

## Companion document to the CMRC *Canadian Competencies for Midwives (2020)*

This document outlines the indicators and specific elements associated with the Primary Care Provider competencies in the *Canadian Competencies for Midwives (2020)*. The content provides additional information and guidance; it is not all inclusive and will be expanded over time.

Competency Areas & Competencies	Indicator (the actions required to demonstrate the competency)	Specific elements (not all inclusive)
1.A. Assessment		
1.A.1. Collects the client's comprehensive contextual health history	1.A.1.1 Selects and uses relevant assessment tools and techniques	<p>1.A.1.1.1 Current situation, vital signs, Past medical history, OBS history, Genetic factors, Current medication / substance use, Exposure and habits, Allergies, Nutrition, Psychosocial, Lifestyle, social, culture, spiritual, social determinants of health</p> <p>1.A.1.1.2 Tools: Edinburgh Perinatal/Postnatal Depression Scale (EPDS); TWEAK Score Questionnaire on Alcohol Use During Pregnancy; BMI Pre-pregnancy Risk Assessment; Provincial/Territorial Antenatal record; Intrauterine Growth Chart; Perinatal Triage &amp; Assessment Record; intrapartum Labour Partogram; Labour and Birth Record; Newborn Record; Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance; Ballard Assessment of Gestational Age; Newborn Resuscitation Record; BC Postpartum Clinical Path; BC Newborn Clinical Path; Community Liaison Record; Community Postpartum Assessment; Community Newborn Assessment; Neonatal Transfer Record; Maternal &amp; Fetal LOS Classification Tool</p> <p>1.A.1.1.3 Techniques: Appropriate interviewing skills and communication techniques to obtain comprehensive information regarding socioeconomic status, current allergies and medication and substance use, current pregnancy status, family history, medical</p>

		<p>history, obstetrical history, lifestyle and psychosocial status</p> <p>Comprehensive and timely documentation of collected data</p>
1.A.2. Assesses for variations of normal and signs and symptoms of abnormal conditions	1.A.2.1 Carries out consultations, co-management or referral, as indicated	<p>1.A.2.1.1 Tools: prenatal diagnostic testing (ABO &amp; Rh factor, Hgb and ferritin, CBC, Urine C&amp;S, Rubella titre, STS, HIV, HBsAg, Hep C, TSH, Varicella, Prenatal genetic screening, Gestational diabetes screening, GBS screening, 1<sup>st</sup> and 2<sup>nd</sup> trimester ultrasounds); abdominal palpation fetal heart auscultation</p> <p>1.A.2.1.2 Skilled interviewing methods; comprehensive and succinct documentation</p>
1.A.3. Conducts relevant clinical assessments	1.A.3.1 Assesses the client in all phases of pregnancy	<p>1.A.3.1.1 Complete physical examination including vital signs, head &amp; neck, musculoskeletal, abdomen, breasts &amp; nipples, varices &amp; skin, heart &amp; lungs, pelvic/speculum exam for vaginal swabs and cervical cytology</p> <p>1.A.3.1.2 Abdominal palpation to estimate fetal size, number, and gestational age, position and presentation, Pelvic Exam (e.g., bimanual, cervical inspection), speculum exam, Leopold's maneuvers</p>

	<p>1.A.3.2 Assesses fetal well-being and fetal presentation</p> <p>1.A.3.3 Assesses the onset and progress of labour</p> <p>1.A.3.4 Assesses client's need for relief of pain</p> <p>1.A.3.5 Assesses the newborn immediately following birth</p> <p>1.A.3.6 Assesses the physiologic status of the client in the postpartum period</p> <p>1.A.3.7. Assesses the psychological status of the client in the postpartum period</p> <p>1.A.3.8 Assesses the infant up to six weeks</p>	<p>1.A.3.2.1 Fetal heart auscultation, assess fetal movement, presentation, position, fundal height, electronic fetal monitoring, order obstetrical ultrasound</p> <p>1.A.3.3.1 Cervical dilatation/effacement, presentation, position, station and position of the presenting part, and frequency, duration and intensity of contractions</p> <p>1.A.3.3.2 Need for pain relief</p> <p>1.A.3.4.1 Pain relief options and side effects; pharmacological and non-pharmacological</p> <p>1.A.3.5.1 Respiratory and cardiac status, tone, temperature maintenance, colour, reflexes, neurological maturity, physical maturity, birth weight, gestational age, head circumference, length, congenital defects and signs of newborn illness. Assign APGAR score</p> <p>1.A.3.6.1 Physical examination on a regular intermittent basis, including breasts, uterine involution, perineum, lochia, urinary bladder, extremities, vital signs</p> <p>1.A.3.7.1 Repeat Edinburgh Perinatal Depression Scale, monitor partner and family relationships and bonding with newborn</p> <p>1.A.3.8.1 Newborn screening and diagnostic testing, monitoring of weight gain, CCHD, hyperbilirubinemia screening, ankyloglossia assessment</p>
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<p>1.A.4. Orders, performs and interprets screening and diagnostic tests</p>	<p>1.A.4.1 Completed for client's physical and psychological health, genetic screening, fetal wellbeing, intrapartum care, postpartum care and also for the newborn</p> <p>1.A.4.2 Offers prenatal genetic screening through an informed choice discussion</p> <p>1.A.4.3 Offers diagnostic and screening tests during the intrapartum period</p> <p>1.A.4.4. Offers diagnostic and screening tests for newborns</p>	<p>1.A.4.1.1 Document ordering, completion and interpretation of all tests in a contemporaneous manner throughout pregnancy</p> <p>1.A.4.2.1. Document genetic screening discussion and orders testing in accordance with client's wishes</p> <p>1.A.4.3.1 For example, Group Strep B and Fetal rhesus (RhD) genotype testing</p> <p>1.A.4.4.1 Screening and tests may vary by jurisdiction</p> <p>1.A.4.4.2 Document newborn screening discussion</p>
<p>1.B. Decision-Making</p>		
<p>1.B.1. Integrates pertinent observations and findings to formulate diagnoses</p>	<p>1.B.1.1 Uses physical findings, and ultrasound and lab tests</p>	<p>1.B.1.1.1 SOAP or other tool to help organize, formulate and document the diagnostic process</p>
<p>1.B.2. Takes action based on sound analysis of assessment findings</p>	<p>1.B.2.1 Confirms pregnancy</p> <p>1.B.2.2. Takes action based on fetal health surveillance findings</p>	<p>1.B.2.1.1 Current gestational age and estimated date of birth based on history, abdominal palpation, auscultation, cervical assessment, urine and blood tests for beta hCG, and dating ultrasound</p> <p>Discussion with client regarding desire for and appropriate timing of genetic screening</p> <p>1.B.2.2.1 Hypoxemia, hypoxia, acidemia, acidosis, asphyxia</p>
<p>1.B.3. Assumes responsibility for follow-up of test results</p>	<p>1.B.3.1 Recognizes role as primary care provider in communicating test results and</p>	<p>1.B.3.1.1 For blood, urine, vaginal swabs, ultrasound, etc. within appropriate timeframes</p>

	involving other care providers when indicated	
1.B.4. Coordinates the professional care team, as most responsible provider, in the provision of client care	1.B.4.1 Communicates clearly with other members of the health care team in written and verbal formats	1.B.4.1.1 Use appropriate verbal and written communication tools, confirm agreements and understanding
1.B.5. Determines appropriate emergency measures	1.B.5.1 Recognizes need for emergency measures and make appropriate care decisions to maintain client safety	1.B.5.1.1 Postpartum Hemorrhage, Antepartum and Intrapartum Hemorrhage, Abnormal Fetal Heart Rate, Malpresentation and Cord Prolapse, Shoulder Dystocia, Unplanned Breech Birth, Unplanned Twin Birth, Retained Placenta, and Anaphylaxis
<b>1.C. Care Planning</b>		
1.C.1. Develops a care plan, in partnership with the client, based on evidence, balancing risks and expected outcomes with client preferences and values.	1.C.1.1 Discusses and records the client's choices regarding care during pregnancy, labour and birth, and postpartum	1.C.1.1.1 For example, screening and diagnostic tests, planned place of birth, newborn procedures, newborn feeding preferences, etc.
1.C.2. Recognizes when discussion, consultation, referral and/or transfer are necessary for safe, competent and comprehensive client care	1.C.2.1 Is aware of scope of practice and expertise	1.C.2.1.1 Provincial/territorial guidelines and standards to plan care and involve other care providers in accordance with provincial/territorial scope of care and community standard
1.C.3. Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations	1.C.3.1 Assists when care is transferred	<p>1.C.3.1.1 Use an organized, comprehensive and concise format for seeking consultation, referral, or transfer of care, e.g. SBAR</p> <p>1.C.3.1.2 Document Informed decision-making and communication process with other care providers.</p>

		1.C.3.1.3 Continue providing care to client in a supportive role.
1.C.4. Evaluates response to the care plan in collaboration with the client and revises it as necessary	1.C.4.1 Evaluates the client's condition and the effectiveness of the care provided  1.C.4.2 Modifies care plan as needed	1.C.4.1.1 Re-assess the client on a regular, intermittent basis following an organized format  1.C.4.2.1 In consultation with the client and other care providers, modify the care plan to ensure client well-being and communicate modifications to the care team
1.D. Implementation		
1.D.1 Provides primary care in Antepartum, intrapartum, postpartum, neonatal as part of full reproductive health care	1.D.1.1 Oversees and manages care during pregnancy          1.D.1.2 Oversees and manages care during labour	1.D.1.1.1 Promotes normal reproductive processes and the client's inherent capabilities  1.D.1.1.2 Empowers clients to optimize their health  1.D.1.1.3 Mindful of determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours)  1.D.1.1.4. Consults/recommends accordingly with/to other health care providers (e.g. OB, GP, Maternal Fetal Medicine, mental health practitioners, addiction services, diabetes health, Nutritionist, pelvic floor Physiotherapist, Lactation Consultants, Naturopathic Physician, RMT, Chiropractors, Doula) to optimize care  1.D.1.2.1 Assesses and manages labour progress, including factors that could impede labour progress  Pain management according to client needs and preferences

		<p>Location e.g. hospital or out-of-hospital based on client needs and preferences</p> <p>Promote normal physiological labour and birth</p> <p>1.D.1.3.1 Therapeutic interventions to support labour progress (e.g. position changes, counter-pressure, hydrotherapy, acupuncture, sterile water injections, TENS, narcotics, epidural, inhalants, oral hydration, IV hydration, nutrition, psychological support, support of physiological 2<sup>nd</sup> stage vs directed 2<sup>nd</sup> stage)</p> <p>1.D.1.3.2 Promote normal physiological labour and birth</p> <p>1.D.1.4.1 Seven (7) cardinal movements of labour to optimize the birth of the baby</p> <p>1.D.1.4.2 Normal physiological birth of baby</p> <p>1.D.1.4.3 Consultation as necessary with other health care providers</p> <p>1.D.1.5.1 Completes the 3<sup>rd</sup> stage of labour with consideration for the clinical picture and the client's care plan (e.g. physiological management of the 3<sup>rd</sup> stage of labour, active management of the third stage of labour)</p> <p>1.D.1.5.2 Manages abnormalities associated with the birth of the placenta (e.g. retained placenta, cord avulsion, hemorrhage)</p> <p>1.D.1.5.3 Recognizes normal and abnormal structures of the placenta, membrane and the umbilical cord</p>
	1.D.1.3 Offers and provides labour support options	
	1.D.1.4 Manages delivery of baby	
	1.D.1.5 Performs delivery and inspection of placenta	

	<p>1.D.1.6 Manages birth canal trauma and need for suturing</p> <p>1.D.1.7 Completes newborn care and interventions</p> <p>1.D.1.8 Supports the newborn's transition immediately following birth</p> <p>1.D.1.9 Monitors client progress in the postpartum period</p>	<p>1.D.1.6.1 Categorizes the degree of birth canal trauma (e.g. intact, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) and consult accordingly with OB/GP to optimize care</p> <p>1.D.1.6.2 Sterile field and necessary instruments for suturing</p> <p>1.D.1.6.3. Local anesthetic and confirmation of effectiveness</p> <p>1.D.1.6.4 Repairs birth canal trauma, rectal exam and confirm tissue approximation and hemostasis</p> <p>1.D.1.7.1 If necessary, performs neonatal resuscitation according to p/t regulations and standards</p> <p>1.D.1.7.2 Drying, cord care, respiratory and cardiac status; temperature maintenance</p> <p>1.D.1.7.3 Assigns APGAR score</p> <p>1.D.1.8.1 Performs the initial steps to support newborn transition as per NRP (e.g. warm, position, airway, clear secretions, dry, stimulation)</p> <p>1.D.1.8.2 Feeding (breast/chest/bottle)</p> <p>1.D.1.8.3 Skin to skin contact and bonding</p> <p>1.D.1.9.1 Promotes physiological transition for the client</p> <p>1.D.1.9.2 Time and space for bonding with newborn</p>
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	<p>1.D.1.10 Ensures that cord blood samples are drawn</p> <p>1.D.1.11 Oversees a six-week postpartum assessment of the client, including cervical and speculum examinations where appropriate</p>	<p>1.D.1.9.3 Consultations as needed with other health care providers (e.g. OB, GP)</p> <p>1.D.1.10.1 Clamping and sample collection</p> <p>1.D.1.11.1 Physical exam, weight, blood work, pelvic/internal exam, pap smear &amp; swabs, etc.</p> <p>1.D.1.11.2 Consults/recommends accordingly with/to other health care providers (e.g. OB, GP, Pediatrician, mental health practitioners, addiction services, diabetes health, nutritionist, pelvic floor physiotherapist, Lactation Consultants, Naturopathic Physician, RMT, Chiropractors) to optimize care</p>
1.D.2. Performs clinically appropriate procedures	<p>1.D.2.1 Carries out procedures during pregnancy</p> <p>1.D.2.2 Carries out procedures during labour</p>	<p>1.D.2.1.1 Blood pressure monitoring; assessment of gestational weight gain and dietary counseling; abdominal palpation, fundal height measurement, physical exam, breast/chest exam, pelvic examination, membrane sweeping, venipuncture for prenatal blood work, vaccination, administration of Rh (D) immune globulin, collects swabs during a speculum exam, treatment of sexually transmitted infections, etc.</p> <p>1.D.2.2.1 Physiological methods to facilitate labor progress</p> <p>1.D.2.2.2 Techniques to protect the perineum and avoid unnecessary episiotomy and minimize lacerations</p> <p>1.D.2.2.3 Sterile speculum exam to confirm rupture of membrane</p>

	<p>1.D.2.3 Carries out procedures during the birth</p>	<p>1.D.2.2.4 Inserts IV and administers fluids or medication (e.g. Ringer's lactate, normal saline, D5W, GBS prophylaxis, Fentanyl)</p> <p>1.D.2.2.5 Injectable medications (e.g. Dimenhydrinate, Morphine)</p> <p>1.D.2.2.6 Measures to augment labour dystocia (e.g. rupture of membranes, oxytocin augmentation, nipple stimulation)</p> <p>1.D.2.2.7 Intermittent auscultation and electronic fetal monitoring when indicated and interpret using principles of fetal health surveillance</p> <p>1.D.2.2.8 Artificial rupture of membranes</p> <p>1.D.2.2.9 Spiral electrode for internal fetal heart rate monitoring</p> <p>1.D.2.3.1 Seven (7) cardinal movements of labour to optimize the birth of the baby</p> <p>1.D.2.3.2 Techniques to protect the perineum and avoid unnecessary episiotomy and minimize lacerations (warm compresses, controlled birth of the fetal head, support of physiological 2<sup>nd</sup> stage vs directed 2<sup>nd</sup> stage)</p> <p>1.D.2.3.3 Local anaesthesia</p> <p>1.D.2.3.4 Episiotomy</p> <p>1.D.2.3.5 Cord blood samples</p>
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	<p>1.D.2.6 Carries out procedures to support the postpartum client from immediately after the birth to discharge from care</p>	<p>1.D.2.6.1 Hydration, nutrition and emotional support</p> <p>1.D.2.6.2 Addresses hypovolemia, if indicated</p> <p>1.D.2.6.3 Pain management for afterpains and birth canal trauma (e.g. ice pack, analgesia, narcotics)</p> <p>1.D.2.6.4 Monitors bleeding, blood pressure, uterine involution, breast/chest feeding, healing of birth canal trauma, bladder bowel function and psychological state</p> <p>1.D.2.6.5 Speculum exam with Pap smear and swab collection</p>
<p>1.D.3. Responds to variations of normal and signs and symptoms of abnormal conditions</p>	<p>1.D.3.1 Recognizes complications of pregnancy and takes appropriate action with client</p> <p>1.D.3.2 Manages a postdates pregnancy, significance of ruptured membranes</p> <p>1.D.3.3 Recognizes intrapartum complications and takes appropriate action</p>	<p>1.D.3.1.1 Complications of pregnancy may include high blood pressure, hyperemesis gravidarum, iron deficiency anemia, gestational diabetes, infections, STI, vaginal fungal infections, urinary tract infections, antepartum bleeding, placental abruption, placenta previa, prelabour rupture of membranes, prolonged rupture of membranes, intrauterine growth restriction, drug sensitivity &amp; anaphylaxis, pre-eclampsia, preterm labour, pregnancy loss, stillbirth.</p> <p>1.D.3.2.1 Cervical ripening</p> <p>1.D.3.2.2 Labour induction, as appropriate</p> <p>1.D.3.3.1 Including labour dystocia, obstructed labour, cord presentation and prolapse, abnormal fetal heart tones, shoulder dystocia, uterine rupture, placental</p>

	<p>1.D.3.4 Recognizes postpartum complications and takes appropriate action</p> <p>1.D.3.5 Recognizes newborn complications and takes appropriate action</p>	<p>abruption, abnormal presentation, breech presentation, chorioamnionitis, eclampsia, etc.</p> <p>1.D.3.4.1 Including late postpartum hemorrhage, nipple trauma, nipple fungal infection, engorgement, mastitis, breast abscess, wound infection, postpartum depression, postpartum psychosis, varicose veins, hemorrhoids, inadequate milk supply,</p> <p>1.D.3.5.1 Congenital abnormalities, feeding problems, failure to thrive, jaundice, hypoglycemia, oral thrush, diaper rash, neonatal infection, etc.</p>
1.D.4. Initiates appropriate emergency measures	1.D.4.1 Carries out emergency measures in pregnancy, labour and postpartum.	<p>1.D.4.1.1 Abnormalities in fetal heart rate, maternal heart rate, umbilical cord prolapse, shoulder dystocia, amniotic fluid embolism,</p> <p>1.D.4.1.2 CPR and emergency cardiac care</p> <p>1.D.4.1.3 Neonatal resuscitation</p> <p>1.D.4.1.4 Obstetrical emergency procedures in accordance with ALARM/MESP/ESW</p>
1.D.5. Provides responsive counselling and education, and recommends appropriate resources	1.D.5.1 Shares information proactively with client and helps to education regarding self-care and healthy behaviours during pregnancy	<p>1.D.5.1.1 Physical needs including nutrition and exercise, stress reduction and management, sleep hygiene, drugs, tobacco, vaping, and alcohol awareness, immunizations, environmental, occupational and pharmacological hazards, food safety awareness</p> <p>1.D.5.1.2 Breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation/parent-infant relationship, infant care, postpartum Rh immune globulin/ immunizations, circumcision</p>

	<p>1.D.5.2 Educates client regarding stages of labour, enhancing progress of labour, labour support, coping measures</p> <p>1.D.5.3 Educates client regarding self-care, normal postpartum progress and signs and symptoms of common postpartum complications</p> <p>1.D.5.4 Guides client regarding infant nutrition</p> <p>1.D.5.5 Counsels and supports the client and their family in responding to grief and loss during childbearing.</p>	<p>1.D.5.2.1 Resources about stages of labour, pain management options, labour progress, and ways to enhance progress in labour</p> <p>1.D.5.2.2 Labour support strategies for partner and if utilizing a doula</p> <p>1.D.5.3.1 For example, breast/chest care, genitourinary care, physical adaptation/recovery, psychosocial adaptation/parent-newborn relationship, newborn care, postpartum Rh immune globulin/ immunizations, and circumcision</p> <p>1.D.5.3.2 Common postpartum complications including hemorrhoids, breast engorgement, mastitis, plugged ducts, UTI, postpartum depression, and deep vein thrombosis</p> <p>1.D.5.4.1 Guidance regarding benefits of breast/chest feeding, appropriate caloric intake, weight gain and supports client's feeding choice</p> <p>1.D.5.4.2 Assistance with position, latch and milk transfer</p> <p>1.D.5.4.3 Assistance with artificial feeding methods, if chosen</p> <p>1.D.5.4.4 Refers to lactation consultant, if needed</p> <p>1.D.5.5.1 Culturally appropriate community resources</p> <p>1.D.5.5.2 Appropriate follow-up</p>
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		1.D.5.5.3 Signs and symptoms of perinatal mental health disorders
1.D.6. Provides information and support about common discomforts	<p>1.D.6.1 Manages common discomforts associated with pregnancy, labour, birth and postpartum</p> <p>1.D.6.2 Manages common discomforts associated with newborns</p>	<p>1.D.6.1.1 Pregnancy-related discomforts include nausea and vomiting, fatigue, hemorrhoids, varicose veins, heartburn and indigestion, fluid retention and swelling.</p> <p>1.D.6.1.2 Labour-related discomforts include back pain, cramps, pelvic pressure, nausea, etc.</p> <p>1.D.6.1.3 Postpartum discomforts include backache, sore nipples, breast engorgement, bruising in perineum, abdominal aches, vaginal soreness, feeling of full bladder, urinary retention</p> <p>1.D.6.2.1 Concerned about infant's discomforts and assesses for possible indications of discomfort including latching difficulties, yeast infection, GERD, colic, diaper rash or other skin ailments etc.</p> <p>1.D.6.2.2 Education regarding causes of discomforts and information on both pharmacological and nonpharmacological remedies. Demonstrate comfort techniques.</p> <p>1.D.6.2.3 Assists with correcting latch</p>
1.D.7. Prescribes, orders and administers medications and therapeutic agents	1.D.7.1 Discusses effects, side effects and interactions	1.D.7.1.1 Informed choice discussions with clients about indications for medications and possible effects, side effects and drug interactions throughout pregnancy, during labour and birth, during the postpartum period and for newborns.

	<p>1.D.7.2 Prescribes, orders and administers pharmacologic agents as necessary in the antepartum, intrapartum and postpartum periods, and for the newborn in accordance with provincial/territorial regulations and standards</p> <p>1.D.7.3 Monitors/co-manages the client receiving pharmacological therapy</p>	<p>1.D.7.2.1 Oral and topical medications, injections and inhalants, insert IV catheters and administer IV fluids and medications in accordance with regulations and standards and in accordance with the client care plan</p> <p>1.D.7.3.1 Follows up with client to assess for side effects.</p> <p>1.D.7.3.2 Discusses resolution of symptoms/diagnosed problem.</p> <p>1.D.7.3.3 Re-assesses to make medication adjustments as required, order tests of cure, order further testing as appropriate.</p> <p>1.D.7.3.4 Adjusts care plan and communicate with other health care providers as appropriate</p>
1.D.8. Provides a safe birthing environment within all applicable settings	1.D.8.1 Organizes the birth environment to minimize client stress and facilitates the physiology of labour and birth	<p>1.D.8.1.1 Physical space, equipment, supplies, setup, lighting, temperature, sounds, number of people present, communications, emergency access</p> <p>1.D.8.1.2 Reviews planned place of birth at the initial labour assessment and throughout labour to ensure continued safety and adjusts plans accordingly in conjunction with the client.</p> <p>1.D.8.1.3 For out-of-hospital births: Implement care plan for planned home birth in accordance with client's wishes. Ensure that all supplies, equipment and medications are present, not out of date and in good working order. Arrange supplies, equipment and medications to facilitate ease of use if and when</p>



		<p>needed. Ensure Second Attendant birth assistance is available in compliance with provincial/territorial guidelines and community standards.</p> <p>1.D.8.1.4 For hospital births: Ensure that all needed supplies, equipment and medications are present in the birthing room, and easily accessible.</p> <p>1.D.8.1.5 Communicates with nursing and consultant staff to facilitate implementation of the care plan according to the client's wishes.</p>
1.D.9. Applies relevant infection prevention and control principles and standards	1.D.9.1 Demonstrates application of knowledge of infection prevention and control principles and standards	<p>1.D.9.1.1. Principles of aseptic technique in correct situations (handling sterile equipment and supplies, opening sterile field, conducting sterile procedures etc.)</p> <p>1.D.9.1.2 Principles and techniques of infection prevention when handwashing, donning and doffing PPE, preparing medications for administration, preventing droplet transmission/contamination (e.g. coughing and sneezing)</p> <p>1.D.9.1.3 Principles of infection prevention when discarding biohazardous materials and sharps, and cleaning high-touch areas</p>
1.D.10 Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations	1.D.10.1 Reviews consultations and/or referral recommendations with the client and integrates into plan of care as appropriate	<p>1.D.10.1. Reviews assessment and decision-making with client prior to initiating consultation, referral or transfer of care</p> <p>1.D.10.1.2 Use SBAR or similar tool to ensure inclusion of all relevant data and recommendations when communicating with other care providers to request a consultation, referral or transfer of care</p>

1.E. Population Health		
1.E.1. Recognizes the human rights of clients seeking care	1.E.1.1. Treats all clients with dignity and provides care in an unbiased manner	1.E.1.1.1 Cares without discrimination based on race, national or ethnic origin, colour, religion, age, sexual orientation, gender identity/expression, marital status, disability, etc.  1.E.1.1.2. Uses gender-inclusive language
1.E.2. Supports clients to address determinants of health that affect them and their access to health services and resources	1.E.2.1. Offers support based on client needs, preferences and community resources  1.E.2.2. Forms individual, personalized care plans that include these considerations	1.E.2.1.1 Socioeconomic considerations (food availability, transportation)  1.E.2.1.2 Education/literacy (provision of information to support various learning styles/needs such as written and visual materials)  1.E.2.1.3 Cultural values surrounding pregnancy, birth and postpartum
1.E.3. Uses evidence and collaborates with community partners and other health care providers to optimize the health of clients	1.E.3.1. Offers referrals to community resources  1.E.3.2. Maintains client confidentiality	1.E.3.1.1 Community resources for immunization, public health, etc.  1.E.3.2.1 Client privacy is respected and confidentiality protected to the greatest extent permitted by law
1.F. Reproductive and Sexual Health		
1.F.1. Delivers contraceptive counselling, with provision based on jurisdiction	1.F.1.1 Provides information and supports client's decision.	1.F.1.1.1 Natural family planning, barrier methods, oral contraceptives, vaginal ring, contraceptive patch, intrauterine devices, injectable contraception, subdermal implants, sterilization counselling, emergency contraception

	1.F.1.2 Assesses, informs and advises clients on issues of human sexuality, fertility and pregnancy, and refers where appropriate	
1.F.2. Offers abortion counselling, with provision based on jurisdiction	<p>1.F.2.1 Supports clients seeking termination of pregnancy and make referrals when requested</p> <p>1.F.2.2. Post-abortion care</p>	<p>1.F.2.1.1 Medical vs. surgical methods</p> <p>1.F.2.1.2 Referral sources differ depending on indication (e.g. fetal anomaly/infection, selective reduction (pregnancy of multiples), parental choice)</p> <p>1.F.2.1.3 Alternative resources including adoption</p>
1.F.3. Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach	<p>1.F.3.1 Acknowledges the role trauma may play in the individual's life</p> <p>1.F.3.2 Incorporates culture, gender, inclusivity, diversity and sexual abuse factors involved in client and family responses to childbearing</p> <p>1.F.3.3 Creates a safe environment for client disclosure; advocates for client with other care providers; counselling referrals; community resources for clients in crisis</p> <p>1.F.3.4. Is aware of duty to report legislation</p>	<p>1.F.3.1.1 Offer strategies to minimize recurring trauma with physical components of care (e.g. vaginal exams, pap smears)</p> <p>1.F.3.1.2 Pain management considerations in labour</p>
1.F.4. Screens and tests for reproductive cancers	1.F.4.1 Educates the client about reproductive cancers and signs and symptoms of pathology	1.F.4.1.1 Screening for breast cancer (teaching clients how to perform self breast exam, offering breast exam as part of client physical exam when appropriate) and cervical cancer (pap smear)

		1.F.4.1.2 Educate client, as appropriate, about other reproductive cancers (ovarian, uterine, vaginal, vulvar)
	1.F.4.2. Performs screening examinations	
1.F.5. Provides sexual health education	<p>1.F.5.1 Educates client on sexual health, healthy relationships and reproductive health</p> <p>1.F.5.2. Communicates considerations specific to a client's pregnancy, birth, or postpartum experience and their potential future impact</p> <p>1.F.5.3. Provides referrals to other resources as relevant (e.g. pelvic physiotherapy)</p>	<p>1.F.5.1.1 Sexual health: Sex in pregnancy, safe sex practices, dyspareunia, changes in libido, indications for avoiding intercourse (e.g. placenta previa), pelvic health education (including exercises and resources), sex after childbirth/perineal trauma, mild uterine/bladder prolapse symptoms</p> <p>1.F.5.1.2 Healthy relationships: communication strategies</p> <p>1.F.5.1.3 Reproductive health: interdelivery interval considerations (e.g. post-cesarean)</p>
1.F.6. Provides sexually transmitted infections counselling, diagnosis, and treatment, as appropriate	1.F.6.1 Offers counselling in a non-judgmental and inclusive manner	<p>1.F.6.1.1 Chlamydia, gonorrhoea, syphilis, trichomoniasis, HPV (genital warts, abnormal pap), genital herpes, hepatitis A/B/C, HIV, pubic lice, scabies, bacterial vaginosis</p> <p>1.F.6.1.2 Pregnancy risks: miscarriage, low birth weight, preterm birth; Neonatal risks: neonatal infections</p>

	<p>1.F.6.2. Facilitates referrals for treatment if outside the midwife's scope of practice</p> <p>1.F.6.3. Knowledge of potential pregnancy and neonatal risks associated with STIs</p>	
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