MAY 28 2018

BRUCE COOPER
DEPUTY MINISTER
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Midwifery Practice Framework with Prescription Drug List

I hereby authorize the adoption of the amended Midwifery Practice Framework with the inclusion of Appendix C and D, making up the list of drugs and products registered midwives in the Northwest Territories may prescribe.

Glen Abernethy
Minister of Health and Social Services

Attachments

Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

NORTHWEST TERRITORIES MIDWIFERY PRACTICE FRAMEWORK

Northwest Territories Midwifery Practice Framework

Introduction

The *Midwifery Profession Act* (the Act) allows for the establishment of a Midwifery Practice Framework. The Framework sets out the midwifery model of practice and defines the principles on matters such as continuity of care, informed choice and collaborative care. In conjunction with the Act and its regulations, it guides the practice of Registered Midwives in the Northwest Territories (NWT). It should be noted that if there is a conflict between the Act and the Framework, then the Act prevails to the extent of the conflict. Appendix I-A includes the key sections of the Act, as it relates to this Practice Framework; Appendix I-B is a Glossary of terms. Appendix I-C is the Pharmacy List for Registered Midwives in the NWT, which lists which drugs and substances midwives in the NWT may prescribe. Appendix I-D addresses Schedule II and III Drugs and Medical Supplies and Equipment.

The NWT Midwifery Practice Framework was developed with the input of the Midwives Association of the NWT and Nunavut, departmental representatives and other healthcare professionals in the NWT. In addition, national and international reference material from organizations such as the Canadian Association of Midwives, International Confederation of Midwives, World Health Organization, International Federation of Gynaecology and Obstetrics was considered.

On the recommendation of the Government of the Northwest Territories' Executive Council, the Minister of Health and Social Services adopted the Midwifery Practice Framework on March 30, 2005. Appendices C and D were incorporated into the Practice Framework in 2007 and subsequently approved. The most recent amendment of the Midwifery Practice Framework reflects recommendations made by the NWT Advisory Committee on Midwifery in 2016 to modernize the Framework.

Philosophy of Midwifery Care

Midwifery care is client-centred care based on a respect for pregnancy as a state of health, and childbirth as a normal physiological process. Given that there is a great range of normal in pregnancy and childbirth, any decision to intervene in the natural process is made only after thoughtful and careful assessment. When pregnancy and birth deviate from normal or become complicated, supportive and appropriate care assists clients and their families to maintain a healthy perspective on the childbearing experience.

Midwives acknowledge that the events of the reproductive life cycle are profound and carry significant meaning for childbearing clients, their families and communities. Midwives assist clients to integrate the social, emotional, cultural, spiritual, psychological, and physical aspects of these transformative experiences and move safely through them with power and dignity.

Midwives promote health in individuals and families by providing a continuum of services from preconception through to infancy and early parenting. Midwifery care responds to the unique strengths and needs of each individual and family. Midwives respect and support clients as primary decision-makers who are capable of making thoughtful and appropriate choices based on current information available to them, and in accordance with their own values and beliefs.

Midwives honor the Indigenous cultural roots and midwifery traditions of the communities they serve in the Northwest Territories while respecting the cultural diversity of all clients. Midwives create space in which all clients can feel safe to express who they are, what they need, and how they wish to receive care.

Midwifery care promotes, protects and supports human, reproductive and sexual health rights, based on the principles of justice, autonomy, equity and respect for human dignity for all clients, in particular those experiencing marginalization.

Partnership with Clients

Midwifery care fosters a partnership that recognises the client's right to self-determination, and is respectful, personalised, and egalitarian.

Midwives bring to the partnership their knowledge, skills, understanding and professional judgement, in a manner that is flexible, creative, and empowering. Open discussions between midwives and clients about their mutual expectations and the nature of their relationship are encouraged.

Informed Choice

Informed choice is a guiding principle of the midwifery model of practice that enables clients to participate fully in the planning of their care and the care of their newborn(s). It is a decision-making process that relies on a full and ongoing exchange of information in a non-urgent, non-authoritarian, co-operative manner.

Midwives respect the right of individuals to make informed choices and actively encourage informed decision-making by:

- Recognizing and supporting clients as primary decision-makers with their own personal circumstances and world views.
- Assisting clients to obtain and understand information relevant to decisions about their care.
- Discussing the scope and limitations of midwifery care with clients and promoting shared responsibilities between clients, their families, and their caregivers.
- Recognizing and respecting that clients may sometimes make choices for themselves and their families that differ from their midwife's recommendation

and/or community standards. In such circumstances midwives will continue to provide access to the best possible care.

Midwives as Autonomous Healthcare Providers

Midwives are autonomous primary health care providers whom clients may choose as their first point of entry to the maternity care system, in accordance with s.4 of the Act.

Midwives are fully responsible for the primary health services they provide within their scope of practice.

Collaborative Care

Midwives identify, assess, and respond to conditions and situations that warrant the involvement of other care providers and coordinate services to ensure continuity of care.

They identify conditions that necessitate consultation with or referral to other care providers. In situations where transfer of care to a physician is required, the midwife will continue to provide supportive care after transfer when possible, and will resume primary care if and when appropriate.

Collaboration with other health care providers occurs with informed client choice, in the best interests of the client, and in such a way that individualized client care and continuity of care are optimized.

Continuity of Care

Continuity of care is both a philosophy and a process that enables clients and midwives to build a relationship of understanding, support, and trust over time.

Midwives provide clients a continuum of care in the pre-conceptual, prenatal, labour, birth, and postpartum periods in accordance with s.2 (1) of the Act. This includes clinical care, counselling, education and support related to their physical, psychological, and social needs.

Continuity of care is facilitated when:

- A known midwife or small group of midwives (generally no more than four) provide care throughout the course of care
- A consistent philosophy of care and a coordinated approach to clinical practice is maintained by care providers

- Communication links are established and maintained between the caregivers in a client's home community and the referral centre.
- The client has input into the manner in which continuity of care is provided.

Community Input

Community input is fundamental to the development, implementation, and evaluation of effective midwifery practice across all settings.

The relationships between midwives and the communities they serve are historically and culturally important. Renewing these relationships will contribute to the future well-being of communities in the NWT.

Midwives are best able to respond to the needs of communities when communities are provided with meaningful opportunities to work in partnership to meet those needs. Midwives, along with other stakeholders, have a responsibility to facilitate community input.

Community-Based Practice and Practice Sites

Midwives are primary caregivers providing community-based care in a variety of local settings including health-care facilities, clinics, health units, community health centres, birth centres and homes. Midwives are able to obtain privileges at health-care facilities, including hospitals that permit them to act as a primary care provider.

Midwives work in small group practices or as part of a multi-disciplinary team to provide continuity of care with 24 hour on-call coverage by a known care provider.

Accessibility of Midwifery Care

Midwives offer their services to all families within their practice area. Midwives engage in outreach activities such as providing care in settings outside of health care facilities to ensure equitable access for all clients regardless of their circumstances.

Midwives work with communities desiring midwifery services to develop appropriate and practical approaches to the provision of midwifery care. Wherever possible, midwifery services are provided close to the client's home community.

Midwives make every reasonable effort to serve families from outlying communities where access to midwifery service is limited or unavailable.

Choice of Birth Setting

Midwives respect the right of clients to choose where they will give birth.

Midwives facilitate and document an informed choice discussion about birth setting with clients.

Within the context of the communities in which they practice, midwives offer clients a choice of settings for labour and birth care including hospitals, health-care facilities, birth centres and homes. Midwives are able to function within their scope of practice in all settings thereby supporting clients to give birth as close to home as possible in urban, rural and remote communities.

Two Attendants at Each Birth

The safest care can be provided when there are two qualified attendants physically present at each birth. Both attendants must be skilled in neonatal resuscitation and the management of maternal emergencies.

Midwives work with a qualified second attendant to provide safe care at births. The second birth attendant must understand and support the midwifery model of care, and could be another midwife, or health care practitioner with the knowledge and skill required to assist the midwife, the birthing client, and the newborn.

Accountability and Evaluation of Practice

Midwives' fundamental accountability is to the clients in their care, as well as to peers and the wider community, for safe, competent and ethical practice. Midwives are also accountable to the Minister of Health and Social Services and the health agencies with whom they practice.

Midwives continuously evaluate their practice to improve the quality of care they provide, and to ensure that their practice is evidence-based and responsive to clients' needs. Results of these evaluations are widely distributed to inform policy, education, and midwifery practice.

Research

Midwives initiate, promote, and participate in research regarding midwifery care and related outcomes. Midwives ensure that research activities comply with ethical guidelines and legal requirements.

Education

Midwives have a responsibility to share their knowledge, skills, and experience with colleagues, clients, and students of midwifery.

In keeping with the history and tradition of midwifery, midwives have a responsibility to participate in the education and mentoring of midwifery students.

From the *Midwifery Profession Act*:

2. The registered midwife is entitled to apply midwifery knowledge, skills and judgement

(a) to provide counselling and education related to childbearing;
(b) to carry out assessments necessary to confirm and monitor pregnancies;
(c) to advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk;
(d) to identify the conditions in the woman, fetus or newborn that necessitate consultations with or referral to a medical practitioner or other health care professional;
(e) to care for the woman and monitor the condition of the fetus during labour;
(f) to conduct spontaneous vaginal births;
(g) to examine and care for the newborn in the immediate postpartum period;
(h) to care for the woman in the postpartum period and advise her the client and her family on newborn and infant care and family planning;
(i) to take emergency measures when necessary;
(j) to perform, order or interpret prescribed screening and diagnostic tests;
(k) to perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra
(l) to prescribe and administer drugs authorized in the Midwifery Practice Framework; and
(m) on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner

4. A registered midwife may, in accordance with this Act, the regulations and the Midwifery Practice Framework, engage in the practice of registered midwives as a primary health care provider who:
(a) is directly accessible to clients without referral from a member of another health profession;
(b) is authorized to provide the services of a registered midwife without being supervised by a member of another health profession; and
(c) consults with medical practitioners or other health care professionals if medical conditions exist or arise that may require management outside the scope of the practice of registered midwives.

5. (1) The Minister, on the recommendation of the Executive Council, may establish a framework respecting the practice of registered midwives.

(2) Where a framework respecting the practice of midwifery has been established by an association, person or body of persons in a province or another territory and is available in written form, the Minister, on the recommendation of Executive Council, may adopt the framework, or the framework as amended from time to time, and upon adoption of the framework is in force in respect of registered midwives either in whole or in part or with such variations as may be specified in the instrument adopting the framework.

Glossary of Terms

This glossary of terms is for the purpose of the Midwifery Practice Framework and the Standards of Practice for Registered Midwives in the NWT.

Immediate Post-Partum Period:

means the puerperium: the period of 42 days (six weeks) following childbirth and expulsion of the placenta and the membranes. The generative organs usually return to normal during this time.

Source: Taber's Cyclopedic Medical Dictionary 21st edition, 2005

Infant:

means a child in the first year of life.

Source: Taber's Cyclopedic Medical Dictionary 21st edition, 2005

Midwife:

means a registered midwife as defined by the Act

Midwifery Regulatory Framework:

means the Midwifery Profession Act, Midwifery Profession General Regulations, Screening and Diagnostic Test Regulations and any other regulations to the Act, Standards of Practice for Registered Midwives in the NWT, Midwifery Practice Framework with Prescription Drug List, Continuing Competency Program for Registered Midwives In the NWT, and the Code of Conduct for Registered Midwives in the NWT

Post-Partum Period:

means a period of up to 12 months following childbirth and expulsion of the placenta and the membranes

Pharmacy List for Registered Midwives in the NWT

In accordance with the *Midwifery Profession Act* **s. 2(1) (l)** and pursuant to the *Pharmacy Act* **s. 20(1)(c)**, registered midwives are authorized to prescribe, order, and administer the drugs listed below within the midwifery scope of practice and/or in consultation with a physician, where clinical conditions warrant a consultation as outlined in the Standards of Practice for Registered Midwives in the NWT. Midwives are also authorized, on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner (Midwifery Profession Act **s. 2(1) (m)**.)

ITEM NUMBER	SUBSTANCE OR DRUG
1.	Acyclovir
2.	Acetaminophen with codeine
3.	Acetaminophen with oxycodone
4.	Amoxicillin and its salts and derivatives
5.	Amoxicillin-clavulanic acid
6.	Ampicillin and its salts and derivatives
7.	Azithromycin and its salts and derivatives
8.	Bacillus Calmette-Guerin vaccine
9.	Betamethasone
10.	Blood products
11.	Calcium gluconate
12.	Carboprost tromethamine
13.	Cephalosporin C and its salts and derivatives
14.	Cervical caps
15.	Ciprofloxacin and its salts
16.	Clindamycin and its salts and derivatives
17.	Clotrimazole and its salts
18.	Cloxacillin and its salts and derivatives
19.	Crystalloid intravenous fluids
20.	Dexamethasone
21.	Dextrose in concentrated solutions
22.	Diaphragms
23.	Diclofenac
24.	Dimenhydrinate
25.	Dinoprostone
26.	Diphenhydramine

ITEM NUMBER	SUBSTANCE OR DRUG
27.	Diphtheria, tetanus toxoids, and acellular pertussis vaccination
28.	Domperidone
29.	Doxycycline and its salts and derivatives
30.	Doxylamine - pyridoxine
31.	Epinephrine and its salts
32.	Ergot alkaloids and their salts
33.	Erythromycin and its salts and derivatives
34.	Fentanyl citrate
35.	Flumazenil
36.	Hydromorphone
37.	Fluconazole
38.	Folic acid
39.	Hepatitis B immune globulin
40.	Hepatitis B vaccine
41.	Hormonal contraceptives
42.	Hydralazine and its salts
43.	Hydrocortisone
44.	Ibuprofen and its salts
45.	Indomethacin
46.	Influenza vaccine
47.	Intrauterine devices
48.	Iron and its salts
49.	Ketorolac
50.	Labetalol
51.	Lidocaine hydrochloride, with or without epinephrine, up to 2%
52.	Lorazepam
53.	Magnesium sulfate
54.	Mefenamic acid and its salts
55.	Metoclopramide
56.	Metronidazole
57.	Miconazole and its salts
58.	Misoprostol
59.	MMR vaccine
60.	Morphine citrate

ITEM NUMBER	SUBSTANCE OR DRUG
61.	Mupirocin
62.	Naloxone and its salts
63.	Naproxen and its salts
64.	Nifedipine
65.	Nitrofurantoin and its salts
66.	Nitroglycerin
67.	Nitrous oxide
68.	Nystatin and its salts and derivatives
69.	Ondansetron
70.	Oseltamivir
71.	Oxazepam
72.	Oxygen
73.	Oxytocin
74.	Penicillin and its salts and derivatives
75.	Prenatal vitamins
76.	Promethazine
77.	Rho D immune globulin
78.	Sulfamethoxazole-trimethoprim
79.	Sulphonamides and their salts and derivatives
80.	Support hose
81.	Tranexamic acid
82.	Trimethoprim and its salts
83.	Valacyclovir
84.	Vancomycin
85.	Varicella vaccine
86.	Varicella Zoster immune globulin
87.	Vasopressin
88.	Vitamin K

Schedule II and III Drugs and Medical Supplies and Equipment

Schedule II and III Drugs

For greater clarity, registered midwives, as autonomous primary health care providers (in accordance with the Midwifery Practice Framework) may also provide prescriptions for National Association of Pharmacy Regulatory Authorities (NAPRA) Schedule II and III drugs, pursuant to the *Pharmacy Act* **s. 17(3)** and **s. 18(3)**.

Medical Supplies and Equipment

For greater clarity, registered midwives, as autonomous primary health care providers in accordance with the Midwifery Practice Framework) may also provide orders for medical supplies and equipment, which are available at pharmacies.