



## Navigating midwifery scope: controls on practice framework

Think back to a time when you were asked to perform something new in your practice—maybe a procedure or activity you hadn't done before. How did you decide if it was something you were authorized to do? How did you know if it was within your scope of practice?

In this module, we'll explain what scope of practice is and recognize how it fits within a broader regulatory framework known as the controls on practice. You'll learn to identify the four controls on practice that you must consider before performing any activity.

We recommend completing the module BCCNM and midwifery practice first.

Note: These modules are designed for midwives. If you're a nurse, please refer to the Scope of practice learning series created for nurses.

Estimated time: 30 min

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# Territorial Acknowledgement

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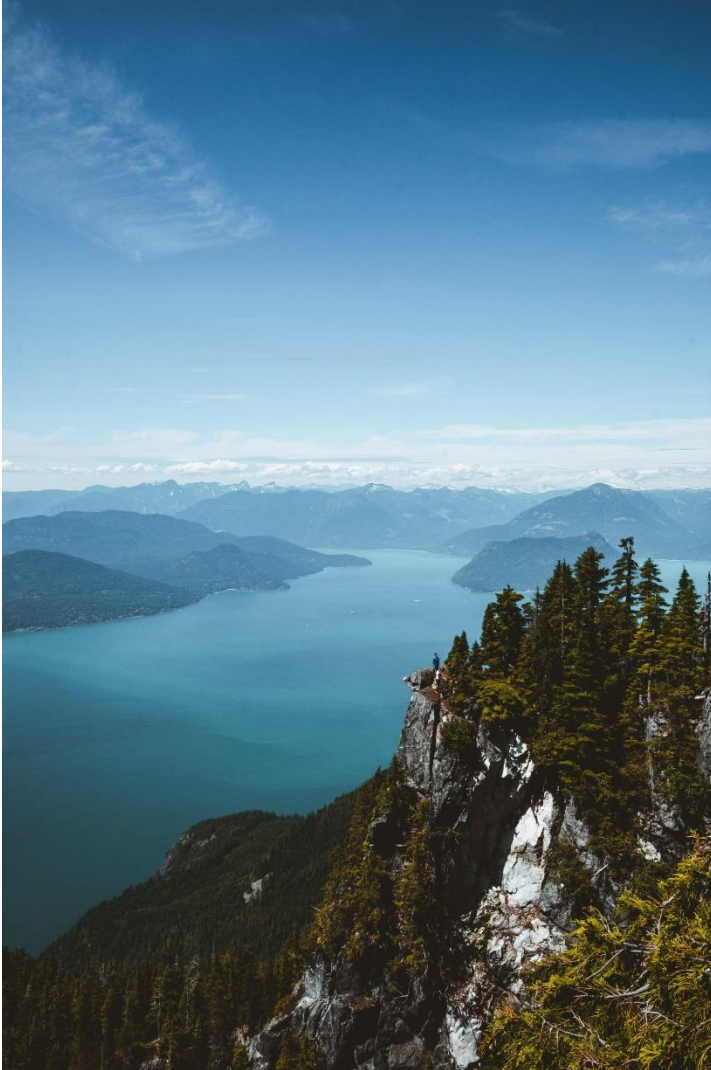


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We acknowledge the rights and title of the First Nations, whose collective unceded territories encompass the land base colonially known as British Columbia. We give specific thanks to the hən[]q[]əmin[]əm[] speaking peoples—the x[]məθkʷəyəm (Musqueam) and se1í1witulh (Tsleil-Waututh) Nations—and the Sk̓wx̓wú7mesh-ulh Sníchim speaking peoples—the Sk̓wx̓wú7mesh Úxwumixw (Squamish Nation)—on whose unceded territories BCCNM’s office is located. We also give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to these lands and waters have existed here for over 9,000 years.

We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Inuit, and Métis Peoples from elsewhere in

Canada who now live in British Columbia. As leaders in the settler health system, we acknowledge our responsibilities to these rights under international, national, and provincial law.

# Introduction

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Every day, midwives make decisions that affect clients' care and wellbeing. Knowing your scope of practice helps you navigate those moments with confidence to provide safe care.

Today you'll be working with Abina, a newly registered midwife in your practice. She's competent in her skills but sometimes pauses to check if she's fully applying her midwifery scope.



The scenarios presented in this module have been intentionally simplified to highlight specific aspects of the content. They are designed for educational purposes and may not reflect the full complexity of real-life situations. Please note that not all relevant clinical, legal, or contextual details are included.

All characters depicted in these scenarios are entirely fictional. Any resemblance to actual persons, living or deceased, is purely coincidental.



**Abina**  
**Midwife**

*Hi, I'm Abina. I'm a newly registered midwife in B.C., and I've just joined a community practice. Sometimes I'm unsure if I'm making the right call. Can we talk through some of these situations together?*

Before we start, let's see how much you know about scope of practice and the controls on practice with a short quiz. If you get some questions wrong, don't worry. We will cover the answers in this module.

***What does "scope of practice" refer to?***

- A. The activities that are required to care for your client
- B. The hours you are expected to work
- C. The activities that you are educated, competent, and authorized to perform
- D. The policies of your place of practice

***Which of the following is an example of a restricted activity?***

- A. Taking a client's blood pressure
- B. Conducting abdominal palpation
- C. Order ultrasound to confirm fetal presentation
- D. Providing nutritional advice during pregnancy

***True or false:***

***A midwife's individual scope of practice can never be broader than the legal scope of the profession.***

- A. True
- B. False

*This quiz got me thinking. Some of those questions were familiar, and others made me pause.*

*I'm learning that scope of practice and the controls on practice aren't just about rules—it's about feeling competent in the care I provide. It was helpful for me to revisit how I make decisions in practice.*



**Abina**

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Coming up next, an overview of scope of practice.

# Scope of practice

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**Abina**

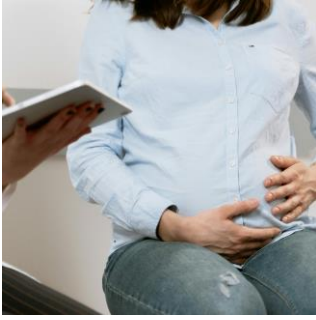
*When I first heard the term "scope of practice", I thought it was just about what I learned in school. But I've come to realize it's more than that - it's about knowing what I'm authorized to do and feeling competent and knowing that I'm making safe decisions for my clients.*

## **What is scope of practice?**

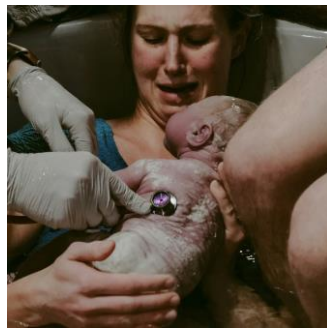
Midwifery scope of practice describes the range of activities and responsibilities that a midwife is educated, competent, and legally authorized to perform.

It is shaped by provincial and federal laws, standards set by the BC College of Nurses and Midwives (BCCNM), place of practice policies, midwifery education, and clinical experience.

Scope of practice helps ensure midwives provide safe, competent, ethical, and culturally safe care within their professional roles, and it varies based on midwives' competence and place of practice.



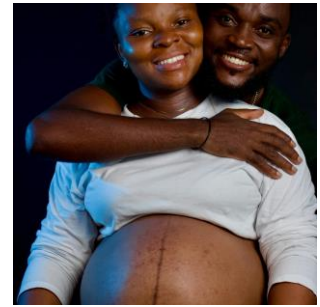
*MART PRODUCTION on Pexels*



*Olivia Anne Snyder on Unsplash*



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*Joyce Arkoh on Pexels*

## Clients and activities

Regulation defines:

- The clients that midwives care for: individuals requiring care during normal pregnancy, labour, delivery, and the postpartum period, and their newborns and infants. Clients must be overall healthy based on your clinical judgment.
- Authorized midwifery activities. Some activities are considered restricted, which means only certain health professionals are authorized to perform them as they are typically considered higher risk

### Restricted activities

Restricted activities for midwives are set out in their regulation.

Restricted activities usually carry more risk than others in the midwifery scope of practice. Some activities, including restricted ones, may have limits or conditions set by BCCNM or the place of practice.

Examples of restricted activities:

- Conducting internal examinations to assess labour progress
- Performing episiotomy
- Administering vitamin K to a newborn


To compare, some examples of non-restricted activities would be:


- Checking blood pressure
- Documenting care
- Educating a client on how to care for their newborn


### What if the client or activities are out of scope?


If an activity is out of scope, the midwife consults, refers, or transfers care to an appropriate regulated health professional. *BCCNM's Consultation, Referral, or Transfer of Care practice standard* sets the expectations midwives must meet when requesting or receiving a consultation, referral, or transfer of care.

Here is a brief overview of terms used in the standard:

MOST RESPONSIBLE PROVIDER (MRP)	CONSULTATION	REFERRAL	TRANSFER OF CARE
 <p data-bbox="207 1661 1466 1829">MRP. If aspects of care fall outside the midwife's scope, they may consult or refer the client to a specialist, while still remaining the MRP. However, if the client's condition requires a full transfer of care, the midwife will no longer be the MRP and can continue to provide care within their scope of practice.</p>			<p data-bbox="1052 1083 1466 1650">Most responsible provider (MRP) is the regulated health professional who is responsible for the overall management and coordination of client care. Midwives can provide care within their scope even if they are not a client's MRP. For example, a midwife may provide care to a pregnant client who is overall healthy. In this case, the midwife is the</p>

MOST RESPONSIBLE PROVIDER (MRP)	CONSULTATION	REFERRAL	TRANSFER OF CARE
		<p>Consultation is a request from one health professional (e.g., midwife, physician, nurse practitioner, physiotherapist) to another to provide input, advice, or guidance on the management of client care.</p> <p>When consulting, a midwife remains MRP, but seeks input from another health</p>	
<p>professional.</p> <p>For example, a midwife might seek input from a mental health professional when a client has a history of depression and is experiencing antenatal anxiety.</p>			

MOST RESPONSIBLE PROVIDER (MRP)	CONSULTATION	REFERRAL	TRANSFER OF CARE
		<p>Referral is a request from one health professional (e.g., midwife, physician, nurse practitioner) to another to assume responsibility for management of one or more aspects of a client's care.</p> <p>When referring, a midwife remains the MRP, and another provider manages the specific condition.</p>	
<p>provide pregnancy, birth, and postpartum care to a client with well-controlled epilepsy, while a neurologist will manage epilepsy in collaboration.</p>			

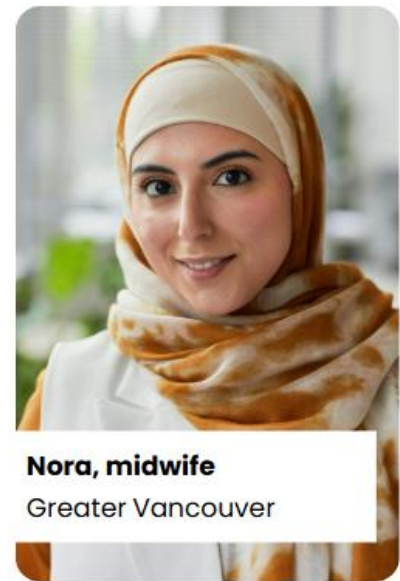
MOST RESPONSIBLE PROVIDER (MRP)	CONSULTATION	REFERRAL	TRANSFER OF CARE
			<p>Transfer of care is when a midwife transfers overall responsibility, management, and coordination of client care to another regulated health professional, who then becomes the client's MRP. Midwives may still continue to provide midwifery care within their scope of practice.</p> <p>For example, a client with placenta previa diagnosed in the third trimester will be transferred to an obstetrician, while the midwife will be able to manage aspects that remain in their scope of practice like postpartum care.</p>

Consultation, referral, and transfer of care may look different depending on the practice setting, available resources, the client's needs, and the midwife's individual competence. Explore two examples explaining how transfer of care may occur—one in a remote community and the other in an urban area.



*“Out here, we don’t have a hospital around the corner or an obstetrician on call, so I rely a lot on RTVS, which is real time virtual support. It’s great to be able to hop on a video call with a physician or OB to talk through a tricky situation. Sometimes that leads to a transfer, which means calling the patient transfer network to organize transport. It can take a while, so I keep caring for the client while we wait and keep the connection open with the receiving team. It’s definitely a different rhythm than in the city.”*

*“Most of my clients plan hospital births, so transfers happen pretty smoothly. If someone’s labour takes a turn and they need an obstetric assessment, I call the unit, give a quick handover, and we head over together. I stay with the client through the transition — that continuity really matters. Once the hospital team takes over as the most responsible provider, I shift into a supportive role. Even when care is transferred, I’m still there — just wearing a different hat.”*



**Nora, midwife**  
Greater Vancouver

Midwives work in many different settings—hospitals, clinics, homes, and remote communities. BCCNM's standards of practice are there to guide and support midwives in their practice, helping them make thoughtful decisions and advocate for their clients, even when things are challenging.

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Continue to the next lesson to learn how to determine what is in your scope and what is not.

# Controls on practice

## What are controls on practice?

Your scope of practice is guided by four controls on practice: legislation/regulation, BCCNM bylaws, standards, limits and conditions, your place of practice policies, and your own competence. These controls can help you decide if an activity is safe, appropriate, and allowed. Even if one control says yes, you need all four to agree before you move forward. Each control might narrow what you're allowed to do, but none can expand your scope beyond what is allowed by the level above.



### **1. Level 1: Legislation and regulation**

This level sets the legal foundation for midwifery practice in B.C., through the Health Professions Act (HPA) and the Midwives Regulation. In April 2026, the new Health Professions and Occupations Act (HPOA) will come into force, replacing HPA. Under HPOA, midwives and nurses regulations will be combined into one document – Nurses and Midwives Regulation. These laws ensure that all midwives provide safe, ethical, competent, and culturally safe care. The legislated scope applies to all midwives, regardless of the place of practice (e.g., community, hospital, shared care, solo practice, etc.)

**For example:** A midwife working in a city group practice and solo midwife in a rural community follow the same legislated scope, though they apply it differently based on their place of practice.

### **2. Level 2: BCCNM bylaws, standards, limits, and conditions**

BCCNM sets standards and may place limits or conditions on certain activities authorized in the regulation. Bylaws may also set additional requirements for practice.

**For example:** To uphold the public safety mandate, BCCNM's Medications and Substances Standards, Limits, Conditions includes the limit for midwives to only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum.

### **3. Level 3: Place of practice policies**

The place of practice may limit or specify how certain activities are performed. Sometimes, the hospital might have policies that are more restrictive than legislation or BCCNM standards. However, employers cannot permit you to do more than BCCNM standards or regulation allows for.

**For example:**

- Hospital policy may require a midwife to consult an obstetrician before initiating an oxytocin induction, even though they are certified to do so.

### **4. Level 4: Individual competence**

While regulation, BCCNM standards, and place of practice policies define what midwives are allowed to do, a midwife's individual competence determines whether a midwife can safely perform an activity. Competence is unique to each midwife and expands with additional education and experience.

**For example:** A midwife who has been participating in continuing education programs for many years will likely have a greater scope of practice based on their competence than a newly graduated midwife.

Now let's practice.

Mark the correct level of controls on practice for each statement. You can find the answer key at the end of this module.

Statement	Level 1. Legislation and regulation	Level 2. BCCNM standards, limits, and conditions	Level 3. Place of practice policies	Level 4. Individual competence.
Grants and protects the title “midwife” in B.C.				
Defines the legal scope of midwifery profession across all settings in B.C.				
Depends on your education, experience, and ability to safely perform an activity.				
Includes standards that set expectations for midwife's practice.				
Is unique to each midwife.				
Can restrict activities based on workplace policies, even if you're permitted.				
Outlines the broadest scope of midwifery practice.				
Self-employed midwives are responsible for establishing policies on this level.				

***Which of the following best describes the role of a midwife's individual competence in the controls on practice??***

- A. It is only relevant for newly graduated midwives with limited experience
- B. It replaces the need for place of practice policies and training requirements.
- C. It determines whether a midwife can safely perform activities within the defined scope of practice.
- D. It allows midwives to expand their scope of practice beyond legal and organizational limits.

***Can place of practice policies expand your scope of practice beyond what is allowed by regulation and BCCNM?***

- A. Yes, but only under special circumstances
- B. No, but they can bypass BCCNM standards
- C. No, place of practice policies cannot expand scope of practice

### **Reflection**

How do you currently determine whether an activity is within your individual scope of practice? Do you use the controls on practice to guide your decision-making?

### **How to apply the controls on practice**

Most of the time, it's easy to recognize that what you're doing is within your scope of practice. However, there may be times when you're unsure whether a specific activity is within scope. Making this decision can be challenging without a clear understanding of what to consider. This is where the four controls on practice can help guide your decision-making.



**Practice snapshot:  
perineum tears**

*Oh, I have a perfect example to share! I was caring for a client who just had a vaginal birth. After checking the perineum, I noticed a tear that needed suturing. I paused for a moment, wondering—am I authorized and competent to repair this myself?*

**Practice snapshot: perineum tears**



Abina, a newly registered midwife, is working in a community clinic. Abina's client just gave birth to the baby at the hospital and Abina is assessing the client's state including the perineum. Abina notices that there is a complex second-degree tear that needs to be repaired. She asks herself: "Is it in my scope?"

## Abina refers to Controls on practice



Abina checks the regulation. She finds that repairing *simple perineal lacerations* (such as first- and second-degree tears) is a restricted activity that is within

the midwifery scope of practice. This means that midwives are authorized to perform the procedure.



Abina reviews all relevant BCCNM standards, including:

### ***Consultation, Referral, and***

***Transfer of Care*** – outlines when the repair may be outside the midwife’s scope (e.g., when the client’s care needs are beyond midwives’ scope of practice or their individual competence).

- ***Policy on Informed Consent*** – outlines that the midwife must ensure the client understands and agrees to the repair.
- ***Policy on Medical Records*** – outlines midwives’ professional, legal and ethical obligations related to the creation, content, ownership, custody, confidentiality and ongoing accessibility of client records.



Abina and her client are in the hospital, where Abina has privileges as a midwife. The hospital is equipped to support safe perineum tear repairs, and

the hospital has no additional limits or conditions for this activity. Place of practice allows Abina to proceed.



Abina reflects on her own experience: during her education, she only had limited supervised experience with suturing. She

realizes she has not yet developed sufficient competence to repair this tear independently.

## What does Abina do?

Since repairing complex second-degree tears is out of Abina's competence, she **calls her colleague Nadia**, an experienced midwife, to assist. Abina stays with the client, explains what is happening, and provides support and comfort. Abina also makes a note to seek additional supervised practice to strengthen her suturing skills.



### **Level 1: Legislation and regulation (for Nadia)**

Nadia's and Abina's legal scopes are the same as they both are registered B.C. midwives. Nadia knows that the regulation authorizes midwives to repair second-degree tears.



### **Level 2: BCCNM bylaws, standards, limits and conditions (for Nadia)**

Abina's and Nadia's scopes are the same on this level. Nadia reviews her professional accountabilities: she has completed the required education and meets the conditions of safe practice for a “simple” laceration.



### **Level 3: Place of practice policies (for Nadia)**

Again, Nadia and Abina have the same scope on this level as they have the same place of practice and role. Nadia confirms that her practice site's policy allows midwives to perform perineal repair independently if competent and trained.



### **Level 4: Individual competence (for Nadia)**

This is where Nadia's scope expands compared with Abina's: because she is competent and she can perform a wider range of activities within the legal scope of practice. Nadia regularly performs perineal repairs, so she is competent and confident in her skills. She explains the procedure to the client, obtains consent, completes the repair, and documents the care.

## Summary

Before performing any activity, especially one you're unfamiliar with, consider the controls on practice framework to see if you are authorized to perform it. This process will help you assess whether the activity is within your scope, ensuring that you're practising safely and ethically.

## Check your understanding

***Which level of the controls on practice framework tells Abina whether repairing a second-degree tear is legally within her scope of practice?***

- A. Place of practice policies
- B. Legislation and regulation
- C. Individual competence
- D. BCCNM standards, limits and conditions

***Abina decides not to repair the tear herself because she has limited experience with suturing. Which control on practice is guiding her decision?***

- A. Individual competence
- B. Legislation and regulation
- C. BCCNM standards, limits and conditions
- D. Place of practice policies



**Practice snapshot:  
cultural practices**

*I remember another situation when controls on practice could have helped me make a decision. When my Gitxsan client requested assistance to organize traditional practices after giving birth in the hospital, I wasn't sure what would be appropriate for me to do and what was within my scope.*

Let's look closer at Abina's practice example and explore how the controls on practice could help navigate it.

**Practice snapshot: supporting traditional postpartum practices**



Abina's client, Maya, is a Gitxsan person and has just given birth at the hospital. After the birth, Maya and her family wish to follow their cultural practices for welcoming the baby. These include a first bath by the auntie from the father's side, a blessing by the grandmother, and burying the umbilical cord on family land to honour the baby's connection to both sides of the family.

Abina pauses to reflect on how to support these practices while upholding professional and regulatory requirements.



Abina confirms that supporting family involvement and non-clinical traditional practices is within her scope. It does not include any restricted activities.



Abina consults the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard* and other

relevant BCCNM standards. She integrates the practice standard into her care by aligning her actions with its core principles:

- Self-reflection

Before speaking with Maya’s family, Abina reflects on her own cultural lens and potential biases. She reminds herself to approach the conversation with humility and openness, recognizing that her role is to support, not direct, cultural practices.

- Relational care

Abina invites Maya and her family to share the meaning of their traditions. She listens actively and respectfully, affirming the importance of the aunt’s role in the first bath, the grandmother’s blessing, and the burial of the umbilical cord. She acknowledges the deep connection to family and land.

- Shared decision-making

Abina works with Maya to co-create a care plan that includes these practices. She ensures Maya’s preferences guide the process and documents the plan in a way that reflects shared decisions and cultural values.

- Accountability and learning

Abina checks in with Maya and her family to see how supported they feel. She also consults the Indigenous liaison for feedback.



Abina reviews the hospital’s policies and consults with the Indigenous liaison to confirm what cultural practices can occur in the delivery room.

Together, they coordinate a plan to make space for the family blessing and first bath. Also,

Abina facilitates the release of the cord for cultural purposes, ensures it is packaged safely, and documents the consent and release.

#### LEVEL 4

Individual midwife competence

Abina reflects on her own experience with culturally safe care and seeks support from the

hospital's Indigenous liaison to ensure she is supporting culturally safe care.

#### Summary



Abina facilitates the inclusion of Maya's grandmother and Elder in the postpartum care, helps coordinate the ceremonial blessing, and documents the cultural practices as part of Maya's care plan. She also advocates for Maya's preferences with hospital staff if any concerns arise.

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You have learned about controls on practice and how this framework help navigate your scope of practice. In the next lesson, you will find the thinking tool to support your practice.

# "Is it in your scope?" thinking tool

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**Abina**

*The controls on practice are a big help when it comes to deciding if the activity is in scope. I wonder if there is a tool that I could use to guide me when facing a new or complex situation.*

Before we move forward to the controls on practice tool and examples, let's look at a few questions to help you think things through before starting care.

## **Key considerations - ask yourself before starting the care:**



### **Is the client in scope?**

Does the client fall within the population or condition you're authorized to care for? Midwives in B.C. provide care to clients during pregnancy, birth, and the postpartum period, typically up to three months after birth. Clients are considered "in scope" when they fall within this perinatal window and have an established care relationship. For example, ordering diagnostic tests for client's newborn screening is in scope while providing care to client's partner is not.



**Am I approaching care with cultural humility and respect for client's values?**

Take a moment to reflect on the foundations of your relationship with the client. Note potential bias or lack of cultural context that need to be addressed before you begin care. Observing, asking respectful questions and seeking guidance if needed may help you create conditions for culturally safe, client-centred care.



**Is the activity in scope?**

Are you permitted to perform this activity considering all controls on practice: legislation and regulation, BCCNM standards, place of practice policies and individual competence?

In B.C., midwives are authorized to perform a wide range of clinical activities related to pregnancy, birth, postpartum care, and newborn health. These include assessments, ordering lab work, providing education, and prescribing certain medications within defined limits. For example, during a six-week postpartum check-in, a midwife may initiate a mental health referral if a client discloses symptoms of anxiety or depression



**Is it in the client's interest?**

Even when the client and activity are within your scope, only proceed if it is in the best interest of your client.

**"Is it in your scope" thinking tool**

To support your everyday decision making, the following thinking tool may help you navigate questions around scope of practice.

The tool incorporates the controls on practice, the client's interests, and culturally safe care considerations.

[Download the thinking tool](#)

## Implementing thinking tool: postpartum hemorrhage

Let's walk through the tool step-by-step to see how Abina uses the tool in her practice.

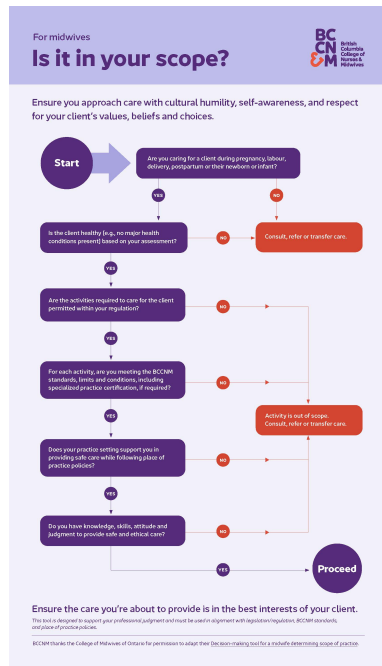


Abina is attending a client, Tanya, 45 minutes after an uncomplicated home birth. Tanya has recently immigrated to Canada and has chosen midwifery care for its continuity and personalized approach. Her partner is present by her side and her mother is joining via video call from overseas to offer support.

As Abina completes the postpartum assessment, she notices that Tanya's bleeding appears heavier than expected and the fundus feels boggy. She considers performing a fundal massage and administering oxytocin per protocol. Before acting, Abina pauses:

*"Is this within my scope of practice?"*

### Controls on practice and thinking tool



Abina remembers that BCCNM has a controls on practice framework and a thinking tool to help guide decision-making.

*Are you caring for a client during pregnancy, labour, delivery, postpartum, or their newborn or infant?*

Tanya is in the early postpartum period, so Abina answers "Yes" to the first question and moves forward.

*Is the client healthy (e.g., no major health conditions present) based on your assessment?*

Tanya is generally healthy based on the assessment, clinical judgement, and available findings. Her bleeding requires treatment, but does not affect overall health status at this point. This means Abina can continue taking care of Tanya. She answers "Yes" and moves forward.

*Are the activities required to care for the client permitted within your regulation?*

Abina needs to make sure that fundal massage and oxytocin administration are within her scope. Abina knows the regulation:

- massage of the uterus is not a restricted activity and falls under postpartum care.
- administering oxytocin (uterotonic agents) is a restricted activity that midwives can perform for the prophylaxis and treatment of uterine atony and postpartum haemorrhage. Abina answers "Yes" and moves to the next step.

*For each activity, are you meeting the BCCNM standards, limits and conditions, including specialized practice certification, if required?*

Abina remembers that *BCCNM's Medications and Substances: Standards, Limits, and Conditions* allows using oxytocin for treatment of postpartum hemorrhage if a midwife follows current guidelines for this treatment, which Abina is familiar with. Abina also makes sure she meets *Home & Community Birth: Standards, Limits, and Conditions*. Abina answers "Yes" to the question.

*Does your practice setting support you in providing safe care while following place of practice policies?*

Abina remembers reviewing her practice policy on postpartum hemorrhage management and remembers it allows her to administer oxytocin. Abina answers "Yes" and moves to the next step.

*Do you have knowledge, skills, attitude, and judgment to provide safe and ethical care?*

Abina has successfully managed the postpartum hemorrhage in the past in both hospital and home settings and is confident that their knowledge, skills, judgement, and attitude allow her to manage Tanya's situation. Abina answers "Yes" and is ready to proceed.

#### *Cultural safety and client's best interests*

Abina recognizes the signs of postpartum hemorrhage and knows treatment is needed to prevent complications. Remembering Tanya's wish to avoid medication, she ensures care remains client-led.

Abina explains that the bleeding is heavier than expected and that oxytocin can help prevent further blood loss. She uses plain language, discusses risks and options, and reassures Tanya that she will respect her choice. After their conversation, Tanya decides to proceed with the injection, trusting Abina's judgment and feeling supported in her decision.

#### *Abina's decision*



After working through the thinking tool, Abina determines:

- Fundal massage and administering oxytocin are within her scope if she follows the protocol, is competent, and documents appropriately.
- Abina monitors Tanya closely and will consult the physician if bleeding does not improve.
- Abina made the right decision and stayed within her scope of practice while providing continuity of care and informed choice.

### **Check Your Understanding**

1. Which control ensures Abina is legally allowed to administer oxytocin?
2. Which control applies if Abina feels unsure about managing hemorrhage?
3. Which control applies if Abina's clinic requires notification when oxytocin has been administered?



## Reflection

Think about a time — or imagine a situation — when you realized an activity was outside your scope of practice.

Which control on practice set the limit?

- Legislation or regulation,
- BCCNM standards, limits and conditions
- Place of practice policies
- Your own competence

How did recognizing that limit help ensure client safety and uphold professional accountability?

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In the next lesson you will find an interactive scenario and practice using the thinking tool.

# Interactive scenario: Labour induction

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## Abina tries the tool

*My client Sophie wants me to induce labour. I will use the "Is it in Scope?" thinking tool to guide my decisions about Sophie's care.*

### Scenario introduction

Abina is caring for Sophie, a 42-year-old client at 41 weeks + 3 days gestation. Sophie's pregnancy has been uncomplicated and Abina has been their MRP.

Sophie calls Abina, feeling increasingly uncomfortable, anxious, and eager for labour to start. They ask Abina: "I'm so uncomfortable, can we induce?"

Abina thinks about the request. She has just moved to B.C and has hospital privileges, but she has not completed any specialized practice certifications yet. She decides to use the thinking tool.



Are you caring for a client during pregnancy, labour, delivery, postpartum, or their newborn or infant?

Yes



TT

Great! Sophie is pregnant and their pregnancy is uncomplicated, so caring for Sophie is in Abina's scope.

TT

Is the client healthy (e.g., no major health conditions present) based on your assessment.

Yes



TT

Yes, based the assessment, Sophie is overall healthy. If Sophie showed some signs of deviation from the normal course of pregnancy, Abina's answer would be 'No' and caring for Sophie would be out of scope.

TT

Are the activities required to care for the client permitted within your regulation?

Yes



TT

Yes, that's correct. Regulation allows midwives to prescribe and administer IV oxytocin provided they have successfully completed a certification program.



For each activity, are you meeting the BCCNM standards, limits, and conditions, including specialized practice certification, if required?

No



This is correct. According to BCCNM's *Induction and Augmentation of Labour framework* and the *Medication and Substances: Standards, Limits, Conditions* a midwife must have the specialized practice certification to perform IV infusions of oxytocin. Since Abina does not have specialized practice certification, she does not pass this control on practice. She is not allowed to proceed and must consult, refer or transfer care.



Abina does not need to answer the remaining questions as the first four questions have determined that administering IV oxytocin is out of her scope of practice.



### Abina shares her decision

*Sophie had indications for induction: they were over **40 weeks gestational age**, they were over **40 years old**, and they **wanted induction** of labour. I knew that prescribing and administering IV oxytocin is within midwives' legal scope in B.C., and I also had performed this procedure before in a different jurisdiction. But I did not have specialized practice certification required by BCCNM to proceed, so I decided to refer Sophie to a physician who performed a procedure while I continued to provide other aspects of midwifery care to my client.*

---

Great work! In the next lesson you can try another scenario.


# Interactive scenario: High blood pressure

## Scenario introduction

Abina is caring for Olivia, a healthy 24-year-old nullipara. At Olivia's routine 34-week visit, Abina takes Olivia's blood pressure (BP) and it is 140/92 - considerably higher than their normal blood pressure. Olivia reports feeling well and Abina confirms that there are no signs or symptoms of pre-eclampsia.


Abina uses the thinking tool to decide if caring for Olivia is within her scope.

TT Are you caring for a client during pregnancy, labour, delivery, postpartum, or their newborn or infant?

Yes 

TT Yes, Olivia is pregnant.

TT Is the client healthy (e.g., no major health conditions present) based on your assessment

Need to continue assessment 

TT

The blood pressure is elevated, which may or may not be a sign of more serious condition. Further testing may be needed to determine if they are overall healthy. Abina sends the client for some blood work this afternoon and arranges to call Olivia with the results later that day and make a plan for follow up.

TT

Next day Olivia's blood pressure remains elevated, and her lab work is normal apart from a urine protein creatinine ratio (UPCR) of 32.

TT

After reviewing test results, is the client healthy (e.g., no major health conditions present) based on your assessment?

No



TT

Exactly. The repeated blood pressure is elevated and UPCR is out of normal range.

TT

The client is not considered healthy anymore and caring for Olivia is out of Abina's scope. She will need to collaborate with other health professionals to provide appropriate care.

### **Scenario summary**

From here, Abina could either transfer care and continue to provide psychosocial support or remain the MRP while the obstetrician takes on BP management.

Based on all four controls on practice and client considerations, Abina decides to remain the MRP and refer Olivia to a physician to manage high blood pressure.

In this case there is no single correct answer and only Abina can make the best decision based on her clinical judgment and the four controls on practice. Abina will continue to assess her scope and collaborate with other professionals when needed while providing safe, competent, ethical, and culturally safe care to her client.

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**Congratulations, you nailed it!**  
To complete this module, move to the quiz and  
summary sections.

# Quiz

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You will be presented with the questions as well the situations where a midwife has to choose the right course of action. Using your judgment, the controls on practice framework, and the thinking tool to answer the questions.

The passing score for the quiz is 80%.

## **Question**

**01/05**

Which level of the controls on practice usually helps you to decide if a particular client is in or out of your scope?

- A. Level 1. Legislation and regulation
- B. Level 2. BCCNM standards, limits and conditions
- C. Level 3. Place of practice policies
- D. Level 4. Individual competence

## **Question**

**02/05**

Which of the following is true about the relationship between the four levels of control on practice?

- A. No level can expand practice beyond what is authorized at the level above
- B. Each level can expand practice beyond what the previous level above allows
- C. Individual midwife competence is the highest level and can override other levels
- D. Place of practice policies can expand what is in BCCNM standards if the midwife is competent

**Question**

03/05

Which of the following is true about restricted activities in midwifery practice?

- A. Restricted activities are typically higher-risk.
- B. Restricted activities are always higher-risk and need to be performed by a physician or specialist.
- C. Restricted activities require approval from the place of practice.

**Question**

04/05

Match each level of controls on practice with correct statement.

⋮ Level 2. BCCNM's standards, limits, and conditions	Provides a legal framework for midwives to help ensure safe and ethical care.
⋮ Level 1. Legislation and regulation	Sets standards, limits, and conditions on activities authorized in the regulation
⋮ Level 4. Individual competence	Allows the place of practice to restrict but not expand a midwife's scope of practice.
⋮ Level 3. Place of practice policies	Ensures midwives are responsible for their competence in performing any authorized activity.

**Question**

05/05

Consider scenario: MT was discharged from midwifery care two years ago and has a history of abnormal Papanicolaou (Pap) tests. MT is now a year overdue for a Pap test and does not have a family doctor or nurse practitioner. They want to know if the midwife can assist and collect the Pap test.

Can a midwife proceed with MT's Pap test?

- A. No, because Pap tests are not in a midwives' scope of practice according to the regulation.
- B. Yes, the Pap test falls within the midwife's scope of practice in B.C.
- C. No, because the client already had abnormal Pap tests in the past.
- D. No, because MT is not pregnant or postpartum.

## Answer Key

### Page 4

What does “scope of practice” refer to?

- A. The activities that are required to care for your client
- B. The hours you are expected to work
- C. The activities that you are educated, competent, and authorized to perform
- D. The policies of your place of practice

Though each of these choices touches on important aspects of midwifery—caring for clients, work schedules, and workplace policies—but scope of practice is more specific. It refers to the professional activities you are educated, competent, and authorized to perform, shaped by legal requirements, standards, workplace policies and your individual competence.

Which of the following is an example of a restricted activity?

- A. Taking a client’s blood pressure
- B. Conducting abdominal palpation
- C. Order ultrasound to confirm fetal presentation
- D. Providing nutritional advice during pregnancy

All these activities except ordering ultrasound to confirm fetal presentation — taking blood pressure, abdominal palpation, and providing nutritional advice— are considered non-restricted activities and don’t require special authorization. Restricted activities, like ordering diagnostic tests such as ultrasounds, require specific authorization.

### Page 5

True or false: A midwife’s individual scope of practice can never be broader than the legal scope of the profession.

A. True

B. False

While your experience and individual competence may grow, your individual scope is always bounded by legislation and regulation of your profession. Your individual scope will always stay within what’s legally allowed.

**Page 14**

Statement	Level 1. Legislation and regulation	Level 2. BCCNM standards, limits, and conditions	Level 3. Place of practice policies	Level 4. Individual competence.
Grants and protects the title “midwife” in B.C.		V		
Defines the legal scope of midwifery profession across all settings in B.C.	V			
Depends on your education, experience, and ability to safely perform an activity.				V
Includes standards that set expectations for midwife's practice.		V		
Is unique to each midwife.				V
Can restrict activities based on workplace policies, even if you're permitted.			V	
Outlines the broadest scope of midwifery practice.	V			
Self-employed midwives are responsible for establishing policies on this level.			V	

**Page 15**

Which of the following best describes the role of a midwife's individual competence in the controls on practice??

- A. It is only relevant for newly graduated midwives with limited experience
- B. It replaces the need for place of practice policies and training requirements.
- C. It determines whether a midwife can safely perform activities within the defined scope of practice.
- D. It allows midwives to expand their scope of practice beyond legal and organizational limits.

Competence is important for every midwife—not just those who are newly graduated—and it works alongside other controls like place of practice policies and training rather than replacing them. It also doesn't allow you to go beyond legal or organizational limits. Instead, competence ensures you can safely perform activities within your defined scope of practice.

Can place of practice policies expand your scope of practice beyond what is allowed by regulation and BCCNM?

- A. Yes, but only under special circumstances.
- B. No, but they can bypass BCCNM standards.
- C. No, place of practice policies cannot expand scope of practice.

Place of practice policies must align with BCCNM standards and cannot override or bypass them. They also cannot expand your scope of practice beyond what is allowed by regulation and BCCNM.

**Page 19 – Practice snapshot: Perineum tears**

Which level of the controls on practice framework tells Abina whether repairing a second-degree tear is legally within her scope of practice?

- A. Place of practice policies

- B. Legislation and regulation
- C. Individual competence
- D. BCCNM standards, limits and conditions

Place of practice policies, BCCNM standards, and individual competence all play important roles in guiding safe practice, but they don't determine whether an activity is legally within your scope. That authority comes from legislation and regulation, which define what midwives are legally authorized to do.

Abina decides not to repair the tear herself because she has limited experience with suturing. Which control on practice is guiding her decision?

- A. Individual competence
- B. Legislation and regulation
- C. BCCNM standards, limits and conditions
- D. Place of practice policies

Abina's decision relates to her individual competence. Even though regulation, BCCNM and place of practice policies allow her to perform suturing, she reflects on her competence and makes the appropriate decision.

***Page 27 - Implementing thinking tool: postpartum hemorrhage***

1. Which control ensures Abina is legally allowed to administer oxytocin?

Level 1. Legislation and regulation.

2. Which control applies if Abina feels unsure about managing hemorrhage?

Level 4. Individual competence.

3. Which control applies if Abina's clinic requires notification when oxytocin has been administered?

Level 3. Place of practice policies.

**Page 36 - Quiz**

**Question 01/05**

Which level of the controls on practice usually helps you to decide if a particular client is in or out of your scope?

- A. Level 1. Legislation and regulation
- B. Level 2. BCCNM standards, limits and conditions
- C. Level 3. Place of practice policies
- D. Level 4. Individual competence

The regulation indicates what clients a midwife can care for: individuals requiring care during normal pregnancy, labour, delivery, and the postpartum period, and their newborns and infants. Clients must be overall healthy based on your clinical judgment.

**Question 02/05**

Which of the following is true about the relationship between the four levels of control on practice?

- A. No level can expand practice beyond what is authorized at the level above
- B. Each level can expand practice beyond what the previous level above allows
- C. Individual midwife competence is the highest level and can override other levels
- D. Place of practice policies can expand what is in BCCNM standards if the midwife is competent

The four levels of control work together to define the scope of midwifery practice. Each level may narrow the scope of practice, but they cannot expand the scope defined by the previous level.

**Question 03/05**

Which of the following is true about restricted activities in midwifery practice?

- A. Restricted activities are typically higher-risk.
- B. Restricted activities are always higher-risk and need to

be performed by a physician or specialist.

C. Restricted activities require approval from the place of practice.

Restricted activities are generally higher risk. However, any activity, restricted and non-restricted, should pass all four controls on practice checks before performing it.

### Question 04/05

Match each level of controls on practice with correct statement.

⋮ Level 2. BCCNM's standards, limits, and conditions	⌋ Sets standards, limits, and conditions on activities authorized in the regulation
⋮ Level 1. Legislation and regulation	⌋ Provides a legal framework for midwives to help ensure safe and ethical care.
⋮ Level 4. Individual competence	⌋ Ensures midwives are responsible for their competence in performing any authorized activity.
⋮ Level 3. Place of practice policies	⌋ Allows the place of practice to restrict but not expand a midwife's scope of practice.

### Question 05/05

Consider scenario: MT was discharged from midwifery care two years ago and has a history of abnormal Papanicolaou (Pap) tests. MT is now a year overdue for a Pap test and does not have a family doctor or nurse practitioner. They want to know if the midwife can assist and collect the Pap test.

Can a midwife proceed with MT's Pap test?

A. No, because Pap tests are not in a midwives' scope of practice according to the regulation.

- B. Yes, the Pap test falls within the midwife's scope of practice in B.C.
- C. No, because the client already had abnormal Pap tests in the past.
- D. No, because MT is not pregnant or postpartum.

According to regulation, midwives only provide care to clients who are pregnant or postpartum as well as to newborns and infants. MT does not fall into any of these categories.

# Summary

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**Abina**

*Thank you for your great work!*

*Together we have explored how the midwifery scope of practice is defined in B.C., covered BCCNM's controls on practice framework and practiced using the thinking tool.*

Here are some key takeaways:

- 1 Scope of practice is the range of activities and responsibilities that a midwife is educated, competent, and legally authorized to perform.
- 2 BCCNM offers the controls on practice framework that specifies four levels of controls: 1) legislation and regulation, 2) BCCNM standards, limits, and conditions, 3) place of practice policies and 4) individual competence.
- 3 Consider using the controls on practice framework and the thinking tool in situations when it is not clear whether the client or activity are in or out of your scope or practice.  
Remember that these tools do not replace clinical decision making in specific client situations and contexts.

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