Province of Alberta

HEALTH DISCIPLINES ACT

MIDWIFERY REGULATION

Alberta Regulation 328/1994

With amendments up to and including Alberta Regulation 228/2012

Office Consolidation

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ALBERTA REGULATION 328/94

Health Disciplines Act

MIDWIFERY REGULATION

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Schedules

Definitions

1  In this Regulation,

(a) “Act” means the Health Disciplines Act;

(b) “assessment” means the gathering of information about the health status of the client, analysis and synthesis of that data, and the making of a clinical judgment or diagnosis;

(c) repealed AR 228/2012 s2;

(d) “Board” means the Health Disciplines Board;
(d.1) “bypaws” means the bylaws made by the College under section 57 of the Act;

(e) repealed AR 228/2012 s2;

(e.1) “College” means the College of Midwives of Alberta named in an order under section 19(3)(a) of the Act as the health discipline association to govern the designated health discipline of midwives;

(e.2) “Conduct and Competency Committee” means the conduct and competency committee established by the College under section 17 of the Act;

(e.3) “Council” means the governing body of the College established under section 13 of the Act;

(f) “midwife” means a person who is registered pursuant to this Regulation;

(g) “primary health care provider” means a person who

(i) is directly accessible to clients without referral from another health professional,

(ii) is authorized to provide health services within a defined scope of practice without supervision by a member of another health profession,

(iii) co-ordinates health related services and makes referrals to other health professionals when appropriate, and

(iv) ensures continuity of care;

(h) “Registrar” means the registrar appointed by the College under section 15 of the Act;

(i) “Registration Committee” means the registration committee established by the College under section 16 of the Act.

Eligibility for registration

2(1) For the purposes of section 22(a) of the Act, a person is eligible to be registered as a midwife if that person

(a) has satisfactorily completed a program of studies approved by the Board,
(b) has satisfactorily completed an examination approved by the Board,

(c) has

(i) within the 2-year period immediately preceding the date on which the Registrar receives the person’s complete application, met the requirements of clause (a),

(ii) within the one-year period immediately preceding the date on which the Registrar receives the person’s complete application, satisfactorily completed a refresher program approved by the Board, or

(iii) maintained competence by actively engaging in the practice of midwifery in accordance with criteria established by the Council,

(d) has completed and submitted to the registrar the forms prescribed by the Minister, and

(e) has paid the application fee and registration fee provided for by the bylaws.

(2) Where section 23 of the Act applies, a person may be eligible for registration as provided for in that section.

Temporary registration

3(1) Notwithstanding section 2, for the purposes of section 22(a) of the Act, a person is eligible to be registered as a midwife on a temporary basis if the Registration Committee is satisfied, on the basis of generally accepted criteria, that temporary registration is appropriate.

(2) A person who is registered pursuant to subsection (1) may engage in the practice of midwifery under a type and level of supervision specified by the Registration Committee and subject to any terms, conditions or limitations imposed by the Registration Committee.

(3) Temporary registration may be granted for a maximum period of one year and may, on application and at the discretion of the Registration Committee, be extended for not more than one additional period of not more than one year.
Renewal of registration

4(1) For the purposes of section 24(3)(a) and (b) of the Act, a midwife is eligible for renewal of registration if the midwife has paid the renewal fee provided for by the bylaws and has

(a) within the 2-year period immediately preceding the date on which the Registrar receives the midwife’s complete application for renewal of registration, met the requirements of section 2(1)(a),

(b) within the one-year period immediately preceding the date on which the Registrar receives the midwife’s complete application for renewal of registration, satisfactorily completed a refresher program approved by the Board, or

(c) maintained competence by actively engaging in the practice of midwifery in accordance with the criteria established by the Council.

(2) For the purposes of section 24(1) of the Act, the date for submission of an application for renewal of registration is January 1.

(3) If a midwife does not meet the requirements of subsection (1)(a), (b) or (c), the midwife may be eligible for the renewal of the midwife’s registration as provided for in section 24(4) to (9) of the Act.

Training programs and examinations

5 For the purposes of section 23(5)(a) and 24(7)(a) of the Act, the training programs and examinations that the Registration Committee may require are the following:

(a) a refresher program approved by the Board;

(b) the examination referred to in section 2(1)(b);

(c) all or part of a program of studies referred to in section 2(1)(a) as prescribed by the Registration Committee or any other training the Registration Committee considers appropriate.

Register

6(1) The Registrar shall enter in the register

(a) the name, mailing address, practice status and registration number of each midwife, and
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(b) any terms, conditions or limitations imposed on a midwife’s practice by the Registration Committee under the Act or by the Conduct and Competency Committee under Part 4 of the Act.

(2) A midwife shall forthwith notify the Registrar of any change in name, mailing address or practice status.

AR 328/94 s6;228/2012

Use of title
7 A person registered pursuant to this Regulation may use the name “midwife”.

Practice of midwifery
8 A midwife may

(a) provide counselling and education related to childbearing,

(b) carry out assessments necessary to confirm and monitor pregnancies,

(c) advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk,

(d) identify the conditions in the woman, fetus or newborn that necessitate consultation with or referral to a physician or other health professional,

(e) care for the woman and monitor the condition of the fetus during labour,

(f) conduct spontaneous vaginal births,

(g) examine and care for the newborn in the immediate postpartum period,

(h) care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning,

(i) take emergency measures when necessary,

(j) perform, order or interpret screening and diagnostic tests in accordance with Schedule 1,

(k) perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra,
(l) prescribe and administer drugs in accordance with Schedule 2, and

(m) on the order of a physician relating to a particular client, administer any drugs by the route and in the dosage specified by the physician.

**Autonomous practice and medical consultation**

9(1) In respect of normal pregnancy, a midwife may, in accordance with the guidelines approved by the Board,

(a) engage in the practice of midwifery as a primary health care provider, and

(b) provide services in a variety of settings.

(2) If medical conditions exist or arise during the course of midwifery care that may require management by a physician, a midwife shall consult with a physician in accordance with the guidelines approved by the Board.

(3) If the result of the consultation under subsection (2) is a determination that management by a physician is required, the midwife shall transfer primary responsibility for care, or aspects of care, to a physician and may engage in the practice of midwifery in collaboration with the physician, to the extent agreed to by the client, physician and midwife.

**Standards of conduct**

10 A midwife shall

(a) execute all duties in accordance with generally accepted standards of practice and professional ethics and be guided at all times by the welfare, best interests and informed consent of the client,

(b) work within, be limited by and inform clients regarding

(i) the midwife’s scope of practice and individual ability,

(ii) any terms, conditions or limitations on the midwife’s registration or practice imposed by the Registration Committee under the Act or by the Conduct and Competency Committee under Part 4 of the Act, and

(iii) the practical limitations imposed by the environment or equipment at hand,
(c) maintain currency in knowledge and skill in the practice of midwifery and enhance knowledge and skill in accordance with new developments in procedures or equipment,

(d) work to encourage high standards of performance and research in the practice of midwifery,

(e) refer any incompetent, illegal or unethical professional conduct by colleagues or other health care personnel to the appropriate authorities,

(f) hold in confidence all client information unless the midwife is permitted by the client or required by the Act or any other enactment or by order of a court to disclose the information, and

(g) comply with government standards and reporting requirements.

Practice review committee

11(1) The Council may establish a practice review committee consisting of not fewer than 3 and not more than 9 midwives appointed by the Council.

(2) Where a practice review committee is established under subsection (1), the practice review committee may, on its own initiative, and shall, at the request of the Board, conduct a review of the practice of a midwife in accordance with guidelines approved by the Board.

(3) After conducting a review under subsection (2), the practice review committee may provide advice and make recommendations to the midwife as to the practice of midwifery by that midwife.

(4) If, in the course of a review under subsection (2),

(a) the practice review committee discovers conduct or competence problems it believes warrant disciplinary action, or

(b) the midwife does not co-operate with the practice review committee in carrying out the review,

the practice review committee shall refer the matter to the Registrar and the referral shall be treated as a complaint under Part 4 of the Act.

AR 328/94 s10;228/2012
(5) Where a practice review committee is established under subsection (1), the practice review committee may inquire into, report to and advise the Council in respect of:

(a) the assessment and development of educational, experiential and practice standards that are conditions precedent to registration or renewal of registration under this Regulation,

(b) the evaluation of desirable standards of competence of midwives generally, and

(c) the practice of midwifery generally.

AR 328/94 s11;228/2012

Council
11.1 The Council of the College established by the College under section 13 of the Act shall consist of

(a) 3 midwives, and

(b) the 2 members of the public appointed by the Lieutenant Governor in Council under section 14(1)(b) of the Act.

AR 228/2012 s10

Registration Committee
11.2 The members of the Registration Committee established by the College under section 16 of the Act shall be midwives appointed by the Council.

AR 228/2012 s10

Conduct and Competency Committee
11.3 The Conduct and Competency Committee established by the College under section 17 of the Act shall consist of

(a) not fewer than 3 and not more than 9 midwives appointed by the Council, and

(b) the member of the public appointed by the Lieutenant Governor in Council under section 17(1)(b) of the Act.

AR 228/2012 s10

Liability insurance
12 A midwife shall carry professional liability insurance with an insurer acceptable to the Board and in an amount that is at least the minimum level of coverage required by the Board.
Annual report

12.1 The date prescribed for the purposes of section 18 of the Act is March 1.

AR 228/2012 s11

Transitional

12.2(1) In this section “committee” means the Midwifery Health Disciplines Committee established by the Minister under section 9(1)(a) of the Act.

(2) Notwithstanding anything in this Regulation, if a matter that was referred, under section 23 of the Act, or referred back, under section 25(5)(b) of the Act, to the committee has not been concluded on the coming into force of this section,

(a) any members of the committee who had been dealing with the matter who have not been appointed to the Registration Committee are deemed to be members of the Registration Committee for the purposes of clause (b), and

(b) the members of the Registration Committee who had been dealing with the matter are designated to sit as a panel of the Registration Committee for the purposes of dealing with the matter.

(3) Notwithstanding anything in this Regulation, if a matter that was concluded under section 23 of the Act before the coming into force of this section is referred back to the committee under section 25(5)(b) of the Act after the coming into force of this section,

(a) any members of the committee who had dealt with the matter who have not been appointed to the Registration Committee are deemed to be members of the Registration Committee for the purposes of clause (b), and

(b) the members of the Registration Committee who had dealt with the matter are designated to sit as a panel of the Registration Committee for the purposes of dealing with the matter.

(4) A deemed member of the Registration Committee under subsection (2)(a) or (3)(a) is a member only for the purpose of sitting as a member of a panel under subsection (2)(b) or (3)(b).

(5) If a deemed member of the Registration Committee under subsection (2)(a) or (3)(a) is unable or unwilling to act as a member of a panel referred to in subsection (2)(b) or (3)(b), as the case may be, the other members of the Registration Committee designated to sit as the panel may deal with the matter in the absence of the member.
(6) Notwithstanding anything in this Regulation, if a matter that was being dealt with by the committee under Part 4 of the Act or was referred back to the committee under section 51(1)(c) of the Act has not been concluded on the coming into force of this section,

(a) any members of the committee who had been dealing with the matter who have not been appointed to the Conduct and Competency Committee are deemed to be members of the Conduct and Competency Committee for the purposes of clause (b), and

(b) the chair shall establish a panel of the Conduct and Competency Committee to deal with the matter and shall designate the members of the Conduct and Competency Committee who had been dealing with the matter to sit as the panel.

(7) Notwithstanding anything in this Regulation, if a matter that was concluded under Part 4 of the Act before the coming into force of this section is referred back to the committee under section 51(1)(c) of the Act after the coming into force of this section,

(a) any members of the committee who had dealt with the matter who have not been appointed to the Conduct and Competency Committee are deemed to be members of the Conduct and Competency Committee for the purposes of clause (b), and

(b) the chair shall establish a panel of the Conduct and Competency Committee to deal with the matter and shall designate the members of the Conduct and Competency Committee who had dealt with the matter to sit as the panel.

(8) A deemed member of the Conduct and Competency Committee under subsection (6)(a) or (7)(a) is a member only for the purpose of sitting as a member of a panel under subsection (6)(b) or (7)(b).

(9) If a deemed member of the Conduct and Competency Committee under subsection (6)(a) or (7)(a) is unable or unwilling to sit as a member of a panel referred to in subsection (6)(b) or (7)(b), as the case may be, the other members sitting as the panel may deal with the matter in the absence of the member.

(10) The Council shall fix the date on which the membership of a deemed member of the Registration Committee under subsection (2)(a) or (3)(a) or a deemed member of the Conduct and Competency Committee under subsection (6)(a) or (7)(a) terminates.
Coming into force

13(1) This Regulation except for Schedule 2 comes into force on August 1, 1995.

(2) Schedule 2 comes into force on the coming into force of an order of the Lieutenant Governor in Council under section 1(1)(v) of the *Pharmaceutical Profession Act* that authorizes midwives to prescribe drugs.

Schedule 1

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;

(ii) cytology: cervical smears (Pap smears);

(iii) haematology: haemoglobin, haematocrit, white blood cell count, differential, platelet count, red blood cell morphology, sickle cell solubility, Kleihauer;

(iv) microbiology:

(A) cervical and vaginal cultures (including sensitivities where relevant) for group B streptococcus, gonorrhoea, chlamydia, yeasts, trichomonas, and gardenerella;

(B) urine for culture and sensitivities; swabs for culture and sensitivities (eg. wounds, episiotomies);

(C) viral swabs (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, maternal serum biochemical screening and varicella titre;

(vi) pregnancy tests (blood and urine);

(vii) urine: routine, microscopic urinalysis;

(b) for a newborn:
(i) haemoglobin, haematocrit, white blood cell count with differential, neonatal metabolic screen, glucose, direct coombs, direct antiglobulin test and bilirubin;

(ii) microbiology samples: cord and eye cultures;

(iii) serology/immunology: screen to evaluate possible congenital syphilis, rubella and herpes simplex; blood group and type with antibody screen.

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

   (a) urine (dip stick urinalysis);
   
   (b) pregnancy test (urine);
   
   (c) blood glucose: adult and newborn (stix method).

3 A midwife may order and interpret the report of an ultra sound test: obstetrical for diagnostic purposes only.

4 A midwife may order and perform non-stress tests and interpret the results of non-stress tests.

Schedule 2

1 A midwife may prescribe and administer the following substances in accordance with the guidelines approved by the Board:

   Antibiotics for prophylactic treatment of Group B streptococcus, treatment of mastitis and treatment of simple cystitis and asymptomatic bacteriuria
   Antifungal agents considered safe in pregnancy and for newborns
   Antiviral drugs for prevention of genital herpes outbreaks
   Calcium gluconate
   Carboprost
   Dimenhydrinate
   Diphenhydramine hydrochloride
   Domperidone
   Doxylamine succinate-pyridoxine hydrochloride
   Entonox
   Epinephrine hydrochloride
   Ergometrine maleate
   Erythromycin ophthalmic ointment
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Folic Acid
Hepatitis B Immunoglobulin
Hydralazine
Hydrocortisone
Intramuscular or intravenous oxytocin
Intravenous fluids
Lidocaine hydrochloride with or without epinephrine
Magnesium Sulphate
Misoprostal
Naloxone
Phytonadione
Promethazine
RhD immune globulin
Therapeutic oxygen

2 A midwife may administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.

AR 328/94 Sched.2;82/98;119/2003;106/2011