



BERMUDA NURSING AND MIDWIFERY COUNCIL

MIDWIFERY SCOPE OF PRACTICE AND COMPETENCIES

JUNE 1, 2021



Scope of Practice for Midwives

The Midwifery Scope of Practice works with the following definition of a midwife adapted from the International Confederation of Midwives' definition and adopted by the Bermuda Nursing and Midwifery Council.

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located; who has acquired the requisite qualifications to be registered and / or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery (ICM 2011).

The scope of midwifery practice provides a general description of the range of primary health care services, functions, responsibilities and activities that a midwife registered with the Bermuda Nursing and Midwifery Council is educated, competent and authorised to perform. The scope of practice will encompass from preconception care to post-partum, and care of the healthy neonate. A midwife provides support during pregnancy, labour and postpartum care, along with care of the new born and family.

Education requirements

- Direct entry midwife minimum of 3 years
- Post registration RN minimum of 12 months

Licensure/ Registration

- Registered midwife (RM)

Practice settings

- Hospital
- Homes
- Community
- Clinics
- Birth centers

The scope of practice of the individual midwife is influenced by,

- the practice setting,
- organization guidelines,
- midwife educational preparation,
- experience and competence,
- collaborative practice and the

- needs of the woman, newborn, infant, and family.

Competencies for midwifery practice

General competencies

1. Assumes responsibility for own decisions and actions as an autonomous practitioner.
2. Demonstrates safe appropriate clinical practice based on the knowledge and skills of maternal, perinatal, newborn and infant health and illness.
3. Demonstrates an understanding of physiological causes of maternal, perinatal, newborn and infant mortality and morbidity.
4. Upholds legal and ethical practices with regard to fundamental human rights and Bermuda law.
5. Obtains written consent according to legal standards prior to performing any procedure.
6. Utilizes research to inform practice. Demonstrates experience with current data sources both locally and globally.
7. Responsible for admission and discharge of the client under the midwife's care.
8. Assessment techniques – obtaining a comprehensive health history, physical examination and observation according midwifery standards.
9. Formulates, implements and documents an appropriate plan to provide quality, safe and effective culturally competent care.
10. Prevents and treats common health problems related to reproductive health.
11. Medication management, vaccines, and or blood products. (see below)
12. Documentation according midwifery standards and institution guidelines.
13. Performs an admission, transfer and discharge according to institution policy.
14. Evaluates the appropriateness and effectiveness of assessments, diagnostics, interventions and treatment methods of midwifery services.

Health counselling and education

15. Provide health promotion and education on women's health, disease prevention, sexual and reproductive health. Including assist with family planning and advice, methods of contraception.
16. Facilitate women to make individual choices about care.
17. Provide guidance related to breastfeeding.
18. Educate on parenthood and changes in the family roles.
19. Care of the newborn and infant
20. Provide caring support and grief counselling to mother and partner.

Antenatal care/ Prenatal

21. Advise on basic gynecologic care, screenings. Interpret basic screening laboratory results.
22. Assist the woman and family to plan for an appropriate place of birth.

23. Maintain accurate and complete health records.

Pregnancy

24. Diagnose pregnancy, calculate expected date of delivery, and monitor normal pregnancy.
25. Perform ongoing assessments and examinations based on current standards.
26. Detect any abnormalities, initiate treatment or make an appropriate referral or consult.
27. Conduct risk assessment for complications of pregnancy. Upon detection of high-risk pregnancy, make appropriate referral to the health care provider.
28. Medication management as prescribed. (see note)

Labor and post-partum care

29. Promote physiological labor and birth. Provide emotional and physical support to the client in labor and supporting family.
30. May induce labor with medication under the direct supervision of a registered physician.
31. Detect complications of the mother and newborn
32. Diagnose high risk factors and health problems of the neonate, making the appropriate referral.
33. Inform physician where there is any abnormality or complication impacting the maternal and fetal wellbeing.
34. Conduct spontaneous vaginal deliveries; including episiotomies to relieve maternal or fetal distress where required, and in urgent cases breech deliveries.
35. Provide postnatal care for the healthy woman and healthy newborn.
36. Recognise the warning signs of abnormality in the mother or baby's condition which need to be referred to a physician, and assist if necessary. Take the necessary emergency measures in the physician's absence, to manage shoulder dystocia, breech delivery, removal of the placenta, manual examination of the uterus, post- partum hemorrhage, maternal and neonatal resuscitation.
37. Perform suture of perineal tear of the first degree, in accordance with training and experience.
38. Examine and perform all required assessments for the newborn infant, and confirm vital signs that are needed, include resuscitation if necessary.
39. Care for and monitor the progress of the mother in the post-natal period and advise her on infant care so that the baby makes the best possible progress.
40. Carry out the treatment prescribed by physician. Document the necessary written reports.
41. Use respective procedures to report the notification of birth/ death, any public health communicable or reportable diseases to the Department of Health (see appendix).
42. Ensure the safe disposal of human remains.

Professional development

43. Assumes responsibility for self-care and self-development as a midwife.
44. Acts as a resource to nursing and or midwifery students and contribute to their professional development.
45. Plans and implements in-service training of colleagues according to identified needs.
46. Utilizes leadership and collaboration to develop solutions to strengthen the challenges in local health care systems and improve maternal, new born and reproductive health.

Additional practice items

Midwives who administer medicine, blood products or vaccines, do so within the limits of training and competence, the law, BNMC Midwife code of conduct and relevant policy and regulation. They must consider the interest of the woman and take all necessary steps to ensure the drug, blood product or vaccine is administered safely.

The Advanced practice Nurse with Midwifery qualification (Registered Midwife with BNMC) and who has a collaborative physician agreement may prescribe in accordance with • APN prescriptive authority • Relevant Legislation: • The Pharmacy and Poisons Act 1979, Amendment Act 2013 • The Pharmacy and Poisons Control of Prescriptions) 1979 • The Misuse of Drugs Act 1972 • The Misuse of Drugs Regulations 1972 • The Medical Practitioners Act 1950 • The Nursing and Midwifery Act 1997 as amended • The Nursing Rules 2010 as amended.

A midwife must always work within the Scope of Practice, Standards of Midwife Practice and Code of Conduct. Nothing in this or any other document should be construed as prohibiting a midwife from expanding their practice in relation to any particular practice or procedure provided the midwife has ascertained, that it is appropriate to do so.

The midwife's primary responsibility is to provide safe and competent care. Any circumstances that may compromise professional standards, or any observation of unethical or unlawful practice, should be reported in writing to the appropriate authority. If the concern is not resolved and continues to compromise safe and competent care the midwife must intervene to safeguard the woman and baby, after exhausting the internal processes may notify an appropriate authority.

References

American college of nurse midwives (2011) Definition of midwifery and scope of practice of certified nurse midwives and certified midwives. www.midwife.org

American college of nurse midwives (November 2018) Global health competencies and skills. www.midwife.org

Canadian regulators midwifery council (June 2018) Canadian competencies for midwives <https://cmrc-ccosf.ca/midwifery-canada#competencies>

International confederation of midwives (2019) Essential Competencies for midwifery practice update. www.internationalmidwives.org

International confederation of midwives (2017) Definition of midwifery. www.internationalmidwives.org

Nursing and midwifery council (2019) Standard of competence for registered midwives. www.nmc.org.uk