

financial institution that has entered into a contract with the Société for the sole purposes of collecting the fees exigible to retain the right to operate a road vehicle and the fees referred to in the first and second paragraphs of section 93.1 of the Code;

(3.1) \$7 on payment of the fees referred to in the first and second paragraphs of section 93.1 of the Highway Safety Code where the person pays in an establishment of the Société or through a person authorized to collect those fees under section 69.1 of the Code. Those fees are reduced to \$4 where the person must go to one of these places to obtain, renew or replace a probationary licence or a driver's licence in plastic form;

(3.2) \$4 on payment of the fees referred to in the fourth paragraph of section 93.1 of the Highway Safety Code and in the cases provided for in sections 62 to 64, 66 to 69 and 71 to 73 of the Regulation respecting licences, made by Order in Council 1421-91 dated 16 October 1991;”.

**3.** This Regulation will come into force on 1 April 1997.

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## Draft Regulation

Medical Act  
(R.S.Q., c. M-9)

Professional Code  
(R.S.Q., c. C-26)

## Physicians

### — Rules respecting study and practice of obstetrics by midwives

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Bureau of the Collège des médecins du Québec made the “Regulation on Rules respecting study and practice of obstetrics by midwives”, the text of which appears below.

Pursuant to section 95 of the Professional Code, this Regulation will be examined by the Office des professions du Québec. Thereafter, it shall be submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment, upon the expiry of 45 days following this publication.

According to the College, the purpose of this Regulation is “to set the standards of training and criteria of

practice of obstetrics by midwives in a hospital with a view of encouraging a cooperation between midwives and the other health care providers, notably: family physicians, obstetricians-gynaecologists, pediatricians, to eventually allow the integration of the practice of midwifery in hospital settings.”.

Also according to the College, “for the public, this regulation will help assure the pregnant woman and her surrounding the availability of a secure delivery in a hospital by a professional of her choice. Also this regulation will enable the midwife to obtain the cooperation and consultation with physicians and will integrate the midwife in a perinatal team working in an establishment and will assure her also an autonomous practice of normal obstetrics. This draft regulation has no impact on small or mid size businesses or others.”.

Further information may be obtained from doctor Adrien Dandavino, director of the Medical Education Department, Collège des médecins du Québec, 2170, boulevard René-Lévesque Ouest, Montréal (Québec), H3H 2T8; telephone number: (514) 933-4441, extension 302; fax number: (514) 933-3112.

Any person having comments to make is asked to send them, before the expiry of the 45-day period, to the Chairman of the Office des professions du Québec, complexe de la Place-Jacques-Cartier, 320, rue Saint-Joseph Est, 1<sup>er</sup> étage, Québec (Québec), G1K 8G5. These comments will be forwarded by the Office to the Minister responsible for the administration of legislation concerning the professions; they may also be forwarded to the professional order that made the Regulation, that is to say the Collège des médecins du Québec, as well as to the persons, departments and agencies concerned.

ROBERT DIAMANT,  
*Chairman of the Office  
des professions du Québec*

## Regulation on Rules respecting study and practice of obstetrics by midwives

Medical Act  
(R.S.Q., c M-9, s. 19, 1<sup>st</sup> par., subpar. a)

### SECTION I STANDARDS OF COMPETENCE

**1.01** The practice of obstetrics by a midwife in a general and specialized hospital (“hospital center”) is conditional to, notably, the obtention of a university midwifery diploma issued by a school of midwifery approved by the “Ministère de l’Éducation”.

A school of midwifery is accredited by the “Collège des médecins du Québec” insofar as the training programme leading to the obtention of a university diploma has a minimal duration of thirty-six months and includes:

1) theoretical and practical courses as described in Schedule III;

2) clinical training periods in a hospital setting; and

3) examinations;

the whole allowing the holder of this diploma:

*a)* to inform and advise in the field of family planning;

*b)* to diagnose pregnancy, to monitor normal pregnancy and to conduct the necessary examinations during the development of a normal pregnancy;

*c)* to counsel and to have carried out or to recommend the necessary examinations for the early diagnosis of risk-prone pregnancies and of genetic anomalies, respecting established guidelines;

*d)* to advise in the matter of life style, of prenatal risks, in particular concerning various agents and environmental factors and to insure complete preparation for delivery, notably, concerning psychological, physical and sociocultural aspects;

*e)* to transfer the responsibility, if the case arises, to a family practice physician, to an obstetrician-gynecologist or to a paediatrician, according to standards of care of the hospital center if the pregnancy or the newborn present a particular risk, as defined by the regulation respecting obstetrical and neonatal risks in Schedule I and Schedule II; and to cooperate with the attending physician to insure an appropriate follow-up of the mother and the child, notably, from a psychosocial standpoint;

*f)* to conduct a normal delivery in the hospital center of a vertex presentation, including, if necessary, an episiotomy and, in an emergency situation, to conduct the delivery of a breech presentation;

*g)* to examine and to take care of the newborn and to take all measures if need be and, if the case arises, to perform immediate resuscitation;

*h)* to provide appropriate care to the mother, to assess normal postpartum progress, to counsel regarding the best care of the newborn;

*i)* to provide care as prescribed by physicians;

*j)* to draw up the written reports inherent to the practice using the forms approved by the hospital center, particularly the common provincial obstetrical chart;

*k)* to administer or to prescribe substances or drugs according to a list approved by the hospital center;

*l)* to provide the usual care to the newborn on the condition that he is examined by a physician within the first twenty-four hours.

**2.01** Among activities listed under section 1.01, only the conduct of a normal delivery, the initial examination of the newborn and the administration of medication and substances, must be done in a hospital center.

## SECTION II STANDARDS OF TRAINING

**3.01** A candidate for the practice of obstetrics by midwives must:

*a)* have a university training given by a school of midwifery approved by the “Ministère de l'Éducation du Québec” and the “Collège des médecins du Québec”;

*b)* obtain such a midwifery diploma after a teaching programme, a clinical training in a hospital center and an examination leading to an accredited university diploma in midwifery, the whole not less than thirty-six months duration;

*c)* succeed the examination required by the “Collège des médecins du Québec”;

*d)* hold the status of permanent resident and have an adequate knowledge of the French language as defined by the “Office de la langue française”;

*e)* abide by the rules of the Code of Ethics of physicians applicable to the practice of obstetrics by midwives.

**3.02** The examination required from a candidate includes the following methods of evaluation: written, oral (clinical), practical.

**3.03** This examination must include the following subjects as defined in Schedule III:

*a)* general subjects;

*b)* thorough knowledge of specific subjects relating to activities of midwifery;

c) mastering of practical and clinical components;

d) legislative, ethical and organisational aspects of the practice of obstetrics by midwives.

**3.04** To be eligible for the examination, a candidate must hold a diploma issued by a school of midwifery recognized in accordance with paragraph *a* of section 3.01 or have successfully completed an equivalent training.

**3.05** The candidate who holds a diploma issued by a school of midwifery situated outside Québec and recognized by the International Confederation of Midwives and by the World Health Organization (WHO) may obtain an equivalence for this training making him eligible for the required examination, if it is in accordance with paragraph *b* of article 3.01 of the present regulation and if the training has been satisfactorily completed.

#### **SCHEDULE I** **OBSTETRICAL RISKS**

A) Diseases which may adversely influence the present pregnancy or delivery:

- 1° active tuberculosis;
- 2° anomalies of coagulation or thrombocytopenia;
- 3° diseases of the urinary tract;
- 4° high blood pressure;
- 5° insulin-dependant diabetes;
- 6° Addison's disease;
- 7° Cushing's disease
- 8° Crohn's disease;
- 9° ulcerative colitis;
- 10° hyperthyroidism;
- 11° cervix amputation, conisation, uterus malformations;
- 12° submucosal myomectomy;
- 13° myomectomy of an intramural or interstitial myoma;
- 14° surgery of a perineal fistula;

15° anemia: HB less than 100 g/liter, resistant to treatment;

16° cardiopathies;

17° previous history of thrombo-embolism;

18° respiratory insufficiency;

19° collagen diseases;

20° hepatic diseases;

21° neuromuscular diseases;

22° psychiatric diseases;

23° during pregnancy, seroconversion for the following infectious diseases: toxoplasmosis, rubella, cytomegalovirus and herpes;

24° seropositivity for HIV and HbSAg;

25° sexually transmissible diseases: gonorrhea, syphilis, chlamydia;

26° cancer;

27° subarachnoid hemorrhage;

28° multiple sclerosis.

B) Risks related to obstetrical antecedents or gravidic pathology:

1° Rh incompatibility, platelet incompatibility, presence of immune antibodies;

2° cervical incompetence without previous history of a normal delivery;

3° premature separation of a normally inserted placenta;

4° previous cesarean section without vaginal delivery after cesarean section;

5° shoulder dystocia;

6° child with an intrauterine growth retardation (<3<sup>rd</sup> percentile) or macrosomia (>97<sup>th</sup> percentile) according to USHER's curve at the previous delivery.

C) Risks related to a disease occurring during the present pregnancy:

1° intake by the mother, during pregnancy, of medication, drugs or alcohol, having potential consequences on the foetus and the newborn;

2° gestational diabetes;

3° isoimmunization;

4° bleeding after 20 weeks of pregnancy;

5° threat of premature labour or cervical incompetence;

6° any anomaly described at echography;

7° hyperemesis gravidarum;

8° suspicion of an extrauterine pregnancy;

D) Diseases related to delivery:

1° signs of foetal distress;

2° premature rupture of membranes from 12 hours to 24 hours, without uterine contraction in a term pregnancy;

3° suspicion of chorioamnionitis;

4° arrest of cervical dilatation;

5° arrest of foetal descent at delivery;

6° unusual blood losses during labor;

7° premature separation of a normally inserted placenta;

8° perception of a vessel on vaginal examination;

9° prolapse of umbilical cord;

10° placenta praevia;

11° 3<sup>rd</sup> or 4<sup>th</sup> degree perineal laceration.

E) Postpartum diseases:

1° vulvar hematoma leading to voiding difficulty;

2° abscess of the perineal wound;

3° urinary retention;

4° severe infection;

5° puerperal psychosis;

6° phlebitis and risks of thromboembolism;

7° symptomatic anaemia;

8° immediate or late postpartum hemorrhage;

9° retention of placenta during more than one hour;

10° suspicion of uterine rupture;

11° uterine inversion;

12° suspicion of partial retention of placenta;

13° subinvolution of the uterus resistant to treatment.

## ANNEX II NEONATAL RISKS

1° a) APGAR <5, at 1 minute

b) APGAR <7, at 5 minutes

c) APGAR <9, at 10 minutes;

2° newborn who had to be resuscitated: mask ventilation or tracheal intubation;

3° respiratory distress: inspiratory recession of the chest wall or tachypnea at 60/min or flaring of the nasal alae or grunting or apnea of more than 15 seconds duration;

4° central cyanosis;

5° persistent palor > 60 minutes;

6° abnormal tears or cries;

7° jaundice in the first 24 hours of life;

8° jaundice requiring phototherapy according to the more recent criterions as defined by the Canadian Society of Paediatrics;

9° lasting jaundice >14 days of life;

10° abnormal pigmentation;

11° generalised ecchymoses or petechiae;

12° single umbilical artery;

- 13° lethargy or hypotonia;
- 14° irritability or hypertonia;
- 15° intake by the mother, during pregnancy and lactation, of medication, drugs or alcohol, having potential consequences on the foetus and the newborn;
- 16° cardiac rythm <100/min or >160/min;
- 17° obstetrical trauma;
- 18° anuria > 24 hours;
- 19° lack of passage of meconium >24 hours;
- 20° hypothermia or hyperthermia;
- 21° lasting thermic instability after 6 hours of life;
- 22° periumbilical erythema compatible with omphalitis;
- 23° rash other than neonatal erythema;
- 24° persistent tremor;
- 25° convulsions;
- 26° biliary vomiting;
- 27° diarrhea;
- 28° abdominal distention;
- 29° gastrointestinal bleeding;
- 30° weight loss >10 % of the birthweight;
- 31° no resumption of birthweight, fourteen days after birth;
- 32° lasting strabismus;
- 33° bulging anterior fontanelle;
- 34° premature closure of sutures;
- 35° abnormal red ocular reflection;
- 36° unilateral or bilateral atresia of choanae;
- 37° palpable thyroid;
- 38° hepatomegaly > 2 cm under the costal margin;
- 39° palpable spleen;
- 40° palpable kidney;
- 41° abdominal mass;
- 42° cardiac murmur;
- 43° non palpable, weak or asymmetric femoral pulses;
- 44° hip instability;
- 45° luxable hips;
- 46° absence or anomaly of primitive reflexes;
- 47° testicular torsion or mass;
- 48° undescended testicle;
- 49° inguinal mass;
- 50° presence of tears during the first week of life;
- 51° purulent discharge from the eye with redness of the conjunctiva;
- 52° presence of hair at the spine level;
- 53° abnormal laboratory results;
- 54° any other neonatal disease not mentioned in this Schedule, whatever the cause.

### **SCHEDULE III** **CONTENT OF TRAINING**

#### A) General subjects:

Basic knowledge of:

1° anatomy and physiology;

2° general pathology;

3° bacteriology, virology, parasitology and mycology;

4° childcare and pediatrics, primarily regarding the newborn, growth and development;

5° hygiene, health promotion, prevention and early detection of diseases;

6° nutrition and dietetics, primarily regarding diet of the woman at all ages, of the newborn and of young babies;

7° obstetrical pharmacology and toxicology;

- 8° birth control and family planning;
  - 9° ethics and professional legislation;
  - 10° psychology and psychiatry, notably concerning familial dynamics;
  - 11° sex education.
- Basic elements of:
- 12° biophysics, biochemistry and radiology;
  - 13° sociology and anthropology;
  - 14° social and preventive health care and epidemiology;
  - 15° research and teaching.
- B)* Thorough knowledge of specific courses relating to midwifery:
- 1° anatomy and physiology of reproduction;
  - 2° embryology and fetal development;
  - 3° basic genetics;
  - 4° normal obstetrics;
  - 5° abnormal obstetrics pathology;
  - 6° gynecology and gynecological pathology;
  - 7° preparation for delivery and parental role including the psychological and sociocultural aspects;
  - 8° preparation of material for delivery, including the knowledge and use of technical equipment;
  - 9° analgesia, anesthesia and resuscitation;
  - 10° physiology and pathology of the newborn;
  - 11° care and supervision of the newborn;
  - 12° psychological, social and environmental factors relating to pregnancy;
  - 13° basic ethics.

- C)* Mastering of practical and clinical components:
- 1° medical care procedures;
  - 2° surgical care procedures;
  - 3° obstetrical care procedures;
  - 4° gynecological care procedures;
  - 5° prenatal examination;
  - 6° animation of sessions preparing parents for child-birth;
  - 7° participation and advice in the area of family planning;
  - 8° monitoring the course of normal and pathological pregnancies using all appropriate clinical procedures and examinations;
  - 9° looking after women in labor using all appropriate clinical procedures and techniques including those favoring the progress of labour and delivery;
  - 10° normal delivery;
  - 11° initiation of action in emergency obstetrical situations including the manual removal of placenta, internal examination of the uterus and the immediate resuscitation of the newborn;
  - 12° undertaking of an episiotomy;
  - 13° repairing episiotomy and 1<sup>st</sup> and 2<sup>nd</sup> degree perineal lacerations;
  - 14° examinations, care and monitoring of the normal mother and newborn;
  - 15° care and monitoring of risk-prone women during and after delivery;
  - 16° care and monitoring of the newborn with a pathology or requiring special care.
- D)* Legislative, ethical and organizational aspects of practice of obstetrics by midwives.