NOVA SCOTIA NURSING AND MIDWIFERY REGULATOR

Professional Practice Bulletin for Registered Midwives

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1. Migration under Regulated Health Professions Act (RHPA)

Nursing and midwifery have migrated to the new legislative framework under the *Regulated Health Professions Act* (RHPA) effective June 30th, 2026. Both professions are now governed by the RHPA, the *Regulated Health Professions General Regulations*, profession-specific regulations, and Bylaws.

2. Midwifery Integration & Modernization Roadmap

While both nursing and midwifery are regulated by a single multi-profession regulator), midwifery and nursing remain separate and distinct professions.

Achieving greater integration as a new regulator will require a coordinated approach to align regulatory structures, processes, and supports while respecting the unique role of each profession. An integration roadmap with five unique phases has been created to guide this work. Please see Appendix A.

3. Scope of Practice and Scope of Practice Decision Tool

Under the RHPA regulations, the midwifery scope of practice has been modernized, enabling an optimized midwifery practice within the employment setting. In the coming months, NSNMR will develop standards and practice guidelines to ensure that appropriate parameters are in place to support midwives and employers.

Registrants remain accountable for ensuring their practice aligns with their individual competence, education, knowledge, and workplace policies.
See Appendix B for a scope of practice decision support tool.

4. Definition of Client

Under the RHPA, 'client' means the individual, group, community or population who is the recipient or intended recipient of services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of services.

In the midwifery context, the client is someone requesting midwifery services, which includes pregnancy, labour and birth, postpartum, newborn, infants (up to 12 months), reproductive and sexual health.

5. Midwifery Prescribing

Midwives are required to have the knowledge, skill, and competence to prescribe, monitor, and manage medications safely. Midwives are expected to make prescribing decisions using the best available evidence and sound clinical judgment appropriate to the client's health needs and informed by an assessment of the client's specific clinical context, circumstances and preferences. Finally, midwives are required to make prescribing decisions or administer medications within their legislated scope of practice and individual competence and follow all relevant legislation and employer policies.[1]

Controlled Drugs and Substances

Registered midwives **may only** prescribe and administer controlled drugs and substances in **hospitals**. Midwives are expected to use best available evidence and sound clinical judgment and follow all relevant legislation and employer policies when making prescribing decisions or administering medications.

Midwives **are not** authorized to transport or store controlled drugs and substances or to prescribe or administer them in community sites of practice or clients' homes.

Ordering and Interpreting Tests

Midwives with the necessary knowledge, skill and competence may collect samples, and/or order, perform, and interpret tests[2] in accordance with best evidence and employer policy.

[1] Includes policies and protocols, including record-keeping and security procedures, for all in-hospital ordering, administering and disposing of controlled substances.
[2] Includes screening tests.

Prescribing Policies

Please Note: The current polies are still in effect and will be updated with the new name and logo over time.

https://www.mrcns.ca/wp-content/uploads/2023/10/Prescribing-Ordering-and-Administering-Drugs.pdf

https://www.mrcns.ca/wp-content/uploads/2023/09/Prescribing-Ordering-and-Administering-Controlled-Drugs-and-Substances.pdf

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Midwifery Integration and Modernization Roadmap

APPENDIX A

Roadmap

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Project Timeline, Deliverables and Status

Phase	Timeframe	Key Deliverables	Status
Phase 1 - Organizational Foundation	June–July 2026	• Preparing for amalgamation & migration under RHPA • Update website for RHPA compliance, amalgamation message • Update core midwifery documents and post to mrcns.ca and nsnmr.ca • Update registration and licensing policies • Update application and renewal forms and processes • Develop "What to Know for Day One" document for registrants and regional managers • All registrants issued updated license to reflect license category under RHPA and new regulator on day one • Provide ongoing professional consultation to registrants • Direct support set up for RM's to contact NSNMR including designated midwifery email and staff to address questions promptly • System partner notification and engagement	Completed ✔
Phase 2 – Practice Infrastructure	August–September 2026	• Develop scope of practice decision-making tool • Publish all approved practice guidelines on website • Update professional misconduct processes on new website	◐ In Progress

Roadmap

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Phase	Timeframe	Key Deliverables	Status
Phase 3 – Practice Supports	September–October 2026	• Update, revising and creating practice supports including updated prescribing guidelines and practice tool and care of client receiving reproductive and/or sexual health care. **These are new and will need Board approval.** • Q&A webinar for registrants	Planned
Phase 4 – Standards Modernization	18- 24 months	• Environmental scan • Literature review • Consultation with midwives and other key partners • Validation and re-validation surveys • Education and implementation of new standards **Current standards remain in place**	Planned
Phase 5 – Quality Assurance Modernization	24-36 months	• Develop Practice Review Framework • Review currency requirements • Revise Quality Assurance Program to align with updated currency requirements **Current processes remain in place**	Future

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Registered Midwives Practice Support Tools

APPENDIX B: Decision Support Tool

Introduction

Regardless of the practice setting or scope of employment, registered midwives (RMs) are responsible for assessing the limits **of their own competencies.** Registered midwives must:

1. have the necessary knowledge, skill and judgment to provide competent and safe care to clients.
2. collaborate or consult with another provider capable of providing guidance or direction or transfer the care in situations where client needs exceed their individual competence.
3. complete education (i.e., post-graduate or employer led) to address gaps in knowledge, skill or judgment before engaging in practice.
4. follow employer protocols, policies and procedures recognizing the scope of employment may be smaller than the professional scope of the profession.

Scope of practice of midwifery under the RHPA Nursing and Midwifery profession specific regulations

9 (1) The scope of practice of midwifery is 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 1 or more of the following approved by the Board:

a) competency frameworks;
b) standards of practice;
c) practice guidelines,

(2) The scope of practice of midwifery as described in subsection (1) 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);
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.

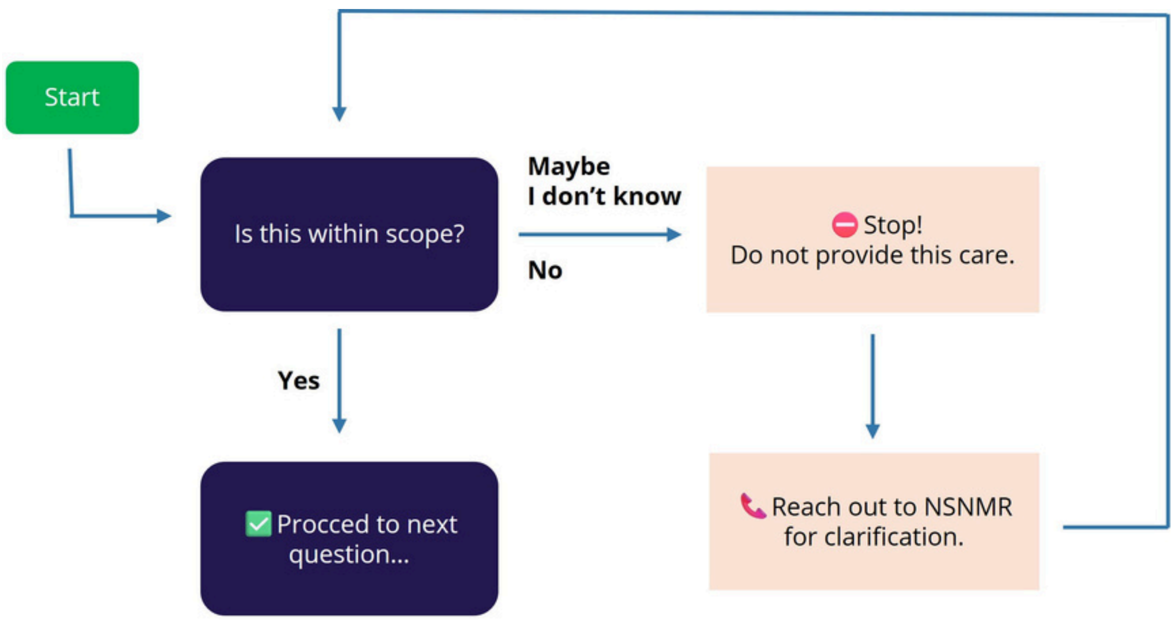
(3) The scope of practice of midwifery also includes health promotion, research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation or system development that is related to the activities and application of specialized and evidence-based *midwifery knowledge, skills and judgment described in subsections (1) and (2).*

Considerations

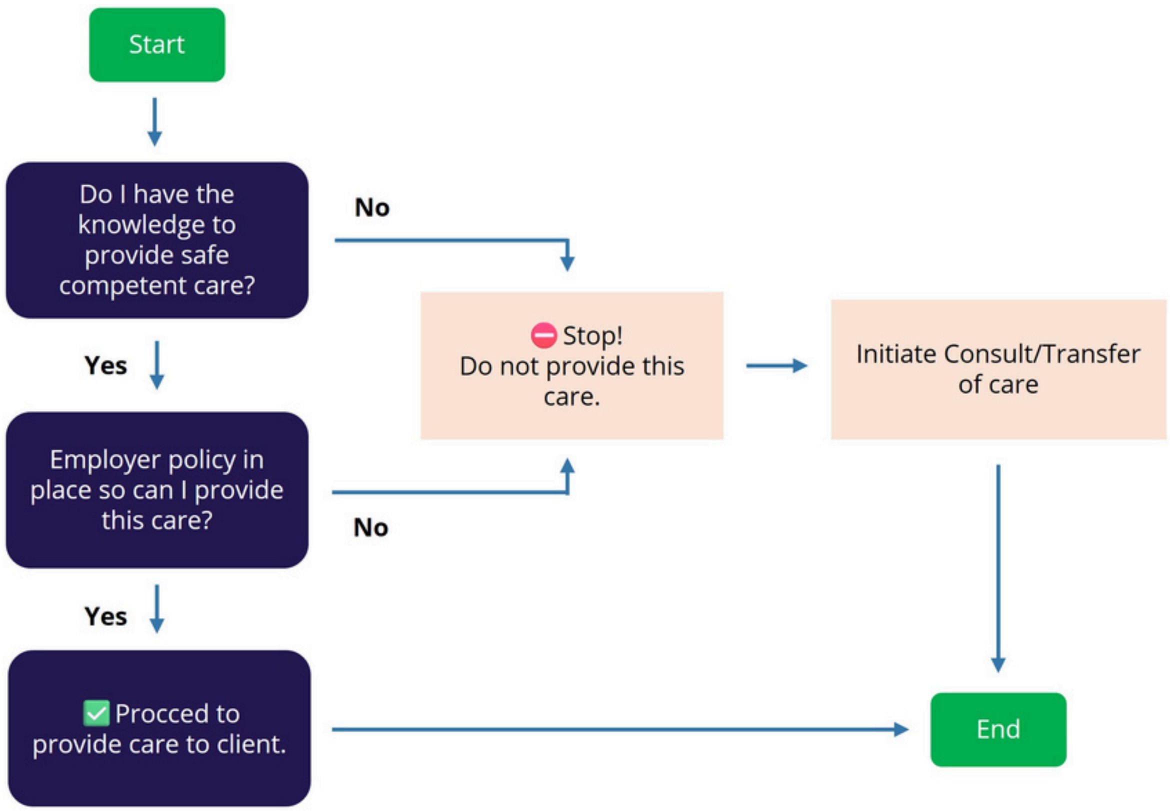
It is important to note the regulations under RHPA enable optimization of midwifery practice. However, midwives must have the necessary competence, and employers must have the necessary policies in place to support optimized practice in the clinical settings, both of which many take some time to implement during the transition.

Midwives can use this tool to help them make decisions about providing care to client.

When asked to provide care, ask yourself:



If the care request is whithin the midwifery scope of practice, ask yourself:



Consulting Others or Transferring Care

As primary care providers and regulated healthcare professionals, midwives are responsible for determining the limits of their own competence. Midwives **must** consult with another care provider or transfer the care of the client, when the needs of the client exceed their individual competence.

In cases where the care of the client has been transferred, midwives may, in collaboration with the most responsible provider, continue to provide midwifery services to the client.