

MIDWIVES

# Certified Practice Competencies



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Last Updated: May 2026

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## Introduction

The purpose of this document is to provide details of the competencies and curriculum requirements for BCCNM certified practice course approval for midwives. Completion of a BCCNM-approved course is required to apply for certification with BCCNM.

Questions regarding certified practice course approval can be directed to [epr@bccnm.ca](mailto:epr@bccnm.ca).

These competencies and curriculum requirements should be reviewed in conjunction with the following documents:

- [Certified Practice Course Review Policy](#)
- **Midwives certification program practice standards** – set out the standards, limits, and conditions on practice as well the BCCNM-approved education for certification.
  - [Certified Midwives: Acupuncture](#)
  - [Certified Midwives: Epidural Maintenance](#)
  - [Certified Midwives: Hormonal Contraceptive Therapy](#)
  - [Certified Midwives: Induction and Augmentation of Labour](#)
  - [Certified Midwives: Intrauterine Contraception Insertion](#)
  - [Certified Midwives: Sexually Transmitted Infections Management](#)
  - [Certified Midwives: Surgical First Assist for Cesarean Section](#)
  - [Certified Midwives: Vacuum-Assisted Emergency Delivery](#)
- [Quality Assurance Policy](#)
- [Policy on Additional Currency Requirements for Certified Licensees](#)

## Certified practice competencies and curriculum requirements

### ACUPUNCTURE

Education for BCCNM certification in acupuncture includes:

Demonstration of theoretical and practical knowledge in the foundation of acupuncture treatment in completion of an approved course of at least 50 hours of instruction, and successfully passing written and/or oral and simulated practical assessments including:

1. Knowledge of theory in acupuncture;
2. Knowledge and understanding of principles involved in acupuncture as they pertain to anatomical and physiological considerations; location and surface anatomy; proper procedure for location, depth and angle of needle insertion;
3. Knowledge of basic to intermediate point differentiation and of indications and contraindications;
4. Knowledge and understanding of safe acupuncture technique and appropriate universal precautions;

5. Knowledge of the indications and protocols for use of acupuncture during labour and the postpartum period;
6. Ability to use acupuncture for pain relief during labour and in the immediate postpartum period;
7. Knowledge and ability to recognize when a consult and referral to another health care practitioner is indicated;
8. Knowledge and ability to manage possible complications; and
9. Knowledge and ability to facilitate a full informed choice discussion with a client about the nature of the acupuncture treatment being offered, its risks, benefits, indications and contraindications.

### EPIDURAL MAINTENANCE

Education for BCCNM certification in epidural maintenance includes:

Demonstrated knowledge and understanding of:

1. The anatomy of the epidural space;
2. The pharmacology, action, and side effects of local anesthetics and narcotics used in epidural analgesia;
3. Anesthetic requirements for preparation of the client for epidural analgesia including:
  - a. Patient history, physical, and laboratory tests;
  - b. Resuscitation equipment and drugs;
  - c. Intravenous access and volume loading;
  - d. Equipment for placement of the epidural catheter under sterile conditions;
4. Recognition of, response to, and management of immediate anesthetic complications of epidural analgesia including:
  - a. Hypotension;
  - b. Seizures;
  - c. High spinal anesthesia;
5. Technique of epidural insertion to include:
  - a. Positioning;
  - b. Anesthetic technique;
  - c. Complications of needle and catheter placement;
  - d. Securing the epidural catheter and maintaining sterility at the catheter site;
6. Initiation of epidural block to include:

- a. Positioning;
  - b. Monitoring the test dose and the initial therapeutic dose;
7. Maintenance of analgesia to include monitoring of:
- a. Bolus dose and top-ups;
  - b. Continuous infusions;
  - c. Catheter integrity monitoring;
  - d. Patient-controlled anesthesia (PCA);
8. Postpartum management to include:
- a. Catheter removal and care of epidural site;
  - b. Ambulation; and
  - c. Management of late complications of epidural analgesia.

Orientation to:

1. The location of equipment for resuscitation;
2. Set-up and functioning of the epidural infusion pump;
3. Monitoring during the process of epidural infusion;
4. Documenting epidural care;
5. How to implement appropriate interventions;
6. How and when to call anesthesiologist; and
7. Removal of epidural catheter.

Proof of successful completion of a competency-based skills assessment must be submitted to BCCNM before certification is granted. Documentation of BCCNM certification must be provided to and recognized by the hospital in which the midwife holds privilege.

### **HORMONAL CONTRACEPTIVE THERAPY**

Education for BCCNM certification in hormonal contraceptive therapy must include:

Demonstration of theoretical and practical knowledge of prescribing contraceptives including:

1. The knowledge necessary for the safe assessment, prescription, and management of intrauterine contraception, systemic contraceptives, combined hormonal contraceptives, and progestin-only contraceptives as set out in BCCNM's Practice Standard [Midwives: Medications and Substances](#);

2. Knowledge of indications and contraindications, the pharmacological mechanisms of action and potential side effects of intrauterine contraception; oral contraceptives; transdermal contraceptives, injectable contraceptives; intravaginal contraceptives;
3. The ability to carry out a comprehensive sexual health assessment that includes cultural considerations, including a focus on the socio-economic determinants of health;
4. The ability to determine and prescribe the appropriate contraceptive option(s) for each individual client as indicated;
5. The ability to provide the client with proper information and instruction for use and appropriate cautions regarding risks, side effects and when to see a health care provider for follow-up; and
6. The ability to recognize a contraceptive medication's adverse effects, including knowledge of when medication may need to be discontinued or substituted, and signs and symptoms requiring consultation with or referral to a medical practitioner.

Demonstration of appropriate skills in prescribing hormonal contraceptives includes completion of study materials and the successful passing of written and/or oral and simulated practical assessments.

### **INDUCTION AND AUGMENTATION OF LABOUR**

Education for BCCNM certification in induction and augmentation of labour includes:

Demonstration of theoretical and practical knowledge of pharmacological induction/augmentation of labour including:

1. The criteria for safe initiation of induction and augmentation of labour including:
  - a. Indications;
  - b. Appropriate client selection criteria;
  - c. Appropriate choice of agent;
  - d. The advantages, disadvantages, risks and benefits of the different methods of
  - e. Induction and augmentation of labour; and
  - f. Appropriate client counseling for each method.
2. The pharmacodynamics and pharmacokinetics of prostaglandins and oxytocin including:
  - a. Dosing
  - b. Concentration
3. Pre-labour rupture of membranes is not an indication for consultation for a midwife with this certification.
4. Non-progressive labour is not an indication for consultation for a midwife with this certification

5. While a physician consultation is required at 42 weeks, this does not preclude a midwife with this certification from initiating an induction with the consent of the client.
  - a. Frequency/rate
  - b. Route
  - c. Precautions
  - d. For oxytocin, a rationale for concurrent IV solutions
6. Knowledge of the national and community standards and guidelines for induction and augmentation methods.
7. Knowledge of appropriate fetal surveillance with induction and augmentation of labour.
8. Recognizing and responding appropriately to adverse effects of induction medication (e.g. atypical and abnormal fetal heart rate pattern, uterine tachysystole).

Demonstration of appropriate skills in managing pharmacological induction/augmentation of labour including the ability to:

1. Select and screen clients appropriately.
2. Provide informed choice and obtain informed consent.
3. Order and administer pharmacological induction or augmentation agents in line with national guidelines and community standards and in the context of the range of clinical situations.
4. Skillfully apply a cervical ripening agent.
5. Provide appropriate care and monitoring of client and fetus during an induction and augmentation.
6. Identify problems and implement appropriate interventions, including intra-uterine resuscitation and initiating appropriate physician consultation and transfer of care when required.
7. Organize documentation of assessment and care that is complete, concise, and contemporaneous including admission and history, orders for induction and augmentation, and progress notes related to induction or augment.

After verifying the midwife's knowledge and skills through completion of study materials and the successful passing of written and/or oral and/or simulated or actual practical assessments, the certification process must include ordering, initiating and managing sufficient inductions of labour to appropriately selected clients under supervision in hospital to demonstrate competence, including a minimum of one involving a cervical ripening agent and one involving IV oxytocin. The competency based clinical assessment will be completed under the supervision of an obstetrician, family physician, or midwife who is already certified or privileged in this area of certification.

## INTRAUTERINE CONTRACEPTION INSERTION

Education for BCCNM certification in intrauterine contraception insertion (IUC) includes:

The certified midwife demonstrates theoretical and practical knowledge of inserting IUCs, including:

1. The knowledge necessary for the safe assessment, insertion, and management of IUC.
2. The knowledge of indications and contraindications, mechanisms of action, and potential side effects of IUC.
3. The ability to carry out a comprehensive sexual health assessment that considers determinants of health, trauma-informed care, as well as cultural safety and humility and anti-racism, including anti-Indigenous racism.
4. The ability to determine and prescribe the appropriate IUC for an individual client.
5. The ability to provide the client with proper information and instruction for use, and appropriate cautions regarding risks, side effects, and when to see a health-care provider for follow-up.
6. The ability to recognize normal adjustment reactions to a new IUC, as well as signs and symptoms of endometritis, expulsion, and uterine perforation, including those requiring consultation with, or transfer of care to, a medical or nurse practitioner.

## SEXUALLY TRANSMITTED INFECTIONS MANAGEMENT

Education for BCCNM certification in sexually transmitted infections management must include demonstration of theoretical and practical knowledge of sexually transmitted infections and their treatment, including:

1. The ability to diagnose and treat various sexually transmitted infections as set out in the BCCNM's Practice Standard [Midwives: Medications and Substances](#), Canadian Guidelines for Sexually Transmitted Infections, and the British Columbia Centre for Disease Control;
2. The ability to recognize the indications and contraindications, the pharmacological mechanisms of action and the potential side effects of medications used to treat sexually transmitted infections;
3. The ability to carry out a comprehensive sexual health assessment that includes cultural considerations, including a focus on the socio-economic determinants of health;
4. The ability to integrate history or present illness and review of system into the sexual history when appropriate;
5. The ability to utilize appropriate risk assessment tools and diagnostic screening tests;
6. The ability to determine and prescribe the appropriate medication for each individual client as indicated;
7. The ability to provide the client with proper information and instruction for use and appropriate cautions regarding risks, side effects and when to see a health care provider for follow-up; and

8. The ability to recognize the adverse effects of a medication, including knowledge of when medication may need to be discontinued or substituted, and signs and symptoms requiring consultation with or referral to a medical practitioner.

### **SURGICAL FIRST ASSISTANT FOR CESAREAN SECTION**

Training courses and/or programs for BCCNM certification in surgical first assist for cesarean section must teach and assess theoretical and practical knowledge. This includes proper procedures and protocols for surgical assist at cesarean birth through the completion of self-directed learning study materials and workshops with lab simulation, followed by demonstration of competence by successful completion of written and/or oral and /or simulated practical assessments and clinical practicum under supervision in hospital.

Training courses and/or programs for certification in surgical first assist for cesarean section must also assure safe practice and competence in the required skills for surgical first assist at cesarean birth. This will take place in a clinical setting through a clinical practicum with a qualified obstetrician or general surgeon. Competency will be confirmed through:

1. Attendance in the role of surgical first assist at both primary and repeat cesarean births, including a minimum of one surgical assist where the client has had more than one previous cesarean section, under the supervision of a qualified obstetrician or general surgeon;
2. Successful evaluation of competency by the supervising surgeon based upon a standardized competency framework in which the following knowledge and skills are demonstrated:
  - Recognize clinical indications for cesarean section;
  - Obtain the appropriate physician consultation and review respective roles;
  - Provide support and information to clients and their support person;
  - Complete the required history and physical examination;
  - Apply surgical aseptic technique in the context of the operating room;
  - Listen and respond to surgeon and members of the surgical team;
  - Have well developed situational awareness;
  - Position, prepare and drape the client;
  - Ensure proper exposure of working field;
  - Use surgical instruments and devices appropriately that minimizes tissue damage and blood loss;
  - Provide timely and effective hemostasis;
  - Assist with wound closure and suturing;
  - Initiate emergency actions as needed;
  - Assist with hysterectomy if required;
  - Provide information and support;
  - Identify and triage postpartum complications; and
  - Perioperative follow-up in the community.

The certification process must include successfully performing sufficient surgical first assists at cesarean births under the supervision of an obstetrician or general surgeon for the supervising surgeon to confirm the midwife's competence. A letter of recommendation from the supervising surgeon is required.

### **VACUUM ASSISTED EMERGENCY DELIVERY**

Education courses/programs for vacuum-assisted delivery will include relevant theory, simulation workshop(s), knowledge examination(s), and skill evaluation(s).

Education courses/programs leading to BCCNM specialized practice certification in vacuum-assisted delivery must include competencies that teach and assess:

- Knowledge of vacuum-assisted delivery, including:
  - Indications, contraindications, and prerequisites;
  - Required physical examinations;
  - Advantages, disadvantages, risks and benefits; and
  - Post-procedure care required for the client and newborn.
- Skills in vacuum-assisted delivery, including:
  - Conducting physical examinations;
  - Determining the situation presents a reasonable and appropriate indication for offering a vacuum-assisted delivery;
  - Obtaining informed consent from the client;
  - Ensuring the necessary resources are available to support vacuum-assisted delivery, including indicated local support and an alternate plan in the event that the vacuum-assisted delivery is not successful;
  - Applying and using a vacuum device with appropriate force to facilitate a vaginal birth;
  - Determining when to end a vacuum-assisted delivery attempt;
  - Documenting the relevant history, physical examination findings, indication(s), informed consent, procedure, and outcomes; and
  - Providing appropriate post-procedure care for the client and newborn.

Pub no.: 1031

Effective date: May 14, 2026