BCCN&M British Columbia College of Nurses & Midwives

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PRACTICE STANDARD

Certified Midwives: Acupuncture

Introduction

The *Certified Midwives: Acupuncture* practice standard applies to midwives who meet BCCNM certification requirements for acupuncture use in labour and in the immediate postpartum period[1].

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to *insert acupuncture needles under the skin for the purpose of relieving pain during labour or the postpartum period.*

Midwives in British Columbia provide primary care to clients throughout the perinatal period under their own responsibility. Midwives must have ability to manage labour and birth, including the ability to assess the need for relief of pain and intervene using non-pharmacologic and pharmacological measures as required. They also have knowledge of complementary therapies which may be used during the intrapartum and postpartum period.

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 Acupuncture Certified.

Standards

1. 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

[1] Immediate postpartum period refers to the first 24 hours following birth

d. Practise within their individual competence.

Limits & conditions

1. Midwives who want to obtain certification in acupuncture must successfully complete the relevant certified practice course(s) recognized by BCCNM[2] or equivalent[3].
2. A certified midwife may only insert acupuncture needles during labour or in the immediate post-partum period, 24 hours after birth, for the purpose of pain relief.

Glossary

Acupuncture: an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissue of the human body and may be used to alleviate pain.

Revision history

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Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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[2] BCCNM recognized certified practice courses can be found here

[3] For further information, contact Licensing at register@bccnm.ca

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PRACTICE STANDARD

Certified Midwives: Hormonal Contraceptive Therapy

Introduction

The *Certified Midwives: Hormonal Contraceptive Therapy* practice standard applies to Registered Midwives who meet BCCNM certification requirements for hormonal contraceptive therapy.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to prescribe, compound, dispense or administer contraceptives for prevention of conception for midwifery patients.

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 Hormonal Contraceptive Certified.

Standards

1. 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. Practise within their individual competence.

Limits & conditions

1. Midwives who want to obtain certification in Hormonal Contraceptive Therapy must successfully complete the relevant certified practice course(s) recognized by BCCNM[1] or equivalent[2].
2. A certified midwife may only prescribe contraceptive agents for midwifery patients[3].

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[1] BCCNM recognized certified practice courses can be found here

[2] For further information, contact Licensing at register@bccnm.ca

[3] A midwifery patients means who patient who (a) is pregnant, (b) is in labour or is delivering a baby, or (c) is in the postpartum period.

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PRACTICE STANDARD

Certified Midwives: Intrauterine Contraception Insertion

Introduction

The *Certified Midwives: Intrauterine Contraceptive Insertion* practice standard applies to midwives who meet BCCNM certification requirements for Intrauterine Conception Insertion.

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.*

Intrauterine contraception includes both intrauterine systems (those that contain hormones) and intrauterine devices (those that contain copper).

When midwives discuss intrauterine contraceptive options with their clients, they discuss both intrauterine systems and intrauterine devices to facilitate an informed choice discussion.

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 Intrauterine Contraceptive (IUC) Certified.

Standards

1. 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. Practise within their individual competence.

Limits & conditions

1. Midwives must successfully complete the relevant certified practice course(s) recognized by BCCNM[1] after obtaining BCCNM Certification in Hormonal Contraceptive Therapy or equivalent[2].
2. Midwives must demonstrate and submit to BCCNM proof of IUC insertion competency in supervised clinical practice in order to obtain certification:
    - Trainees perform a minimum of five IUCs under the supervision of an experienced healthcare practitioner with IUC insertion authority, in good standing with their regulatory body.

Revision history

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PRACTICE STANDARD

Certified Midwives: Sexually Transmitted Infections Management

Introduction

The *Certified Midwives: Sexually Transmitted Infections Management* practice standard applies to midwives who meet BCCNM certification requirements for Sexually Transmitted Infections Management.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to prescribe, compound, dispense or administer antibiotics for treatment of infection other than topical, breast or urinary tract infections for midwifery patients.

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 Sexually Transmitted Infections (STI) Certified.

Standards

1. 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. Practise within their individual competence.

Limits & conditions

1. Midwives who want to obtain certification in Sexually Transmitted Infection Management must successfully complete the relevant certified practice course(s) recognized by BCCNM[1] or equivalent[2].

2. Midwives do not prescribe or order for HIV/AIDS management.

Revision history

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[1] BCCNM recognized certified practice courses can be found here

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PRACTICE STANDARD

Certified Midwives: Surgical First Assist for Cesarean Section

Introduction

The *Certified Midwives: Surgical First Assist for Cesarean Section* practice standard applies to midwives who meet BCCNM certification requirements for Surgical First Assist for Cesarean Section.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, to *insert an instrument, finger, or hand…into an artificial opening into the body for the purpose of assisting in the surgical delivery of a baby.*

Midwives in British Columbia manage labour and delivery autonomously. When a cesarean birth is required, they must transfer care to an appropriately trained physician and assume a supportive care role. However, midwives with special training in surgical assist, who are certified by the British Columbia College of Nurses and Midwives (BCCNM) and privileged to use this skill by their hospital, may assume the surgical assist role during a cesarean section.

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 Surgical First Assist Certified.

Standards

1. 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. Practise within their individual competence.

Limits & conditions

1. Midwives who want obtain certification in Surgical First Assist for Cesarean Section:

   a. Successfully complete the relevant certified practice course(s) recognized by BCCNM[1] or equivalent[2].

   b. Successfully perform 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.

2. Certified midwives obtain the necessary hospital privileges before providing surgical first assist for cesarean section.

3. Certified midwives act in the surgical first assist role only when they have obtained the theoretical and clinical experience needed to maintain the competence to perform the activity safely.

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[1] BCCNM recognized certified practice courses can be found here

[2] For further information, contact Licensing at register@bccnm.ca

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PRACTICE STANDARD

Certified Midwives: Vacuum-Assisted Emergency Delivery

Introduction

The *Certified Midwives: Vacuum-Assisted Emergency Delivery* practice standard applies to midwives who meet BCCNM certification requirements for vacuum-assisted emergency delivery.

Under the *Regulated Health Practitioners Regulation* and the *Nurses and Midwives Regulation*, midwives are authorized, if certified, *to insert an instrument, finger or hand beyond the labia majora for the purpose of conducting the vacuum-assisted emergency delivery of a baby.*

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 vacuum-assisted delivery (VAD) certified.

Standards

1. 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. Practise within their individual competence.

Limits & conditions

1. Midwives who want to obtain certification in Vacuum-Assisted Emergency Delivery must successfully complete the relevant certified practice course(s) recognized by BCCNM[1] or equivalent[2].
2. Before attempting a vacuum-assisted emergency delivery, certified midwives must:
    - Demonstrate competence by initiating and managing a sufficient number of successful vacuum-assisted deliveries (a minimum of three) under physician or midwife[3] supervision prior to attempting vacuum assisted delivery independently;
    - Be in a hospital setting where the necessary community-specific resources are currently available to support a vacuum-assisted delivery; and
    - Communicate with the health care team in order to create an appropriate plan of care for the client and newborn, including an interprofessional alternate plan in the event that the vacuum-assisted delivery is not successful.

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[1] BCCNM recognized certified practice courses can be found here

[2] For further information, contact Licensing at register@bccnm.ca

[3] Supervising midwives must hold current BCCNM certification in vacuum-assisted emergency delivery and appropriate hospital privileges.

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PRACTICE STANDARD

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*, the *Nurses and Midwives Regulation* (NMR), and the *BCCNM General Bylaws*, midwives who are certified in the induction and augmentation of labour are authorized to perform the following restricted activities in a manner consistent with applicable BCCNM practice standards, including both the BCCNM *Midwives: Medications and Substances* practice standard and this practice standard:

- Insert an instrument, device, finger or hand beyond the labia majora, for the purpose of inducing labour (NMR,s. 70(b)).
- Prescribe, compound, dispense or administer uterotonic agents for the purpose of induction and augmentation of labour for midwifery patients (NMR, s. 70(d) and Appendix 2, Item 6).

A practising midwife licensee who holds certification may use the title "certified midwife," "certified registered midwife," "midwife (certified)," "registered midwife (certified)," or the abbreviation "RM(C)." If a certified midwife wishes to note their specific certification, they may append the term "Induction and Augmentation of Labour Certified."

Standards

1. When inducing or augmenting labour using a device (e.g., balloon intracervical Foley catheter) or uterotonic agent, certified midwives must:
    a. Practise within their individual scope of practice and competence;
    b. Comply with relevant legislation and regulation;

c. Adhere to BCCNM ethics standards, practice standards, and any applicable limits or conditions;

d. Follow organizational/practice settings/community policies and processes;

e. Use current, evidence-informed clinical guidelines;

f. Document assessment, clinical decision-making, and consent; and

g. Initiate consultation or transfer of care when indications arise.

2. Certified midwives may initiate and manage induction or augmentation of labour when:

a. The client is term with normal maternal and fetal assessments;

b. There are no indications requiring consultation or transfer of care;

c. The client has provided informed consent; and

d. The procedure is performed in a setting with access to appropriate monitoring and supports.

Limits and conditions

1. Midwives who want to obtain certification in Inducation and Augmentation must:

a. Successfully complete the relevant certified practice course(s) recognized by BCCNM[1] or equivalent[2].

b. Submit to BCCNM proof of a competency-based skills assessment from a BC hospital.

2. A certified midwife must not administer prostaglandin or initiate oxytocin induction/augmentation of labour with a client who has a history of previous cesarean section or uterine surgery without a physician consultation.

Revision history

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1.0	March 1, 2026	April 1, 2026	Initial publication
2.0	Sept. 14, 2026	As above	Revised standards and limits and conditions to align with NMR

[1] BCCNM recognized certified practice courses can be found here
[2] For further information, contact Licensing at register@bccnm.ca

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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