

PRACTICE STANDARD

Midwives: Screening and Diagnostic Tests & Imaging

Introduction

These standards, limits, and conditions set the requirements midwives must meet when ordering, performing, interpreting, and/or managing the results/reports of screening and diagnostic tests & imaging¹.

Standards

1. Midwives order, perform, interpret, and/or manage screening and diagnostic tests & imaging according to:
 - a. relevant legislation and regulations,
 - b. BCCNM ethic standards and practice standards, including any applicable limits, and conditions,
 - c. organizational/practice setting/community policies and processes,
 - d. current evidence, relevant guidelines, and other resources, and
 - e. their individual competence.
2. When midwives order, perform, interpret, and/or manage screening and diagnostic tests & imaging, they:
 - a. consider the client's physical, mental, emotional, spiritual, social, and cultural needs relevant to test(s) and/or imaging,

¹ The Nurses and Midwives Regulation permits midwives to issue an authorization (often referred to as an order) for another person to apply ultrasound for diagnostic or imaging purposes. Authorizations must meet the requirements set out in the Regulated Health Practitioners Regulation, s. 8.

- b. review the client's relevant health history, recent test(s) and/or imaging result(s)/report(s), and other relevant factors,
 - c. perform and document appropriate clinical assessments and document clinical indication(s) for test(s)/imaging (ultrasound),
 - d. initiate consultation, referrals, and/or transfer care to other health professionals when:
 - i. client care would benefit from the expertise of other health professionals,
 - ii. required by organizational/ practice setting/community policies or processes, and/or
 - iii. client care needs exceed the scope of practice and/or individual competence of the midwife.
 - e. provide the client information about the test(s) and/or imaging and document the informed choice discussion and the client's choice,
 - f. complete requisitions and labels fully and accurately and specify the other health professional(s) that should receive the results/reports, as applicable,
 - g. review and follow up on test(s) or imaging results/reports following organizational/practice setting/community processes, and establish processes within their practice setting(s) to track and follow-up on results/reports if the practice setting does not have one,
 - h. communicate and collaborate with the client and health care team in a timely manner about the test(s), and/or imaging (ultrasound) results/reports, proposed follow-up care, and/or treatment plan, as applicable, and
 - i. document:
 - i. client follow-up (and follow-up attempts),
 - ii. the test(s) or imaging results/reports, follow-up care, and/or treatment plan, as applicable, and
 - iii. discussions, consultations, referrals, and/or transfers of care to other health professionals, as applicable.
3. Midwives take part in required and relevant reporting programs such as those related to communicable diseases listed in the [*Public Health Act*](#).

Limits & conditions

- ~~1. To screen for and diagnose conditions midwives may order and interpret the results/reports of screening, diagnostic tests or ultrasounds.~~

- ~~2.1.~~ To support other health professionals to make a diagnosis of disease or disorder in a **midwifery client or newborn**, midwives may order screening, diagnostic tests or ultrasounds.
- ~~2.~~ Midwives who apply ultrasound for purposes other than fetal heart monitoring or determining fetal position must successfully complete additional education specific to the intended use of ultrasound.
- ~~3.~~ Midwives do not use point of care ultrasound to replace diagnostic ultrasound when a diagnostic ultrasound is clinically indicated.
- ~~3.~~ Midwives only apply ultrasound for the purposes of fetal heart monitoring and determining fetal position and presentation.
4. Midwives do not order screening, diagnostic tests or ultrasounds for themselves or anyone who is not a midwifery client.

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.*

Pub no.: 992