

PROVINCE OF BRITISH COLUMBIA  
REGULATION OF THE MINISTER OF HEALTH SERVICES

*Health Professions Act*

Ministerial Order No. M 241

I, George Abbott, Minister of Health Services, order that effective October 17, 2008, the attached Midwives Regulation is made.

October 10, 2008  
Date

George Abbott  
Minister of Health Services

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*(This part is for administrative purposes only and is not part of the Order.)*

Authority under which Order is made:

Act and section:- Health Professions Act, R.S.B.C. 1996, c. 183, s. 12 (2)

Other (specify):- \_\_\_\_\_

# MIDWIVES REGULATION

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## SCHEDULES 1 AND 2

### Definitions

- 1 In this regulation:

“**Act**” means the *Health Professions Act*;

“**aboriginal**” means relating to the Indian, Inuit or Métis peoples of Canada;

“**aboriginal midwifery**” means

- (a) traditional aboriginal midwifery practices such as the use and administration of traditional herbs and medicines and other cultural and spiritual practices,
- (b) contemporary aboriginal midwifery practices which are based on, or originate in, traditional aboriginal midwifery practices, or
- (c) a combination of traditional and contemporary aboriginal midwifery practices;

“**reserve**” means a reserve as defined in the *Indian Act (Canada)*.

### College name

- 2 The name “College of Midwives of British Columbia” is the name of the college established under section 15 (1) of the Act for midwifery.

### Reserved title

- 3 The title “midwife” is reserved for exclusive use by registrants.

### Scope of practice

- 4 (1) Subject to the bylaws, registrants may
  - (a) assess, monitor and care for women during normal pregnancy, labour, delivery and the post-partum period,
  - (b) counsel, support and advise women during pregnancy, labour, delivery and the post-partum period,
  - (c) manage spontaneous normal vaginal deliveries,
  - (d) care for, assess and monitor the healthy newborn, and
  - (e) provide advice and information regarding care for newborns and young infants and deliver contraceptive services during the 3 months following birth.

- (2) Subject to the bylaws, aboriginal registrants may practise aboriginal midwifery.

**Restricted activities**

- 5 (1) No person other than a registrant may, for the purposes of midwifery,
- (a) conduct internal examinations of women during pregnancy, labour, delivery and the post-partum period,
  - (b) manage spontaneous normal vaginal deliveries,
  - (c) perform episiotomies and amniotomies during established labour and repair episiotomies and simple lacerations,
  - (d) prescribe, order or administer drugs and substances specified in Schedule 1 to this regulation, and
  - (e) order, collect samples for, perform or interpret the results and reports of screening and diagnostic tests specified in Schedule 2 to this regulation.
- (2) Subsection (1) does not apply on a reserve to an aboriginal person who practised aboriginal midwifery prior to the coming into force of this regulation.

**Limits or conditions on services**

- 6 (1) Registrants must
- (a) advise clients to consult a medical practitioner for a medical examination during the first trimester of pregnancy,
  - (b) consult with a medical practitioner regarding any deviations from the normal course of pregnancy, labour, delivery and the post-partum period that indicate pathology, and transfer responsibility when necessary, and
  - (c) consult with a medical practitioner if the result or report of a test in section 4 of Schedule 2 is abnormal.
- (2) A registrant may
- (a) prescribe or administer a substance in section 1 (2) of Schedule 1 only for intrapartum chemoprophylaxis for Group B Strep,
  - (b) prescribe or administer a substance in section 1 (3) of Schedule 1 only for therapeutic rest in prodromal labour,
  - (c) order and administer a drug in section 2 of Schedule 1 only in emergency conditions and in consultation with a medical practitioner, and
  - (d) administer a drug in section 3 of Schedule 1 only after consulting with and on the order of a medical practitioner.

**Patient relations program**

- 7 The college is designated for the purposes of section 16 (2) (f) of the Act.

**SCHEDULE 1**  
**DRUGS AND SUBSTANCES**

- 1 (1) A midwife may prescribe or administer the following substances:
- Cephalexin
  - Chloroprocaine – 2%
  - Clindamycin
  - Clotrimazole
  - Diphenhydramine hydrochloride – IM
  - Domperidone
  - Doxylamine succinate-pyridoxine hydrochloride
  - Ergonovine maleate
  - Erythromycin ophthalmic ointment
  - Hepatitis B immune globulin
  - Hepatitis B vaccine
  - Hydrocortisone anorectal therapy compound
  - Intravenous fluids – normal saline, Ringer’s Lactate, 5% dextrose in water
  - Lidocaine hydrochloride without epinephrine – 1%
  - Measles / Mumps / Rubella (MMR) Vaccine
  - Miconazole
  - Misoprostol – po or pr
  - Mupirocin-clotrimazole-nystatin-betamethasone
  - Nystatin
  - Oxytocin – IV or IM injection
  - Phytonadione
  - PregVit Prenatal/Postpartum Vitamin-Mineral Supplement
  - Pre-mixed 50/50 nitrous oxide and oxygen
  - RhD Immune globulin
  - Therapeutic oxygen
  - Triamcinolone – neomycin sulfate – nystatin – gramicidin (Kenacomb)
  - Triple dye
- (2) Subject to section 6 (2) (a) of the regulation, a midwife may prescribe or administer the following substances:
- Ampicillin
  - Cefazolin
  - Penicillin G
  - Vancomycin
- (3) Subject to section 6 (2) (b) of the regulation, a midwife may prescribe or administer the following substances:
- Lorazepam (oral or sublingual)
  - Oxazepam (oral or sublingual)

- 2 Subject to section 6 (2) (c) of the regulation, a midwife may order and administer the following drugs:
- Carboprost tromethamine
  - Epinephrine hydrochloride
  - Naloxone hydrochloride
  - Nitroglycerin
- 3 Subject to section 6 (2) (d) of the regulation, a midwife may administer the following drugs:
- Acetaminophen with codeine
  - Antibiotics
  - Antiemetic/sedative agents with narcotic analgesics
  - Barbiturates
  - Cervical ripening agents – in hospital only
  - Sedatives
  - Epidural analgesia (continuous infusion maintenance) – in hospital only
  - Narcotic antagonists
  - Narcotics – in hospital only
  - Oxytocin intravenous infusion – in hospital only
- 4 A midwife may order, prescribe or administer any drug or substance that may lawfully be purchased or acquired without a prescription.

## **SCHEDULE 2**

### **SCREENING AND DIAGNOSTIC TESTS**

- 1 A midwife may order, collect samples for and interpret the report of the following screening and diagnostic tests:
- (a) for a woman:
    - (i) chemistry: blood glucose, urinalysis (routine and microscopic), serum ferritin, serum B12, serum thyroid stimulating hormone, free thyroxine, Maternal Serum Marker Screening;
    - (ii) cytology: cervical smears (Pap smears);
    - (iii) hematology: hemoglobin, hematocrit, white blood cell count with differential, red blood cell morphology, platelet count, sickle cell solubility, fetal blood screen, Kleihauer-Betke and Rosette;
    - (iv) microbiology:
      - (A) cervical and vaginal cultures and smears (including sensitivities if relevant) for Group B streptococcus, gonorrhoea, chlamydia, yeasts, trichomonas, and bacterial vaginosis;
      - (B) urine for culture and sensitivities; swabs for culture and sensitivities (e.g. wounds, episiotomies);
      - (C) wet preparation (for fungus, trichomonas, parasites);
      - (D) viral swabs (e.g. herpes);
    - (v) serology/immunology: blood group and type with antibody screen, repeat antibody testing, hepatitis, human immunodeficiency virus antibody, rubella antibody, toxoplasmosis antibody, syphilis serology, cytomegalo

virus antibody, HSV antibodies IgG and IgM; parvovirus B19 serology including anti-B19 IgG and IgM, varicella-zoster serology IgG and IgM;

(vi) pregnancy test (blood and urine);

(b) for a newborn:

(i) hemoglobin, hematocrit, white blood cell count with differential, blood type and Rh factor, neonatal metabolic screen, glucose, Coombs, and bilirubin;

(ii) microbiology samples: cord and eye, ear, and gastric fluid cultures.

2 A midwife may order, perform and interpret the results of the following screening and diagnostic tests:

(a) urine (dip stick analysis);

(b) pregnancy test (urine);

(c) blood glucose: adult and newborn (stix method);

(d) hemoglobin (finger prick method);

(e) ferning test (amniotic fluid);

(f) non-stress test;

(g) fetal fibronectin

(h) external fetal monitoring.

3 A midwife may order and interpret the report of:

(a) an obstetrical ultrasound test, or

(b) an amniocentesis for advanced maternal age.

4 Subject to section 6 (1) (c) of the regulation, a midwife may order the following tests for a woman:

(a) 24 hour urine for protein;

(b) BUN;

(c) liver function;

(d) serum creatinine;

(e) serum electrolytes;

(f) serum uric acid.