

# Entry-Level Competencies

## Registered Midwives

Prince Edward Island College of Nursing  
and Midwifery

June 2022  
Revised April 2026



## **Preamble**

The *Canadian Competencies for Midwives* outline the knowledge, skills and abilities expected of entry-level midwives in Canada. Entry-level midwives are defined as those who have been assessed as eligible to start practicing in Canada, after they meet provincial/ territorial requirements, in the full scope of practice and without supervision requirements on their registration. This document delineates the essential competencies that are the foundation of midwifery practice, and which all midwives must possess, when they begin to practise.

The framework of midwifery competencies is organized around seven midwife roles: Primary Care Provider, Advocate, Communicator, Collaborator, Professional, Life-long Learner and Leader. The integration of the seven roles enables the entry-level midwife to provide safe, competent, ethical, compassionate and evidence-informed midwifery care to diverse populations in any practice setting. The seven roles are clarified and defined by 80 key competencies. There is a companion document which provides more detail regarding the Primary Care Provider competencies.

A robust methodology based on industry best practices was used to develop the competencies. The Canadian Midwifery Regulators Council (CMRC) established a national steering committee comprised of regulators, educators and clinicians. The committee worked from October 2019 to August 2020 to guide the overall revision process, to coordinate the environmental scan and literature review and to generate content. A subject matter expert panel was also involved. The draft set of competencies was validated via a national survey of practicing midwives, educators and other stakeholders. Survey results were reviewed and final changes were made.

## **Purpose**

The primary purpose of this revised document, *Canadian Competencies for Midwives*, is to outline the knowledge and skills expected of an entry-level midwife in Canada. The competencies also inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian and internationally educated midwives through the Canadian Midwifery Registration Exam (CMRE). The competencies may also support the approval and accreditation of Canadian baccalaureate midwifery education programs, help to assess midwives' continuing competence, guide clinicians and serve as a reference for professional conduct matters.

## **Development of the Entry-Level Competencies**

This revision of the *Canadian Competencies for Midwives* was made possible through the collaboration of many individuals and organizations.

A Steering Committee consisted of Sharon Prusky (College of Midwives of Alberta), Louise Aerts (British Columbia College of Nurses and Midwives), Lisa Morgan (Laurentian University), Josée Lafrance (Université du Québec à Trois-Rivières), Carol Griffin (Registered Midwife, non-active in Manitoba, active in Nunavut), Susan Jacoby (Mount Royal University) and Johanna Geraci (College of Midwives of Ontario). The Steering Committee was supported by Tracy Murphy, Executive Director of the Canadian Midwifery Regulators Council (CMRC).

The following subject matter experts participated in important key informant interviews: Debbie Vey (SK), Anita Sabados (ON), Rebecca Wood (MB), Theresa Pickart (NS), Patrice Latka (ON/BC) and Ann Montgomery (QC). Nicole Evers from Yardstick Assessment Strategies was the project consultant and provided important guidance throughout this undertaking.

The CMRC is also grateful to the hundreds of registered midwives, midwifery education program faculty, midwifery association leadership and staff, and other stakeholders who responded to the validation survey. Their input helps to ensure that the information presented is valid and relevant to today's midwifery practice.

CMRC wishes to acknowledge the excellent work of the International Confederation of Midwives (ICM) on the Essential Competencies for Midwifery Practice (2019). CMRC also recognizes the Core Competencies of Indigenous Midwives (2019) articulated by the National Aboriginal Council of Midwives (NACM). As noted by NACM, their competencies should be used to teach and grow Indigenous midwifery throughout the country.

## ***Ending Anti-Indigenous Racism***

Anti-Indigenous racism in the Canadian health care system has existed since its inception. CMRC acknowledges that systemic racism and discrimination towards Indigenous peoples adversely impact Indigenous peoples' access to, and treatment in, health services. CMRC believes that anti-Indigenous racism is unacceptable in our society and joins other health care regulators and networks in condemning racist attitudes and behaviours among health care professionals, and in denouncing systemic racism within health care institutions, structures and policies.

Midwives have a responsibility to address racism and bias at the individual and system levels. Midwives are expected to provide culturally safe care and embrace cultural humility, and are called upon to identify and address power imbalances in the health care system. Adopting reflective practice allows midwives to understand personal and systemic biases and acknowledge the experience of others.

CMRC supports the work of the Truth and Reconciliation Commission of Canada, and in particular the Calls to Action relating to health and to the Canadian health

care system. We recognize the importance of the Calls to Action and support their intention to redress the legacy of colonization and the residential school system and advance the process of reconciliation with Indigenous Peoples in Canada.

CMRC expects the *Canadian Competencies for Midwives* will support the midwifery profession in playing a key role in addressing anti-Indigenous racism in health care. Each of us has a responsibility to take positive action.

## ***Profile of an Entry-Level Midwife***

Midwives are primary health care providers who provide and support quality care to client populations with diverse childbearing and sexual and reproductive health needs in a variety of practice settings. Midwives are clinicians who are experts in pregnancy, birth and postpartum care and also provide care to newborns. Midwives use critical thinking, act to inform their practice with evidence, advocate for their clients and for necessary resources, and use effective communication and conflict resolution strategies. Midwives exhibit leadership behaviours towards clients, colleagues, other health care professionals, students and in mentorship/mentee relationships.

The key principles of midwifery care in Canada are professional autonomy, partnership, continuity of care provider, informed choice, choice of birth setting, evidence-based practice and collaborative care (Canadian Association of Midwives, 2015). A primary health care approach is foundational to midwifery practice, and this involves meeting people's health needs, addressing the broader determinants of health and empowering individuals, families and communities to take charge of their own health. (World Health Organization, 2020).

Midwives work within the larger health care system. Collaborative relationships among midwives and other health care providers involve both independent and shared decision-making, especially with overlapping scopes of practice. All parties are accountable in the practice relationship as determined by their scope of practice, educational background and competencies.

Midwives contribute to maximum effectiveness and efficiency in the health care system and facilitate client education, engagement and self-care. Midwives provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual, family, community and population health levels.

Midwives understand the unique health needs of childbearing and reproductive care clients and the issues that may impact their access to care. All midwives play an important role in protecting and strengthening human rights. Midwives uphold these rights and are committed to anti-discriminatory, anti-racist and inclusive practice.

Regulated midwives enter the profession through completion of a recognized, specialized baccalaureate degree in midwifery or a bridging program. To become registered, many jurisdictions in Canada also require mentoring or a preceptorship.

## **Competency Profile**

### **1. Primary Care Provider**

As primary care providers, midwives apply foundational knowledge, skills and abilities to provide holistic care throughout the childbearing year (for example, antepartum, intrapartum and postpartum) and for newborns and infants. Midwives assess clients, make decisions, plan care, perform interventions and evaluate processes and health outcomes through both in-person and virtual care. Midwives also provide reproductive health care, preparation for parenthood and well-client care.

The primary care provider competencies are organized around six competency areas below.

#### **1.A Assessment**

The competent entry-level midwife uses evidence-informed knowledge and skills to perform a systematic and accurate client-based clinical assessment. The competent entry-level midwife:

- 1.A.1. Collects the client's comprehensive contextual health history
- 1.A.2. Assesses for variations of normal and signs and symptoms of abnormal conditions
- 1.A.3. Conducts relevant clinical assessments
- 1.A.4. Orders, performs and interprets screening and diagnostic tests

#### **1.B Decision-Making**

The competent entry-level midwife uses clinical judgment to formulate clinical decisions based on evidence, client needs and priorities. The competent entry-level midwife:

- 1.B.1. Integrates pertinent observations and findings to formulate diagnoses
- 1.B.2. Takes action based on sound analysis of assessment findings
- 1.B.3. Assumes responsibility for follow-up on test results
- 1.B.4. Coordinates the professional care team, as the most responsible provider, in

the provision of client care

- 1.B.5. Determines appropriate emergency measures

### 1.C Care Planning

The competent entry-level midwife develops an individualized care plan in consultation with the client and other health care professionals. The client's status and the effectiveness of the care plan is continuously evaluated and the care plan is modified as needed. The competent entry-level midwife:

- 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.2. Recognizes when discussion, consultation, referral and/or transfer are necessary for safe, effective and comprehensive client care
- 1.C.3. Initiates consultation, referral and transfer of care by specifying relevant information and recommendations
- 1.C.4. Evaluates response to the care plan in collaboration with the client and revises it as necessary

### 1.D Implementation

The competent entry-level midwife implements evidence-informed therapeutic interventions in partnership with the client. Interventions are informed by assessment findings, sound decision-making and consideration of the client's individualized care plan. The competent entry-level midwife:

- 1.D.1. Provides primary care in antepartum, intrapartum, postpartum and neonatal as part of full reproductive health care
- 1.D.2. Performs clinically appropriate procedures
- 1.D.3. Responds to variations of normal and signs and symptoms of abnormal conditions
- 1.D.4. Initiates appropriate emergency measures
- 1.D.5. Provides responsive counselling and education, and recommends appropriate resources
- 1.D.6. Provides information and support about common discomforts
- 1.D.7. Prescribes, orders and administers medications and therapeutic agents

- 1.D.8. Provides a safe birthing environment within all applicable settings
- 1.D.9. Applies relevant infection prevention and control practices and standards
- 1.D.10. Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations

### 1.E. Population Health

The competent entry-level midwife uses contextual information and collaboration with community partners to support health outcomes of populations and reduce health inequities. Midwives recognize intersectionality, taking into account people's overlapping identities and experiences, and understand the complex relationship between many factors that may contribute to discrimination and inequality. The competent entry-level midwife:

- 1.E.1. Recognizes the human rights of clients seeking care
- 1.E.2. Supports clients to address determinants of health that affect them and their access to health services and resources
- 1.E.3. Uses evidence and collaborates with community partners and other health care providers to optimize the health of clients

### 1.F. Reproductive and Sexual Health

The competent entry-level midwife supports the client's reproductive and sexual health, recognizing the connection to the client's human rights. The competent entry-level midwife:

- 1.F.1. Delivers contraceptive counselling, with provision based on jurisdiction
- 1.F.2. Offers abortion counselling, with provision based on jurisdiction
- 1.F.3. Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach
- 1.F.4. Screens and tests for reproductive cancers
- 1.F.5. Provides sexual health education
- 1.F.6. Provides sexually transmitted infections counselling, diagnosis, and treatment, as appropriate

## 2. Advocate

As advocates, midwives facilitate access to midwifery care and the client's right to make choices about their care and care environment. Midwives also seek health equity for their individual clients and for the client populations they serve. As an advocate, the competent entry-level midwife:

- 2.1. Recognizes and responds to the impact of the client's life experiences, including historical, social and cultural influences on childbearing and early parenting
- 2.2. Fosters an environment of respect and autonomy as determined by the client
- 2.3. Encourages and facilitates the client's own research and knowledge gathering, honouring other ways of knowing and doing
- 2.4. Respects, promotes and supports the client's rights, interests, preferences, beliefs and culture
- 2.5. Demonstrates cultural safety and humility by respecting diversity and individual differences and attending to power differentials inherent in health care delivery
- 2.6. Creates a safe environment, respecting the client's preferences and privacy needs
- 2.7. Recognizes and takes action in situations where client safety is actually or potentially compromised
- 2.8. Navigates the health care system to help ensure the client receives quality care and gains access to necessary resources
- 2.9. Advocates for health equity, particularly for vulnerable and/or diverse clients and populations
- 2.10. Advocates for the use of Indigenous health knowledge and healing practices for Indigenous clients consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada
- 2.11. Advocates for the midwifery profession as a primary health care provider for pregnancy, labour, birth, postpartum and newborn care

## 3. Communicator

As communicators, midwives use effective strategies to exchange information and to enhance therapeutic and professional relationships with clients through both in-person and virtual care. Effective communication by midwives may also contribute

to client safety and improved health outcomes and client satisfaction. As a communicator, the competent entry-level midwife:

- 3.1 Demonstrates cultural humility to establish a safe and respectful relationship with others.
- 3.2 Applies a person-centered approach characterized by empathy, respect and compassion in order to foster trust and autonomy
- 3.3 Effectively communicates the midwife's scope of practice and philosophy of care to the client
- 3.4 Provides the client and family members with accurate and complete information to assist them in making informed decisions about their health care, treatment choices and symptom management
- 3.5 Utilizes effective communication skills (e.g. attentive and respectful listening, feedback, open-mindedness, non-verbal cues and behaviours) with the client and their family to clarify perceptions and understanding, negotiate a care plan and resolve conflicts
- 3.6 Documents all client interactions in a clear, concise, accurate, objective, contemporaneous and legible manner to facilitate a continuum of care and decision-making, and to optimize safety

#### **4. Collaborator**

As collaborators, midwives work effectively with others to provide inter-professional and intra-professional care. Midwives assume complementary roles with other health care professionals and share responsibility for solving problems and making decisions to support client care. As a collaborator, the competent entry-level midwife:

- 4.1 Engages with other health care providers and community-based services to plan and deliver care that meets the client's needs
- 4.2 Shares information in a collegial manner with colleagues and other health care professionals as needed to improve client safety and optimize health outcomes
- 4.3 Recognizes inter-professional and intra-professional conflict, striving for consensus among those with differing views
- 4.4 Negotiates overlapping and shared responsibilities by respecting one's role, responsibilities and scope of practice and those of other health care professionals (e.g. when identifying the most responsible provider)

## 5. Professional

As autonomous, self-regulated health care professionals, midwives are committed to working in the best interest of their clients and society, and to maintaining high standards of behaviour. As professionals, midwives conduct themselves in a trustworthy, respectful and accountable manner. As a professional, the competent entry-level midwife:

- 5.1 Practices in accordance with laws, professional and ethical codes, standards and policies governing midwifery
- 5.2 Demonstrates an understanding of the mandate and responsibilities of provincial/territorial midwifery regulators
- 5.3 Demonstrates an understanding of the role of professional midwifery associations
- 5.4 Identifies ethical issues when providing care and responds using ethical principles
- 5.5 Identifies existing policies or procedures that may be unsafe or are inconsistent with evidence-informed practices and takes action to address these
- 5.6 Recognizes and responds to unprofessional conduct and competence among midwives and other health care professionals
- 5.7 Recognizes and observes personal and professional boundaries and limitations in order to provide safe, respectful and ethical client care, and seeks support when needed
- 5.8 Maintains the confidentiality and security of written and verbal information acquired in a professional capacity in accordance with all applicable privacy laws
- 5.9 Demonstrates judicious use of information technology, e.g. virtual care and social media, to protect confidentiality, prevent privacy breaches and maintain public trust in the profession
- 5.10 Identifies and mitigates safety risks to the client, family and health care providers
- 5.11 Engages in quality improvement activities and health system performance at local, provincial, national and global levels
- 5.12 Ensures client safety is maintained when students are involved in providing care
- 5.13 Advances the profession's body of knowledge through participation in relevant research

- 5.14 Promotes and adheres to anti-racism policies that guide recognizing, reporting, documenting and responding to racism in the health care system, including anti- Indigenous racism

## **6. Life-Long Learner**

As life-long learners, midwives demonstrate a commitment to excellence in practice through self-reflection, formal and informal opportunities for continuous learning, the education of others, and the evaluation and application of evidence.

As a life-long learner, the competent entry-level midwife:

- 6.1 Keeps up to date with continuing education and quality assurance programs and requirements to maintain currency and competency
- 6.2 Critically reviews, appraises and applies new information and research findings relevant to midwifery practice
- 6.3 Identifies opportunities for learning and improvement by regularly reflecting on and self-assessing performance
- 6.4 Learns from others' practice and experience to improve one's own practice
- 6.5 Is aware of one's own personal biases, values, beliefs and positional power and acts to reduce bias and dismantle racist beliefs and systems

## **7. Leader**

As leaders, midwives envision and promote a profession and health care system that enhances the well-being of society. Effective leadership by midwives is vital to delivering and improving quality care, and to facilitating system change. Midwives model effective leadership and engage others in visioning and achieving a high-quality health care system. As a leader, the competent entry-level midwife:

- 7.1 Implements strategies to integrate and optimize the midwifery role within health care teams and health care systems to improve client care
- 7.2 Uses and allocates resources judiciously to optimize client care and health systems sustainability
- 7.3 Promotes a culture of safety by participating in and facilitating activities that emphasize client and midwife safety
- 7.4 Applies the principles and methods of quality improvement to improve midwifery care outcomes

- 7.5 Recognizes the value of and engages in mentorship for peers and students (e.g., support, guide, educate and rolemodel)
- 7.6 Provides constructive and respectful feedback to promote learning and professional growth among students andpeers
- 7.7 Recognizes, supports and responds effectively to colleagues in need
- 7.8 Recognizes and responds to racism, including anti-Indigenous racism, with accurate information, respectful corrections and a constructive and collaborative approach to systemic change.

## **Appendix A: Glossary**

**Antepartum:** Occurring before childbirth.

**Anti-racism:** Any approach that reduces power differences by benefitting minority racial[ized] groups and/or disadvantaging dominant racial[ized] groups. (Adapted from National Collaborating Centre for Indigenous Health, 2020) These approaches also centre on the needs of racialized groups, challenge prejudiced attitudes and beliefs, and work to dismantle colonial and discriminatory systems.

**Childbearing year:** The unique twelve months (minimum) that elapse over the course of pregnancy, recovery from childbirth and lactation. (Hammer et al., 2000)

**Chosen family:** The client's selected friends, partners and ex-partners, biological and non-biological children and parents, and others who provide support.

**Client:** The person who comes to the midwife for care, including the baby. The individual's chosen family or support person(s) may also participate in the care process if the client chooses. The client varies in race, national or ethnic origin, religion, age, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and socio-economic background. The client may have experienced trauma (example intergenerational trauma, abuse, adverse childhood experiences) that shapes their current lived experience.

**Collaboration:** Client care involving joint communication and decision-making processes among the client, midwife and other members of a health care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. (Canadian Nurses Association, 2010)

**Competency:** The specific knowledge, skills, abilities, and judgment required for a health care provider to practise safely, ethically and effectively. (Adapted from Nova Scotia College of Nursing, 2016)

**Competent:** Having the necessary ability, knowledge or skill to do something successfully. (Lexico)

**Continuing education:** An educational requirement for health care professionals, designed to keep them up to date on advances and good practices throughout their careers.

**Counselling:** Giving information, advice and guidance on personal, social, physical or psychological problems.

**Cultural humility:** A process of self-reflection to understand personal and systemic barriers and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging

oneself as a learner when it comes to understanding another's experience. (First Nations Health Authority, n.d.)

**Cultural safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority, n.d.)

**Determinants of health:** The determinants of health are income and social status; social supports; education and literacy; employment/working conditions; physical environments; healthy behaviours; childhood experiences; social supports and coping skills; biology and genetic endowment; access to health services; gender; culture and race/racism. (Government of Canada, 2018)

**Entry-level midwife:** The midwife has been assessed as eligible to start practicing in Canada, after they meet provincial/territorial requirements, in the full scope of practice and without supervision requirements on their registration

**Evidence-informed decision-making:** The integration of best available evidence with client context and the personal knowledge and experience of the midwife to inform clinical problem solving and decision-making.

**Family planning:** The act of making a conscious plan about the number and timing of children's births. (Canadian Public Health Association, 2020)

**Health:** A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (World Health Organization, 1946)

**Health equity:** Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance. (BC Centre for Disease Control, adapted from National Collaborating Centre for Determinants of Health)

**Health system:** All the activities whose primary purpose is to promote, restore or maintain health. (World Health Organization, 2000)

**Health system sustainability:** The appropriate balance between the cultural, social, and economic environments designed to meet the health and healthcare needs of individuals and the population (from health promotion and disease prevention, to restoring health and supporting end of life) and that leads to optimal health and health care outcomes without compromising the outcomes and ability of future generations to meet their own health and health care needs. (The Conference Board of Canada, 2020)

**Holistic care:** Complete or total client care that considers the physical, emotional, social, economic, and spiritual needs of the client.

**Inter-professional care:** Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. (Canadian Health Services Research Foundation, 2012)

**Intersectionality:** The interconnected nature of social categorizations such as race, class and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Lexico)

**Intrapartum:** The time period spanning childbirth, from the onset of labour through delivery of the placenta.

**Intra-professional care:** Care provided through collaboration among individuals providing midwifery care. (Adapted from National Physiotherapy Advisory Group, 2017)

**Midwife:** A person who has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or is legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery. (International Confederation of Midwives, n.d.)

**National guidelines:** Advice for the prevention, assessment, treatment and management of the major health issues facing clients, for example, Society of Obstetricians and Gynaecologists of Canada guidelines, Health Canada guidelines.

**Person-centred care (PCC):** Care that supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect, (The Health Foundation, 2016)

**Population health:** An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. (Public Health Agency of Canada, 2012)

**Postpartum:** Refers to the time after delivery when maternal physiological changes return to the non-pregnant state. (Berens, 2020)

**Primary care provider:** A health care provider who acts as the first contact and principal point of care for clients within the health care system and coordinates other specialist care that the client may need.

**Primary health care:** A concept based on three components: meeting people's

health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course; systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others. (World Health Organization, 2019)

**Profession:** An occupation founded upon specialized educational training, the purpose of which is to supply counsel and service to others.

**Quality improvement:** A formal ongoing process for analyzing performance to determine the need for making changes in the way of practise and for determining the effectiveness of actions taken to implement these changes. (International Confederation of Midwives, 2017)

**Reproductive health care:** In all matters relating to the reproductive system and its functions and processes, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (International Encyclopedia of Public Health, 2017)

**Research:** A systematic investigation to identify, create and/or confirm existing or new concepts, knowledge, methodologies and understandings.

**Safety:** The condition of being protected from risk, injury, coercion, abuse, hurt or loss physically, emotionally and psychologically. (Adapted from Merriam Webster) Safety also includes cultural safety.

**Safety risk:** Hazard or threat to the safety of the client, family or health care provider. Reducing the risks of unnecessary harm is central to client safety in health related to pregnancy care. (Adapted from Canadian Patient Safety Institute, 2020)

**Scope of practice:** The activities that the health care provider is authorized to perform, as set out in legislation and described by practice standards, limits, and conditions set by regulators.

**Sexual health:** Includes sexuality, healthy relationships, sexually transmitted infections, fertility, infertility and contraception, and is an important part of well-being. (Sexual Health Ontario, 2020)

**Social media:** Web and mobile technologies and practices that people use to share content, opinions, insights, experiences, and perspectives online (College of Physicians and Surgeons of Ontario, n.d.)

**Standard:** A norm/uniform reference point that describes the required level of achievement or performance. (International Confederation of Midwives, 2011)

**Therapeutic relationship:** An interactive relationship with a client that is caring, clear, boundaried, positive and professional. (Adapted from Pediatric Critical Care, 2011)

**Virtual Care:** Any interaction between the health care provider and the client, occurring remotely, using any form of communication or information technology (e.g. texting, phone, photo, video) with the aim of facilitating or maximizing the level of care for clients. (Adapted from Alberta Virtual Care Working Group, 2020)

**Well-client care:** Primary care provided to the client after six weeks postpartum and for up to 12 months, depending on the jurisdiction in which the midwife practises. This enables the client to receive care to maintain a healthy lifestyle and minimize health risks. Engaging clients in shared decision-making is an important aspect of well-client care. (Adapted from American College of Obstetricians and Gynaecologists, 2018)

## References

- Alberta Virtual Care Working Group. (October 5, 2020). Framework on Principles of Quality Care. Presented at Alberta Federation of Regulated Health Professionals (AFRHP).
- American College of Obstetricians and Gynecologists. (2018). Well-Woman Visit. Accessed August 19, 2020 at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/well-woman-visit>
- BC Centre for Disease Control. (n.d.). Health Equity. Accessed August 18, 2020 at: <http://www.bccdc.ca/health-info/prevention-public-health/health-equity>
- Berens, P. (2020). Overview of the postpartum period: Normal physiology and routine maternal care. UpToDate. Accessed August 18, 2020 at: <https://www.uptodate.com/contents/overview-of-the-postpartum-period-normal-physiology-and-routine-maternal-care>
- British Columbia College of Nurses and Midwives. (2020). Entry-Level Competencies for Registered Nurses (effective date December 31, 2020). Accessed October 9, 2020 at: [https://www.bccnp.ca/becoming\\_a\\_nurse/Documents/RN\\_Entry\\_Level\\_Competencies\\_375\\_Dec.31.pdf](https://www.bccnp.ca/becoming_a_nurse/Documents/RN_Entry_Level_Competencies_375_Dec.31.pdf)
- Canadian Association of Midwives. (2015). The Canadian Model of Care Position Statement. Accessed August 18, 2020 at: <https://canadianmidwives.org/wp-content/uploads/2016/06/CAM-MoCPSFINAL-OCT2015-ENG-FINAL.pdf>
- Canadian Health Services Research Foundation. (2012). Interprofessional collaborative teams. Accessed August 19, 2020 at: <https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/interprofteams-virani-en-web>.
- Canadian Nurses Association. (2010). Core Competency Framework. Accessed August 18, 2020 at: [http://cna-aiic.ca/~media/cna/files/en/competency\\_framework\\_2010\\_e.pdf](http://cna-aiic.ca/~media/cna/files/en/competency_framework_2010_e.pdf)
- Canadian Patient Safety Institute. (2017). General patient safety. Accessed August 18, 2020 at: <http://www.patientsafetyinstitute.ca/en/Topic/Pages/General-Patient-Safety.aspx>
- Canadian Public Health Association. (n.d.). The history of family planning in Canada. Accessed August 18, 2020 at: <https://www.cpha.ca/history-family-planning-canada>
- College and Association of Registered Nurses of Alberta. (2019). Entry-Level Competencies for the Practice of Registered Nurses. Accessed August 18, 2020

at: <https://www.nurses.ab.ca/docs/default-source/document-library/standards/entry-to-practice-competencies-for-the-registered-nurses-profession.pdf>

Conference Board of Canada. (2020). Principles of sustainable health care. Accessed August 18, 2020 at: <https://www.conferenceboard.ca/CASHC/principles>.

First Nations Health Authority. (n.d.). Policy Statement on Cultural Safety and Humility: It starts with me. Accessed August 18, 2020 at: <https://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>

Fuhrman, Bradley and Zimmerman, Jerry. (2011). Pediatric Critical Care 4th edition. eBook ISBN 9780323246453

Government of Canada. (n.d.). Social determinants of health and health inequalities. Accessed August 18, 2020 at: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Hammer, RL, Perkins, J, Parr, R. (2000). Exercise during the childbearing year. *Journal of Perinatal Education*. 9(1): 1-14. Accessed August 18, 2020 at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595006/>

International Confederation of Midwives. (2011). Global Standards for Midwifery Regulation. Accessed July 23, 2020 at: <https://www.internationalmidwives.org/assets/files/general-files/2018/04/global-standards-for-midwifery-regulation-eng.pdf>

International Confederation of Midwives. (2017). Glossary of Terms. Accessed July 23, 2020 at: [https://www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011\\_updated-2017\\_final2.pdf](https://www.internationalmidwives.org/assets/files/general-files/2018/04/english-icm-glossary-of-terms-2011_updated-2017_final2.pdf)

International Confederation of Midwives. (2019). Essential Competencies for Midwifery Practice:2019 Update. Accessed July 17, 2020 at: <https://www.internationalmidwives.org/assets/files/general-files/2019/11/poster-icm-competencies-en-screens--final-oct-2019.pdf>

Lexico. (n.d.). Accessed online August 19, 2020 at: <https://www.lexico.com/>

Merriam-Webster. (n.d.). Accessed online November 12, 2020 at: <https://www.merriam-webster.com/>

National Aboriginal Council of Midwives. (2019). Indigenous Midwifery Knowledge

- and Skills: A Framework of Competencies. Accessed July 17, 2020 at: [https://indigenoumidwifery.ca/wp-content/uploads/2019/07/NACM\\_CompetencyFramework\\_2019.pdf](https://indigenoumidwifery.ca/wp-content/uploads/2019/07/NACM_CompetencyFramework_2019.pdf)
- National Collaborating Centre for Indigenous Health. (2020). Policies, Programs and Strategies to Address Anti-Indigenous Racism: A Canadian Perspective. Accessed November 12, 2020 at <https://www.nccih.ca/docs/determinants/FS-Racism3-Policies-Strategies-EN.pdf>
- National Physiotherapy Advisory Group. (2017). Competency Profile for Physiotherapists in Canada. Accessed October 9, 2020 at: <https://www.peac-aepc.ca/pdfs/Resources/Competency%20Profiles/Competency%20Profile%20for%20PTs%202017%20EN.pdf>
- Nova Scotia College of Nursing. (2016). Entry-Level Competencies for Nurse Practitioners. Accessed August 18, 2020 at: <https://www.nscn.ca/sites/default/files/documents/resources/EntryLevelCompetenciesNP.pdf>
- Public Health Agency of Canada. (n.d.). What is the Population Health Approach? Accessed August 18, 2020 at: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html>
- Sexual Health Ontario. (n.d.). Accessed August 19, 2020 at: <https://sexualhealthontario.ca/en/home>
- The Health Foundation. (2016). Person-centred care made simple: What everyone should know about person-centred care. Accessed August 18, 2020 at: <https://www.health.org.uk/publications/person-centred-care-made-simple>
- Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to Action. (2015). Accessed August 12, 2020 at: [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)
- World Health Organization. (1946). Constitution. Accessed August 18, 2020 at: <https://www.who.int/about/who-we-are/constitution>
- World Health Organization. (2000). World Health Report 2000: Health Systems Improving Performance. Accessed August 18, 2020 at: [https://www.who.int/whr/2000/en/whr00\\_en.pdf?ua=1](https://www.who.int/whr/2000/en/whr00_en.pdf?ua=1)
- World Health Organization. (2020). Primary Health Care. Accessed July 17, 2020 at: [https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1)

Acknowledgement:

Permission from the Canadian Midwifery Regulators Council (CMRC) to adopt this document.

Approved by the Canadian Midwifery Regulators Council (CMRC), December 23, 2020.

Approved for use in Prince Edward Island by the Council of the College of Nurses and Midwives of PEI, June 2022.