

## Regulations and other acts

Gouvernement du Québec

### O.C. 455-2004, 12 May 2004

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

#### Midwives

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

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

WHEREAS, in accordance with subparagraph 3 of the first paragraph of section 5 of the Midwives Act (R.S.Q., c. S-0.1), the Ordre des sages-femmes du Québec shall, by regulation, determine the cases presenting a risk for a woman or her child during pregnancy, labour, delivery and the first six weeks of the postnatal period that require, as a consequence, a consultation by a physician or the transfer of clinical responsibility to a physician, and the conditions under which the consultation or transfer is to be effected;

WHEREAS, in accordance with that subparagraph, the Ordre des sages-femmes du Québec adopted the Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician;

WHEREAS, under section 95 of the Professional Code (R.S.Q., c. C-26), subject to sections 95.1 and 95.2 of that Code, every regulation adopted by the Bureau of a professional order under the Code or an Act constituting a professional order shall be transmitted to the Office des professions du Québec for examination and submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation was published in Part 2 of the *Gazette officielle du Québec* of 4 June 2003 with a notice that it could be submitted to the Government for approval on the expiry of 45 days following that publication;

WHEREAS, following that publication, the Office des professions du Québec received comments, in particular from the Collège des médecins du Québec;

WHEREAS the Ministère de la Santé et des Services sociaux du Québec has been consulted;

WHEREAS favourable advice has been given by the advisory council of the Ordre des sages-femmes du Québec concerning the Regulation;

WHEREAS the Office des professions du Québec has examined the Regulation and the comments received and has made its recommendation;

WHEREAS it is expedient to approve the Regulation with amendments to the English text;

IT IS ORDERED, therefore, on the recommendation of the Minister responsible for the administration of legislation respecting the professions:

THAT the Regulation respecting cases requiring consultation with a physician or transfer of clinical responsibility to a physician, the text of which is attached to this Order in Council, be approved.

ANDRÉ DICAIRE,  
*Clerk of the Conseil exécutif*

### 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 the cases for mandatory consultation prescribed in a schedule to this Regulation and shall ensure that a consultation takes place within an appropriate time period, considering the severity of the woman's or child's condition and the harm that could result from that 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 case for consultation 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) continue with the follow-up;

(2) continue with the follow-up during the period of simultaneous care;

(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 where mandatory transfer of that responsibility is 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 she or he 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 transfer of care of the woman or child and specify the case for transfer 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 for 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) cone biopsy 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 for mandatory transfer**

(1) cervical amputation

(2) incompetent cervix with no history of a normal delivery

(3) repeated spontaneous abortions after 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 for mandatory consultation**

(1) age less than 14 years

(2) thrombocytopenia

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| (3) Crohn's disease  | (3) collagenosis   |
| (4) ulcerative colitis   | (4) hyperthyroidism  |
| (5) mitral valve prolapse  | (5) multiple sclerosis   |
| (6) risks related to a pathology that could influence the course of the present pregnancy, for example: endocrine, hepatic, neurologic, psychiatric, heart, pulmonary or renal pathologies | (6) hypertension   |
| (7) the mother's use of medication, drugs or alcohol having a potential impact on the fetus or newborn   | (7) active tuberculosis  |
| (8) active cancer  | (8) HIV seropositivity and AIDS  |
| (9) severe vomiting of pregnancy   | (9) seroconversion during pregnancy for the following infectious diseases: toxoplasmosis, rubella, cytomegalovirus, HIV and tuberculosis |
| (10) suspected extrauterine pregnancy  | (10) cardiac, renal or respiratory disease with failure  |
| (11) uterine malformation  | (11) presence of significant irregular antibodies  |
| (12) presence of fibroid   | (12) thrombocytopenia, if severe   |
| (13) abnormal cervical smear test  | (13) coagulation abnormality   |
| (14) sexually transmitted diseases: gonorrhea, syphilis, chlamydia   | (14) incompetent cervix  |
| (15) seroconversion during pregnancy for herpes  | (15) extrauterine pregnancy  |
| (16) infectious contact of a non-immunized woman with hepatitis, measles or chickenpox   | (16) multiple gestation  |
| (17) anemia: less than 100 g/l Hb unresponsive to treatment  | (17) placental abruption   |
| (18) threatened preterm labour   | (18) placenta praevia  |
| (19) bleeding of unknown origin after 20 weeks   | (19) intrauterine growth retardation   |
| (20) polyhydramnios or oligohydramnios   | (20) uncontrolled glucose intolerance of pregnancy   |
| (21) any diagnosed foetal anomaly  | (21) preeclampsia or eclampsia   |
| (22) presentation other than cephalic after 37 weeks   | (22) HELLP syndrome  |
| (23) pregnancy at 42 weeks   | (23) intrauterine death  |

### **SCHEDULE III**

(ss. 1 and 5)

### **CLASSIFICATION: LABOUR AND DELIVERY**

#### **Cases for mandatory transfer**

- (1) insulin-dependent diabetes
- (2) Addison's and Cushing's disease

#### **Cases for mandatory consultation**

- (1) prolonged rupture of membranes
- (2) failure to progress in active labour

- (3) retained placenta
- (4) third or fourth degree perineal laceration
- (5) delivery will take place between 34 and 36 6/7 weeks
- (6) labour begins after 42 weeks
- (7) thick or particulate meconium-stained amniotic fluid
- (8) unusual blood loss during labour
- (9) suspected placental abruption
- (10) suspected chorioamnionitis

**Cases for mandatory transfer**

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

**SCHEDULE IV**

(ss. 1 and 5)

**CLASSIFICATION: POSTPARTUM (MATERNAL)**

**Cases for mandatory consultation**

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

**Cases for 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 for mandatory consultation**

- (1) abnormal pigmentation
- (2) birth trauma
- (3) enlarged fontanelles according to criteria in effect
- (4) palpable thyroid gland
- (5) one major malformation or two or more minor malformations suspected or apparent 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 less than 37 weeks
  - (19) persistent tachypnea at more than 60 respirations/minute
  - (20) weight below the 3rd 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 less than the 3rd percentile or greater than the 97th percentile according to the head circumference curve
  - (24) asymmetrical 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 in the mother, having a potential impact on the baby
  - (32) periumbilical erythema compatible with an omphalitis
  - (33) skin eruption other than neonatal erythema or diaper rash
  - (34) purulent eye discharge with redness of the conjunctiva
  - (35) heart beat which is abnormal or irregular, less than 100 beats/min or more than 200 beats/min
  - (36) impalpable or asymmetrical femoral pulses
  - (37) absent red reflex of the eye
  - (38) abdominal mass
  - (39) hip instability or subluxation of the hips
  - (40) bulging anterior fontanelle
- Cases for mandatory transfer**
- (1) hypothermia (36 °C rectal or 35.5 °C axillary) persisting beyond two hours of life or hyperthermia (38.5 °C rectal or 38 °C axillary) persisting beyond 12 hours of life
  - (2) respiratory distress or apnoea
  - (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 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) signs of withdrawal
- (15) distended abdomen with food intolerance
- (16) gastrointestinal hemorrhage
- (17) vomiting bile or diarrhea

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Gouvernement du Québec

**O.C. 456-2004, 12 May 2004**Midwives Act  
(R.S.Q., c. S-0.1)**Midwives  
— Standards and conditions of practice for  
conducting home deliveries**Regulation respecting the standards and conditions of  
practice for conducting home deliveries

WHEREAS, in accordance with subparagraph 2 of the first paragraph of section 5 of the Midwives Act (R.S.Q., c. S-0.1), the Ordre des sages-femmes du Québec shall, by regulation, determine the standards of practice and the conditions for engaging in the practice of midwifery that must be complied with for conducting home deliveries;

WHEREAS, in accordance with that subparagraph, the Ordre des sages-femmes du Québec adopted the Regulation respecting the standards and conditions of practice for conducting home deliveries;

WHEREAS, under section 95 of the Professional Code (R.S.Q., c. C-26), subject to sections 95.1 and 95.2 of that Code, every regulation adopted by the Bureau of a professional order under the Code or an Act constituting a professional order shall be transmitted to the Office des professions du Québec for examination and submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation was published in Part 2 of the *Gazette*

*officielle du Québec* of 4 June 2003 with a notice that it could be submitted to the Government for approval on the expiry of 45 days following that publication;

WHEREAS, following that publication, the Office des professions du Québec received comments from the Collège des médecins du Québec, the Ordre des infirmières et infirmiers du Québec, the Association des obstétriciens et gynécologues du Québec and from several interested groups and individuals;

WHEREAS the Office des professions du Québec has examined the Regulation and the comments received and has made its recommendation;

WHEREAS the Ministère de la Santé et des Services sociaux du Québec has been consulted;

WHEREAS favourable advice has been given by the advisory council of the Ordre des sages-femmes du Québec concerning the Regulation;

WHEREAS it is expedient to approve the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister responsible for the administration of legislation respecting the professions:

THAT the Regulation respecting the standards and conditions of practice for conducting home deliveries, the text of which is attached to this Order in Council, be approved.

ANDRÉ DICAIRE,  
*Clerk of the Conseil exécutif*

**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”.