented to the client g. Information and resources regarding self-care, normal postpartum progress, signs and symptoms of common postpartum complications, immunizations, newborn growth, development, behaviour, nutrition, feeding and care are provided to the client and her family
2.5.2 Monitor and evaluate woman's wellness	<ul style="list-style-type: none"> a. Client's well-being is regularly monitored and assessed b. General nutritional status is assessed c. Involution of uterus and healing of perineum are monitored d. Postpartum complications are managed e. Signs and symptoms of abnormal conditions are recognized and assessed f. Conditions requiring referral or consultation are identified g. Consultations or referrals take place in a timely manner h. All relevant information is provided to client and consultant
2.5.3 Monitor and evaluate newborn's wellness	<ul style="list-style-type: none"> a. The condition of the newborn is regularly assessed. b. A physical examination of the newborn is done at each assessment c. Warmth and comfort are maintained during assessments d. Infant weight gain is monitored e. Infant development is monitored f. Sleep patterns are monitored and action taken as necessary g. Medications are administered to the newborn as necessary and in accordance with provincial/territorial regulations h. Signs and symptoms of abnormal conditions are recognized and assessed i. Appropriate referrals are made as necessary
2.5.4 In monitoring and evaluating wellness, undertake tests	<ul style="list-style-type: none"> a. Samples ordered/collected and screenings or tests ordered/performed/interpreted are limited to and in accordance with provincial/territorial regulations and standards b. Samples and tests are ordered, performed, collected and/or interpreted as required c. Drugs and substances prescribed or administered are limited to and in accordance with provincial/territorial regulations and standards. d. Tests are conducted or ordered in a timely fashion e. Tests are pertinent to the need f. Outcomes of tests are interpreted for the client in order to support ongoing decision-making g. Outcomes of tests are recorded, shared inter-professionally as appropriate and acted on as relevant h. Tests are conducted in the recommended manner and with due regard to the comfort and dignity of the client
2.5.5 Educate and assist the woman and family with infant feeding	<ul style="list-style-type: none"> a. Client is helped to establish and maintain successful infant feeding method b. Common problems associated with breast feeding are identified and addressed c. Assistive devices and complementary therapies for breast feeding are used to support breast feeding when relevant d. Supplementation with expressed breast milk or infant formula initiated if appropriate e. Special, unusual or abnormal maternal or infant situations are identified and appropriate plan of action initiated
2.5.6 Assist the woman and family to consider and select a method of family planning	<ul style="list-style-type: none"> a. Education and counseling are provided regarding family planning b. The client and her family are counseled regarding the choice and use of contraceptive methods and referred when necessary c. Diaphragms and cervical caps are fitted, when chosen and within provincial /territorial regulations, standards and scope of practice d. Hormonal contraceptives are prescribed, when chosen and within provincial/territorial regulations, standards and scope of practice e. Intrauterine devices and/or systems are inserted, when chosen and within provincial/territorial regulations, standards and scope of practice.

Foundational Knowledge and Skills for Function 2.5:

Principles, Concepts and Theories - Midwives need to understand:

- The role of emotional, psychosocial, and cultural influences on the postpartum period and early parenting
- The role of emotional, social, cultural and psychological aspects on breastfeeding
- The influence of environmental, occupational, biological and pharmacological factors on breastfeeding
- Family theory
- Grief and loss theory
- Concepts of the beneficial effects of breastfeeding
- The importance and functions of postpartum counseling

Skills - Midwives need to have the ability to:

- Perform venipuncture and finger puncture
- Examine specimens microscopically
- Assess and manage maternal postpartum complications
- Assess and manage breastfeeding problems
- Counsel and provide support
- Demonstrate ability to assess proper latch and suck
- Perform a complete newborn physical exam
- Assess newborn and gestational age
- Assess infant growth, development and feeding
- Assess nutritional status of mother and newborn
- Prescribe and administer drugs
- Respond to adverse drug reactions including anaphylactic shock
- Order and collect samples; order, perform and interpret diagnostic tests and screenings in accordance with provincial/territorial regulations and standards
- Use technology appropriately
- Recognize and respond to newborn complications and abnormalities
- Assess and respond to postpartum depression

Information and data - Midwives need to know or find out about:

- General anatomy and physiology
- Anatomy and physiology of the reproductive system
- Anatomy and physiology of the newborn
- Growth and development of the newborn
- Signs and symptoms of abnormal conditions in the newborn
- Anatomy and physiology of lactation
- Information on issues of circumcision
- Available information and resources for postpartum depression
- Prophylactic medications commonly given to the newborn and their risks and benefits
- Postpartum discomforts and their management
- The normal breastfeeding process and necessary conditions and factors for its success

- Stimulation and suppression of lactation
- Breastfeeding positions
- Information about common breastfeeding problems
- Available community resources/supports and a range of program options
- Methods of infant feeding and their risks and benefits
- Nutritional requirements of the woman during the postpartum period
- Nutritional needs of the newborn and properties of breast milk and breast milk substitutes
- Methods of birth control and family planning and their risks and benefits
- Effects of drugs on the newborn
- Safety needs of the newborn
- Provincial/territorial documents outlining
 - Standards of Practice
 - Model of Midwifery Practice
 - Prescribing of Medications & Devices
 - Ordering Laboratory & Diagnostic Tests
 - Standards, guidelines and/or policies on Continuity of Care
 - Required equipment and supplies for an Out of Hospital Birth setting
- Types, schedules and background information on immunizations

2. Provide primary care, informed choice and continuity of care (continued)	
2.6 Respond to increased risk	
2.6.1 Consult with other health professionals	a. Professional relationships are established and maintained with other care professionals b. Professional, technical and administrative resources are used when they serve the needs of the client c. Community resources and groups are used when they serve the interest of the client d. Records and information are shared with the client's physician and other health care professionals, with the consent of the client e. Physician consultation is initiated as necessary
2.6.2 Refer to a physician or other health professional when appropriate	a. Care is referred to another appropriate practitioner when the care required exceeds the midwife's scope of practice or her ability to practice safely is impaired in any way b. Midwife/midwives provide access to appropriate specialist care for client c. Transfer of primary care to a physician is initiated where appropriate and in accordance with provincial/territorial standards and guidelines for consultation and transfer of care d. Transfer of care is clearly documented
2.6.3 Respond to emergencies	a. Emergency situations are anticipated and recognized b. Emergency situations are responded to promptly c. Emergency equipment and supplies are accessible and used as necessary d. Basic life support and other emergency measures are used where necessary e. Consultation and referral are carried out in a timely manner
2.6.4 Provide supportive care to the woman or newborn should transfer of care be required	a. When primary care has been transferred to a physician, the midwife continues to provide support and advice unless otherwise requested by the client b. Care provided responds to client diversity c. Practice conforms with the requirements of provincial/territorial Code of Ethics and Standards of Practice d. The roles and responsibilities of the physician are respected

Foundational Knowledge and Skills for Function 2.6:

Principles, Concepts and Theories - Midwives need to understand:

- Human anatomy and physiology
- Human development
- Concepts pertaining to pregnancy, labour (mechanism and management including emergency management), birth, postpartum
- The process of teambuilding and engaging in partnerships

Skills - Midwives need to have the ability to:

- Assess and differentially diagnose - normal vs. abnormal
- Solve problems - recognize situations requiring intervention vs. support
- Perform Cardiopulmonary Resuscitation (CPR)
- Perform Neonatal Resuscitation (NRP) according to provincial/territorial regulations and standards
- Manage obstetric and newborn emergencies

Information and data - Midwives need to know or find out about:

- Maternal and newborn complications and variations from normal
- The role and responsibilities of other health care providers
- Current research evidence relevant to maternity care
- Provincial/territorial documents outlining
 - Indications for Discussion, Consultation and Transfer of Care
 - Indications for Planned Place of Birth
 - Model of Midwifery Practice
 - Philosophy of Care
 - Code of Ethics
 - Standards of Practice relevant to Function 2.6
 - Standards, guidelines and/or policies on Continuity of Care
 - Standards, guidelines and/or policies on Supportive Care
 - Core Competencies

3. Establish and maintain current professional practice	
3.1 Provide evidence-based care	
3.1.1 Monitor current research evidence	a. Current research related to maternity care is regularly reviewed as are other related health resources b. Major research findings are critically appraised for relevance and importance to current practice c. Major research findings are evaluated in terms of current legislative and organizational standards
3.1.2 Apply current research evidence	a. Research findings are discussed with other care team members b. Practice is modified to reflect current research findings c. Current research findings are communicated to the client to support informed choice

Foundational Knowledge and Skills for Function 3.1:

Principles, Concepts and Theories - Midwives need to understand:

- Principals and critical concepts of research evaluation
- Theory of evidence-based practice

Skills - Midwives need to have the ability to:

- Critically appraise research
- Self-evaluate
- Communicate
- Study in a self-directed manner

3. Establish and maintain current professional practice (continued)		
3.2 Plan, implement and facilitate personal and professional development		
3.2.1	Identify learning needs and create learning plans	a. Practice is reflected on and learning needs are identified b. Clients are involved in evaluating midwifery practice c. Developments in midwifery practice are monitored and learning implications identified d. Realistic learning goals are set
3.2.2	Identify and pursue learning opportunities	a. Informal opportunities to learn from others are recognized and used b. Opportunities for learning through consulting and observing others are sought and used c. Current knowledge of academic and professional research pertinent to midwifery is maintained d. Learning sources such as books and journals are identified and used e. Courses and seminars that meet learning needs are identified and attended f. Peer case reviews are attended according to provincial/territorial standards and/or guidelines g. Competency in Cardiopulmonary Resuscitation (CPR), Neonatal Resuscitation (NRP) and Emergency Skills is maintained as per provincial/territorial requirements h. Provincial/territorial Continuing Competence requirements are met
3.2.3	Apply learning and monitor the effectiveness of learning	a. The outcomes of the evaluation of midwifery practice are integrated into future practice b. Learning outcomes are applied in clinical practice c. Impact of learning is reflected on and influences further learning d. Further learning implications are identified e. Learning plans are periodically revised
3.2.4	Contribute to the professional development of others	a. Regular peer case review is participated in b. Feedback is provided to colleagues c. Other professional committees are participated in d. Knowledge is shared with colleagues and students e. Colleague midwives are assisted to reflect on performance f. Colleague midwives are mentored and/or coached g. Student learning is supported and evaluated
3.2.5	Maintain personal health and well-being	a. Strategies for personal health and well-being are incorporated into daily living b. Measures are taken to manage time and stress demands of midwifery practice c. Assistance and support is sought from colleagues and professional bodies, as appropriate

Foundational Knowledge and Skills for Function 3.2:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of evidence-based practice
- Principles of adult education, communication and counseling
- The role of midwives as preceptors for learners

Skills - Midwives need to have the ability to:

- Mentor
- Self-evaluate
- Critically appraise research

Information and data - Midwives need to know or find out about:

- All current policies of the provincial/territorial regulatory body and Standards of Practice relevant to Function 3.2

3. Establish and maintain current professional practice (continued)	
3.3 Contribute to the effectiveness of the health care system	
3.3.1 Evaluate midwifery practice	<ul style="list-style-type: none"> Standards of practice are identified Practice is reflected on and evaluated against standards Opportunities to enhance midwifery practice are identified
3.3.2 Promote the profession of midwifery within the healthcare system	<ul style="list-style-type: none"> The professional standards for the practice of midwifery are met at all times The midwife holds herself accountable to clients, the profession and the public for safe, competent and ethical care Clients are informed of the provincial/territorial inquiry and discipline procedures established under law and bylaws of the provincial/territorial governing body Interactions with other health caregivers are conducted in a manner that is respectful of their roles and expertise and fosters cooperation The midwifery perspective is provided in the search for solutions to challenges within the healthcare system The provincial/territorial governing body's and institutional policies for reporting and reviewing practice including mortality and morbidity are met Quality management programs established by the provincial/territorial governing body, the local hospital in which privileges are maintained and midwifery practice are participated in
3.3.3 Promote and participate in research pertaining to midwifery and maternity care outcomes	<ul style="list-style-type: none"> Research findings are interpreted and applied to practice of midwifery Areas for research are identified Research is undertaken and contributed to in an ethical fashion, in accordance with provincial/territorial Code of Ethics and pertinent bylaws where applicable Multi-disciplinary research that furthers the improvement of maternity care services is supported
3.3.4 Contribute to the enhancement of health care in the community	<ul style="list-style-type: none"> Education, health promotion and counseling relating to childbearing, transition to parenthood and family planning are provided for the community, when possible Counseling and education is provided in an objective, supportive, non-directive and non-authoritarian manner. The competence and scope of practice of professional midwives is represented accurately Opportunities to inform others about midwifery are recognized and used in a way that fosters understanding and support for the profession Outreach services are provided when possible Improvement in health care services for women and children is supported

Foundational Knowledge and Skills for Function 3.3:

Principles, Concepts and Theories - Midwives need to understand:

- Current issues in midwifery and maternal/child health at local, provincial, national and international levels
- Social and economic influences on childbearing and child rearing
- The politics of health care as it relates to women's health
- The history, philosophy and nature of the midwifery profession
- Principles of adult education, communication and counseling
- Cultural influences on childbearing and child rearing
- The impact of life experiences on childbearing and child rearing
- Frameworks and methods for assessing evidence for practice
- The role of midwives as preceptors for learners
- Principles of evaluation

Information and data - Midwives need to know or find out about:

- The structure and processes of the Canadian health care system
- Key historical developments in Canadian health care as they relate to midwifery
- Relevant health policies in the provincial, national and international context
- The process of policy analysis and development
- The structure and function of professional midwifery organizations
- Regulations and processes governing midwifery in the province/territory of choice
- Legal aspects of midwifery practice including but not limited to, duties and responsibilities of the midwife, privacy and freedom of information, informed consent and informed choice and recording and reporting
- Provincial/territorial Code of Ethics and ethical frameworks
- Provincial/territorial Standards of Practice relevant to Function 3.3
- Available community resources

Appendix 5: Evidence Cross-referencing Form (Mandatory)

This form must be included in your expanded portfolio for the Accelerated Option.

Sample of Completed Evidence Cross-referencing Form

Evidence Number	Portfolio Page Number	Evidence Description	Evidence Status			Functions											
			Included In Portfolio	Not in portfolio - Requested from (name & location)	Office Use Date Rec'd	1.1	1.2	1.3	2.1	2.2	2.3	2.4	2.5	2.6	3.1	3.2	3.3
1	1	Letter of Validation from person #1		Abigail Dona, Leeds University Hospital		X	X									X	X
2	3	Letter of Validation from person #2		Teresa Temboo, Ghana General Hospital			X	X							X	X	X
3	4	Practice Audit 2006	X			X	X	X		X	X	X	X	X			
4	7	Practice Audit 2004	X			X	X	X	X	X	X	X	X	X			
5	9	Letter from Client #1	X						X	X	X	X	X	X			
6	10	Letter from Client #2		Maria Santos, Chile						X	X	X	X				
7	12	Letter from former Midwife Colleague	X			X	X		X	X	X		X	X	X	X	X
8	13	Letter from former Obstetric Consultant (initials of person)		Dr. Janice Hrehorchuk							X	X	X	X	X		
9	14	Letter from former Pediatric Consultant (initials of person)		Dr. Jorge Espinosa, Madrid								X	X	X	X		
10	16	Journal Article	X				X								X	X	X
11	19	Award	X				X		X	X							
12	20	Training Plan	X									X			X		

MMBP AO Evidence Cross-referencing Form

[illegible]

Appendix 6: MMBP FPP Narrative Checklist Form

Use this Checklist form to prepare your Narrative statements.

1. Establish conditions for the provision of primary midwifery care, informed choice and continuity of care

1.1 Assure the availability of continuous primary care throughout the childbearing cycle, on a 24-hour on-call basis	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
1.1.1 Create teams of midwives to provide 24-hour on-call services							
1.1.2 Develop and sustain a shared philosophy and consistent practices and protocols within a team of midwives							
1.1.3 Ensure access both to out-of-hospital and in-hospital settings for births							

Foundational Knowledge and Skills for Function 1.1:

Principles, Concepts and Theories - Midwives need to understand:

- Midwifery practice management

Skills - Midwives need to have the ability to:

- Write, maintain and revise practice protocols
- Build teams and engage in partnerships
- Communicate

Information and data - Midwives need to know or find out about:

- Provincial/territorial regulations and processes governing midwifery

- Legal aspects of midwifery practice including duties and responsibilities of the midwife
- Provincial/territorial *Code of Ethics* and ethical frameworks guiding midwifery practice
- Provincial/territorial documents outlining
 - *Model of Midwifery Practice*
 - *Policies on*
 - *Continuity of Care*
 - *Supportive Care*
 - *Shared Primary Care, where applicable*
- The roles and responsibilities of other health care providers

Complete this form and insert in front of your # 1 Narrative statement in your AO binder.

1.2 Organize care to provide time for the development of relationships and to provide informed choice	Yes, in my midwifery practice, I have done <i>some or all</i> of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
1.2.1 Establish conditions for the development of a relationship							
1.2.2 Plan workload to ensure time for discussion of choices is available to clients							

Foundational Knowledge and Skills for Function 1.2:

Principles, Concepts and Theories - Midwives need to understand:

- Basic principles of effective communication
- The range and impact of individual communication styles
- The diverse influence of personal values, beliefs and cultures on communication
- Principles of informed choice
- Principles of negotiation
- Principles of collaboration
- Dynamics of interpersonal relationships
- Principles of relationship development
- Concepts of time and stress management
- Principles of planning

Skills - Midwives need to have the ability to:

- Demonstrate active listening skills

- Provide information in ways that ensure client understanding
- Interpret and explain jargon and technical words and concepts
- Recognize, respect and respond to different communication styles and abilities
- Use verbal, non-verbal and written communication methods
- Recognize own communication style and preferences
- Balance competing priorities
- Demonstrate flexibility and patience when working with others
- Manage time

Information and data - Midwives need to know or find out about:

- The nature and availability of community services, supports and resources
- The socio-economic and cultural characteristics of the community

Complete this form and insert in front of your # 2 Narrative statement in your AO binder.

1.3 Maintain complete and accurate health care records	<i>Yes, in my midwifery practice, I have done some or all of the work, described in this Function.</i>					<i>No, I have not done any of the work described in this Function.</i>	<i>Evidence #'s</i>
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	<i>Enter Number(s) from Cross Refer. form</i>
1.3.1 Set-up systems and procedures							
1.3.2 Maintain records							

Foundational Knowledge and Skills for Function 1.3:

Information and data - Midwives need to know or find out about:

- Legal aspects of midwifery practice including privacy and freedom of information and recording and reporting requirements
- Provincial/territorial documents outlining

- Standards of Practice as they relate to Function 1.3
- Standards, Guidelines and/or Policies on Records and Record Keeping
- Records as required by provincial/territorial regulations
- Hospital record keeping policies

Complete this form and insert in front of your # 3 Narrative statement in your AO binder.

2. Provide primary care, informed choice and continuity of care

2.1 Develop a relationship with the women in care	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
2.1.1 Value and respect women in care							
2.1.2 Recognize individual and shared responsibilities							
2.1.3 Foster open and positive communications							

Foundational Knowledge and Skills for Function 2.1:

Principles, Concepts and Theories - Midwives need to understand:

- Cultural influences and the impact of life experiences on childbearing and child rearing
- Basic principles of effective communication
- The range and impact of individual communication styles
- The diverse influence of personal values, beliefs and cultures on communication
- Principles of negotiation
- Principles of collaboration
- Dynamics of interpersonal relationships
- Principles of relationship development

Skills - Midwives need to have the ability to:

- Communicate
- Counsel
- Manage time

Information and data - Midwives need to know or find out about:

- Provincial/territorial documents outlining
 - Philosophy of Care
 - Model of Midwifery Practice
 - Standards, Policies and/or Guidelines on Informed Choice

Complete this form and insert in front of your # 4 Narrative statement in your AO binder.

2.2 Enable women and their families to play a full role in making informed choices	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
2.2.1 Provide information, based on current available evidence, to enable women and their families to make choices							
2.2.2 Ensure that women can gain access to their records							
2.2.3 Provide health counseling and education for women and their families							
2.2.4 Support women in their decision-making							

Foundational Knowledge and Skills for Function 2.2:

Principles, Concepts and Theories - Midwives need to understand:

- Principles and processes of informed decision-making
- Principles of adult education, communication and counseling, and of mentoring
- Theoretical approaches to prenatal and parenting education
- Principles of risk analysis
- Principles of evidence-based practice
- Family theory
- Grief and loss theory
- Physiological and psychosocial aspects of human sexuality and fertility
- Cultural influences and the impact of life experiences on childbearing and child rearing

Skills - Midwives need to have the ability to:

- Communicate
- Counsel
- Educate adults
- Apply research to practice

Information and data - Midwives need to know or find out about:

- General anatomy and physiology and that of the reproductive system
- Physical, emotional and social changes associated with pregnancy

- Physical, emotional and social factors likely to influence pregnancy outcomes
- Legal aspects of midwifery practice including informed consent and informed choice
- The importance and functions of pre-pregnancy counseling
- Information on conception
- Available community resources
- Human sexuality during the childbearing cycle
- Infertility and its implications for midwifery care
- Resources for unexpected pregnancies
- Information pertaining to different birth settings, including issues relating to safety
- Information on the benefits of natural birth
- Information and resources on the benefits and practice of breastfeeding
- Information and resources on contraception and family planning
- Provincial/territorial documents outlining
 - The Code of Ethics and ethical frameworks
 - Standards of Practice
 - Philosophy of Care
 - Model of Midwifery Practice
 - Indications for Planned Place of Birth including Statement on Home Birth where applicable
 - Standards, Policies and/or Guidelines on Informed Choice

Complete this form and insert in front of your # 5 Narrative statement in your AO binder.

2.3 Provide safe antenatal care	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
2.3.1 Provide information							
2.3.2 Monitor and evaluate woman's wellness							
2.3.3 Monitor and evaluate fetal wellness							
2.3.4 In monitoring and evaluating wellness, undertake tests							
2.3.5 Provide or recommend therapies							

Foundational Knowledge and Skills for Function 2.3:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of holistic care (addressing the physical, emotional, social and spiritual needs of the client)
- Principles of evidence-based practice
- Importance and implications of regular antenatal care
- The role of socio-economic and cultural experiences on antenatal care
- Family theory
- The importance and functions of pre-pregnancy counseling

Skills - Midwives need to have the ability to:

- Diagnose pregnancy, establish due date, assess gestational age and assess the progress of pregnancy
- Assess and monitor fetal growth and development
- Assess and monitor maternal well-being
- Perform a physical exam on an adult woman including performing complete pelvic exam
- Counsel and support
- Assess nutritional status
- Perform venipuncture and finger puncture
- Assess and manage antenatal complications
- Examine specimens microscopically
- Order, perform and interpret results of screening and diagnostic tests in accordance with provincial/territorial regulations and standards
- Obtain necessary specimens to determine the presence of sexually transmitted diseases, vaginal infections and cytological changes
- Prescribe and administer drugs in accordance with provincial/territorial regulations and standards
- Respond to adverse drug reactions including anaphylactic shock
- Use technology appropriately

Information and data - Midwives need to know or find out about:

- General anatomy and physiology

- Anatomy and physiology of the reproductive system and normal changes of pregnancy
- Causes, recognition, treatment and management of abnormalities and variations of normal that may occur during pregnancy
- Anatomy and physiology of fetal development
- Signs of abnormal conditions in the fetus
- Physical, emotional and social changes associated with pregnancy
- Physical, emotional and social factors likely to influence pregnancy outcomes
- Selected aspects of genetics, embryology and fetal development
- Nutritional requirements during pre-conception and pregnancy
- The physiology and management of common discomforts during pregnancy
- Available community resources/supports and a range of program options
- Health benefits of breastfeeding
- Environmental, occupational, genetic, biological and pharmacological hazards to the woman and the fetus
- Uses and interactions of any drugs and substances that may be used during pregnancy
- Appropriate equipment needed for provision of care
- Complementary therapies that may be used during pregnancy
- Sexually transmitted diseases, vaginal infections and their impact on pregnancy
- Effects of drugs on the fetus
- Provincial/territorial regulations governing prescribing of medications, devices and ordering of laboratory and diagnostic tests
- Provincial/territorial documents outlining
 - Model of Midwifery Practice
 - Standards of Practice
 - Standards, Policies and/or Guidelines on Continuity of Care

Complete this form and insert in front of your # 6 Narrative statement in your AO binder.

2.4 Provide safe labour, birth and immediate postpartum care	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
2.4.1 Provide information and support							
2.4.2 Prepare for a safe birth							
2.4.3 Provide care in all settings							
2.4.4 Monitor fetal and maternal well-being in labour							
2.4.5 Monitor and manage labour							
2.4.6 Conduct birth and provide early postpartum care for mother and newborn							

Foundational Knowledge and Skills for Function 2.4:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of natural childbirth
- Principles of labour management and assessment
- Holistic approaches to facilitate labour and birth
- Principles of evidence-based practice
- The role of socio-economic and cultural experiences on labour and birth

Skills - Midwives need to have the ability to:

- Assess maternal health and well-being - physical, emotional and social
- Assess progress of labour
- Assess fetal heart patterns
- Assess fetal position and presentation
- Assess contractions
- Perform vaginal examination to assess progress in labour and identify abnormal conditions, if they exist
- Assess membrane status and amniotic fluid
- Perform an amniotomy
- Catheterize bladder
- Use aseptic techniques
- Administer comfort measures
- Administer intravenous fluids, medications and inhalants
- Protect perineum, avoid episiotomy and minimize lacerations
- Perform an episiotomy
- Repair lacerations or episiotomy

- Perform obstetrical interventions used to assist labour
- Recognize maternal and newborn complications and initiate emergency measures as required
- Perform Neonatal Resuscitation (NRP) according to provincial/territorial regulations and standards
- Provide care and management during the 3rd stage of labour
- Collect cord blood
- Perform newborn examination
- Prevent and treat hemorrhage
- Recognize and respond to signs of maternal shock
- Use technology appropriately

Information and data - Midwives need to know or find out about:

- General anatomy and physiology
- Anatomy and physiology of the reproductive system
- Fetal and maternal anatomy as relevant to assessing fetal position and the progress of labour
- Normal and abnormal fetal heart patterns relevant to assessing fetal well-being in labour
- Mechanism of labour, relevant to assessing normal progress and abnormalities
- Comfort and support measures during labour and birth
- Pharmacologic and technologic approaches to facilitate labour and birth
- Significance of ruptured membranes and methods of reducing risk of infection
- Prevention, assessment and management of exhaustion and dehydration during labour
- Prevention and indications for repair of lacerations or episiotomy
- Other indicators of maternal and fetal well-being
- Requirements for a safe birthing environment
- Drugs and complementary therapies that may be used during the intrapartum period according to provincial/territorial regulations, standards and guidelines
- Continuing Competency Requirements for Neonatal Resuscitation (NRP), Cardiopulmonary Resuscitation (CPR) and Emergency Skills according to provincial/territorial regulations, standards and guidelines
- Provincial/territorial documents outlining
 - Required equipment and supplies for an Out of Hospital Birth setting
 - Standards of Practice related to Function 2.4
 - Philosophy of Care
 - Model of Midwifery Practice
 - Indications for Discussion, Consultation and Transfer of Care
 - Indications for Planned Place of Birth
 - Guidelines on Fetal Health Surveillance in Labour
 - Guidelines on Disinfection and Sterilization
 - Statement on Home Birth, where applicable
 - Standards, guidelines and/or policies for Second Birth Attendants

Complete this form and insert in front of your # 7 Narrative statement in your AO binder.

2.5 Provide safe postpartum care	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
2.5.1 Provide information							
2.5.2 Monitor and evaluate woman's wellness							
2.5.3 Monitor and evaluate newborn's wellness							
2.5.4 In monitoring and evaluating wellness, undertake tests							
2.5.5 Educate and assist the woman and family with infant feeding							
2.5.6 Assist the woman and family to consider and select a method of family planning							

Foundational Knowledge and Skills for Function 2.5:

Principles, Concepts and Theories - Midwives need to understand:

- The role of emotional, psychosocial, and cultural influences on the postpartum period and early parenting
- The role of emotional, social, cultural and psychological aspects on breastfeeding
- The influence of environmental, occupational, biological and pharmacological factors on breastfeeding
- Family theory
- Grief and loss theory
- Concepts of the beneficial effects of breastfeeding
- The importance and functions of postpartum counseling

Skills - Midwives need to have the ability to:

- Perform venipuncture and finger puncture
- Examine specimens microscopically
- Assess and manage maternal postpartum complications
- Assess and manage breastfeeding problems
- Counsel and provide support
- Demonstrate ability to assess proper latch and suck
- Perform a complete newborn physical exam
- Assess newborn and gestational age
- Assess infant growth, development and feeding
- Assess nutritional status of mother and newborn
- Prescribe and administer drugs
- Respond to adverse drug reactions including anaphylactic shock

- Order and collect samples; order, perform and interpret diagnostic tests and screenings in accordance with provincial/territorial regulations and standards
- Use technology appropriately
- Recognize and respond to newborn complications and abnormalities
- Assess and respond to postpartum depression

Information and data - Midwives need to know or find out about:

- General anatomy and physiology
- Anatomy and physiology of the reproductive system
- Anatomy and physiology of the newborn
- Growth and development of the newborn
- Signs and symptoms of abnormal conditions in the newborn
- Anatomy and physiology of lactation
- Information on issues of circumcision
- Available information and resources for postpartum depression
- Prophylactic medications commonly given to the newborn and their risks and benefits
- Postpartum discomforts and their management
- The normal breastfeeding process and necessary conditions and factors for its success
- Stimulation and suppression of lactation
- Breastfeeding positions
- Information about common breastfeeding problems
- Available community resources/supports and a range of program options
- Methods of infant feeding and their risks and benefits
- Nutritional requirements of the woman during the postpartum period
- Nutritional needs of the newborn and properties of breast milk and breast milk substitutes
- Methods of birth control and family planning and their risks and benefits
- Effects of drugs on the newborn
- Safety needs of the newborn
- Provincial/territorial documents outlining
 - Standards of Practice
 - Model of Midwifery Practice
 - Prescribing of Medications & Devices
 - Ordering Laboratory & Diagnostic Tests
 - Standards, guidelines and/or policies on Continuity of Care
 - Required equipment and supplies for an Out of Hospital Birth setting
- Types, schedules and background information on immunizations

Complete this form and insert in front of your # 8 Narrative statement in your AO binder.

2.6 Respond to increased risk	<i>Yes, in my midwifery practice, I have done some or all of the work, described in this Function.</i>					<i>No, I have not done any of the work described in this Function.</i>	<i>Evidence #'s</i>
	<i>I always did this Activity</i>	<i>I often did this Activity</i>	<i>I sometimes did this Activity</i>	<i>I did this Activity a few times</i>	<i>I have only done this Activity once</i>	✓	<i>Enter Number(s) from Cross Refer. form</i>
2.6.1 Consult with other health professionals							
2.6.2 Refer to a physician or other health professional when appropriate							
2.6.3 Respond to emergencies							
2.6.4 Provide supportive care to the woman or newborn should transfer of care be required							

Foundational Knowledge and Skills for Function 2.6:

Principles, Concepts and Theories - Midwives need to understand:

- Human anatomy and physiology
- Human development
- Concepts pertaining to pregnancy, labour (mechanism and management including emergency management), birth, postpartum
- The process of teambuilding and engaging in partnerships

Skills - Midwives need to have the ability to:

- Assess and differentially diagnose - normal vs. abnormal
- Solve problems - recognize situations requiring intervention vs. support
- Perform Cardiopulmonary Resuscitation (CPR)
- Perform Neonatal Resuscitation (NRP) according to provincial/territorial regulations and standards
- Manage obstetric and newborn emergencies

Information and data - Midwives need to know or find out about:

- Maternal and newborn complications and variations from normal
- The role and responsibilities of other health care providers
- Current research evidence relevant to maternity care
- Provincial/territorial documents outlining
 - Indications for Discussion, Consultation and Transfer of Care
 - Indications for Planned Place of Birth
 - Model of Midwifery Practice
 - Philosophy of Care
 - Code of Ethics
 - Standards of Practice relevant to Function 2.6
 - Standards, guidelines and/or policies on Continuity of Care
 - Standards, guidelines and/or policies on Supportive Care
 - Core Competencies

Complete this form and insert in front of your # 9 Narrative statement in your AO binder.

3. Establish and maintain current professional practice

3.1 Provide evidence-based care	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
3.1.1 Monitor current research evidence							
3.1.2 Apply current research evidence							

Foundational Knowledge and Skills for Function 3.1:

Principles, Concepts and Theories - Midwives need to understand:

- Principals and critical concepts of research evaluation
- Theory of evidence-based practice

Skills - Midwives need to have the ability to:

- Critically appraise research
- Self-evaluate
- Communicate
- Study in a self-directed manner

Complete this form and insert in front of your # 10 Narrative statement in your AO binder.

3.2 Plan, implement and facilitate personal and professional development	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
3.2.1 Identify learning needs and create learning plans							
3.2.2 Identify & pursue learning opportunities							
3.2.3 Apply learning and monitor the effectiveness of learning							
3.2.4 Contribute to the professional development of others							
3.2.5 Maintain personal health and well-being							

Foundational Knowledge and Skills for Function 3.2:

Principles, Concepts and Theories - Midwives need to understand:

- Principles of evidence-based practice
- Principles of adult education, communication and counseling
- The role of midwives as preceptors for learners

Skills - Midwives need to have the ability to:

- Mentor
- Self-evaluate
- Critically appraise research

Information and data - Midwives need to know or find out about:

- All current policies of the provincial/territorial regulatory body and Standards of Practice relevant to Function 3.2

Complete this form and insert in front of your # 11 Narrative statement in your AO binder.

3.3 Contribute to the effectiveness of the health care system	Yes, in my midwifery practice, I have done some or all of the work, described in this Function.					No, I have not done any of the work described in this Function.	Evidence #'s
	I always did this Activity	I often did this Activity	I sometimes did this Activity	I did this Activity a few times	I have only done this Activity once	✓	Enter Number(s) from Cross Refer. form
3.3.1 Evaluate midwifery practice							
3.3.2 Promote the profession of midwifery within the healthcare system							
3.3.3 Promote and participate in research pertaining to midwifery and maternity care outcomes							
3.3.4 Contribute to the enhancement of health care in the community							

Foundational Knowledge and Skills for Function 3.3:

Principles, Concepts and Theories - Midwives need to understand:

- Current issues in midwifery and maternal/child health at local, provincial, national and international levels
- Social and economic influences on childbearing and child rearing
- The politics of health care as it relates to women's health
- The history, philosophy and nature of the midwifery profession
- Principles of adult education, communication and counseling
- Cultural influences on childbearing and child rearing
- The impact of life experiences on childbearing and child rearing
- Frameworks and methods for assessing evidence for practice
- The role of midwives as preceptors for learners
- Principles of evaluation
- Information and data – Midwives need to know or find out about
- The structure and processes of the Canadian health care system
- Key historical developments in Canadian health care as they relate to midwifery Relevant health policies in the provincial, national and international context
- The process of policy analysis and development
- The structure and function of professional midwifery organizations
- Regulations and processes governing midwifery in the province/territory of choice
- Legal aspects of midwifery practice including but not limited to, duties and responsibilities of the midwife, privacy and freedom of information, informed consent and informed choice and recording and reporting
- Provincial/territorial Code of Ethics and ethical frameworks
- Provincial/territorial Standards of Practice relevant to Function 3.3
- Available community resources

Complete this form and insert in front of your # 12 Narrative statement in your AO binder.

Appendix 7: Provincial/Territorial Document Cross Reference Chart

The following chart provides a reference of equivalent documents in each province and territory for documents listed in the Framework of Professional Practice as they exist at the date of writing. They are listed in the order that they appear in the Framework.

Please check with the specific jurisdiction to receive an update on documents listed as “under development” or “no equivalent” at the time of writing or if you have questions as to which document is being referred to.

British Columbia	Alberta	Saskatchewan	Manitoba	Northwest Territories	Nova Scotia
College of Midwives of British Columbia	Alberta Midwifery Health Disciplines Committee	Saskatchewan College of Midwives	College of Midwives of Manitoba	Professional Licensing, Department of Health and Social Services Government of the Northwest Territories	Midwifery Regulatory Council of Nova Scotia
Model of Midwifery Practice	Do not have specific.	Model of Practice	Standard for the Midwifery Model of Practice	NWT Midwifery Practice Framework & Standards of Practice for Registered Midwives in the NWT	Do not have specific.
Continuity of Care Policy	Registrant’s Handbook, Principles of Midwifery Practice 2.3.2 Continuity of Care	Guideline on Continuity of Care	Standard on Continuity of Care	NWT Midwifery Practice Framework #11	Standards of Practice 6. Policy under development
Supportive Care Policy	No equivalent.	Guideline on Supportive Care (approval pending)	Standard on Supportive Care	No equivalent.	No equivalent.
Shared Primary Care Policy	No equivalent.	Guideline on Shared Primary Care (approval pending)	Standard for Shared Primary Care	Standards of Practice 2.4	No equivalent.
Standards of Practice Policies 10 (refers to Function 1.3: Maintain complete and accurate health care records)	Under development	Guideline on Records and Record Keeping (approval pending)	Standards of Practice – Standard 3 (maintains complete, ongoing and updated records based on her assessments)	Standards of Practice 5	Standards of Practice 9.

British Columbia	Alberta	Saskatchewan	Manitoba	Northwest Territories	Nova Scotia
Standards of Practice Policy 11 (refers to Function 1.3: Maintain complete and accurate health care records)	Under development	Guideline on Records and Record Keeping (approval pending)	Standards of Practice – Standard 3	Standards of Practice 5	No equivalent.
Policy on Records and Record Keeping	Under development	Guideline on Records and Record Keeping (approval pending)	Policy on Records and Record Keeping	Standards of Practice 5	No equivalent.
Policy on Record Content Midwifery Data Collection Requirements	Under development	No Equivalent	No equivalent.	No equivalent.	
Informed Choice Policy	Registrant's Handbook, Principles of Midwifery Practice 2.3.1 Informed Consumer Choice	Guideline on Informed Choice	Standard on Informed Choice	Standards of Practice 6	Standards of Practice 5 and Informed Choice Policy
Philosophy of Care	Registrant's Handbook, 2.2 Philosophy of Midwifery Care	Philosophy of Care	Philosophy of Care	Midwifery Practice Framework #2: Philosophy of Midwifery Care in the NWT	Philosophy of Care Policy
Code of Ethics	Registrant's Handbook, 2.5 Standards of Conduct	Code of Ethics	Code of Ethics	Code of Conduct for Registered Midwives in the NWT	Code of Ethics (Schedule A of By-Laws)
Standards of Practice Policy 4, 5, 7 (refers to Function 2.2: Enable women and their families to play a full role in making informed choices)	Registrant's Handbook, Standards of Practice 2.3.1	Guideline on Supportive Care (approval pending)	Standards of Practice – Standard 1 and 2 (works in partnership with the woman to plan her care and upholds each woman's right to free and informed choice and consent throughout the childbirth experience)	Standards of Practice 6: Standard on Informed Choice NWT Midwifery Practice Framework #7 and #9	Standards of Practice 4 and 5 (The midwife works in partnership with client . . . and the midwife promotes informed choice.)
Indications for Planned Place of Birth	Registrant's Handbook, Principles of Midwifery Practice 4.4.2	Guideline for Planned Out of Hospital Birth (approval pending)	Standard for Planned Out of Hospital Birth	NWT Midwifery Practice Framework #7 Standards of Practice 3, 4	Indications for Planned Place of Birth.
Statement on Home Birth	No equivalent.	No Equivalent	No equivalent.	No equivalent.	No equivalent.

	Alberta	Saskatchewan	Manitoba	Northwest Territories	Nova Scotia
Midwives Regulation, Schedules A&B, Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs	Midwifery Regulation Schedule 2	Revised Regulations of SK, Chapter 14.1, Table 1	Schedule B (Medications and Devices)	Prescription & Administration of Drugs and Other Substances Regulations	Section 50 of Regulations – List of Permitted Drugs
Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests	Midwifery Regulation Schedule 1	Revised Regulations of SK, Chapter 14.1, Table 2	Schedule A (Laboratory and Diagnostic tests)	Screening and Diagnostic Tests Regulations	Standards of Practice 15 Guidelines for Screening and Diagnostic Tests
Standards of Practice Policy 4, 9, 15, 16 (refers to Function 2.3: Provide safe antenatal care)	No equivalent.	No equivalent.	Standards of Practice – Standard 7 (implements her practice with no action or omission placing the woman or infant at risk.) Schedule A & B	NWT Midwifery Practice Framework #13 Prescription & Administration of Drugs and Other Substances Regulations Screening and Diagnostic Tests Regulations	Standards of Practice 8 (The midwife assures that no actions or omissions. ...)
Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs	Registrant's Handbook, Standards of Practice 4.5 Guidelines for Prescribing and Administering Drugs	No equivalent.	No equivalent.	No equivalent.	Guidelines for Prescribing, Ordering and Administering Drugs
Required Equipment and Supplies for Home Birth Setting Policy for Home Birth Transport Plan	Registrant's Handbook, Standards of Practice 4.4.4	Guideline for Planned Out of Hospital Birth (approval pending)	Included in Standard for Planned Out of Hospital Birth	Standards of Practice 4.3	Required Equipment and Supplies for Home Birth Setting
Standards of Practice Policy 8, 9, 15, 16 (refers to Function 2.4: Provide safe labour, birth and immediate postpartum care)	No equivalent.	No equivalent.	Standards of Practice – Standard 7 (implements her practice with no action or omission placing the woman or infant at risk.)	No equivalent.	Policy for Home Birth Transport
Indications for Discussion, Consultation and Transfer of Care, Indications for Planned Place of Birth	Registrant's Handbook, Standards of Practice 4.2 Medical Consultation and Transfer of Care	Guideline on Mandatory Discussion, Consultation and Transfer of Care	Standard for Discussion, Consultation and Transfer of Care	Standards of Practice 2.5 and 2.6	Standards of Practice 8 (The midwife ensures that no actions or omission ...)

British Columbia	Alberta	Saskatchewan	Manitoba	Northwest Territories	
Policy for Second Birth Attendants	Registrant's Handbook, Appendix 7, Policy on second attendants	Guideline on Second Attendant	Standard for Use of Second Attendant	NWT Midwifery Practice Framework: #8	Indications for Multidisciplinary Team Review, Consultation and Transfer of Care
Guideline for Fetal Health Surveillance in Labour Guideline for Managing the Second Stage of Labour	No equivalent.	No equivalent.	No equivalent.	No equivalent.	No equivalent.
Guidelines on Disinfection and Sterilization	Registrant's Handbook, Appendix 9	Guideline on Routine Practices Regarding Blood and Fluid Borne Pathogens (approval pending)	Standard on Routine Practices Regarding Blood and Fluid borne Pathogens	No equivalent.	No equivalent.
Standards of Practice Policy 15, 16 (refers to Function 2.5: Provide safe postpartum care) Standards for Postpartum Care Guidelines for Postpartum Care	No equivalent.	Guideline on Postpartum Care of Mother and Infant	Standards of Practice – Standard 7 (implements her practice with no action or omission placing the woman or infant at risk.) Also Standard for Postpartum Care of Mother and Infant Schedule 1 and 2	Prescription & Administration of Drugs and Other Substances Regulations Screening and Diagnostic Tests Regulations	Standards of Practice 8 (The midwife ensures that no action or omission ...)
Competencies of Registered Midwives	Standards of Competency	Canadian Competencies For Midwives	Core Competencies	Standard 1: General Competencies of Registered Midwives	Standards of Practice 12 Core Competencies for Midwives
Standards of Practice Policy 1, 2, 3, 4, 6, 9 (refers to Function 2.6: Respond to increased risk) Indications for Discussion, Consultation and Transfer of Care, Indications for Planned Place of Birth	Registrant's Handbook, Standards of Practice 2.3.1 Registrant's Handbook, Standards of Practice 4.2 Medical Consultation and Transfer of Care	<ul style="list-style-type: none"> Model of Practice Guideline on Continuity of Care Guideline on Supportive Care (approval pending) Guideline on Mandatory Discussion, Consultation and Transfer of Care 	Standards of Practice – Standard 1, 2, 7 Standard on Supportive Care Standard on Continuity of Care Standard for the Midwifery Model of Practice	NWT Midwifery Practice Framework #3, #11 Standards of Practice 2.5 and 2.6	Indications for Multidisciplinary Team Review, Consultation and Transfer of Care

British Columbia	Alberta	Saskatchewan	Manitoba	Northwest Territories	
Continuing Competence requirements Policy on Continuing Competency in NRP; Policy on Continuing Competency in CPR; Policy on Continuing Competency in Emergency Skills; Requirements for Active Practice	Registrant's Handbook, 5.3.2 Continuing Competency Requirements	No equivalent.	Standard on Quality Assurance and Standard for Continuing Competence in cardiopulmonary Resuscitation and Standard for Continuing Competence in Neonatal Resuscitation and Standard for Currency of Practice	Continuing Competency Program for Registered Midwives in the NWT	Standard of Practice 12, Policy on Continuity Competency in Emergency Skills, Policy on Continuity of Competency in Neonatal Resuscitation, Policy on Continuity of Competency in Cardiopulmonary Resuscitation
Standards of Practice Policy 13 (refers to Function 3.2: Plan, implement and facilitate personal and professional development) Quality Assurance Program Framework; Peer Case Review Policy; Policy on Practice Protocols; Client Evaluation of Care	Registrant's Handbook, 5.3.2 Continuing Competency Requirements	No equivalent.	Standard on Quality Assurance Standards of Practice – Standard 5 (the midwife evaluates her practice)	Continuing Competency Program for Registered Midwives in the NWT NWT Midwifery Practice Framework #3 and 13	Standards of Practice 12
Standards of Practice Policy 12, 14 (refers to Function 3.3: Contribute to the effectiveness of the health care system)	No equivalent.	No equivalent.	Standards of Practice – Standard 4 and 6	NWT Midwifery Practice Framework #13 and #14	No equivalent.