

Certified Midwives: Induction and Augmentation of Labour

Introduction

The *Certified Midwives: Induction and Augmentation of Labour* practice standard applies to midwives who meet BCCNM certification requirements for Induction and Augmentation of Labour.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to:

- insert an instrument, device, finger or hand beyond the labia majora, for the purpose of administering a contraception or inducing labour (70b)
- -prescribe, compound, dispense or administer uteronic agents for the purpose of induction and augmentation of labour for midwifery patients (70d) and consistent with the BCCNM *Registered Midwives: Medications and Substances* practice standard (Table 2).

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, as appropriate. Induction or augmentation of labour with oxytocin or prostaglandins on their own responsibility is beyond entry to practice competencies required of registered midwives.

A practicing midwife licensee who holds certification may use the titles certified midwife, midwife (certified) or the abbreviation RM(C). If a certified midwife wishes to note their specific certification, they may append the term Induction of Labour (IOL) Certified.

Standards

1. When inducing or augmenting labour using a device or uterotonic agent, Certified midwives:
 - a. Follow relevant legislation and regulations,
 - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
 - c. Follow organizational, policies, processes, and restrictions, ~~and~~
 - d. Follow up to date clinical guidelines, and
 - ~~d~~.e. Practise within their individual competence.

Limits and Conditions

1. Midwives must successfully complete the certified practice education program recognized by BCCNM for Induction and Augmentation of Labour. BCCNM currently recognizes the following course:

University of British Columbia Continuing Professional Development course, Induction and Augmentation of Labour course.

2. Midwives must demonstrate and submit to BCCNM proof of completion of a competency-based skills assessment from a BC hospital in order to obtain certification.

3. Certified midwives may, on their own responsibility, initiate induction of labour in hospital with a cervical ripening agent, for a client who has any or all of the following indications:

- pre-labour ruptured membranes at term;
- post-dates pregnancy up to 42 weeks;
- ~~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.

4. Certified midwives may, on their responsibility, initiate and manage an IV oxytocin induction/augmentation of labour in hospital under the following conditions:

- 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 present¹ ;
- 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 present² ;
- 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

¹ Pre-labour rupture of membranes is not an indication for consultation for a midwife with this specialized certification.

² Non-progressive labour is not an indication for consultation for a midwife with this specialized certification.

- transfer of care to a physician are not present other than the required consultation at 42 completed weeks³ , and the client chooses to have an induction of labour; or
- 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
4. A certified 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.

³ 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.