

FOR BCCNM REGISTERED MIDWIVES

Framework for midwife certification for prescribing, ordering, administering and managing induction and augmentation of labour in hospital¹

Registered midwives in British Columbia may administer cervical ripening agents and oxytocin by intravenous infusion for the purpose of induction or augmentation of labour in a hospital after consultation with and on the order of a physician as authorized under Schedule B to the *Midwives Regulation*. Midwives should ensure that they are familiar with all institutional guidelines, policies and protocols for induction of labour, be knowledgeable about the pharmacology of all medications they administer and seek an orientation to the use of infusion pumps used in their facility.

Induction or augmentation of labour with oxytocin or prostaglandins on their own responsibility is beyond entry to practice competencies required of registered midwives. Specialized practice certification in this competency area may be obtained through a course or program established or approved under the authority set out in the Bylaws for the British Columbia College of Nurses and Midwives (BCCNM) that meets the requirements set out in this framework.

Documentation of specialized practice certification must be provided to and recognized by the hospital in which the midwife holds privileges.

Limitations - A midwife with specialized practice certification in this competency area may *only* administer a cervical ripening agent and/or initiate and manage an IV oxytocin induction/augmentation of labour under the following conditions:

¹ An approved certification program is in place. For more information, please contact BCCNM.

- procedure is done in hospital
- client has a singleton pregnancy
- fetus is in a vertex presentation
- there are no contraindications to induction or augmentation with oxytocin or prostaglandins
- communication with hospital staff has occurred

A midwife may *not* administer prostaglandin or initiate an IV oxytocin induction/augmentation of labour with a client who has a history of previous cesarean section or uterine surgery without a physician consultation and order.

Certification

The process for specialized practice certification for prescribing, ordering, administering and managing induction and augmentation of labour includes:

1. Completion of an education module recognized by BCCNM. Currently BCCNM recognizes UBC CPD's Induction and Augmentation of Labour course.
2. Completion of a competency based skills assessment at a BC hospital.

Proof of successful completion of the certification process as outlined above must be submitted to BCCNM before specialized practice certification is granted.

Cervical ripening agent – Midwives with specialized practice certification may, on their own responsibility, initiate induction of labour in hospital with a cervical ripening agent, as noted under Schedule B to the *Midwives Regulation* and set out in BCCNM's *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*, for a client who has any or all of the following indications:

1. pre-labour ruptured membranes at term;
2. post-dates pregnancy;
3. of 39 or more completed weeks of pregnancy, who is 40 years of age or more at their due date.

In addition to having one or more of the above listed indications, the client must also have:

- normal test results of fetal well-being;
- absence of signs of spontaneous labour;
- absence of history of prior cesarean delivery;
- no indications for consultation or transfer of care to a physician other than the required consultation at 42 completed weeks;
- consented to induction of labour.

Oxytocin intravenous infusion - Midwives with specialized practice certification may, on their responsibility, initiate and manage an IV oxytocin induction/augmentation of labour in hospital under the following conditions:

1. for a client of 37 or more completed weeks with **pre-labour rupture of membranes** where active labour has not become established within a reasonable period of time, assessment of the fetal heart is normal, and no indications for consultation or transfer of care to a physician are present²;
2. for a client of 37 or more completed weeks who is experiencing a **non-progressive labour** with contractions that are of inadequate power, an assessment of the fetal heart is normal and no indications for consultation or transfer of care to a physician are present³;
3. for a client **with a post-dates pregnancy**, with normal results from tests of fetal well-being, who has not gone into spontaneous labour, where indications for consultation or transfer of care to a physician are not present other than the required consultation at 42 completed weeks⁴, and the client chooses to have an induction of labour; or
4. for a client of 39 or more completed weeks who is **40 years of age or more** at their due date, with normal results from tests of fetal well-being, who has not gone into spontaneous labour, where indications for consultation or transfer of care to a physician are not present, and the client chooses to have an induction of labour.

Specialized Practice Certification must include:

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 induction and augmentation of labour; and
 - e. appropriate client counseling for each method.
2. The pharmacodynamics and pharmacokinetics of prostaglandins and oxytocin including:
 - a. dosing
 - b. concentration

² Pre-labour rupture of membranes is not an indication for consultation for a midwife with this specialized certification.

³ Non-progressive labour is not an indication for consultation for a midwife with this specialized certification

⁴ While a physician consultation is required at 42 weeks, this does not preclude a midwife with this specialized certification from initiating an induction with the consent of the client.

- c. frequency/rate
 - d. route
 - e. precautions
 - f. for oxytocin, a rationale for concurrent IV solutions
3. Knowledge of the national and community standards and guidelines for induction and augmentation methods.
 4. Knowledge of appropriate fetal surveillance with induction and augmentation of labour.
 5. 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 specialized practice.

Continuing education

Evidence-based continuing education programs are a necessary component for updating practitioners' knowledge and skills. Midwives are expected to keep up to date with the latest evidence relevant to induction and augmentation of labour. Midwives are expected to seek mentoring or continuing education, especially in cases where the skills have not been practiced regularly.

References

ACOG Guideline Dystocia and Augmentation of Labour. ACOG Practice Bulletin; No. 49, Dec 10 2003.

Induction of Labour MORE OB 2013 Salus Global Corporation.

Management of Labour MORE OB 2013 Salus Global Corporation.

Managing Complications in Pregnancy and Childbirth - a guide for midwives and doctors, Section 3, Procedures, Department of Reproductive Health and Research, Family and Community Health, World Health Organization (WHO) Geneva 2003.

SOGC Clinical Practice Guideline Induction of Labour at Term. No 107, September 2013.

Wei SQ, Luo ZC, Xu H, Fraser WD. The effect of early oxytocin augmentation in labor: a meta-analysis. *ObstetGynecol* 2009; 114(3): 641-9.

Copyright © British Columbia College of Nurses and Midwives/December 2020

Effective date: December 6, 2017

900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

Pub. No. 833