

## 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 must successfully complete the certified practice education program approved by BCCNM for Vacuum-Assisted Delivery. BCCNM currently recognizes the following:
  - [course pending approval]
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<sup>1</sup> supervision prior to attempting vacuum assisted delivery independently;

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<sup>1</sup> Supervising midwives must hold current BCCNM certification in vacuum-assisted emergency delivery and appropriate hospital privileges.

- 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.

## Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

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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NOT YET IN EFFECT