

- (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.

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<sup>e</sup> 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 the standards and conditions of practice for conducting home deliveries

Midwives Act  
(R.S.Q., c. S-0.1, s. 5, 1st par., subpar. 2)

### DIVISION I SCOPE

**1.** This Regulation applies to midwives who conduct deliveries in a place of birth other than a facility maintained by an institution which operates a local community service centre or a hospital centre, as defined by the Act respecting health services and social services (R.S.Q., c. S-4.2) or by the Act respecting health services and social services for Cree Native persons (R.S.Q., c. S-5), and established under the designation “home”.

### DIVISION II STANDARDS OF PRACTICE

**2.** The midwife shall provide the woman with the information appearing in the consent form provided for in Schedule I in order to allow her to make an enlightened choice of the place of birth.

Where applicable, the midwife shall have the form signed by the woman who chooses to give birth at home.

**3.** Where a woman chooses to give birth at home during or after the 36th week of pregnancy, the midwife must meet the requirements set out in sections 4 and 5 during the first meeting that follows that choice and that takes place within the scope of the pregnancy follow-up.

### DIVISION III CONDITIONS OF PRACTICE

**4.** Before the 36th week of pregnancy, the midwife must visit the home chosen for the birth.

The midwife must then ensure that on the due date, services may be provided in a safe environment.

To that end, a midwife shall take into account

(1) the accessibility to the home for herself and for ambulance services;

(2) the physical organization of the home;

(3) the immediate access to an adequate means of communication in situations requiring a medical consultation or an urgent transfer to a facility maintained by an institution which operates a general and specialized hospital centre; and

(4) the distance to travel between the home and the facility.

**5.** A midwife shall assess all the elements that are likely to influence the choice of the place of birth or the delivery process and discuss them with the woman.

Where applicable, the midwife shall make the appropriate recommendations to favour a normal delivery process.

**6.** During delivery, the midwife must have in her possession a copy of the record created by the midwife concerning the woman.

**7.** During delivery, the midwife must have in her possession the equipment, material and medications listed in Schedule II.

**8.** During delivery, a midwife who acknowledges the need for a transfer of clinical responsibility of the woman or child to a physician, in accordance with the Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician, approved by Order in Council (*insert the number and date of the Order in Council*), must accompany the woman or child until the woman or child is under medical care.

**9.** The midwife must dispose of biomedical waste in accordance with the Regulation respecting biomedical waste made by Order in Council 583-92 dated 15 April 1992.

**10.** A midwife who was unable to meet the requirements set out in sections 2 to 6 may nonetheless proceed with a imminent birth at home.

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

**SCHEDULE I**

(s. 2)

**CONSENT TO SERVICES OF A MIDWIFE  
FOR HOME BIRTH**

I, the undersigned, \_\_\_\_\_, have decided to give birth at home, at \_\_\_\_\_ and be accompanied by a midwife.

I acknowledge having been informed of the following :

— the particularities of the different places of birth, the advantages and risks related thereto ;

— the measures related to home birth ;

— the cases in which consultation with a physician or transfer of clinical responsibility to a physician is required ;

— the emergency measures to be taken if there is a complication ;

— the criteria for transportation from the home to the hospital centre where indicated, including the distance involved.

I hereby understand that the planning of a home birth does not guarantee that I will give birth at home.

I hereby understand that I can change the choice of the place of birth at any time.

In witness whereof

I have signed: \_\_\_\_\_  
at (municipality) \_\_\_\_\_  
this (date) \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

Name of midwife: \_\_\_\_\_  
Licence number: \_\_\_\_\_

**SCHEDULE II**

(s. 7)

**LIST OF EQUIPMENT, MATERIAL AND  
MEDICATIONS REQUIRED FOR HOME BIRTH**

The essentials for maternal and fetal monitoring ;

The essentials for delivery, including sterile instruments ;

The essentials for neonatal resuscitation, including intubation ;

The essentials for suture, including sterile instruments ;

The essentials for blood samples, injections and intravenous perfusions ;

The essentials for bladder catheterization ;

A container to dispose of biomedical waste ;

The following medications: oxytocics, local anaesthesia, replacement solutions for intravenous perfusion, oxygen, ophthalmic prophylaxis, vitamin K, epinephrine.

5756