NOVA SCOTIA
NURSING AND
MIDWIFERY
REGULATOR

Midwifery Scope of Practice Guideline

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NOVA SCOTIA NURSING AND MIDWIFERY REGULATOR

Introduction

The Nova Scotia Nursing and Midwifery Regulator (NSNMR) is a multi-profession regulatory body which regulates nursing and midwifery in the public interest. This document supports registered midwives in identifying the professional boundaries of midwifery practice and the steps required when a client's needs or a proposed activity fall beyond those boundaries.

It is intended for registered midwives, students and preceptors, employers, interprofessional colleagues, educators, policy-makers, clients, and others seeking to understand midwifery care.

Objectives

The objectives of these guidelines are to:

- Explain the broad, competency-based scope established in the Nursing and Midwifery Regulations.
- Distinguish scope of the profession, individual scope, and scope supported by a practice setting.
- Describe how legislation, standards, licence terms, competence, resources, and clinical judgment operate together.
- Support consistent decisions about consultation, referral, shared care, and transfer of care.
- Provide a defensible decision tool for proposed activities, new services, and changing client circumstances.

Public Protections Lens

Scope is not determined by whether a task is commonly performed, technically possible, requested by a client, or permitted by an employer. The question is whether the activity is legally authorized, connected to midwifery practice, supported by regulatory requirements and the setting, within the midwife's competence, and appropriate for the specific client.

Sources of Authority

Source	Function in Scope Decisions
Regulated Health Professions Act (RHPA)	Provides the common legislative foundation, the regulator's public-interest objects, registration and licensing framework, bylaw and standards authority, professional conduct framework, and related duties.
Regulated Health Professions General Regulations	Add requirements that apply across regulated professions, including practice, information, reporting, quality assurance and custodianship provisions.
Nursing and Midwifery Regulations	Establish the profession-specific scope of midwifery, licence categories, registration and licensing requirements, title and practice restrictions, and bylaw authority.
NSNMR Bylaws	Supplement statutory requirements, including approved frameworks, standards, categories, and any designated or expanded scopes established under lawful authority.
Standards, competency frameworks and practice guidelines	Set the professional expectations and approved knowledge, skills and judgment that inform and may define practice.
Other federal and provincial laws	Apply according to the activity, client, setting and information involved, including medication, privacy, consent, public-health, child/adult protection and institutional requirements.
Licence terms and employer/privileging requirements	May narrow what an individual may do or what is supported in a particular setting; they cannot expand the statutory scope.

Midwifery Scope of Practice

Section 9 of the *Nursing and Midwifery Regulations* define the scope of midwifery practice as **the application of specialized and evidence-based midwifery knowledge, skills, and judgment that have been taught in an approved education program or are set out in one or more of the following, as approved by the Board:**

(a) competency frameworks;

(b) standards of practice; and

(c) practice guidelines.

The scope of practice of midwifery includes the performance of any or all of the following activities:

(a) prenatal, intrapartum, and postpartum care of clients;

(b) assessing, diagnosing, treating, and managing health conditions and diseases related to sexual and reproductive health;

(c) health promotion and disease prevention activities related to the activities described in clauses (a) and (b); and

(d) performing any other services, roles, functions, and activities included in the scope of practice of the designations and licensing categories set out in the bylaws.

The scope of practice of midwifery also includes health promotion, research, education, interprofessional collaboration, consultation, management, administration, advocacy, regulation, and system development that are related to the activities and application of specialized and evidence-based midwifery knowledge, skills, and judgment described above.

The statutory description is intentionally broader than a "fixed task" list. Its breadth allows practice to evolve with approved education, evidence, standards and guidance. It does not remove the need to establish a clear relationship between the client need, the proposed activity, and specialized midwifery knowledge, nor does it displace restrictions in other laws, licence conditions, standards, or setting requirements.

Prescribing

On November 1, 2012, the *New Classes of Practitioners Regulations* under the *Controlled Drugs and Substances Act (Canada)* enabled midwives to provide safe and timely care to clients requiring treatment with controlled drugs and substances. This federal legislation is also subject to limitations at the provincial level, including those established under the *Prescription Monitoring Act* in Nova Scotia.

A midwife may prescribe, order, or administer a drug only where each act is authorized by the current Nova Scotia framework and any applicable federal law, supported by NSNMR requirements and the practice setting, and within individual competence.

What the Scope Statement Means

Model of Care

The midwifery model of practice is autonomous, community-based primary care, and incorporates the principles of continuity of care, informed choice, choice of birth setting, collaboration, accountability, ethics and evidence-based practice.

Specialized and Evidence-Based Midwifery Knowledge, Skills and Judgment

A proposed service or activity must be grounded in the body of knowledge, skills and judgment of midwifery. Evidence-based practice integrates current and credible evidence, professional expertise, the client's values and circumstances, and available resources. Evidence alone does not create legal authority; it informs safe and appropriate use of existing authority.

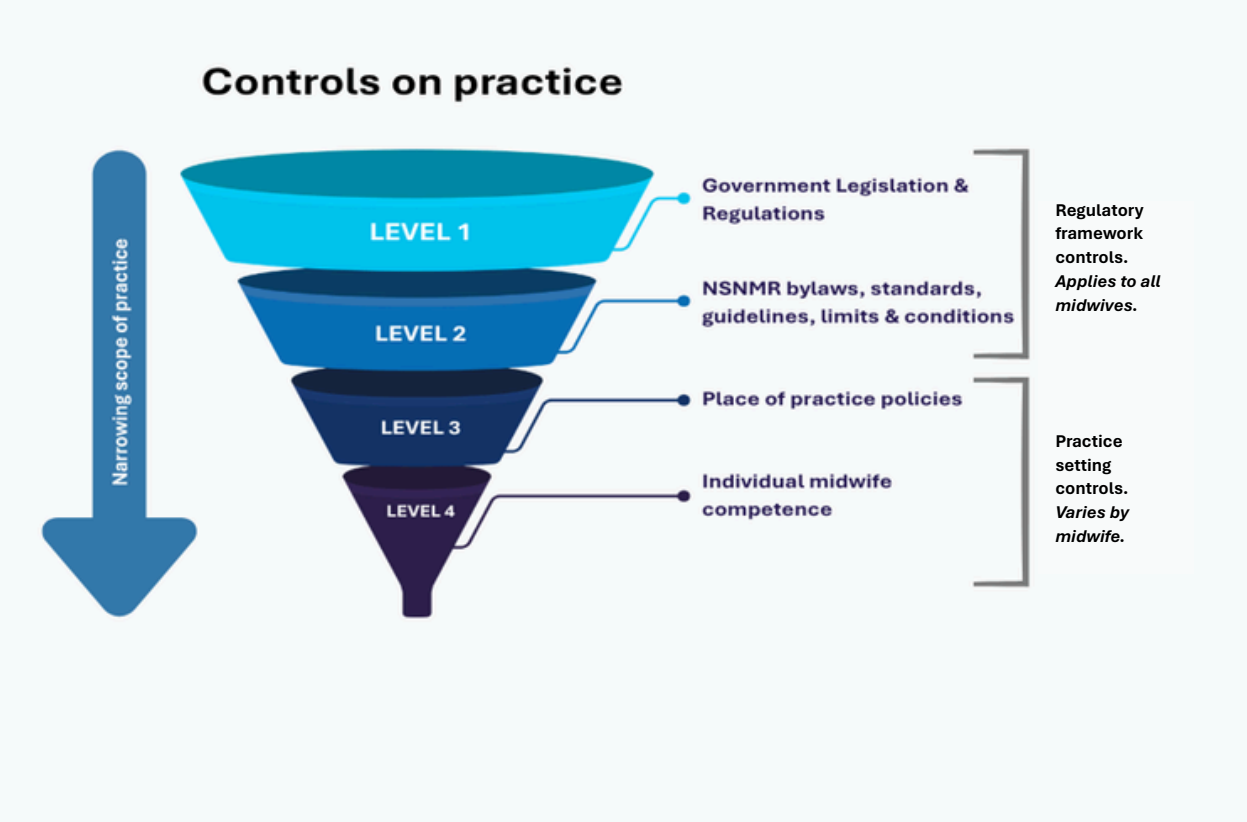
The "Client"

For these guidelines, a "client" is a person who is the recipient or intended recipient of midwifery services (including, where applicable, a substitute decision-maker). A midwife should clarify when the therapeutic relationship begins and ends, who is the client for each component of care, and how responsibility for the infant or another person is established. A person's status as a client does not make every health need part of midwifery scope.

The Care Continuum

Domain	Interpretive Focus
Prenatal Care	Comprehensive assessment, surveillance, diagnosis and management within midwifery authority; health promotion; planning for labour, birth and postpartum care.
Intrapartum care	Assessment and management of labour and birth, fetal and client surveillance, procedures and emergency responses within authority and competence, and timely escalation.
Postpartum care	Care of the birthing client and infant beginning at birth and extending for up to 12 months following birth, including recovery, feeding, newborn assessment, health promotion and transition to ongoing care.
Sexual and reproductive health	Assessment, diagnosis, treatment and management where the condition or service is related to sexual and reproductive health and the activity is otherwise authorized and supported.
Population and non-clinical roles	Related health promotion, research, education, consultation, leadership, administration, advocacy, regulation and system development using specialized midwifery expertise.

Factors Shaping Individual Scope



Control	Questions to Ask
1. Statutory	Is the activity permitted by the Regulations and all other applicable laws?
2. NSNMR requirements	Is it consistent with Board-approved competencies, standards, guidelines, ethics and any category-specific requirements? Is the midwife currently licensed and is the activity consistent with any relevant conditions or restrictions?
3. Practice setting	Do employer policy, privileges, protocols, equipment, staffing, referral pathways and quality systems support it?
4. Individual competence	Does the midwife have current knowledge, skill, judgment and experience to perform it safely and manage foreseeable outcomes?

Even when all four controls are satisfied, the midwife must decide whether acting is appropriate for *this client now*. Consider acuity, complexity, alternatives, informed choice, available supports, continuity, potential benefit and harm, and whether consultation would improve care.

Individual and Employment Scope

In addition to the scope of the midwifery profession as described above, each midwife is bound by their *individual scope* and the *scope of their employment.*

- Individual scope is the portion of professional scope for which a particular midwife is educated, competent, authorized and current. Individual scope can change throughout a midwife's career. Midwives may gain new competencies through professional development activities, such as participating in training, completing courses, and providing elements of care they have not previously provided. Conversely, a midwife may lose or require revalidation of competencies if they have not provided certain elements of care for an extended period of time.

- Employment (or setting) scope is the further sub-portion of professional and individual scope that the midwife's employment setting supports through policy, privileges, resources and clinical systems.

While midwives are expected to optimize their individual scope of practice within their employment setting and advocate for policy change to support optimized practice, they may only provide care which falls within all three types of scope: the scope of practice of the profession, the midwife's individual scope, and the scope of their employment.

Where a particular aspect of care is not within the midwife's scope, they must consult with, or transfer care to, another appropriate health care provider.

Competence

"Competence" is activity- and context-specific. It includes knowledge, skill, judgment, professional behaviour and the ability to recognize and manage expected and unexpected outcomes. It must be current for the activity, population, technology and setting.

Education can create or restore competence only within the profession's scope. Where regulatory approval is required for an expanded scope, the midwife must meet that approval requirement before engaging in that activity.

Self-Assessment of Competence

- Identify the knowledge, skills, judgment and emergency capabilities required.
- Compare these requirements with entry-level education, approved competencies and current standards.
- Assess currency, frequency of performance, outcomes, and the transferability of prior experience.
- Identify supervision, mentorship, simulation, education or assessment needed before independent performance.
- Document the basis for competence and any limits or safeguards.
- Reassess after a lapse in practice, change in evidence, adverse outcome, new setting, or material change in the activity.

Licence Conditions and Restrictions

A midwife must know and comply with every term, condition and restriction on their licence. Employer policy, credentialling or supervision cannot remove a regulatory restriction.

Domains of Midwifery Practice

The following describes domains, not a closed list of tasks. Each activity remains subject to the controls on practice.

Assessment and clinical decision-making

- Obtain and update histories; conduct focused and comprehensive assessments; identify normal and atypical findings; formulate differential considerations; determine urgency; and reassess as circumstances change.

Diagnosis and management

- Diagnose, treat and manage conditions related to prenatal, intrapartum, postpartum, sexual and reproductive health care, using clinical reasoning and evidence.

Care planning and therapeutic intervention

- Develop an individualized plan with the client; perform authorized interventions; monitor response; revise the plan; and coordinate services.

Health promotion and disease prevention

- Provide screening, counselling, immunization or preventive interventions related to prenatal, intrapartum, postpartum, sexual and reproductive health care.

Sexual and reproductive health across the lifespan

- Care may include conditions and services related to sexual and reproductive health when the proposed activity is grounded in specialized midwifery knowledge and all controls are met.

Non-clinical practice

- Midwives may use midwifery expertise in research, education, leadership, administration, consultation, advocacy, regulation and system development where the role remains related to the statutory scope.

Clinical Decision-Making and Appropriate Care

Use a continuous process rather than a one-time scope determination.

Step	Required Consideration
Recognize	Identify the client needs, proposed activity, urgency and foreseeable risks.
Connect	Explain how the activity relates to the statutory midwifery domains and specialized knowledge.
Authorize	Confirm current legal, regulatory, licence and policy authority.

Step	Required Consideration
Assess competence	Confirm current knowledge, skill, judgment and ability to manage outcomes.
Assess environment	Confirm equipment, staffing, policies, referral pathways, documentation and follow-up.
Engage the client	Provide material information, alternatives and recommendations; support informed choice and obtain consent.
Act and monitor	Provide or arrange care, evaluate response and escalate when thresholds are met.
Document and reflect	Record reasoning, discussions, consultations, responsibility and follow-up; identify learning or system issues.

Client Choice and Professional Accountability

Clients may accept or decline recommended care. Informed refusal does not require a midwife to provide care that is outside scope, unsafe, unsupported, or contrary to law or standards. The midwife should explain the concern, options and potential consequences; offer reasonable alternatives; consult where appropriate; maintain essential care within competence; and document the discussion and plan.

Requests Outside Scope: Consultation, Referral, Shared Care and Transfer of Care

When a client's condition may be outside the midwife's scope, the midwife must choose an appropriate response as set out below.

Response	Meaning	Accountability Considerations
Discussion/advice	Informal or formal exchange to support decision-making.	The midwife generally remains responsible for their own decisions and care.
Consultation	Request for assessment, advice, intervention or management from an appropriate provider.	Clarify recommendations, who will act, and follow-up. Consultation does not automatically transfer primary responsibility.
Referral	Arrangement for another provider or service to assess or treat a defined need.	Clarify whether care is concurrent, episodic or assumed by the receiving provider.
Shared/collaborative care	Two or more providers contribute within their own scopes.	Explicitly identify roles, lead coordination, communication and contingency plans.
Transfer of primary responsibility	Another provider assumes primary responsibility for all or a defined part or period of care.	Communicate acceptance, handover essential information, explain the change to the client, and document timing and scope of transfer.
Return/re-transfer	Primary responsibility returns when the reason for transfer resolves or the agreed episode ends.	Confirm acceptance and update the client and plan.

When Transfer of Care is Required

- The client's condition or required management is outside the midwifery scope.
- The activity is within the scope of the profession, but beyond the midwife's competence or licence authority (individual scope).
- The setting lacks required resources, privileges, policy, staffing or emergency support (scope of employment).
- Another provider's specialized assessment or intervention is required to provide safe care.

Continuing Midwifery Care After Transfer

Transfer of primary responsibility does not necessarily end the midwifery relationship. The midwife may continue aspects of care within scope, competence and the collaborative plan, provided roles are clear and duplication, gaps and conflicting directions are addressed.

Emergencies and Care Beyond Usual Circumstances

A midwife should respond promptly to an emergency, initiate measures within competence, secure additional assistance, arrange transport or escalation, and continue essential care until responsibility is safely transferred. Emergency circumstances do not create unlimited authority. They affect what is reasonable and necessary while help is obtained and should be documented clearly.

Planning should address foreseeable emergencies, equipment and medication readiness, transport, communication failure, backup coverage, environmental hazards and thresholds for changing the planned birth setting. Client choice must be supported by accurate information about available resources and limitations.

Accountability, Documentation and Quality Assurance

A defensible scope decision is supported by contemporaneous documentation proportionate to risk and complexity.

Document as Applicable

- Assessment findings and the client's clinical context.
- The relationship between the activity and midwifery scope.
- Relevant standards, guidance, or policies considered.
- Competence and supports, particularly for a new or infrequently performed activity.
- Information provided to the client, questions, consent or refusal, and agreed plan.
- Consultations, recommendations, referrals, transfers, acceptance of responsibility and handover details.
- Monitoring, results, response, follow-up, changes in condition and escalation.
- System limitations, mitigation steps, incidents and required reports.

Quality Assurance

Midwives and organizations should use audits, case review, simulation, continuing competence activities, outcome monitoring, client feedback and incident learning to assess whether practice remains safe and aligned with current evidence and regulatory requirements.

Scope of Practice Decision-Making Tool

#	Question	Response If Not Satisfied
1	Is the client receiving or seeking midwifery services, and is the proposed activity connected to prenatal, intrapartum, postpartum, sexual or reproductive health care, or a related non-clinical function?	If no, do not proceed; identify another appropriate role or provider.
2	Is the activity grounded in specialized, evidence-based midwifery knowledge taught in an approved program or set out in a Board-approved competency, standard or guideline?	If no or uncertain, seek NSNMR practice advice before engaging in the activity independently.
3	Is the activity permitted by the *RHPA, Regulations*, bylaws and all other applicable laws?	If no, do not proceed; seek consultation, referral, transfer or other authorized mechanism.
4	Is the activity consistent with the midwife's licence, standards, ethics and required approvals?	If no, do not proceed until the restriction is resolved or required approval is obtained.
5	Does the employer or setting support the activity with policy, resources and escalation pathways?	If no, do not proceed in that setting; seek consultation, referral, transfer or other authorized mechanism.
6	Is the midwife currently competent to perform the activity and manage foreseeable outcomes?	If no, obtain education, supervision and assessment prior to providing care, or arrange another provider.

If Uncertainty Remains

Pause when clinically feasible, consult applicable resources, contact NSNMR Practice Support, and obtain legal or organizational advice where appropriate.

Conclusion

Determining whether something is within or outside a midwife's scope of practice is not always straightforward. It may involve consideration of a range of interrelated factors and, in some circumstances, consultation with another care provider or transfer of care.

No document can define every activity that a midwife is or is not authorized to perform. It is not possible to anticipate and address every clinical situation that may arise throughout a midwife's professional career.

This document is organic and evolving, and further interpretation and refinement may be needed as the professions adjust to a modernized scope of practice.

References

- British Columbia College of Nurses and Midwives: Controls of Practice
- College of Midwives of Ontario: Scope of Practice
- *Regulated Health Professions Act (RHPA)*
- *Nursing and Midwifery Regulations (Section 9)*