

2. **Région 02 (Saguenay–Lac-Saint-Jean)**: municipalities included in the regional county municipalities of Lac Saint-Jean-Est, le Domaine-du-Roy, Le Fjord-du-Saguenay and Maria-Chapdelaine:

Class of employment	As of (insert the date of the coming into force of this Decree)	As of 2004 07 01
1. helper	\$13.48	\$13.89
2. driver, class I	\$14.73	\$15.17
3. driver, class II	\$14.85	\$15.30
4. driver, class III	\$15.02	\$15.47
5. driver, class IV	\$15.57	\$16.04
6. mechanic, welder		
1st grade	\$10.93	\$11.26
2nd grade	\$15.01	\$15.46
7. serviceman		
1st grade	\$10.93	\$11.26
2nd grade	\$14.43	\$14.86;

3. (A) **Region 03 (Capitale-Nationale)**: municipalities included in the Communauté urbaine de Québec as well as the municipalities in the regional county municipalities of L'Île-d'Orléans, La Côte-de-Beaupré, La Jacques-Cartier and Portneuf;

(B) **Region 12 (Chaudière-Appalaches)**: municipalities included in the regional county municipalities of Bellechasse, Desjardins, Les Chutes-de-la-Chaudière and Lotbinière:

Class of employment	As of (insert the date of the coming into force of this Decree)	As of 2004 07 01
1. helper	\$15.30	\$15.75
2. driver, class I	\$15.60	\$16.07
3. driver, class II	\$15.74	\$16.21
4. driver, class III	\$16.32	\$16.80

Class of employment	As of (insert the date of the coming into force of this Decree)	As of 2004 07 01
5. driver, class IV	\$16.88	\$17.39
6. mechanic, welder		
1st grade	\$10.93	\$11.26
2nd grade	\$16.03	\$16.51
7. serviceman		
1st grade	\$10.93	\$11.26
2nd grade	\$15.73	\$16.20.”.

2. This Decree comes into force on the date of its publication in the *Gazette officielle du Québec*.

5758

Draft Regulation

Midwives Act
(R.S.Q., c. S-0.1)

Midwives

— Cases requiring consultation with a physician or transfer of clinical responsibility to a physician

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician, adopted by the Bureau of the Ordre des sages-femmes du Québec, may be submitted to the Government for approval, with or without amendment, upon the expiry of 45 days following this publication.

According to the Order, the purpose of the draft Regulation is to classify the cases in which a midwife must consult a physician or transfer clinical responsibility of the woman or child to a physician at every stage of the midwife follow-up.

The draft Regulation will have a direct impact on the members of the Order since, for the benefit of their clients, they will have to observe specific rules of conduct or rules of conduct that could be required by the woman or child's condition.

The draft Regulation is to replace the Regulation respecting obstetrical and neonatal risks made pursuant to the third paragraph of section 23 of the Act respecting the practice of midwifery within the framework of pilot projects (R.S.Q., c. P-16.1).

Further information may be obtained by contacting Raymonde Gagnon, Chair and Director General, Ordre des sages-femmes du Québec, 430, rue Sainte-Hélène, bureau 405, Montréal (Québec) H2Y 2K7, telephone: (514) 286-1313 or 1 877 711-1313; fax: (514) 286-0008.

Any interested person having comments to make is asked to send them in writing, before the expiry of the 45-day period, to the Chair of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. The comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be communicated to the professional order that adopted the Regulation, as well as to the interested persons, departments and bodies.

JEAN-K. SAMSON,
*Chair of the Office des
professions du Québec*

Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician

Midwives Act

(R.S.Q., c. S-0.1, s. 5, 1st par., subpar. 3)

DIVISION I CONSULTATION

- 1.** The midwife shall initiate a consultation with a physician in cases of mandatory consultation prescribed in a schedule to this Regulation and ensure that a consultation takes place within an appropriate time period, considering the severity of the woman or child's condition and harm that could result from their condition.
- 2.** The midwife shall inform the woman of the reasons for the consultation.
- 3.** The midwife shall provide the physician consulted with all the information and documents relevant to the consultation and specify the consultation case referred to in a schedule to this Regulation.
- 4.** After the consultation, the midwife shall inform the woman of the results of the consultation and, taking into account the medical recommendations,

- (1) carry on with the follow-up;
- (2) carry on with the follow-up during simultaneous care; or
- (3) transfer the clinical responsibility of the woman or child to a physician in accordance with sections 6 to 10.

DIVISION II TRANSFER

- 5.** The midwife shall transfer the clinical responsibility of the woman or child to a physician in the cases of mandatory transfer of that responsibility prescribed in a schedule to this Regulation.
- 6.** The midwife shall inform the woman of the reasons for the transfer.
- 7.** The midwife shall take the appropriate measures to facilitate the transfer according to the nature of the case of mandatory transfer.
- 8.** The midwife who is with the woman or child at the time of transfer shall accompany the woman or child until the woman or child is under medical care where the circumstances require it.
- 9.** The midwife shall provide the physician with all the information and documents relevant to the care of the woman or child and specify the transfer case referred to in a schedule to this Regulation.

10. In cases where the transfer is mandatory and where urgency, distance to travel or climatic conditions make the transfer impossible, the midwife must seek advice from a physician by telephone or by another appropriate means of communication.

DIVISION III FINAL

11. This Regulation replaces the Regulation respecting obstetrical and neonatal risks, approved by Order in Council 413-93 dated 24 March 1993.

12. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

SCHEDULE I

(ss. 1 and 5)

CLASSIFICATION : HISTORY**Cases of mandatory consultation**

- (1) genetic, hereditary or congenital disease that could affect the baby's life
- (2) repeated spontaneous abortions up to the 16th week without full term delivery
- (3) conization of the cervix
- (4) myomectomy
- (5) more than one preterm birth
- (6) more than one low-birth-weight infant
- (7) perinatal mortality that could present a potential risk

Cases of mandatory transfer

- (1) cervical amputation
- (2) incompetent cervix with no history of a previous normal delivery
- (3) repeated spontaneous abortions up to the 16th week without full term delivery
- (4) subarachnoid hemorrhage
- (5) thromboembolic disease
- (6) isoimmunization

SCHEDULE II

(ss. 1 and 5)

CLASSIFICATION : PRESENT PREGNANCY**Cases of mandatory consultation**

- (1) age less than 14 years
- (2) thrombocytopenia
- (3) Crohn's disease
- (4) ulcerative colitis
- (5) mitral valve prolapse

(6) risks related to a pathology that could influence the course of the present pregnancy, for example : endocrine disorders, hepatic disease, neurologic disorders, psychiatric illnesses, heart, pulmonary or renal disease

(7) the mother's use of medication, drugs or alcohol having a potential impact on the fetus or newborn

- (8) active cancer
- (9) severe vomiting of pregnancy
- (10) suspected extrauterine pregnancy
- (11) uterine malformation
- (12) presence of fibroma
- (13) abnormal cervical smear test
- (14) sexually transmitted diseases : gonorrhea, syphilis, chlamydia
- (15) seroconversion during pregnancy for herpes
- (16) infectious contact in a woman likely to contract hepatitis, measles or chickenpox
- (17) anemia : less than 100 g/l Hb unresponsive to treatment
- (18) threat of premature labour
- (19) bleeding of unknown origin at more than 20 weeks
- (20) polyhydramnios or oligohydramnios
- (21) any diagnosed fetal anomaly
- (22) presentation other than cephalic after 37 weeks
- (23) pregnancy at 42 weeks

Cases of mandatory transfer

- (1) insulin-dependent diabetes
- (2) Addison's and Cushing's disease
- (3) collagenosis
- (4) hyperthyroidism
- (5) multiple sclerosis
- (6) high blood pressure

- (7) active tuberculosis
- (8) HIV seropositivity and AIDS
- (9) seroconversion during pregnancy for the following infectious diseases : toxoplasmosis, rubella, cytomegalovirus, HIV and tuberculosis
- (10) heart, renal or pulmonary disease with failure
- (11) presence of significant irregular antibodies
- (12) thrombocytopenia, if severe
- (13) coagulation abnormality
- (14) incompetent cervix
- (15) extrauterine pregnancy
- (16) multiple gestation
- (17) premature detachment of a normally situated placenta
- (18) placenta previa
- (19) intrauterine growth retardation
- (20) uncontrolled gestational hypertension
- (21) preeclampsia or eclampsia
- (22) HELLP syndrome
- (23) in utero death
- (4) third or fourth degree perineal laceration
- (5) delivery between 34 and 36 6/7 weeks
- (6) labour begins after 42 weeks
- (7) thick or particulate meconium amniotic fluid
- (8) unusual blood loss during labour
- (9) suspected premature detachment of a normally situated placenta
- (10) suspected chorioamnionitis

Cases of mandatory transfer

- (1) labour begins before 34 weeks
- (2) any presentation other than vertex
- (3) multiple gestation
- (4) in utero death
- (5) active genital herpes
- (6) hypertension with diastolic pressure more than 90mm Hg over two hours
- (7) signs or symptoms of preeclampsia or eclampsia
- (8) vasa previa palpated during a vaginal examination
- (9) cord prolapse
- (10) placenta previa
- (11) fetal distress
- (12) arrest of descent of presenting part of the fetus
- (13) obstetric shock
- (14) hemorrhage unresponsive to treatment
- (15) suspected uterine rupture
- (16) uterine inversion

SCHEDULE III

(ss. 1 and 5)

CLASSIFICATION : LABOUR AND DELIVERY

Cases of mandatory consultation

- (1) prolonged rupture of membranes
- (2) obstructed labour
- (3) retained placenta

SCHEDULE IV

(ss. 1 and 5)

CLASSIFICATION : POSTPARTUM (MATERNAL)**Cases of mandatory consultation**

- (1) subinvolution of the uterus unresponsive to treatment
- (2) persistent bleeding unresponsive to treatment
- (3) suspected partially retained placenta
- (4) vulvar hematoma causing problems of micturition
- (5) infection of the perineal incision
- (6) uterine prolapse
- (7) serious psychological problems
- (8) suspected preeclampsia

Cases of mandatory transfer

- (1) severe infection
- (2) postpartum psychosis
- (3) phlebitis and risk of thromboembolism
- (4) suspected uterine rupture
- (5) eclampsia
- (6) persistent hypertension

SCHEDULE V

(ss. 1 and 5)

CLASSIFICATION : NEWBORN**Cases of mandatory consultation**

- (1) abnormal pigmentation
- (2) birth trauma
- (3) enlarged fontanelles according to criteria in effect
- (4) palpable thyroid
- (5) one major malformation or two or more suspected or apparent minor malformations at birth

- (6) suspected spina bifida
- (7) abnormal crying
- (8) absent or abnormal primitive reflexes after sequential evaluation
- (9) abnormal neurological signs
- (10) heart murmur
- (11) hepatomegaly > 3 cm below costal margin
- (12) palpable spleen
- (13) single umbilical artery
- (14) inguinal mass
- (15) testicular mass at birth
- (16) undescended or impalpable testes
- (17) 36-36 6/7 weeks gestational age
- (18) clinical examination suggesting gestational age lower than 37 weeks
- (19) persistent tachypnea at more than 60 respirations/minute
- (20) weight lower than the third percentile
- (21) failure to regain birth weight after 14 days of life, unresponsive to treatment
- (22) slow or poor infant weight gain according to the growth curve adapted to the sex and race
- (23) inappropriate growth lower than the third percentile or greater than the ninety-seventh percentile according to the head circumference curve
- (24) asymmetric skull (absence of round shape) after 3 days
- (25) irritability, hypertonia if more than 24 hours
- (26) anuria beyond 24 hours of life
- (27) absence of the passage of meconium after 24 hours of life
- (28) abnormal laboratory results that may have a clinical impact

- (29) jaundice requiring phototherapy
- (30) persistent jaundice after 14 days of life
- (31) suspected infections in the baby or mother that may have an impact on the baby
- (32) periumbilical erythema compatible with an omphalitis
- (33) skin eruption other than neonatal erythema or diaper dermatitis
- (34) purulent eye discharge with redness of the conjunctiva
- (35) abnormal or irregular heart beat, less than 100 beats/min or more than 200 beats/min
- (36) femoral, impalpable or asymmetrical pulse
- (37) absent red reflex of the eye
- (38) abdominal mass
- (39) hip instability or subluxation of the hips
- (40) bulging anterior fontanelle

Cases of mandatory transfer

- (1) persistent hypothermia (36 °C rectal or 35.5 °C axillary) beyond two hours of life or persistent hyperthermia (38.5 °C rectal or 38°C axillary) beyond 12 hours of life
- (2) respiratory distress or apnea
- (3) jaundice within the first 24 hours
- (4) less than 36 weeks gestational age
- (5) APGAR less than 7 at 5 minutes
 less than 9 at 10 minutes
- (6) central cyanosis
- (7) newborn having required endotracheal intubation or positive pressure ventilation assistance beyond the second minute of life

- (8) any major anomaly requiring immediate intervention
- (9) persistent pallor beyond one hour of life
- (10) unilateral or bilateral choanal atresia
- (11) jitteriness or convulsions
- (12) lethargy or hypotonia
- (13) generalized ecchymoses or petechiae
- (14) abstinence syndrome
- (15) meteorism with food intolerance
- (16) upper or lower gastrointestinal hemorrhage
- (17) vomiting of bile or diarrhea

5755

Draft Regulation

Midwives Act
(R.S.Q., c. S-0.1)

Midwives

— Standards and conditions of practice for conducting home deliveries

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation respecting the standards and conditions of practice for conducting home deliveries, adopted by the Bureau of the Ordre des sages-femmes du Québec, may be submitted to the Government for approval, with or without amendment, upon the expiry of 45 days following this publication.

According to the Order, the purpose of the draft Regulation is to set out the standards and conditions of practice that midwives must comply with for conducting home deliveries in order to provide safe services.

Further information may be obtained by contacting Raymonde Gagnon, Chair and Director General, Ordre des sages-femmes du Québec, 430, rue Sainte-Hélène, bureau 405, Montréal (Québec) H2Y 2K7, telephone: (514) 286-1313 or 1 877 711-1313; fax: (514) 286-0008.