



Standards of practice for Yukon midwives

Version 3.0 March 2023



Preamble

These standards are made under the authority of Section 2(2)(d), 3(1)(k) and 3(2)(c) of the *Health Professions Act* and section 15(1) of the *Midwives Regulation*. They are one component of the law that governs the practice of midwifery in the Yukon. These standards are part of, and must be read with, the overall legislative scheme that regulates the practice of midwifery, which includes:

- the *Health Professions Act*, and
- the *Midwives Regulation*,

Midwives practicing in the Yukon must know, understand and comply with this overall legislative scheme. Compliance with these standards is mandatory.

They set out the minimum acceptable standard of practice for midwives.

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Introduction

Pursuant to section 15 (1) of the *Midwifery Regulation* under the *Health Professions Act*, Yukon's Registrar of Midwives has specified the documents listed below as the standards of practice and code of ethics applicable to the practice of midwifery in Yukon.

Yukon has chosen to model its midwifery regulatory framework on that of British Columbia. Many of these standards are midwifery standards of the British Columbia College of Nursing and Midwifery. The B.C. regulator has considerable profession-specific expertise at its disposal, allowing it to develop and update detailed standards, frameworks, policies and guidance on an ongoing basis.

In addition, there are four Yukon-specific standards that address areas of practice in which existing B.C. standards are not suitable to Yukon's context.

When the B.C. regulator updates their standards, those changes will also apply to the standards listed here, as long as the standard continues to be specified by Yukon's Registrar. The Registrar, advised by the Registered Midwifery Advisory Committee, may make changes to the standards specified here from time to time. When this happens, the Registrar will communicate these to midwives registered in Yukon.

Code of ethics

Code of ethics:

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Code_of_Ethics.pdf

Standards of practice (core)

1. **Standard BC-1:** General standards of practice:
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_of_Practice.pdf.
2. **Standard BC-2:** Competencies of registered midwives:
https://www.bccnm.ca/Documents/competencies_requisite_skills/RM_entry_level_competencies.pdf#search=midwife%20competencies.
3. **Standard BC-5:** Standards, limits and conditions for ordering and interpreting screening and diagnostic tests:
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Ordering_and_Interpreting_Diagnostic_Tests.pdf.
4. **Standard BC-6:** Indications for discussion, consultation and transfer of care:
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Indications_for_Discussion_Consultation_and_Transfer_of_Care.pdf.
5. **Standard BC-7:** Policy on continuing competencies:
https://www.bccnm.ca/Documents/quality_assurance/RM_Policy_on_Continuing_Competencies.pdf#search=midwife%20policy%20competencies.
6. **Standard BC-8:** Standard on required equipment and supplies for home birth:
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Required_Equipment_and_Supplies_for_Home_Birth.pdf.
7. **Standard BC-9:** Policy for client requests for care outside midwifery standards of practice:
https://www.bccnm.ca/Documents/standards_practice/rm/RM_Policy_on_Requests_for_Care_Outside_Standards.pdf#search=midwife%20requests%20outside.

8. **Standard BC-10:** Policy on informed choice:

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Policy_on_Informed_Choice.pdf.

9. **Standard BC-11:** Policy on required procedures for midwife or client-initiated termination of care:

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Policy_for_Required_Procedures_for_Midwife_or_Client-Initiated_Termination_of_Care.pdf

10. **Standard BC-21:** Medications and substances: standards, limits, conditions

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Minor differences to Standard BC-21:

- Introduction page 4. Reference to “Midwives Regulation” is the Yukon Midwives Regulation.
- On page 4, reference to “Midwives Regulation, section 6(3)” is section 13(1)(m)(iii)
- On page 4 in the Yukon, there is no equivalent section in the Yukon Midwifery Regulations to BC section 5(1)(f). Midwives **MAY NOT** autonomously administer or order **ANY** substance by injection, inhalation, or parenteral instillation for the purposes of: pain relief, preventing or treating dehydration or blood loss, resuscitation or other emergency measures or other purposes as required for midwifery practice. **Midwives must prescribe per [section 13\(m\) of the Yukon Midwifery Regulation](#).**

Standards for practice elements requiring advanced certification

1. **Standard BC-14:** Framework for midwife certification in epidural maintenance:
https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Epidural_Maintenance.pdf?csf=1&e=gTQJdm.
2. **Standard BC-15:** Framework for midwife certification in hormonal contraceptive therapy:
https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Certification_in_Hormonal_Contraceptive_Therapy.pdf?csf=1&e=RE0PFO.
3. **Standard BC-16:** Framework for midwife certification for surgical assist for caesarean section:
https://www.bccnm.ca/Documents/education_program_review/RM_Framework_Cert_for_Surgical_Assist_for_Cesarean.pdf?csf=1&e=HuJkbP.
4. **Standard BC-17:** Framework for midwife certification for acupuncture use in labour and the immediate postpartum:
https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Midwife_Cert_in_Acupuncture.pdf?csf=1&e=HTRSj3.
5. **Standard BC-18:** Framework for midwife certification in intrauterine contraception insertion:
https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Cert_in_IU_Contraception_Insertion.pdf.
6. **Standard BC-19:** Framework for midwife certification in sexually transmitted infections management:

https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Midwife_Cert_in_STI_Management.pdf?csf=1&e=5dQOgh/

7. **Standard BC-20:** Framework for midwife certification for induction and augmentation of labour in hospital:

https://www.bccnm.ca/Documents/education_program_review/RM_Framework_for_Induction_and_Augmentation_of_Labour.pdf?csf=1&e=RWwBLE.



Yukon-specific standards

Standard YT-1: Standard on hospital privileging

Amended November 7, 2022

Preamble

Midwives provide 24-hour on-call comprehensive primary care during pregnancy, birth and the postpartum period, in settings such as private homes, clinics, and hospitals. The best practice for providing continuity of care is for midwives to work within their core scope of practice and obtain hospital privileges.

Midwives may be able to provide important care and support to their clients in the pre- and post-natal periods and during routine low-risk non-hospital births without engaging hospital resources. However, there may be significant limitations to the care a midwife can provide without hospital privileges.

During an emergency, or any circumstance in which a patient requires hospital services, care must be transferred to another midwife or health professional who possesses hospital privileges. Midwives who do not hold hospital privileges must adhere to this standard in ensuring continuity of intrapartum care.

Standard

- Midwives without hospital privileges (Primary Provider) are able to provide pre- and post-natal care with no restrictions.
- Primary Providers who provide intrapartum care (i.e. care during labour and birth) to a client must enter into a written agreement* with another midwife, physician or other health professional qualified to provide intrapartum care, who holds hospital

privileges (Secondary Provider). This agreement must include:

- Agreement by both the Primary and Secondary Provider that
 - for a hospital birth, the Secondary Provider will serve as the most responsible provider during labour and birth.
 - for a birth outside of a hospital setting, in the event that a transfer to the hospital is required, care must be
 - transferred to the Secondary Provider; or
 - transferred to the available professional qualified to provide care with the Secondary Provider available to assist.
- Consent and acknowledgment from the client that they understand that care may be transferred to the Secondary Provider if hospital services are required.
- The written agreement must be entered into prior to intrapartum care. More than one Secondary Provider may be included in the agreement.

*The written agreement may also be considered a formal collaborative care relationship.

Standard YT-2: Standard on out-of-hospital birthing

Preamble

Birth is not just a physical or medical event. For many pregnant persons, it is a major life event, with important emotional, social, spiritual and cultural dimensions. Pregnant persons are the primary decision-makers regarding their care throughout pregnancy and the post-partum period, in an interactive process that promotes shared responsibility between the pregnant person and their midwife. As such, the right of a pregnant person to choose their birth setting is to be respected and, in accordance with the standards of safe and ethical midwifery practice, supported.

A pregnant person may choose to give birth in a hospital setting, a non-hospital birthing centre, or in a home environment. While some births will be safer in hospital and many pregnant persons may choose hospital birth, a planned home birth with professionally trained midwives carrying emergency equipment is a safe option for persons with low-risk pregnancies.

Outside of Whitehorse, emergency transportation capacity is limited. At any given time, Emergency Medical Services (EMS) will allocate available critical care and medevac resources to medical emergencies within each community and across the territory based on their respective urgency. The ability of EMS to respond to a call at any given time can also be affected by factors such as weather. In some communities, this may mean that calls for emergency medical assistance cannot be immediately responded to.

Standard

- Discussion on birth setting should begin at an early stage of midwifery care. As per standard BC-10, the [policy on informed choice](#), the midwife is expected to provide information to the client on the risks and benefits of potential birth settings, and provide their recommendations to the client based on their clinical judgement and applicable midwifery standards and ethics. In doing so, they should reference other standards as appropriate. The midwife and client should formally document this discussion a birthing plan, and update as necessary.
- Midwives planning an out-of-hospital birth in any community are expected to meet with EMS staff or volunteers in the community to familiarize themselves with the EMS resources available in the community and the anticipated timelines and procedures for medical evacuation in the case of a birthing emergency. The midwife must document consideration of these emergency transportation factors in the birthing plan.
- The midwife must maintain the plan along with the client's medical record, and include the following.
 - Midwife's assessment of the risks and benefits of birth settings being considered, and the client's response to them.
 - Client's requested birth setting.
 - Choice of second attendant.
 - For out-of-hospital births, an assessment of emergency transportation considerations (e.g. distance, seasonal challenges), in the event this becomes necessary.

- A plan for emergency transportation to hospital, in the event this is needed, including care management during transportation and, if necessary, transfer of care.
- Any risks that can be reasonably foreseen and mitigation strategies associated with the requested birth setting.
- The midwife must ensure that at least one other health professional qualified to provide intrapartum care reviews each birth plan. This will ideally occur as part of a regularly scheduled interdisciplinary perinatal review session. The midwife must document and retain any feedback as part of the plan, and the midwife should record any changes to the plan made in response to the feedback.

The midwife must keep the plan on file as part of the medical record, and make it available to the Registrar, an inspector or an auditor when requested.

If the client decides on a home birth against the advice of the midwife, the midwife must follow the procedure outlined in Standard BC-9, the [policy for client requests outside midwifery standards of practice](#). The midwife will seek options within the standards that respond to the preferences, fears and/or concerns of the client. If this is not possible, as per Standard BC-9, the midwife may choose to continue providing care or may initiate termination of care as per Standard BC – 11, [the policy for required procedures for midwife or client-initiated termination of care](#).

Standard YT-3: Standard on second attendants

Standard

- A second attendant is required at all non-hospital births.
- Second attendants must be registered medical or health professionals in Yukon. They must additionally possess current certification from the same list of Registrar-approved courses as for midwives in:
 - neonatal resuscitation; and
 - cardiopulmonary resuscitation.
- A midwife acting as primary caregiver during birth remains responsible for ensuring that all care provided is safe and in accordance with the *Midwifery Regulation*, midwifery standards of practice and the midwifery code of ethics.
- A midwife must not delegate to a second attendant any act that the second attendant is not legally able to perform on their own authority.
- The second attendant must provide all their care under the under the direct supervision of the midwife acting as primary caregiver.
- If a second attendant's own professional liability insurance does not cover them in their role as second attendant, the midwife is responsible for ensuring that their professional liability insurance extends to second attendants.

Standard YT-4: Standard on quality assurance

Standard

The following are the quality assurance requirements for yearly licence renewal.

- Proof of completion of courses approved by the Registrar as per standard BC-7, [policy on continuing competencies](#), providing current certification in:
 - cardiopulmonary resuscitation;
 - neonatal resuscitation including intubation;
 - fetal health surveillance; and
 - emergency obstetrical skills.
- Sixty (60) hours of continuing professional development over the three years immediately preceding the renewal application.
 - At least 50 per cent of this must be clinical in nature.
 - Certificates or other proof of completion including the number of hours must be submitted.
 - This requirement can be pro-rated for new registrants.
- Attestation (employer if employed, self if self-employed) of the following.
 - The registrant has attended at least 15 births as primary or second attendant over the three years immediately preceding the renewal application.
 - For at least 10 of those births, the registrant has provided continuity of care over the course of pregnancy, birth and the post-partum period.
 - The Registrar may confirm attestations through an audit.

- This requirement can be pro-rated for those registered less than three years.
- Attestation (employer if employed, self if self-employed) of completion of at least 2400 clinical practice hours over the three years immediately preceding the renewal application.
 - This requirement can be pro-rated for those registered less than three years.
- Attestation (employer if employed, self if self-employed) of attending at least three peer or interdisciplinary case reviews in the previous year.
 - Documentation must be kept and made available to an auditor if required.
 - Peer review committee must consist of at least two registered health professionals in addition to the registrant, whose names must be documented.
 - Each peer case review must include presentation of a case history and management, and allow for observations and comment from participants.
- Attestation (employer if employed, self if self-employed) that written client feedback is being sought from each client and kept on file.
- A self-assessment based on peer reviews and client feedback, including a learning plan to address areas identified for improvement and/or continued development.

The Registrar, at their discretion, may require registrants to undergo a practice audit.

This will include: a review of peer reviews, client feedback, self-assessments and other

practice records or elements, with the goal of assessing the midwife's practice against the standards. If warranted, results of audits may be used to initiate a complaint process that may lead to conditions being placed on a midwife's registration, additional training being mandated or other remedial measures.