

1990, chapter 12

**AN ACT RESPECTING THE PRACTICE OF  
MIDWIFERY WITHIN THE FRAMEWORK OF  
PILOT PROJECTS**

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**Bill 4**

Introduced by Mr Marc-Yvan Côté, Minister of Health and Social Services

Introduced 29 November 1989

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Passage in principle 21 June 1990

Passage 22 June 1990

**Assented to 22 June 1990**

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**Coming into force: 22 June 1990**

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**Act amended:** None





## CHAPTER 12

### **An Act respecting the practice of midwifery within the framework of pilot projects**

*[Assented to 22 June 1990]*

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

#### DIVISION I

##### APPLICATION

**Object**            **1.** The object of this Act is to authorize, on an experimental basis, the practice of midwifery within the framework of pilot projects.

**Experiment**        The experiment is principally aimed at evaluating the effects of midwifery practice on the humanization and continuity of care, the prevention of premature births and low birth weight, the use of obstetrical technology and the adaptation of services to intended clients, with a view to determining whether it is advisable to allow the practice of midwifery and, if expedient, determining the professional organization of midwifery practice and the mode of integration of the midwife in the perinatal care staff.

**Practice of midwifery**    **2.** Within the framework of the pilot projects, any act the object of which is to provide the required care and services to a woman during pregnancy, labour, delivery and the postnatal period constitutes the practice of midwifery. The practice of midwifery includes, without being limited to, prenatal and postnatal counselling of parents, preventive care, the detection of abnormal conditions in the woman or newborn child, the delivery, the provision of care to the woman and newborn child and family planning.

**Duties**            A midwife may also, within the scope of her practice, make a vaginal examination using a speculum, perform an amniotomy,

perform and repair an episiotomy and repair a minor perineal laceration.

## DIVISION II

### PILOT PROJECTS

Pilot  
projects

**3.** The experiment shall be carried out within the framework of pilot projects the number of which shall not exceed eight.

Establish-  
ments

**4.** A pilot project may be devised by a hospital centre, by a local community service centre or jointly by a hospital centre and a local community service centre, as defined in the Act respecting health services and social services (R.S.Q., chapter S-5).

Elements  
of project

**5.** Every pilot project must include the following elements:

(1) where the project is devised jointly by two establishments, the name of the establishment responsible for the project;

(2) the administrative and professional organization enabling midwives to practise;

(3) the opinion, if any, of the council of physicians, dentists and pharmacists of the establishment responsible for the pilot project, where there is such a council;

(4) the terms of the agreement whereby medical support, when needed, is to be provided to a midwife within the scope of her practice;

(5) the number of midwives taking part in the pilot project;

(6) a list of the medical or nursing acts a midwife will be authorized to perform in addition to the acts listed in section 2;

(7) the expected number of deliveries;

(8) the description of the group of clients for whom the project is intended, if any;

(9) the budget for the first year of operation of the pilot project;

(10) the mechanisms for the assessment of the pilot project in accordance with the assessment procedure established under section 36.

Deliveries

Every pilot project must provide that deliveries will take place in a hospital centre or in a facility specially equipped for the conduct

of deliveries, maintained by the establishment responsible for the pilot project. In the latter case, the agreement referred to in subparagraph 4 of the first paragraph shall provide not only for medical support but also for safety measures to ensure that, in an emergency, the parturient woman and the newborn child will be given the care and services required by their condition.

Submission  
of project

**6.** A pilot project must be submitted to the Minister of Health and Social Services within one year after the date on which the first regulation respecting the general standards of competence and training of midwives, made under subparagraph 1 of the first paragraph of section 23, comes into force.

Approval

**7.** The Minister of Health and Social Services may approve a pilot project after consultation with the pilot project assessment board established under section 30, taking into account, in particular, the following factors:

(1) the degree of autonomy of the midwife within her scope of practice;

(2) the continuity of the care and services provided by the midwife, from the prenatal period through the postnatal period;

(3) the mechanisms in place to ensure the safety of the mother and child;

(4) the ways in which the administrative and professional organization of the pilot project are conducive to an effective and efficient carrying out of the experiment.

Risk or  
complication

**8.** Except in an emergency, no midwife may provide care or services to a woman if the pregnancy, labour, delivery or postnatal period involves a particular risk or presents signs of complications, according to the criteria established under the second paragraph of section 23. The same applies with respect to a newborn child whose condition does not satisfy the criteria established under the said section.

Exception

A midwife may, however, provide or continue to provide care or services to the woman or newborn child where the physician in charge of the woman or child consents thereto.

Contract

**9.** Every person employed for the sole purpose of taking part in a pilot project, including a midwife, must be hired under a contract by the establishment responsible for the pilot project.

Period of  
probation

The contract may provide for a period of probation which shall not exceed three months. At the end of the probation period, the director general of the establishment shall inform the person as to the maintenance or termination of his or her participation in the pilot project.

Remunera-  
tion

**10.** The Government shall determine the remuneration of any person to whom section 9 applies.

### DIVISION III

#### MULTIDISCIPLINARY BOARD

Multidisci-  
plinary  
midwifery  
board

**11.** Every establishment responsible for an approved pilot project shall establish a multidisciplinary midwifery board composed of seven persons as follows, who become members of the board upon being appointed:

(1) three midwives appointed by and from among the midwives practising within the framework of the pilot project;

(2) two physicians, including an obstetrician and gynecologist, appointed by the council of physicians, dentists and pharmacists or, where there is no such council in the establishment, by the board of directors;

(3) a nurse in perinatal care appointed by the clinical staff advisory council;

(4) a person chosen after consultation with groups fostering the practice of midwifery, appointed by the board of directors.

Council of  
physicians,  
dentists  
and  
pharmacists

Notwithstanding the foregoing, the establishment responsible for an approved pilot project may designate the council of physicians, dentists and pharmacists to exercise the functions of the multidisciplinary board. Where the council of physicians, dentists and pharmacists exercises the functions of the multidisciplinary board, the midwives taking part in the pilot project shall form part of the council and three of them, appointed under subparagraph 1 of the first paragraph, shall sit on the executive committee of the council, if any. The midwives shall take part in the deliberations of the council of physicians, dentists and pharmacists or of the executive committee, as the case may be, and shall have the right to vote on any matter relating to the said functions.

Chairman

**12.** The members of the multidisciplinary board shall elect a chairman and a vice-chairman from among the midwives on the board.

Vice-  
chairman

If the chairman is absent or unable to act, the vice-chairman shall act as chairman.

Decisions

**13.** Every decision of the multidisciplinary board must be approved by the vote of the majority of the members present. In the case of a tie, the chairman has a casting vote.

Quorum

**14.** One-half of the members in office, including the chairman, constitute a quorum at meetings of the multidisciplinary board.

Internal  
management  
by-laws

**15.** The multidisciplinary board shall adopt internal management by-laws, which shall be effective from the date of their approval by the board of directors.

Functions  
of board

**16.** The functions of the multidisciplinary board, under the authority of the board of directors, are

(1) to devise rules of care applicable to midwives within the scope of their practice;

(2) to supervise and assess the acts performed by midwives within the scope of their practice;

(3) to examine any complaint concerning the practice or conduct of a midwife and make the recommendations it deems appropriate to the director general of the establishment responsible for the pilot project.

Rules

The rules established under subparagraph 1 of the first paragraph shall be effective from the date of their approval by the board of directors.

Complaints

**17.** Any complaint concerning a pilot project must be addressed to the director general of the establishment responsible for the project. In the case of a joint pilot project, the director general of the establishment shall inform the director general of the other establishment.

Complaints

**18.** Where a complaint is made concerning the practice or conduct of a midwife, the director general of the establishment responsible for the project shall refer the complaint to the multidisciplinary board.

Recom-  
mendations

**19.** Where a complaint is referred to the multidisciplinary board, the board, after allowing the midwife concerned to be heard,

shall address its recommendations to the director general of the establishment responsible for the project, who shall report thereon to the board of directors.

Administrative or disciplinary measure      The board of directors shall take any necessary administrative or disciplinary measure, including termination of the midwife's employment by the establishment.

Hearing      The board of directors shall hear the midwife if it intends to take any administrative or disciplinary measure other than the measure recommended by the multidisciplinary board.

Emergency      In an urgent situation, the director general may forthwith take any necessary administrative or disciplinary measure. He shall, however, inform the multidisciplinary board immediately and send a report of the situation to the board within 48 hours. The decision of the director general shall remain effective until the board of directors of the establishment, after receiving the recommendations of the multidisciplinary board, has made its own decision.

Complaint      **20.** Where the director general of an establishment responsible for a project receives a complaint other than a complaint under section 18, he shall inform the midwives taking part in the pilot project.

Recommendations      The director general of the establishment responsible for the project shall address his recommendations to the board of directors, which shall take any necessary measure.

Copy of decisions      **21.** The board of directors of an establishment responsible for a project shall transmit a copy of every decision made under section 19 or 20 to the Minister of Health and Social Services and to the Minister responsible for the administration of legislation respecting the professions.

Joint pilot project      In the case of a joint pilot project, the board of directors of the establishment responsible for the project shall also transmit a copy to the board of directors of the other establishment.

#### DIVISION IV

##### COMMITTEE ON ADMISSION TO THE PRACTICE OF MIDWIFERY

Admission committee      **22.** A committee on admission to the practice of midwifery is hereby established. The committee is composed of eight persons, who become members of the committee upon being appointed, appointed by the Government as follows:

(1) three midwives appointed after consultation with organizations representing midwives in the province, and chosen from among midwives who are certified for practice pursuant to subparagraph 2 of the first paragraph of section 23;

(2) a nurse with experience in perinatal care, appointed after consultation with the *Ordre des infirmières et infirmiers du Québec*;

(3) an obstetrician and gynecologist appointed after consultation with the *Corporation professionnelle des médecins du Québec*;

(4) two persons representing the college sector and the university sector, respectively, appointed on the recommendation of the Minister of Higher Education and Science;

(5) a woman having received the care and services of a midwife and chosen after consultation with groups fostering the practice of midwifery.

Remunera-  
tion

The members of the admission committee shall receive no remuneration except in the cases, on the conditions and to the extent that may be determined by the Government. They are, however, entitled to the reimbursement of expenses they incur in the performance of their duties, on the conditions and to the extent determined by the Government.

Functions

**23.** The functions of the admission committee are

(1) to define general standards of competence and training for midwives;

(2) to evaluate every midwife who applies for admission, determine whether she is qualified to practise within the framework of a pilot project governed by this Act and, if so, issue a qualification certificate to that effect.

Criteria

Moreover, the admission committee shall define criteria permitting to determine whether the pregnancy, labour, delivery or the postnatal period involves a particular risk or presents signs of complications. It shall also define criteria permitting to determine whether a newborn child may receive the care of a midwife.

Regulations

The criteria defined under this section shall be established by regulation of the admission committee, which shall be submitted to the Government for approval on the recommendation of the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions.



Chairman **24.** The members of the admission committee shall elect a chairman and a vice-chairman from among the midwives on the committee.

Vice-chairman If the chairman is absent or unable to act, the vice-chairman shall act as chairman.

Decisions **25.** Every decision of the committee must be approved by the vote of the majority of the members present. In the case of a tie, the chairman has a casting vote.

Quorum **26.** One-half of the members in office, including the chairman, constitute a quorum at meetings of the admission committee.

Internal management by-laws **27.** The admission committee shall adopt internal management by-laws, which shall be effective from the date of their approval by the Government.

Certification **28.** Only a midwife certified for practice pursuant to subparagraph 2 of the first paragraph of section 23 may be admitted by and according to the needs of an establishment to take part in a pilot project.

Admission and discharge **29.** A midwife taking part in a pilot project may admit a woman who requires her care and services to give birth in an establishment referred to in section 4 and authorize her discharge and that of her child.

## DIVISION V

### PILOT PROJECT ASSESSMENT BOARD

Pilot project assessment board **30.** A pilot project assessment board is hereby established. The board is composed of eleven persons including three physicians, who become members of the board upon being appointed, appointed by the Government as follows:

(1) two midwives appointed after consultation with and chosen from among midwives certified for practice pursuant to subparagraph 2 of the first paragraph of section 23;

(2) a physician appointed after consultation with the Corporation professionnelle des médecins du Québec;

(3) a nurse appointed after consultation with the Ordre des infirmières et infirmiers du Québec;

(4) a person appointed after consultation with the Association des hôpitaux du Québec;

(5) a person appointed after consultation with the Fédération des centres locaux de services communautaires du Québec;

(6) two women having received the care and services of a midwife and chosen after consultation with groups fostering the practice of midwifery;

(7) three persons appointed on the recommendation of the Minister of Health and Social Services, the Minister responsible for the administration of legislation respecting the professions and the Minister of Higher Education and Science, respectively.

Remuneration

The members of the assessment board receive no remuneration except in the cases, on the conditions and to the extent that may be determined by the Government. They are, however, entitled to the reimbursement of expenses they incur in the performance of their duties, on the conditions and to the extent determined by the Government.

Chairman

**31.** The members of the assessment board shall elect a chairman and a vice-chairman from among themselves.

Vice-chairman

If the chairman is absent or unable to act, the vice-chairman shall act as chairman.

Decisions

**32.** Every decision of the assessment board must be approved by the vote of the majority of the members present. In the case of a tie, the chairman has a casting vote.

Quorum

**33.** One-half of the members in office, including the chairman, constitute a quorum at meetings of the assessment board.

Internal management by-laws

**34.** The assessment board shall adopt internal management by-laws, which shall be effective from the date of their approval by the Government.

Assessment report

**35.** Every establishment conducting a pilot project shall prepare an assessment report, in the form and tenor determined by the assessment board, covering the period extending from the date of approval of the project to the thirty-first of March following the first anniversary of the approval. The assessment report must be submitted to the assessment board on or before the thirtieth of June following that anniversary. Subsequently and in the same manner, the establishment shall transmit an assessment report, on or before the

thirtieth of June, for each project year ending on the thirty-first of March.

Joint  
report

Where a pilot project is conducted by a local community service centre and a hospital centre, the two establishments shall transmit the assessment reports jointly.

Continuous  
assessment

The assessment of a pilot project shall be made on a continuous basis throughout the duration of the project.

Functions  
of board

**36.** The functions of the assessment board are

(1) to examine the pilot projects submitted to the Minister of Health and Social Services and make recommendations as to their approval, on the basis of the factors set out in section 7;

(2) to establish a procedure for the assessment of pilot projects with reference to the provisions of section 1 and submit it for approval to the Minister of Health and Social Services and to the Minister responsible for the administration of legislation respecting the professions;

(3) to examine every assessment report transmitted to it under section 35 and submit to the Minister of Health and Social Services, on the date he determines, a report on the results obtained within the framework of the pilot projects in progress, sending a copy to the Minister responsible for the administration of legislation respecting the professions;

(4) to make, if expedient, any recommendation it deems appropriate concerning the conduct of a pilot project to the Minister of Health and Social Services and to the establishment concerned, sending a copy to the Minister responsible for the administration of legislation respecting the professions;

(5) to assess the overall results obtained and transmit to the Minister of Health and Social Services and to the Minister responsible for the administration of legislation respecting the professions, not later than nine months before the date this Act ceases to have effect, its recommendations as to whether it is advisable to allow the practice of midwifery and, if expedient, its recommendations concerning the professional organization of midwifery practice and the mode of integration of the midwife in the perinatal care staff.

Restriction

Subparagraph 3 of the first paragraph does not, however, apply in respect of the last year in which this Act has effect.

Termination  
of project

**37.** On the recommendation of the assessment board, the Minister of Health and Social Services may, at any time, modify or terminate a pilot project, after consultation with the hospital centre, the local community service centre or both establishments in the case of a joint pilot project.

#### DIVISION VI

##### MISCELLANEOUS AND FINAL PROVISIONS

Application

**38.** This Act applies notwithstanding any inconsistent provision of the Act respecting health services and social services.

Medical or  
nursing  
acts

**39.** Notwithstanding any inconsistent provision of the Nurses Act (R.S.Q., chapter I-8) and of the Medical Act (R.S.Q., chapter M-9), a midwife may, within the framework of a pilot project, perform the medical or nursing acts listed in section 2 as well as those authorized by the pilot project itself, if any.

Members of  
admission  
committee

**40.** The three midwives referred to in subparagraph 1 of the first paragraph of section 22 shall, for the composition of the first admission committee, be appointed from among midwives practising in accordance with the laws of the place where they practise, taking into account the standards established by the International Confederation of Midwives.

Replacement

The three midwives appointed under the first paragraph shall be replaced in accordance with the provisions of subparagraph 1 of the first paragraph of section 22 as and when the Government deems expedient to do so.

Perinatal  
care  
project

**41.** The perinatal care project under the responsibility of the Centre hospitalier de la Baie d'Hudson in progress on 22 June 1990 is deemed to be an approved pilot project and the midwives taking part in the project are deemed to be certified for practice within the framework of the project, within the meaning of this Act.

Approval

For the purposes of section 35, the project referred to in the first paragraph is deemed to be approved only from the date of the approval of the first pilot project by the Minister of Health and Social Services under section 7.

Report

**42.** The Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions shall, not later than six months before the date on which this Act ceases to have effect, submit a report to the Government

concerning the carrying out of this Act, containing their recommendations as to whether it is advisable to allow the practice of midwifery and, if expedient, their recommendations concerning the professional organization of midwifery practice and the mode of integration of the midwife in the perinatal care staff.

**Tabling**           The report shall, within the next 15 days, be tabled in the National Assembly if the Assembly is sitting or, if the Assembly is not in session, be deposited with the President of the National Assembly.

**Consideration**       The Committee on the National Assembly shall designate, as soon as possible, the Committee which will consider the report on the carrying out of this Act.

**Sums required**       **43.** The sums required for the carrying out of this Act are taken, for the fiscal years 1990-91 and 1991-92, out of the consolidated revenue fund, to the extent determined by the Government.

**Minister responsible**   **44.** The Minister of Health and Social Services is responsible for the administration of this Act, except sections 22 to 27 and 40 which are under the administration of the Minister responsible for the administration of legislation respecting the professions.

**Effect**           **45.** This Act shall cease to have effect six years after the date on which the first regulation respecting the general standards of competence and training of midwives, made under subparagraph 1 of the first paragraph of section 23, comes into force.

**Coming into force**       **46.** This Act comes into force on 22 June 1990.