

## EXPLORING MIDWIFERY AS A CAREER

We are happy to provide you with information about what is needed in order to become a midwife in BC. Below you will find facts about midwifery practice, requirements for registration, and information about midwifery education programs. We hope that this will assist you to choose a midwifery education program that will enable you to successfully register as a midwife in BC.

### **Midwifery Practice in BC**

The regulated practice of midwifery in BC is a relatively recent phenomenon with the first group of midwives receiving registration in 1998. Many people across BC, including midwives and the families they cared for, worked together for the regulation of midwifery and its integration into BC's health care system because they believed that this was the best way to ensure that women received safe, evidence-based midwifery care. Since 1998, only registered midwives have been legally allowed to use the title "midwife" and to act as a midwife in BC. The College of Midwives of BC was set up by government to regulate the profession by setting and maintaining standards, and by assessing midwives for registration. The College is directed by a Board and committees made up of registered midwives and members of the public.

Midwifery practice in BC is different from practice in many other countries. It includes:

- 1) **Primary care:** midwives are the most responsible caregiver for their clients. They carry a caseload of women who they see throughout their care and refer to other caregivers, such as obstetricians, according to a detailed list of indications for consultation. They do not work under supervision of a physician as is the case in some regions of the world.
- 2) **Evidence-based practice:** midwives in BC are expected to read and interpret current research on maternity care and incorporate appropriate findings into the care that they offer.
- 3) **Informed choice:** midwives provide information to enable women to make their own decisions about their care rather than acting as the authority and making such decisions themselves.
- 4) **Continuity of care:** midwives work in small groups and provide all care within a continuity of care model seeing each woman in their care from early pregnancy to 6 weeks postpartum so that the woman has a chance to get to know each midwife who might attend her in labour. At least one midwife in the group is available on a 24 hour on-call basis (usually call is shared between two to four midwives so they can have time off-call). Midwives in BC do not provide only prenatal and postnatal care or only manage births, as they do in many other countries, except occasionally when a group of midwives providing continuity is organized to have one midwife fill such a role.
- 5) **Choice of birth setting:** BC midwives must provide healthy, low-risk women with a choice of giving birth at home or in the hospital. Midwives have privileges at their local hospital where they work with support from obstetrical nurses and, when indicated, with other health professionals. At home births they usually work in teams of two midwives. They generally have their own office where they provide prenatal and postnatal care.

Early postnatal visits usually take place in the client's home. BC midwives must be competent and comfortable working in both hospital and out-of-hospital settings.

- 6) **Independent practice:** midwives in BC are independent practitioners similar to doctors. They are funded by government through BC's Medical Services Plan and they manage their practice as a business. Midwives are not employees as they are in most other jurisdictions.

## **Requirements for Registration**

There are three routes to registration in BC:

- 1) **Inter-provincial reciprocity**

This route is strictly for those who have been registered as midwives in other Canadian provinces or territories for at least one year. For registration in BC these midwives complete a self-study and orientation to BC midwifery standards of practice and a brief written examination to ensure they are prepared for practice in BC.

- 2) **Graduation from an approved education program**

Certain midwifery education programs have been assessed and approved by the CMBC (see the list below). CMBC approval is provided only to education programs whose graduates will meet all CMBC requirements for general registration. Graduates from approved programs from outside of BC complete a self-study and orientation and a brief written examination similar to that for reciprocity applicants noted above.

- 3) **Prior learning and experience assessment (PLEA)**

PLEA is an assessment of an individual's competencies (knowledge, skills, and abilities) to ensure that the applicant has midwifery competencies that are substantially equivalent to those required of a graduate of an approved education program. PLEA includes a portfolio assessment, pre-examination education workshop, written and clinical exams, a brief orientation to practice in BC, and sometimes supervised practice as a conditional registrant. There are midwifery education, clinical experience, and English fluency requirements that must be met in order to be eligible to take examinations and successfully register through PLEA. More detailed information, including information on how to determine if an education program you are considering would adequately prepare you to be assessed through PLEA, is available below.

## **CMBC Approved Midwifery Education Programs**

All current CMBC approved programs are four-year direct-entry education programs leading to a university degree. All programs offer clinical experience working in a model of practice that is the same or very similar to the model in British Columbia. All graduates will meet CMBC requirements for general registration.

*University of British Columbia*  
B54-2194 Health Services Mall,  
Vancouver BC V6T 1Z3  
Tel: 604-822-0354  
[www.midwifery.ubc.ca](http://www.midwifery.ubc.ca)

*Laurentian University*  
935 Ramsey Lake Road,  
Sudbury, ON P3E 2C6  
Tel: (705) 675-4822.

\* This program is offered in both English and French.  
[www.laurentian.ca](http://www.laurentian.ca)

*McMaster University*  
Michael G. DeGroote Centre for Learning & Discovery  
(MDCL) Third Fl., 3103  
1200 Main Street West  
Hamilton, Ontario L8N 3Z5  
Tel: 905-525-9140, Ext. 26654  
[www.fhs.mcmaster.ca/midwifery](http://www.fhs.mcmaster.ca/midwifery)

*Ryerson University*  
350 Victoria Street,  
Toronto, ON. M5B 2L4  
Tel: (416) 979-5104 or (416) 979-5271  
\* This program offers part-time studies.  
<http://www.ryerson.ca/~midwife/>

## **Other Midwifery Education Programs**

There are many different midwifery education programs around the world and many different models of practice in which students may work. Each program is designed to meet different standards that may or may not be similar to the standards that you will be required to meet in order to work in British Columbia. It is possible to become registered in BC without learning to practice in a continuity model that is exactly like midwives practice in BC, but it is to your advantage to try to gain experience that is as similar as possible. However your education is organized, you will need to have training and experience as a primary caregiver in antepartum, intrapartum, postpartum and newborn care. It is common to make up some gaps in experience as a conditional registrant working under supervision in BC. However, as only very discrete gaps in knowledge or skills can be made up in supervision, you should aim for an educational program that follows current, evidence-based standards for the full scope of midwifery care from the beginning of pregnancy to 6 weeks postpartum for mom and baby.

### **Be aware of what you will not learn in a given program:**

Many programs only provide clinical experience in a hospital setting or only in an out-of-hospital setting. Where experience in a hospital setting is offered, in some programs this experience is substantially gained in poorer nations where ill-equipped hospitals and authoritarian models of care do not give students the opportunity to learn about what it is like to work in a Canadian style hospital and where language barriers limit learning related to communication. In some jurisdictions, such as many US states, midwives providing home births are not allowed to work in hospital and may not have collegial relationships and guidelines about transfer protocols as we have in BC.

Many education programs provide very limited experience working in a continuity of care model. Some have limited education regarding newborn care.

In some parts of the world, standards of care are not based on current evidence, as is expected in BC. Sometimes midwives are not given the opportunity to learn about providing informed choice to their clients. Sometimes midwives are supervised by doctors and are not educated to become primary caregivers.

## **Other Midwifery Education Opportunities in Canada**

In addition to the approved educational programs listed above, there is a program in Quebec where the model of practice is very similar to that in BC. This program is offered in French only.

*Université du Québec à Trois Rivières*  
Casier postal 500, Trois Rivières, QC G9A 5H7  
Midwifery Program Tel: (819) 376-5045 or 1-800-365-0922  
[www.uqtr.ca](http://www.uqtr.ca)

A four-year baccalaureate level *Aboriginal Midwifery Education Program* is currently being developed through a community development process in Manitoba. The program will be delivered by the University College of the North (Manitoba). For more information, see [www.amep.ca](http://www.amep.ca)

## **Midwifery Education Outside Canada**

Many registered midwives in BC have obtained their education in programs outside of Canada. Below is information about the countries that provide midwifery education in English and that are most commonly attended by those who plan to work in BC.

### ***New Zealand***

The model of practice in New Zealand is very similar to that in British Columbia, except that midwives may work as employees in hospital and/or as independent practitioners.

There are five accredited midwifery educational programs in New Zealand that follow a nationally approved curriculum. All programs are three-year direct entry programs that lead to a Bachelors degree in midwifery. Graduates of New Zealand programs are often qualified to apply for exemption from some PLEA examinations and to have very short periods of supervised practice prior to gaining general registration in BC.

Programs are offered at Otago Polytechnic, Christchurch Polytechnic Institute of Technology, Massey University, Waikato Institute of Technology, and Auckland University of Technology.

For general information on midwifery in New Zealand, contact:

*New Zealand College of Midwives* (professional association)

PO Box 21 106, 376 Manchester Street

Christchurch, New Zealand

Tel: +64 3 377-2732 Fax: +64 3 377 5662

[www.midwife.org.nz](http://www.midwife.org.nz)

*Midwifery Council of New Zealand* (regulator)

Level 21, Grand Plimmer Tower

2-6 Gilmer Terrace

PO Box 10 140

Wellington, New Zealand

Te: +64 4 474-0740 or 474-0707

<http://www.midwiferycouncil.org.nz/index.cfm>

### ***United Kingdom***

There are a number of models of practice prevalent in the United Kingdom ranging from hospital based shift-work style to community-based caseload midwifery with continuity of care ("continuity of carer" as it is called in the UK). Although education programs are increasingly including experience working with continuity of care, it is unlikely that a student educated in the UK would gain the majority of her experience in that model. Likewise, most UK students gain all or most of their intrapartum experience in a hospital setting, although it is sometimes possible to gain some homebirth experience working in community midwifery. Certain aspects of newborn care, such as a complete newborn assessment, are often not carried out by midwives in the UK. UK midwives offer informed choice and practice using standards based on current evidence, as in BC.

Both direct entry and post-nursing midwifery programs are currently offered in the UK. Direct entry programs are three to four years long and they lead to a diploma or a university degree. Post-nursing programs are usually 18 months long. Due to the lack of continuity of care and homebirth experience, PLEA applicants educated in the UK usually require a period of two to six

months in supervised practice prior to receiving general registration, unless they gain further experience in independent or caseload midwifery after graduation.

For information about midwifery education in the UK:

*NHS Careers*  
PO Box 376, Bristol, BS99 3EY  
Tel: 0845 60 60 655.  
\*provides list of university programs  
[www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk)

*The Nursing and Midwifery Admissions Service*  
Rosehill New Barn Lane  
Cheltenham Gloucestershire GL52 3LZ  
\* for diploma level programs only  
[www.nmas.ac.uk](http://www.nmas.ac.uk)

For general information about midwifery in the UK:

*Nursing and Midwifery Council (regulator)*  
23 Portland Place, London W1B 1PZ  
Tel: 020 7637 7181  
[www.nmc-uk.org](http://www.nmc-uk.org)

*Royal College of Midwives (professional association)*  
<http://www.rcm.org.uk/data/about/index.html>

### ***United States of America***

There are a number of different models of midwifery practice in the United States. Midwives work with different scopes of practice and different standards according to the type of midwifery license they hold and differing state legislation. The different types of US midwifery certifications or licenses are:

Certified Nurse-Midwife  
Certified Midwife  
Certified Professional Midwife  
Licensed Midwife

These are awarded following verification that specific education and standards are met (see below). In addition, in certain States, midwives can practice without a license or certification; these midwives are usually referred to as lay midwives.

Nurse-midwifery educational programs are primarily post-nursing programs that lead to a Masters degree and to certification as a Certified Nurse-Midwife (CNM). These programs are generally about two years in length and are offered at recognized and regionally accredited universities. All nurse-midwifery education programs are accredited by the Division of Accreditation of the American College of Nurse Midwives.

Most nurse-midwifery students learn exclusively in a hospital setting and many work in an environment that has a more interventionist approach than is the case in the BC model, although in some states CNMs do attend home births. It is rare for students to gain experience

with continuity of care. Due to the nursing component, the scope of practice of US nurse-midwives is sometimes broader than for BC midwives and can include working with women defined as high-risk.

The American College of Nurse Midwives (ACNM) also has standards for accrediting direct-entry education programs where the nursing skills needed for midwifery are integrated into the program in a way that is similar to the Canadian model of midwifery education. A number of US direct entry programs meet these standards and are accredited by ACNM. These programs lead to a credential as a Certified Midwife (CM).

PLEA applicants from nurse-midwifery and ACNM accredited direct-entry programs usually require a period of supervised practice for about two to six months, often focused on community-based and out-of-hospital midwifery care.

For more information about nurse-midwifery and ACNM certified direct-entry programs contact:

*American College of Nurse Midwives (ACNM)*  
818 Connecticut Ave, NW Suite 900 Washington, DC USA 20001  
Tel: (202) 728-9860 Fax: (202) 728-9897  
Web: <http://www.midwife.org/edu/>

The US also offers a wide variety of other direct-entry midwifery education programs. The majority are offered by small private schools. The programs can last from a few months to four years and they range from formal educational programs incorporating classroom study and supervised clinical placements to self-study distance education theoretical courses and apprenticeship style training. Most US direct-entry programs base their curriculum on the competencies set by the Midwives Alliance of North America (MANA) and most ensure their graduates meet the standards set by the North American Registry of Midwives (NARM). Some direct-entry programs do not lead to certification or licensure of any kind.

Some programs are accredited by the Midwifery Education Accreditation Council (MEAC), the US body that sets educational standards for direct-entry midwifery programs. MEAC accredited schools ensure that graduates meet NARM requirements and thus can gain certification as Certified Professional Midwives (CPM). It is important to note that despite the use of "North America" in their organizational names, MANA, NARM and MEAC are US-based organizations and the competencies and standards of practice they use are not necessarily the same as those accepted by the provinces and territories that regulate midwifery in Canada.

Students in these US direct entry programs usually work only in out-of-hospital settings, although some do offer hospital experience, usually in poorer nations with different equipment and standards than we have in BC hospitals. Often standards for inter-professional communication and collaboration with other health professionals are different than in BC. Students may or may not gain experience with continuity of care. PLEA candidates from these schools are usually required to complete three to twelve months of supervised practice. *Some graduates from US direct entry schools have been found to be ineligible to take BC's registration examinations because their programs did not meet CMBC midwifery education requirements<sup>1</sup>.*

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<sup>1</sup> Details about midwifery education requirements can be found on the CMBC website: [www.cmhc.bc.ca](http://www.cmhc.bc.ca)  
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For more information on direct entry midwifery programs in the USA, contact:

*Midwifery Education Accreditation Council*  
220 W. Birch Flagstaff, AZ USA 86001  
Tel: (928)-214-0997  
[www.meacschools.org](http://www.meacschools.org).

*Midwives Alliance of North America*  
375 Rockbridge Road  
Suite 172 – 313  
Lilburn, Georgia 30047  
1-888-923-6262  
[www.mana.org](http://www.mana.org)

*North American Registry of Midwives*  
5257 Rosestone Dr.  
Lilburn, GA 30047  
1-888-842-4784  
[www.narm.org](http://www.narm.org)

Note: Certification as a Licensed Midwife is gained by meeting educational and experience requirements in a specific US state. These requirements differ by state and are not necessarily tied to specific educational programs or competency requirements.

### ***Australia***

There is a great diversity of midwifery models of practice in Australia from hospital to community-based. Although many midwives work in strictly hospital-based environments that do not offer continuity of care or choice of birth setting, some do offer woman a model of care that is similar to that in BC. There is a strong movement towards midwifery as an independent primary-care profession. Midwifery practice is evidence-based.

For many years, midwifery education in Australia was exclusively post-nursing hospital-based training. In the early 90s there were changes to the delivery of midwifery education so that post-nursing midwifery education is now offered at universities. These programs are usually one year in length and lead to a Graduate Diploma in Midwifery. More recently, three-year direct-entry programs have been developed which lead to a Bachelor degree in midwifery.

There have been numerous criticisms within Australia regarding the inconsistencies between various midwifery programs. There is work being done to try to standardize programs nationally.

The CMBC has little experience evaluating recently educated Australian midwives.

For more information:

*Australian Nursing and Midwifery Council*

*PO Box 873, Dickson ACT 2602  
Australia  
Telephone: +612 6257 7960*

*Australian College of Midwives  
GPO Box 666 Canberra ACT 2601  
Australia  
Telephone: 02 6230 7333  
[www.acmi.org.au](http://www.acmi.org.au)*

***Other Countries***

There are midwifery education programs around the world. The standards and models of practice vary widely. You are advised to learn as much as you can about the similarities and differences between the practice of midwifery in the country you are considering and that in BC.

## **How to select a Midwifery Education Program**

As noted above, there is a wide variety of midwifery education programs around the world. Ideally, the program that you select will teach a model of practice that is similar to that practiced in BC and ensure that graduates meet the CMBC's general registration requirements upon graduation. CMBC approved programs are the best option.

If you are unable or don't wish to attend a CMBC approved program, we recommend that you thoroughly evaluate potential programs prior to making a decision to attend. Remember that any gaps in the academic or clinical education you receive (in relation to CMBC requirements) must be discrete enough that they can be addressed within no more than 12 months of supervised practice in BC.

### **Suggested Steps for Evaluating Potential Programs**

- 1) Ensure that your education program meets the requirements set out in the PLEA document entitled "Midwifery Education Requirements" (available on the CMBC website: [www.cmbc.bc.ca](http://www.cmbc.bc.ca)).  
Ask about the academic and clinical curricula and ensure that the school oversees both components. Check also that there is a back and forth learning process so that whatever you learn in academic classes is integrated into your clinical education and vice versa. Learn about the program's evaluation forms and processes so that you are sure that you will be given appropriate and unbiased support and feedback throughout the program. Check that you will be learning to independently manage prenatal, labour and birth, postnatal, and newborn care to six weeks postpartum. Make sure that the program has set out clear competencies that you will be learning and that the program is well organized to ensure that all competencies are taught. Ensure that the program teaches critical thinking and skills in evaluating research and promotes evidence-based practice.
- 2) Ensure that by graduation you will have managed at least 40 births (with 30 in the five years prior to applying for PLEA), and that you will have significant experience managing prenatal and maternal/newborn postnatal care.  
Make sure that the program documents your experience and provides you with a record of it (and can provide the CMBC directly with a record of your clinical experience as well as a transcript of your academic marks).
- 3) Read the PLEA document entitled, "Clinical Experience Requirements" (available on the CMBC website: [www.cmbc.bc.ca](http://www.cmbc.bc.ca)) and figure out the difference between the clinical experience required for general registration with the CMBC and the clinical experience that you will gain in the education program you are evaluating. You will need to make up any difference in supervised practice. The more you have to make up, the longer you will need to be supervised before gaining general registration in BC (please note that this has financial implications).
- 4) Compare the list of competencies that you will learn in the program to the CMBC's "Competencies of Registered Midwives" (available on the CMBC website: [www.cmbc.bc.ca](http://www.cmbc.bc.ca)) to identify any gaps. Be aware that some competency lists are more detailed than others so that the number of items on a list does not indicate its breadth.

You may need to enlist the help of someone with midwifery experience in order to fully understand any differences.

- 5) Learn about how midwifery is practiced in the location where you will gain clinical experience and consider any implications. Speak to the program about whether it is possible to get experience in a location where practice is similar to that in BC.  
*Note: only students registered in CMBC approved programs can do clinical placements in BC so gaining experience in BC is not an option if you enroll in a non-approved education program. Your school may not realize this; you may have to make sure that they know that you cannot stay in BC for the clinical component of your training.*
- 6) Ask to speak to graduates of the program to find out about their experiences. Ask about what they liked or didn't like. Find out if they felt competent and confident to practice completely independently by the end of the program. If any graduates have registered successfully in BC, speak with them about their experiences going through PLEA and working in British Columbia. Get hints regarding potential areas where you may want to try to gain additional experience or education.
- 7) Find out if the program is accredited and if so, what this means (sometimes accreditation refers only to financial and logistical matters; sometimes it refers to educational content; and sometimes to both). Ask about the midwifery instructors and preceptors – what is their academic and clinical experience? Exposure to experienced practitioners who were themselves educated in diverse programs provides the best opportunity for learning.

## **Preparing for Midwifery Education and Practice**

It is important to fully understand what being a midwife in BC means to your lifestyle. You must be prepared to be on-call frequently and to work long hours, sometimes through the night. You must be willing and able to travel on your own to births, sometimes in the middle of the night (most midwives have cars to be able to do this). You will need to give priority to responding to clients' needs and have flexible childcare arrangements to allow you to respond quickly. You will also need to be prepared to manage your own business and keep careful records.

Many aspiring midwives find that it is very helpful to train and work as a doula for a period of time in order to see if the on-call nature of the job suits them and to confirm that becoming a midwife is what they want to do. This experience can also be an asset when applying to midwifery education programs. For more information on becoming a doula see [www.bcdoulas.org](http://www.bcdoulas.org).

Some midwifery education programs, including all of the CMBC approved programs, are competitive to get into. In order to strengthen your application, you may wish to take relevant courses and/or volunteer in reproductive health related organisations. Useful courses include reproductive anatomy & physiology, health & physical assessment of the adult and neonate, nutrition, general counselling, labour support, breastfeeding/lactation counselling, neonatal care, human growth and development, women's health, women's studies, childbirth/prenatal education, critical appraisal of research, pharmacology and complementary therapies. Some of these courses can be found at local universities and community colleges and can be taken separately from complete programs. You may also wish to attend workshops and conferences that cover topics on perinatal health and wellness.

The Midwives Association of BC is the professional association for British Columbian midwives. They have both supporting and student membership categories. For more information, see [www.bcmidwives.com](http://www.bcmidwives.com).

The Canadian Association of Midwives (CAM) website provides information about midwifery in Canada at [www.canadianmidwives.com](http://www.canadianmidwives.com). The Canadian Midwifery Regulators Consortium website, with information about midwifery registration across Canada, should be developed and accessible by 2007.