

## BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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### Contact us

#### GENERAL INQUIRIES

604.742.6200  
1.866.880.7101 toll-free within  
Canada only  
info@bccnm.ca

#### REGISTRATION

register@bccnm.ca  
registermidwives@bccnm.ca

#### REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

#### COMPLAINTS

complaints@bccnm.ca  
Fax 604.899.0794



## SUPERVISOR ASSESSMENT FORM INDUCTION AND AUGMENTATION OF LABOUR

I, \_\_\_\_\_, \_\_\_\_\_, confirm that \_\_\_\_\_ RM,  
(name) (position) (name of RM)

has completed a competency-based skills assessment for Certification for Induction and  
Augmentation of Labour at \_\_\_\_\_.  
(name of BC hospital)

I verify that \_\_\_\_\_ successfully demonstrated the following:  
(name of RM)

- Appropriate skills** in managing pharmacological induction/augmentation of labour including the ability to:
  - select and screen clients appropriately;
  - provide informed choice and obtain informed consent;
  - 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;
  - skillfully apply a cervical ripening agent;
  - provide appropriate care and monitoring of client and fetus during an induction and augmentation;
  - identify problems and implement appropriate interventions, including intra-uterine resuscitation and initiating appropriate physician consultation and transfer of care when required; and
  - 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.

I further confirm that *under the supervision* of an obstetrician, family physician, or midwife who is already certified or privileged in this area of specialized practice, the above mentioned RM:

- ordered, initiated and managed a minimum of one induction/augment involving IV oxytocin; and
- ordered, initiated and managed a minimum of one induction involving a cervical ripening agent.

\_\_\_\_\_  
(Completion Date)

\_\_\_\_\_  
(Verifier's Initials)