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Introduction

Paramedics of the BC Ambulance Service are health care professionals who interact with many other health care professional on a daily bases. This document will aid in understanding the occupation of Registered Midwife, the scope of their practice and how this group of professionals have a key role in patient outcome and best practices. Both the paramedic and the registered midwife have a shared responsibility for the mother and the newborn. Working together and understanding each other’s role will result in effective and efficient patient care during a time when unexpected complications have occurred pre or post-delivery.

Who is the Intended Audience?

The intended audience is paramedics employed by British Columbia Ambulance Service who interact with a BC Registered midwife or an untrained lay birth attendant (not a registered midwife).

What is the Purpose?

To gain an understanding of your role and responsibilities as well as your working relationship when:

- Midwives are on scene
- Working with a BC Registered midwife vs a family member or an untrained lay birth attendant
What Skills do BC Midwives bring to the Call?

**BC Registered Midwives:**
- Are university educated to be specialists in low risk maternity care (UBC degree in midwifery or equivalent).
- Are trained to manage neonatal and maternal obstetrical emergencies.
- Will consult with and/or transfer care to a physician specialist based on the College of Midwives of BC’s (CMBC’s) *Indications for Discussion, Consultation and Transfer of Care*.
- Make midwifery diagnoses, write orders (including diagnostic tests), and prescribe and administer medications.

See *Appendix A* for more information about their Code of Ethics, scope of practice and the ‘tools’ in their ‘toolbox’.
At the Scene

BC Midwives build a relationship with mothers-to-be and attend low acuity, low risk births. The midwife is the primary and sometimes only medical professional who deals with the mother throughout her pregnancy. They do not take on cases that are high risk. Unforeseen complications can present during the delivery, however, which increase the acuity and risk to mother and /or baby.

The following scenarios reflect the responsibilities of paramedics and midwives during a 911 call. Differences between midwife and the untrained lay birth attendant jurisdictions are highlighted in *Best Practice for Highest Level of Patient Outcome*.

**NOTE:** These scenarios apply to all paramedic license levels: EMR, PCP, ACP, ITT and CCP.

Scenario 1: Working with a BC Registered Midwife

340A1, you are called to a maternity with a midwife and second attendant present; complications unknown; code 3. Address is 123 Lakeside Drive, Kelowna. You arrive on scene at a single family residential dwelling; three people present in the living room; you notice a pregnant female approximately 20 years of age crouching in a small pool expressing herself loudly. What do you do next?

- Paramedic says, “Hi, I’m Marilyn, an Advance Care Paramedic with BC Ambulance.”
- Paramedic asks, “Who is the primary caregiver? We understand that there’s a midwife on scene.”
- Midwife identifies self; provides CMBC Registered Midwife identification or midwife identification issued by the local hospital.
- If not obvious, Paramedic asks, “Who is the patient.”
- Paramedic says, “We would like to assist. What is the patient’s condition?”
- Midwife provides the following information:
  - Chief complaints, history, medications, allergies (patient care assessment).
  - Vital signs and time taken: Q15 or Q5 depending on presentation. The timing applies to both mother and infant.
  - Vital signs should be timely.
  - Work with the registered midwife to assist with patient care and possible delivery.
  - Always be mindful that the baby and mother are now patients and both require careful monitoring and care in the intrapartum period.
Best Practice for Highest Level of Patient Outcome

Registered midwife presents a BC Registered Midwife identification card or their current hospital identification card when they introduce themselves to the paramedic.

The CMBC Registered Midwife always has primary responsibility for the mother and fetus/baby. To ensure the best patient outcome, however, use a team approach to work through the delivery or post-delivery complications. Collaborate with the midwife to ensure that appropriate skills are used to ensure a positive patient outcome.
Scenario 2: Working with a Family Member or Lay Birth Attendant

While many home births in BC are attended by midwives, you may be called to a birth where there is no trained caregiver in attendance.

You are called to a maternity with a family member or an untrained lay birth attendant present; complications unknown; code 3:

- Paramedic says, “Hi, I’m Marilyn, an Advance Care Paramedic with BC Ambulance.”
- Paramedic asks, “Who is the primary caregiver?”
- The birth attendant or family member identifies herself.
- She is not a midwife and cannot provide identification when asked.
- Paramedic asks, “Who is the patient?” if not obvious.
- Paramedic asks, “What can we do to assist?”
- Prompt the family member or untrained lay birth attendant for the following information, if not presented:
  - Chief complaints, history, medications, allergies.
  - Vital signs and record times taken: Q15 or Q5 depending on presentation. This timing applies to both mother and infant.
  - Assume responsibility as the primary caregiver, assist with delivery if delivery is imminent, and take appropriate emergency measures to stabilize the patient(s) for transport to hospital.
  - Always be mindful that the baby and mother are now patients and both require careful monitoring and care in the intrapartum period.

Best Practice for Highest Level of Patient Outcome

In this scenario with the family member or lay birth attendant, the Paramedic has sole responsibility for patient care. However, a respectful tone with the family member or lay birth attendant is appropriate; keeping in mind that they have a working relationship with the mom to be.

BCAS Policy: Maternity Responses with Midwives in Attendance

Policy 6.4.2.1 Maternity Responses with Midwives in Attendance outlines the critical path for childbirth-related emergencies. [https://intranet.bcas.ca/policy/volume2/chapter6/pdf/6.4.2.1.pdf](https://intranet.bcas.ca/policy/volume2/chapter6/pdf/6.4.2.1.pdf)
Appendix A: College of Midwives of British Columbia

Code of Ethics

These principles direct the conduct of midwives in their relationships with individuals, institutions and the community as a whole. They provide a framework to enhance the midwife’s capacity for effective ethical decision making and reflection.

Midwives are professionals who recognise their accountability to their clients, the public and their profession. Midwives should always act in a manner that enhances the reputation of, and inspires public confidence in the profession.

1. A midwife’s primary responsibility is to safeguard the well-being of the women and newborns in her care. Midwives use their knowledge and expertise to provide a high standard of care to women and their families.

1.1. Midwives shall practise midwifery in accordance with the Health Professions Act, the Midwives Regulation, the bylaws and policies of the College of Midwives of British Columbia.
1.2. Midwives shall promote the normal process of birth within the context of safe practice.
1.3. Midwives shall accept full responsibility for the care they provide to women and their newborn infants.

2. Midwives recognise the importance of continuing education and participation in the education of students and other midwives. Midwives are expected to share midwifery knowledge through a variety of processes such as peer review and research.

2.1. Midwives shall maintain current competency in their midwifery practice.
2.2. Midwives shall only engage in research that is consistent with the Standards of Practice.
3. Midwives provide care that is responsive to the needs and values of women and respect the dignity of their clients. Midwives work with women and support the woman’s right to participate fully in decisions about her care. Midwives provide the best possible care in all circumstances. When a midwife is unable to provide care she should make a reasonable attempt to assist the woman to find appropriate alternate care. Midwives do not let their personal beliefs deprive their clients of essential health care services.

   3.1. Midwives shall provide midwifery care without discriminating on the basis of race, colour, ancestry, place of origin, political beliefs, religion, marital status, family status, age, sexual orientation, physical or mental disability.
   3.2. Midwives shall respect a woman’s right of informed choice and consent.
   3.3. Midwives shall inform their clients of the scope and limitations of midwifery practice.
   3.4. Midwives shall inform their clients of the legal limitations of confidentiality.
   3.5. Midwives shall ensure that no act or omission places the woman or her newborn at risk.
   3.6. Midwives shall not compromise care for reasons of personal or institutional expedience.
   3.7. Midwives shall not abandon care of a client in labour.
   3.8. Midwives shall never practice midwifery while their ability to do so is impaired.

4. Midwives recognise the human interdependence within their field of practice and seek to resolve inherent conflicts. The midwife recognises the contribution and expertise of colleagues from other health care disciplines. Midwives also acknowledge and respect the role of community groups who provide care and support for childbearing women.

   4.1. Midwives shall interact respectfully and honestly with the people with whom they work and practise.
   4.2. Midwives shall collaborate with other health care professionals, consulting and referring as necessary when the woman’s need for care exceeds the midwife’s professional expertise.

5. Midwives act as effective role models by maintaining a standard of practice that is both professional and ethical. Midwives should not engage in any professional activity that would adversely affect the honour, dignity, or credibility of the profession.

   5.1. Midwives shall adhere to the professional standards in making known the availability of their services.
   5.2. Midwives shall not accept any gift, favour or hospitality which might be construed as either professional endorsement of a commercial product or as seeking to obtain preferential consideration from a client.

6. Midwives work with policy and funding agencies to determine women’s need for health services and to promote the fair allocation of health care resources.

   6.1. Midwives shall actively promote equal access to health care that meets the needs of childbearing women.
Scope of Practice

Two midwives will attend at each birth and each will hold current certification at the College’s required level in:

- Neonatal Resuscitation and Certification: NRP certificate must be current to the past 12 months and includes skills training in intubation, umbilical vein catheterization and administration of neonatal medications;
- Cardiopulmonary Resuscitation: CPR certificate must be current to the past 24 months;
- Emergency Skills Certification: Certificate from a CMBC approved program in the management of obstetrical emergencies must be current to the past 36 months. Certification includes emergency management of antepartum and postpartum hemorrhage, anaphylaxis, shoulder dystocia, cord prolapse, fetal well-being and undiagnosed twins and breech.

Midwives have the knowledge and skills necessary to:

- assist the woman and her family in planning for an appropriate place of birth;
- provide primary care in a variety of settings including hospitals, clinics, health units, community health centres, birth centres or homes;
- conduct births and care for the newborn on their own responsibility;
- identify risk factors before and during pregnancy, labour, birth and the postpartum period and take appropriate action;
- order, perform and interpret results of screening and diagnostic tests according to the CMBC Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests;
- identify abnormal conditions, recommend and initiate appropriate treatment and make referrals, as required;
- use technology appropriately;
- prescribe and administer drugs and substances according to Schedules A and B of the Midwives Regulation and the CMBC Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs;
- carry out basic life support and other appropriate emergency measures when necessary;
- assess the onset and progress of labour and take appropriate actions according to: frequency, duration and intensity of uterine contractions; fetal station, position, presentation, attitude and degree of moulding; condition of the cervix;
- recognise abnormal labour patterns and identify the probable cause(s);
Midwives have the knowledge and skills necessary to: (Continued)

- assess fetal heart tones by auscultation and electronic means including application of scalp electrodes;
- determine the status of fetal membranes and perform amniotomy;
- recognise factors which could impede labour progress;
- recognise a full bladder and catheterise;
- assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required;
- give injections, insert an intravenous catheter and administer intravenous fluids and medications;
- prescribe, order and administer drugs and substances used during the intrapartum;
- administer inhalants;
- order and interpret screening and diagnostic tests during the intrapartum period;
- protect the perineum, avoid unnecessary episiotomy and minimise lacerations;
- perform an episiotomy;
- assist and support the spontaneous vaginal birth of the baby and placenta; recognise signs of placental separation;
- collect cord blood;
- examine the placenta, membranes and cord;
- examine the perineal and vulval areas for lacerations, hematomas and abrasions and repair lacerations or episiotomy;
- recognise and manage postpartum haemorrhage;
- recognise signs of maternal shock, initiate treatment and perform ongoing assessment;
- perform immediate newborn assessment and care;
- perform neonatal resuscitation to the standard established for a primary care provider in Canada;
- provide information and resources to the woman and her family regarding self-care, normal postpartum progress and signs and symptoms of common postpartum complications;
- manage postpartum complications; and
- prescribe, order and administer drugs and substances used in the postpartum.
‘Tools’ in the ‘Toolbox’

<table>
<thead>
<tr>
<th>Emergency and other medications midwives carry and use at home births include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous Fluids: Normal Saline; Ringer’s Lactate; 5% Dextrose in Water</td>
</tr>
<tr>
<td>Uterotonics / Anti-hemorrhagics: Oxytocin; Ergonovine Maleate</td>
</tr>
<tr>
<td>*Uterotonic 3rd line Agents: Carboprost Tromethamine (Hemabate®); Misoprostol (Cytotec®);</td>
</tr>
<tr>
<td>Therapeutic Oxygen</td>
</tr>
<tr>
<td>*Histamine Antagonists: Diphenhydramine Hydrochloride (Benadryl®)</td>
</tr>
<tr>
<td>*Sympathomimetics: Epinephrine hydrochloride</td>
</tr>
<tr>
<td>Local Anesthetics: Lidoacaine hydrochloride; Bupivacaine hydrochloride; Chloroprocaine</td>
</tr>
<tr>
<td>Immune globulins: Hepatitis B immune globulin; Rho (D) immune globulin (Human)</td>
</tr>
<tr>
<td>Antibiotic Eye Prophylaxis for the newborn: Erythromycin ophthalmic ointment</td>
</tr>
<tr>
<td>Vitamin K: Phytonadione (Vitamin K1)</td>
</tr>
<tr>
<td>Additional emergency medications midwives administer in hospital:</td>
</tr>
<tr>
<td>*Narcotic Antagonists: Naloxone Hydrochloride (Narcan®)</td>
</tr>
<tr>
<td>*Nitrates: Nitroglycerin</td>
</tr>
</tbody>
</table>

* These are medications which a midwife may independently administer which subsequently require a consultation with a physician and, if at home, transfer to hospital.
‘Tools’ in the ‘Toolbox’ (continued)

In a home birth setting, midwives are required to carry equipment and supplies necessary for safety. There may be further equipment and supplies that individual midwives will choose to carry depending on their particular practice location and clientele served. Below is a list of the required equipment, medications and supplies.

<table>
<thead>
<tr>
<th>Required Equipment</th>
<th>Medications</th>
<th>Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foetoscope</td>
<td>Oxytocic drugs</td>
<td>Cord clamps or ties</td>
</tr>
<tr>
<td>Doppler foetoscope</td>
<td>Local anaesthetic</td>
<td>Antiseptic solution</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Epinephrine</td>
<td>Sterile gloves</td>
</tr>
<tr>
<td>Paediatric stethoscope</td>
<td>Oxygen (sufficient for transport)</td>
<td>Non-sterile gloves</td>
</tr>
<tr>
<td>Sphygmomanometer with appropriate sized cuff</td>
<td>Eye prophylaxis</td>
<td>Sterile lubricant</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Vitamin K</td>
<td>Syringes</td>
</tr>
<tr>
<td>Two haemostats</td>
<td>IV fluids</td>
<td>Needles (appropriate sizes)</td>
</tr>
<tr>
<td>Portable suction equipment compatible with intubation</td>
<td></td>
<td>Suture material</td>
</tr>
<tr>
<td>Newborn intubation equipment</td>
<td></td>
<td>Urinary catheter</td>
</tr>
<tr>
<td>One pair of blunt-ended scissors</td>
<td></td>
<td>Urinalysis supplies</td>
</tr>
<tr>
<td>One pair of scissors for episiotomy</td>
<td></td>
<td>Cord blood tubes</td>
</tr>
<tr>
<td>Newborn resuscitation bag and mask</td>
<td></td>
<td>Sharps container</td>
</tr>
<tr>
<td>Newborn laryngeal mask airway</td>
<td></td>
<td>IV supplies</td>
</tr>
<tr>
<td>Equipment for administration of epinephrine and/or fluids for volume expansion via the umbilical vein (effective May 1, 2009)</td>
<td>Maternal oxygen masks</td>
<td></td>
</tr>
<tr>
<td>Suturing instruments</td>
<td></td>
<td>Oral airways</td>
</tr>
<tr>
<td>Baby scale</td>
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</tbody>
</table>

The content in this appendix was taken from Information for Ambulance Attendants on Registered Midwives’ Primary Care Scope of Practice.

For More Information

For more information, go to these CMBC links:
- College of Midwives of British Columbia [http://www.cmbc.bc.ca/](http://www.cmbc.bc.ca/)