REGISTERED MIDWIVES

Entry-Level Competencies

Canadian Midwifery Regulators Council | adopted by BCCNM

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Revision Log

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About BCCNM

In September 2020, the British Columbia College of Nurses and Midwives (BCCNM) was formed as an amalgamation of the former British Columbia College of Nursing Professionals and the College of Midwives of British Columbia. The legal obligation of the BCCNM is to protect the public through the regulation of licensed practical nurses (LPNs), nurse practitioners (NPs), registered midwives (RMs), registered nurses (RNs), and registered psychiatric nurses (RPNs). This includes setting standards of practice, assessing nursing/midwifery education programs, and addressing complaints about BCCNM registrants.

Development of the Entry-Level Competencies

This revision of the Canadian Competencies for Midwives, the basis for the BCCNM Entry-Level Competencies for Registered Midwives[1], was led by the Canadian Midwifery Regulators Council and made possible through the collaboration of many individuals and organizations.

A Steering Committee consisted of Sharon Prusky (College of Midwives of Alberta), Louise Aerts (British Columbia College of Nurses and Midwives), Lisa Morgan (Laurentian University), Josee Lafrance (Université du Québec à Trois-Rivières), Carol Griffin (Registered Midwife, non-active in Manitoba, active in Nunavut), Susan Jacoby (Mount Royal University) and Johanna Geraci (College of Midwives of Ontario). The Steering Committee was supported by Tracy Murphy, Executive Director of the Canadian Midwifery Regulators Council (CMRC).

The following subject matter experts participated in important key informant interviews: Debbie Vey (SK), Gaby Sabados (ON), Rebecca Wood (MB), Theresa Pickart (NS), Patrice Latka (ON/BC) and Ann Montgomery (QC). Nicole Evers from Yardstick Assessment Strategies was the project consultant and provided important guidance throughout this undertaking.

The CMRC is also grateful to the hundreds of registered midwives, midwifery education program faculty, midwifery association leadership and staff, and other stakeholders who responded to the validation survey. Their input helps to ensure that the information presented is valid and relevant to today's midwifery practice.

CMRC wishes to acknowledge the excellent work of the International Confederation of Midwives (ICM) on the Essential Competencies for Midwifery Practice (2019). CMRC also recognizes the Core Competencies of Indigenous Midwives (2019) articulated by the National Aboriginal Council of Midwives (NACM). As noted by NACM, their competencies should be used to teach and grow Indigenous midwifery throughout the country.

[1] Per the BCCNM Bylaws, 177(1), a practising midwife registrant, in the course of practising midwifery, may use (a) the title "midwife" [or] "registered midwife".

Introduction

Entry-level competencies (ELCs) establish part of the requirements for the registration of a person as a member of the college under the B.C. Health Professional Act, Duties and Objects of a college 16(2)(c) and 19 (m). From this regulatory perspective, graduates of midwife education programs recognized by BCCNM are expected to achieve the BCCNM entry-level competencies and the Standards of Practice and, therefore, be eligible to proceed in the BCCNM registration process.

BCCNM reviews midwife education programs under the authority of the duties and objects of a college set out in the *Health Professions Act (HPA)* to establish the conditions or requirements for registration of a person as a registrant of the college. The competencies are used in BCCNM's review of midwife education programs. Questions regarding the use of these competencies in education program review should be directed to educationprogramreview@bccnm.ca.

The primary purpose of this document is to outline the knowledge and skills expected of an entry-level midwife in BC to provide safe, ethical and competent care. The competencies also inform midwifery education program curriculum content and provide the basis for assessment of entry-level Canadian and internationally-educated midwives through the Canadian Midwifery Registration Exam (CMRE).

The entry-level competencies are used by BCCNM and other stakeholders for several purposes including:

- Midwifery education program recognition
- Development of standards
- Practice assessment and measurement of initial applicants and current registrants
- Professional conduct review
- Competency-based assessments
- Curriculum development
- Exam development
- Practice consultation
- Stakeholder information
- A resource for health authorities and the public to promote awareness of the practice expectations of the entry-level RM

The *Entry-Level Competencies for Registered Midwives* describes the expected competencies for entry-level RM practice in B.C. The competencies are used in BCCNM's review of midwifery education programs. Questions regarding the use of these competencies in education program review should be directed to educationprogramreview@bccnm.ca.

Preamble

The *Entry-Level Competencies for Registered Midwives* outline the knowledge, skills and abilities expected of entry-level midwives in Canada. Entry-level midwives are defined as those who have been assessed as eligible to start practicing in Canada, after they meet provincial/ territorial requirements, in the full scope of practice and without supervision requirements on their registration. This document delineates the essential competencies that are the foundation of midwifery practice, and which all midwives must possess, when they begin to practise.

The framework of midwifery competencies is organized around seven midwife roles: Primary Care Provider, Advocate, Communicator, Collaborator, Professional, Life-long Learner and Leader. The integration of the seven roles enables the entry-level midwife to provide safe, competent, ethical, compassionate and evidence-informed midwifery care to diverse populations in any practice setting. The seven roles are clarified and defined by 80 key competencies. There is an appendix to this document which provides more detail regarding the Primary Care Provider competencies.

A robust methodology based on industry best practices was used to develop the competencies. The Canadian Midwifery Regulators Council (CMRC) established a national steering committee comprised of regulators, educators and clinicians. The committee worked from October 2019 to August 2020 to guide the overall revision process, to coordinate the environmental scan and literature review and to generate content. A subject matter expert panel was also involved. The draft set of competencies was validated via a national survey of practicing midwives, educators and other stakeholders. Survey results were reviewed and final changes were made.

Ending Anti-Indigenous Racism

Anti-Indigenous racism in the Canadian health care system has existed since its inception. BCCNM[2] and CMRC acknowledges that systemic racism and discrimination towards Indigenous peoples adversely impact Indigenous peoples' access to, and treatment in, health services. BCCNM and CMRC believes that anti-Indigenous racism is unacceptable in our society and joins other health care regulators[3] and networks in condemning racist attitudes and behaviours among health care professionals, and in denouncing systemic racism within health care institutions, structures and policies.

Midwives have a responsibility to address racism and bias at the individual and system levels. Midwives are expected to provide culturally safe care and embrace cultural humility, and are called upon to identify and address power imbalances in the health care system. Adopting reflective practice allows midwives to understand personal and systemic biases and acknowledge the experience of others.

BCCNM and CMRC support the work of the Truth and Reconciliation Commission of Canada, and in particular the Calls to Action relating to health and to the Canadian health care system. We

[2] See BCCNM, (n.d.), *Cultural safety and humility*, https://www.bccnm.ca/Public/Pages/CulturalSafetyHumility.aspx
[3] See BC Health Regulators, (n.d.), *Cultural safety and humility*, https://bchealthregulators.ca/cultural-safety-and-humility/

recognize the importance of the Calls to Action and support their intention to redress the legacy of colonization and the residential school system, and advance the process of reconciliation with Indigenous Peoples in Canada.

BCCNM expects the *Entry-Level Competencies for Registered Midwives* will support registered midwives in playing a key role in addressing anti-Indigenous racism in health care.

Profile of an Entry-Level Midwife

Midwives are primary health care providers who provide and support quality care to client populations with diverse childbearing and sexual and reproductive health needs in a variety of practice settings[4]. Midwives are clinicians who are experts in pregnancy, birth and postpartum care and also provide care to newborns. Midwives use critical thinking, act to inform their practice with evidence, advocate for their clients and for necessary resources, and use effective communication and conflict resolution strategies. Midwives exhibit leadership behaviours towards clients, colleagues, other health care professionals, students and in mentorship/mentee relationships.

The key principles of midwifery care in Canada are professional autonomy, partnership, continuity of care provider, informed choice, choice of birth setting, evidence-based practice and collaborative care. (Canadian Association of Midwives, 2015). A primary health care approach is foundational to midwifery practice, and this involves meeting people's health needs, addressing the broader determinants of health and empowering individuals, families and communities to take charge of their own health. (World Health Organization, 2020).

Midwives work within the larger health care system. Collaborative relationships among midwives and other health care providers involve both independent and shared-decision-making, especially with overlapping scopes of practice. All parties are accountable in the practice relationship as determined by their scope of practice, educational background and competencies.

Midwives contribute to maximum effectiveness and efficiency in the health care system and facilitate client education, engagement and self-care. Midwives provide leadership and collaborate with multiple stakeholders to improve health outcomes at the individual, family, community and population health levels.

Midwives understand the unique health needs of childbearing and reproductive care clients and the issues that may impact their access to care. All midwives play an important role in protecting and strengthening human rights. Midwives uphold these rights and are committed to anti-discriminatory, anti-racist and inclusive practice.

Regulated midwives enter the profession through completion of a recognized, specialized baccalaureate degree in midwifery or a bridging program. To become registered, many jurisdictions in Canada also require mentoring or a preceptorship.

[4] Note that the content herein is intended to address all people, regardless of their gender expression, who receive care from a midwife. The terms "midwife" and "midwives" include all persons practising as registered midwives.

Competency Profile

1. PRIMARY CARE PROVIDER

As primary care providers, midwives apply foundational knowledge, skills and abilities to provide holistic care throughout the childbearing year (i.e., antepartum, intrapartum and postpartum) and for newborns and infants. Midwives assess clients, make decisions, plan care, perform interventions and evaluate processes and health outcomes through both in-person and virtual care. Midwives also provide reproductive health care, preparation for parenthood and well-client care.

The primary care provider competencies are organized around six competency areas below.

1.A. Assessment

The competent entry-level midwife uses evidence-informed knowledge and skills to perform a systematic and accurate client-based clinical assessment. The competent entry-level midwife:

1.A.1. Collects the client's comprehensive contextual health history

1.A.2. Assesses for variations of normal and signs and symptoms of abnormal conditions

1.A.3. Conducts relevant clinical assessments

1.A.4. Orders, performs and interprets screening and diagnostic tests

1.B. Decision-Making

The competent entry-level midwife uses clinical judgment to formulate clinical decisions based on evidence, client needs and priorities. The competent entry-level midwife:

1.B.1. Integrates pertinent observations and findings to formulate diagnoses

1.B.2. Takes action based on sound analysis of assessment findings

1.B.3. Assumes responsibility for follow-up of test results

1.B.4. Coordinates the professional care team, as the most responsible provider, in the provision of client care

1.B.5. Determines appropriate emergency measures

1.C. Care Planning

The competent entry-level midwife develops an individualized care plan in consultation with the client and other health care professionals. The client's status and the effectiveness of the care plan is continuously evaluated and the care plan is modified as needed. The competent entry-level midwife:

1.C.1. Develops a care plan, in partnership with the client, based on evidence, balancing risks and expected outcomes with client preferences and values

1.C.2. Recognizes when discussion, consultation, referral and/or transfer are necessary for safe, effective and comprehensive client care

1.C.3. Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations

1.C.4. Evaluates response to the care plan in collaboration with the client and revises it as necessary

1.D. Implementation

The competent entry-level midwife implements evidence-informed therapeutic interventions in partnership with the client. Interventions are informed by assessment findings, sound decision-making and consideration of the client's individualized care plan. The competent entry-level midwife:

1.D.1. Provides primary care in antepartum, intrapartum, postpartum and neonatal as part of full reproductive health care

1.D.2. Performs clinically appropriate procedures

1.D.3. Responds to variations of normal and signs and symptoms of abnormal conditions

1.D.4. Initiates appropriate emergency measures

1.D.5. Provides responsive counselling and education, and recommends appropriate resources

1.D.6. Provides information and support about common discomforts

1.D.7. Prescribes, orders and administers medications and therapeutic agents

1.D.8. Provides a safe birthing environment within all applicable settings

1.D.9. Applies relevant infection prevention and control practices and standards

1.D.10. Initiates consultation, referral, and transfer of care by specifying relevant information and recommendations

1.E. Population Health

The competent entry-level midwife uses contextual information and collaboration with community partners to support health outcomes of populations and reduce health inequities. Midwives recognize intersectionality, taking into account people's overlapping identities and experiences, and understand the complex relationship between many factors that may contribute to discrimination and inequality. The competent entry-level midwife:

1.E.1. Recognizes the human rights of clients seeking care

1.E.2. Supports clients to address determinants of health that affect them and their access to health services and resources

1.E.3. Uses evidence and collaborates with community partners and other health care providers to optimize the health of clients

1.F. Reproductive and Sexual Health

The competent entry-level midwife supports the client's reproductive and sexual health, recognizing the connection to the client's human rights. The competent entry-level midwife:

1.F.1. Delivers contraceptive counselling, and provision based on jurisdiction

1.F.2. Offers abortion counselling, and provision based on jurisdiction

1.F.3. Recognizes abuse and intimate partner violence and applies an individualized trauma-informed care approach

1.F.4. Screens and tests for reproductive cancers

1.F.5. Provides sexual health education

1.F.6. Provides sexually transmitted infections counselling, diagnosis and treatment as appropriate

2. ADVOCATE

As advocates, midwives facilitate access to midwifery care and the client's right to make choices about their care and care environment. Midwives also seek health equity for their individual clients and for the client populations they serve. As an advocate, the competent entry-level midwife:

1. Recognizes and responds to the impact of the client's life experiences, including historical, social and cultural influences on childbearing and early parenting
2. Fosters an environment of respect and autonomy as determined by the client
3. Encourages and facilitates the client's own research and knowledge gathering, honouring other ways of knowing and doing
4. Respects, promotes and supports the client's rights, interests, preferences, beliefs and culture
5. Demonstrates cultural safety and humility by respecting diversity and individual differences and attending to power differentials inherent in health care delivery
6. Creates a safe environment, respecting the client's preferences and privacy needs
7. Recognizes and takes action in situations where client safety is actually or potentially compromised
8. Navigates the health care system to help ensure the client receives quality care and gains access to necessary resources
9. Advocates for health equity, particularly for vulnerable and/or diverse clients and populations
10. Advocates for the use of Indigenous health knowledge and healing practices for Indigenous clients consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada (2015)
11. Advocates for the midwifery profession as a primary health care provider for pregnancy, labour, birth, postpartum and newborn care

3. COMMUNICATOR

As communicators, midwives use effective strategies to exchange information and to enhance therapeutic and professional relationships with clients through both in-person and virtual care. Effective communication by midwives may also contribute to client safety and improved health outcomes and client satisfaction. As a communicator, the competent entry-level midwife:

1. Demonstrates cultural humility to establish a safe and respectful relationship with others
2. Applies a person-centered approach characterized by empathy, respect and compassion in order to foster trust and autonomy
3. Effectively communicates the midwife's scope of practice and philosophy of care to the client
4. Provides the client and family members with accurate and complete information to assist them in making informed decisions about their health care, treatment choices and symptom management
5. Utilizes effective communication skills (e.g., attentive and respectful listening, feedback, open-mindedness, non-verbal cues and behaviours) with the client and their family to clarify perceptions and understanding, negotiate a care plan and resolve conflicts
6. Documents all client interactions in a clear, concise, accurate, objective, contemporaneous and legible manner to facilitate a continuum of care and decision-making, and to optimize safety

4. COLLABORATOR

As collaborators, midwives work effectively with others to provide inter-professional and intra-professional care. As appropriate, midwives assume complementary roles with other health care professionals and share responsibility for solving problems and for making decisions to support client care. As a collaborator, the competent entry-level midwife:

1. Engages with other health care providers and community-based services to plan and deliver care that meets the client's needs
2. Shares information in a collegial manner with colleagues and other health care professionals as needed to improve client safety and optimize health outcomes
3. Recognizes inter-professional and intra-professional conflict, striving for consensus among those with differing views
4. Negotiates overlapping and shared responsibilities by respecting one's role, responsibilities and scope of practice and those of other health care professionals (e.g., when identifying the most responsible provider)

5. PROFESSIONAL

As autonomous, self-regulated health care professionals, midwives are committed to working in the best interest of their clients and society, and to maintaining high standards of behaviour. As professionals, midwives conduct themselves in a trustworthy, respectful and accountable manner. As a professional, the competent entry-level midwife:

1. Practices in accordance with laws, professional and ethical codes, standards and policies governing midwifery[5,6]
2. Demonstrates an understanding of the mandate and responsibilities of provincial/territorial midwifery regulators[7]
3. Demonstrates an understanding of the role of professional midwifery associations
4. Identifies ethical issues when providing care and responds using ethical principles
5. Identifies existing policies or procedures that may be unsafe or are inconsistent with evidence-informed practices and takes action to address these
6. Recognizes and responds to unprofessional conduct and competence among midwives and other health care professionals
7. Recognizes and observes personal and professional boundaries and limitations in order to provide safe, respectful and ethical client care, and seeks support when needed
8. Maintains the confidentiality and security of written and verbal information acquired in a professional capacity in accordance with all applicable privacy laws
9. Demonstrates judicious use of information technology, e.g., virtual care and social media, to protect confidentiality, prevent privacy breaches and maintain public trust in the profession
10. Identifies and mitigates safety risks to the client, family and health care providers
11. Engages in quality improvement activities and health system performance at local, provincial, national and global levels
12. Ensures client safety is maintained when students are involved in providing care
13. Advances the profession's body of knowledge through participation in relevant research
14. Promotes and adheres to anti-racism policies that guide recognizing, reporting, documenting and responding to racism in the health care system, including anti-Indigenous racism

[5] See BCCNM, (n.d.), *Standards & guidelines*, www.bccnm.ca/RM/Pages/standards_guidelines.aspx
[6] See Midwives Regulation, *Health Professions Act 2020* (BC) Reg. 167/2020, www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/281_2008
[7] In BC, Registered Midwives are regulated by BCCNM

6. LIFE-LONG LEARNER

As life-long learners, midwives demonstrate a commitment to excellence in practice through self-reflection, formal and informal opportunities for continuous learning, the education of others, and the evaluation and application of evidence. As a life-long learner, the competent entry-level midwife:

1. Keeps up to date with continuing education and quality assurance programs and requirements to maintain currency and competency
2. Critically reviews, appraises and applies new information and research findings relevant to midwifery practice
3. Identifies opportunities for learning and improvement by regularly reflecting on and self-assessing performance
4. Learns from others' practice and experience to improve one's own practice
5. Is aware of one's own personal biases, values, beliefs and positional power and acts to reduce bias and dismantle racist beliefs and systems

7. LEADER

As leaders, midwives envision and promote a profession and health care system that enhances the wellbeing of society. Effective leadership by midwives is vital to delivering and improving quality care, and to facilitating system change. Midwives model effective leadership and engage others in visioning and achieving a high-quality health care system. As a leader, the competent entry-level midwife:

1. Implements strategies to integrate and optimize the midwifery role within health care teams and health care systems to improve client care
2. Uses and allocates resources judiciously to optimize client care and health system sustainability
3. Promotes a culture of safety by participating in and facilitating activities that emphasize client and midwife safety
4. Applies the principles and methods of quality improvement to improve midwifery care outcomes
5. Recognizes the value of and engages in mentorship for peers and students (e.g., support, guide, educate and role model)
6. Provides constructive and respectful feedback to promote learning and professional growth among students and peers
7. Recognizes, supports and responds effectively to colleagues in need
8. Recognizes and responds to racism, including anti-Indigenous racism, with accurate information, respectful corrections and a constructive and collaborative approach to systemic change

Appendix A: Glossary

Antepartum: Occurring before childbirth.

Anti-racism: Any approach that reduces power differences by benefitting minority racial[ized] groups and/or disadvantaging dominant racial[ized] groups (adapted from National Collaborating Centre for Indigenous Health, 2020). These approaches also centre on the needs of racialized groups, challenge prejudiced attitudes and beliefs, and work to dismantle colonial and discriminatory systems.

Care processes / care management: Activities intended to improve client care by enhancing coordination of care, eliminating duplication and helping clients manage their health.

Childbearing year: The unique twelve months (minimum) that elapse over the course of pregnancy, recovery from childbirth and lactation (Hammer et al, 2000).

Chosen family: The client's selected friends, partners and ex-partners, biological and non-biological children and parents, and others who provide support.

Client: The person who comes to the midwife for care, including the baby. The individual's chosen family or support person(s) may also participate in the care process if the client chooses. The client varies in race, national or ethnic origin, religion, age, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and socio-economic background. The client may have experienced trauma (e.g., intergenerational trauma, abuse, adverse childhood experiences) that shapes their current lived experience.

Collaboration: Client care involving joint communication and decision-making with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each members of the group or team (BCCNM, 2021d).

Competence: The integration and application of the professional attributes required to perform in a given role, situation or practice setting (BCCNM, 2021c).

Competencies: The knowledge, skills, attitudes and judgment required to provide safe and ethical care (BCCNM, 2021c).

Continuing education: An educational requirement for health care professionals, designed to keep them up to date on advances and good practices throughout their careers.

Counsellor: A person trained to give information, advice and guidance on personal, social, physical or psychological problems.

Cultural humility: A process of self-reflection to understand personal and systemic barriers and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience (First Nations Health Authority, n.d.).

Cultural safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority, n.d.).

Determinants of health: The determinants of health are income and social status; social supports; education and literacy; employment/working conditions; physical environments; healthy behaviours; coping skills; childhood experiences; biology and genetic endowment; access to health services; gender; and culture (Government of Canada, 2018).

Entry-level registered midwife: The time when the midwife is at the point of initial registration or licensure, following graduation from an approved Canadian midwifery education program or bridging program.

Evidence-based (evidence-informed practice): The identification, evaluation and application of evidence to guide practice decisions (BCCNM, 2021c).

Family planning: The act of making a conscious plan about the number and timing of children's births (Canadian Public Health Association, 2020).

Health: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (World Health Organization, 1946).

Health equity: Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance (BC Centre for Disease Control, n.d., adapted from National Collaborating Centre for Determinants of Health).

Health system: All the activities whose primary purpose is to promote, restore or maintain health (World Health Organization, 2000).

Health system sustainability: Sustainable health and health care is the appropriate balance between the cultural, social, and economic environments designed to meet the health and health care needs of individuals and the population (from health promotion and disease prevention, to restoring health and supporting end of life) and that leads to optimal health and health care outcomes without compromising the outcomes and ability of future generations to meet their own health and health care needs (Conference Board of Canada, 2020).

Holistic care: Holistic care is complete or total client care that considers the physical, emotional, social, economic, and spiritual needs of the client.

Inter-professional care: Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care (Canadian Health Services Research Foundation, 2012).

Intersectionality: The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage (Lexico, n.d.).

Intrapartum: The time period spanning childbirth, from the onset of labor through delivery of the placenta.

Intra-professional care: Care provided through collaboration among individuals providing midwifery care (adapted from National Physiotherapy Advisory Group, 2017).

Knowledge sharing: The explication and dissemination of context-sensitive *health care* knowledge for the benefit of clients and other health care stakeholders.

Midwife: A person who has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications and is legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery (International Confederation of Midwives, n.d.).

National guidelines: Advice for the prevention, assessment, treatment and management of the major health issues facing clients, e.g., SOGC and Health Canada guidelines.

Person-centred care (PCC): Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect (Health Foundation, 2016).

Population health: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (Public Health Agency of Canada, 2012).

Postpartum: Refers to the time after delivery when maternal physiological changes related to pregnancy return to the non-pregnant state. The postpartum period begins upon delivery of the infant and ends around six to eight weeks after delivery when the effects of pregnancy on many systems have largely returned to the pre-pregnancy state (Berens, 2020).

Primary care provider: A health care provider who acts as the first contact and principal point of care for clients within the health care system and coordinates other specialist care that the client may need.

Primary health care: A concept based on three components: meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course; systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others (World Health Organization, 2019).

Profession: An occupation founded upon specialized educational training, the purpose of which is to supply counsel and service to others.

Quality improvement: An organizational philosophy that seeks to meet clients' needs and expectations by using a structured process that establishes indicators of quality, monitors performance against the indicators and utilizes findings to make improvements in all aspects of service (BCCNM, 2021a).

Research: A systematic investigation to identify, create and/or confirm existing or new concepts, knowledge, methodologies and understandings.

Responsive care: Care that addresses the client's physical, social, emotional and cultural needs.

Reproductive health care: In all matters relating to the reproductive system and its functions and *processes*, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (International Encyclopedia of Public Health, 2017).

Safety: The reduction and mitigation of unsafe acts within the health-care team and health-care system as well as the use of best practices shown to lead to optimal client outcomes (BCCNM, 2021a).

Safety risk: Hazard or threat to the safety of the client, family or health care provider. Reducing the risks of unnecessary harm is central to client safety in health care (adapted from Canadian Patient Safety Institute, 2020).

Scope of practice: The activities that the health care provider is authorized to perform, as set out in Midwifery Regulation and complemented by BCCNM standards, limits, and conditions (BCCNM, 2021c).

Sexual health: Includes sexuality, healthy relationships, sexually transmitted infections, fertility, infertility and contraception, and is an important part of well-being (Sexual Health Ontario, 2020).

Social media: Software applications (web-based and mobile) allowing creation, engagement, and sharing of new or existing content, through messaging or video chat, texting, blogging and other social media platforms (BCCNM, 2021a).

Standards: Expected behaviours and levels of performance against which actual behaviour and performance can be compared (BCCNM, 2021c).

Therapeutic midwife-client relationship: A connection a [midwife] establishes and maintains with a client, through the use of professional knowledge, skills, and attitudes, to provide [midwifery] care expected to contribute to the client's well being (CNA, 2017).

Virtual Care: Any interaction between the midwife and the client, occurring remotely, using any form of communication or information technology (e.g. texting, phone, photo, video) with the aim of facilitating or maximizing the level of care for clients (adapted from Alberta Virtual Care Working Group, 2020) .

Well-client care: Primary care provided by the midwife to the client after six weeks postpartum and for up to 12 months, depending on the jurisdiction in which the midwife practises. This enables the client to receive care from the midwife to maintain a healthy lifestyle and minimize health risks. Engaging clients in shared decision-making is an important aspect of well-client care (adapted from American College of Obstetricians and Gynaecologists, 2018).

Appendix B: References

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