

NATIONAL ASSEMBLY

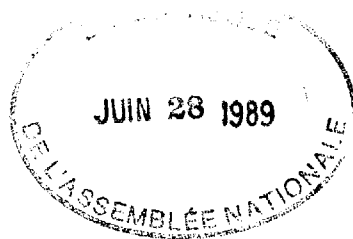
SECOND SESSION

THIRTY-THIRD LEGISLATURE

Bill 156

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

Introduction



**Introduced by
Madam Thérèse Lavoie-Roux
Minister of Health and Social Services**

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EXPLANATORY NOTES

The object of this bill is to recognize, on an experimental basis and for a period of five years, the practice of midwifery within the framework of pilot projects in hospital centres or in premises adjoining hospital centres.

Firstly, the bill describes the main functions included in the practice of midwifery for the purposes of the pilot projects.

Secondly, it provides for a mechanism whereby pilot projects, not more than eight, may be granted recognition by the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions.

The bill provides in that regard for the appointment of experts charged with establishing general criteria regarding the training and qualification of midwives and with evaluating the midwives who apply therefor to determine whether they may be admitted to practise within the framework of a pilot project.

Under the bill, every hospital centre where a pilot project is being conducted will be required to submit an annual assessment report to the two Ministers responsible for the administration of the Act. The bill also provides for a mechanism for the handling of any complaint concerning a midwife. The Ministers may at any time modify or terminate a pilot project on the recommendation of the hospital centre.

Thirdly, the bill provides for the organization of the maternity care units to be set up within the framework of the pilot projects. It makes provision for the creation, in each hospital centre concerned, of a council of midwives, whose responsibilities are to include the supervision and appreciation of the acts performed by the midwives in the maternity care unit, and determines its composition, duties and powers. The bill also contains provisions relating to the exercise by an executive committee of the powers of the council of midwives

and for the appointment and the duties of the coordinator of each maternity care unit.

Finally, the bill provides that the Ministers responsible will be required to report to the Government, within a certain time, on the carrying out of the Act and that the Act will cease to have effect five years after the date of its assent.

Bill 156

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

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

DIVISION I

SCOPE

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

2. For the purposes of the pilot projects, the practice of midwifery includes, without being limited to, prenatal instruction for parents, family health education, preventive care, the monitoring of pregnancies, the detection of abnormal conditions in mother and child, the conducting of deliveries, family planning and instruction in the care of newborn babies.

DIVISION II

RECOGNITION OF PILOT PROJECTS

3. Notwithstanding the first paragraph of section 43 of the Medical Act (R.S.Q., chapter M-9) and the first paragraph of section 41 of the Nurses Act (R.S.Q., chapter I-8), midwives may, within the framework of a pilot project submitted by a hospital centre and approved jointly by the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions, perform the acts specified in the pilot project.

4. Not more than eight pilot projects may be approved. A project may be approved if

- (1) it is to be carried out in a hospital centre or premises adjoining a hospital centre;
- (2) it provides for the setting-up of a maternity care unit;
- (3) it contains a list of the names of the midwives who are to take part in the pilot project.

5. The Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions shall appoint three midwives, taking into account, in particular, the criteria established by the International Confederation of Midwives, and a physician and a nurse

(1) to define general criteria respecting the training and qualification of midwives;

(2) to evaluate every midwife who applies therefor and determine whether she may be recognized for admission to the practice of midwifery within the framework of the pilot projects.

6. Only a midwife recognized for that purpose under section 5 may take part in a pilot project.

7. The following factors shall be taken into account before granting approval to a pilot project:

- (1) the mechanisms devised to ensure supervision of the project;
- (2) the identification of the medical acts that the midwives will be authorized to perform in addition to the acts included in the practice of midwifery as defined in section 2;
- (3) the advice of the council of physicians, dentists and pharmacists of the hospital centre, where there is such a council;
- (4) the degree of autonomy of the midwives in performing their functions.

8. Not later than 1 June every year, the hospital centre shall submit an assessment report on the pilot project to the Minister of Health and Social Services and to the Minister responsible for the administration of legislation respecting the professions.

9. Any complaint concerning the practice of midwifery within the framework of a pilot project shall be addressed to the director general of the hospital centre.

The director general shall inform the midwife concerned and the council of midwives of the complaint and, after an investigation, shall report to the board of directors which shall make recommendations to the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions.

10. On the recommendation of the hospital centre, the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions may, at any time, modify or terminate a pilot project.

DIVISION III

MATERNITY CARE UNITS

11. Within the framework of a pilot project, a hospital centre shall organize and operate in its establishment or in premises adjoining its establishment on the conditions determined by the Minister of Health and Social Services, a maternity care unit wherein midwives may practise.

12. Within the framework of a pilot project, a midwife shall have the authority to admit a woman who requires her services to the maternity care unit and the authority to authorize her discharge.

13. In every hospital centre which organizes a maternity care unit, a council of midwives, consisting of all the midwives who practise in the maternity care unit, shall be constituted.

14. The council of midwives shall be responsible to the board of directors for

(1) supervising and appreciating the acts performed by the midwives practising in the maternity care unit;

(2) devising rules governing care and rules governing the use of resources applicable to the midwives practising in the maternity care unit;

(3) making recommendations to the board of directors of the hospital centre on the scientific and technical organization of the maternity care unit.

The rules governing care contemplated by subparagraph 2 of the first paragraph require the approval of the board of directors of the hospital centre.

The council of midwives may make by-laws for its internal management, the creation and functioning of committees and the pursuit of its objects. Such by-laws come into force on approval by the board of directors of the hospital centre.

15. The council of midwives shall also establish criteria for the admission of women who wish to receive the services of a maternity care unit.

No woman may be considered admissible according to the criteria established under the first paragraph unless her pregnancy is progressing without medical complications and involves no special risks according to applicable criteria.

A woman whose pregnancy is a high-risk pregnancy may, with the consent of her physician, be attended by a midwife. In that case, however, the attending physician shall assume responsibility for the delivery.

16. The council of midwives shall also meet annually with the board of directors of the hospital centre. The meeting shall pertain to the recommendations made by the council of midwives pursuant to subparagraph 3 of the first paragraph of section 14.

17. The powers of the council of midwives in a hospital centre shall be exercised by an executive committee consisting of

(1) two midwives elected by and from among the midwives practising in the maternity care unit;

(2) two physicians, including a specialist in obstetrics, appointed by the council of physicians, dentists and pharmacists;

(3) the coordinator of the maternity care unit;

(4) a nurse appointed by the clinical staff advisory council.

The members of the executive committee shall elect a chairman from among the midwives on the committee.

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

19. The board of directors of a hospital centre which organizes a maternity care unit shall appoint, on the recommendation of the director general of the hospital centre, a coordinator of the maternity care unit.

The coordinator of the maternity care unit shall be a midwife.

20. The coordinator of the maternity care unit, under the authority of the director general of the hospital centre, shall direct, coordinate and supervise the activities of the midwives who practise in the maternity care unit.

21. The midwives who practise in the maternity care unit of a hospital centre form part of the clinical staff advisory council of the hospital centre.

DIVISION IV

MISCELLANEOUS AND FINAL PROVISIONS

22. This Act shall cease to have effect on *(insert here the date occurring five years after the date of assent to this Act)*.

23. Not later than *(insert here the date occurring six months before the date mentioned in the preceding section)*, the Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions shall submit a report on the carrying out of this Act to the Government.

Within the next 15 days, the report shall be tabled in the National Assembly if the Assembly is in session or, if not, it shall be deposited with the President of the National Assembly.

24. The Minister of Health and Social Services and the Minister responsible for the administration of legislation respecting the professions are responsible for the administration of this Act within the scope of their respective jurisdictions.

[[**25.** The sums required for the carrying out of this Act are taken, for the fiscal years 1989-90 and 1990-91, out of the consolidated revenue fund to the extent determined by the Government.]]

26. This Act comes into force on *(insert here the date of assent to this Act)*.