

Effective June 30, 2026, the Nova Scotia Nursing and Midwifery Regulator (NSNMR) was formed as a multi-profession regulator, replacing the former the Midwifery Regulatory Council of Nova Scotia (MRCNS) and the Nova Scotia College of Nursing (NSCN). NSNMR will regulate licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs), nurse practitioners (NPs) and registered midwives (RMs) on behalf of the public.

While this document contains current information about this topic, some content references MRCNS and previous legislation before June 30, 2026. We appreciate your patience as we continue updating our documents to align with our new name and legislation.

Midwives are health care professionals who meet the requirements of registration and licensing, continuing competence, accountability and safe, ethical midwifery practice, as defined by the Midwifery Regulatory Council of Nova Scotia (MRCNS). Midwives provide community-based primary perinatal and newborn care and may work in a variety of settings, including clinics, hospitals, birth centres and clients' homes. Midwives practise in accordance with the *Midwifery Act* and *Regulations*, *MRCNS Policies* and *Standards*, evidence-informed perinatal care standards, and policies of the employment setting, in the best interest of the public.

The *Standards of Midwifery Practice* outline the professional practice the public can expect from a registered midwife in any setting or role. These standards provide a framework within which the midwife's practice may be evaluated to ensure that it is consistent with competent, safe, responsible and ethical midwifery practice. They also provide direction to midwives regarding the parameters of their practice and the professional standards they must uphold.

1. **STANDARD ONE**

The midwife practises as a primary care provider within the scope of midwifery practice.

The midwife:

- 1.1. practises within the midwifery scope of practice and their own level of competence.
- 1.2. demonstrates the competencies required for the delivery of safe and ethical midwifery care.
- 1.3. manages care within the scope of midwifery practice without supervision¹.
- 1.4. is fully responsible and accountable for the care they provide.

2. **STANDARD TWO**

The midwife collaborates with other health professionals in perinatal care teams.

The midwife:

- 2.1. recognizes and respects the unique and overlapping scopes of practice of other members of the team.
- 2.2. establishes collaborative relationships and networks with other health professionals and the community.
- 2.3. acts as a role model and mentor to midwifery colleagues and other healthcare providers within the team.

¹ Unless conditions on the midwife's licence require supervision.

3. **STANDARD THREE**

The midwife consults with and/or refers to the most appropriate health professional when the care required by the client exceeds the scope of midwifery practice.

The midwife:

- 3.1. identifies risk factors or health conditions that require consultation with and/or referral to a medical practitioner or other health professional, as set out in MRCNS policy on *Indications for Discussion, Consultation and Transfer of Care*.
- 3.2. initiates timely and appropriate consultations with and/or referrals to the most appropriate healthcare provider.
- 3.3. shares records and relevant information with the healthcare provider who is being consulted or who is assuming responsibility for care.
- 3.4. documents appropriately in the client's health record when a consultation and/or transfer of care has occurred.
- 3.5. may continue to provide aspects of midwifery care in collaboration with the health care provider who has assumed primary responsibility for care.

4. **STANDARD FOUR**

The midwife works in partnership with the client.

The midwife:

- 4.1. develops a plan for midwifery care together with the client.
- 4.2. facilitates open and interactive communication with the client.
- 4.3. shares knowledge and relevant information with the client.
- 4.4. supports the client as the primary decision-maker in their care.
- 4.5. involves the client's family according to their wishes.
- 4.6. respects the client's value system and cultural needs and beliefs.

5. **STANDARD FIVE**

The midwife promotes informed choice throughout the childbearing experience.

The midwife:

- 5.1. provides relevant information to the client in an unbiased manner.

- 5.2. encourages clients to actively participate in decisions about their care and the manner in which services are provided.
- 5.3. discusses with the client the scope, standards and limitations of midwifery care.
- 5.4. acts as an advocate for the client and their newborn.
- 5.5. respects the client's right to decline treatments or procedures.
- 5.6. advises the client of perinatal care standards and the midwife's professional judgement with respect to safe care.

6. **STANDARD SIX**

The midwife ensures continuity of care throughout the childbearing experience.

The midwife:

- 6.1. provides comprehensive midwifery care throughout pregnancy, labour, birth and the postpartum period.
- 6.2. ensures, within the team, 24 hour on-call availability to clients.
- 6.3. identifies, within the team, the midwife who is responsible for leading and coordinating the client's care.
- 6.4. makes every effort to ensure that a care provider familiar to the client is available to attend the birth.

7. **STANDARD SEVEN**

The midwife provides care in appropriate settings and respects the client's choice of birthplace within the boundaries of safety.

The midwife:

- 7.1. assesses risk and safety considerations and provides clients with the necessary information to make an informed choice about appropriate settings for giving birth.
- 7.2. assesses and ensures a safe environment for the birth experience.
- 7.3. uses safety measures to protect self and colleagues from injury and potentially harmful situations.

8. **STANDARD EIGHT**

The midwife ensures that no action or omission places the client at unnecessary risk.

The midwife:

- 8.1. uses current knowledge and evidence-informed guidelines to plan and implement midwifery care.
- 8.2. conducts ongoing assessments and modifies the plan of care as required.
- 8.3. responds promptly and appropriately to emergency situations.
- 8.4. maintains appropriate equipment and supplies for out-of-hospital birth.
- 8.5. does not abandon care of a client in the course of labour.
- 8.6. refers to another appropriate healthcare practitioner when necessary.
- 8.7. recognizes and reports errors and takes all necessary actions to prevent and minimize harm arising from an adverse event.
- 8.8. takes action in situations where client safety and wellbeing are potentially or actually compromised.

9. **STANDARD NINE**

The midwife maintains complete and accurate healthcare records.

The midwife:

- 9.1. uses a documentation system that facilitates accurate communication of information to clients, colleagues and institutions.
- 9.2. reviews and updates records at each professional contact with the client.
- 9.3. ensures prompt documentation of professional actions, decisions and treatments, screening and diagnostic test results, informed choice discussions with the client and consultations with other professionals.
- 9.4. ensures that records are legible, signed and dated.
- 9.5. documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions.
- 9.6. makes every effort to document events contemporaneously and chronologically.

10. **STANDARD TEN**

The midwife ensures confidentiality of client information except in extraordinary circumstances where disclosure is required by law, or where failure to disclose will result in immediate and grave harm to the client.

The midwife:

- 10.1. establishes procedures and systems for storing, transferring and disposing of client records which protects the confidentiality of information within midwifery practice.
- 10.2. maintains appropriate boundaries between professional relationships and personal relationships.

11. **STANDARD ELEVEN**

The midwife is accountable to the client, the midwifery profession and the public for safe, competent and ethical care.

The midwife:

- 11.1. responds to and reports situations which may be adverse for clients or health care providers, including incompetence, misconduct or incapacity of midwives or health care providers.
- 11.2. informs the client as to complaint and review procedures established under the Midwifery Act and Regulations.
- 11.3. participates in review processes as required by institutional policies and the MRCNS.
- 11.4. participates in risk management and quality assurance programs as required by institutional policies and the MRCNS.
- 11.5. strives to maintain their own physical, mental and emotional wellbeing and safety.

12. **STANDARD TWELVE**

The midwife maintains competencies relevant to their scope of practice.

The midwife:

- 12.1. engages in continuing education activities appropriate to the midwifery scope of practice, including the management of obstetrical emergencies, as required by MRCNS policy.
- 12.2. documents and keeps records of continuing competence activities to provide to the MRCNS.
- 12.3. demonstrates current knowledge and the ability to appraise research findings relevant to midwifery practice.
- 12.4. engages in reflective practice and seeks feedback from clients, peers and practice partners in evaluating their practice.

- 12.5. participates in practice reviews to determine areas of improvement and develop learning or action plans.
- 12.6. integrates relevant research findings and client or peer evaluation into practice.
- 12.8 uses health information systems to support professional practice.

13. **STANDARD THIRTEEN**

The midwife shall only order, prescribe or administer those drugs and substances listed in the *Regulations* and in accordance with MRCNS policy.

14. **STANDARD FOURTEEN**

The midwife shall only order, perform, collect samples for or interpret those screening and diagnostic tests listed in the *Regulations* and in accordance with MRCNS policy.

Adopted by the MRCNS on March 18, 2009
Amended by the MRCNS on May 31, 2018
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