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قرار وزاري رقم (208) لسنة 2024 م

بشأن اعتماد نطاق عمل القابلة المسجلة على مستوى الدولة

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاوله غير الأطباء والصيداله لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، ولائحته التنفيذية، وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة،،،



قـرر ما يلي:

- المادة (1): يعتمد نطاق عمل القابلة المسجلة على مستوى الدولة المرفق بهذا القرار.
المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

عبد الرحمن بن محمد العويس
وزير الصحة ووقاية المجتمع

صدر بتاريخ: 23 / 09 / 2024



مرفق القرار الوزاري رقم (208) لسنة 2024 م
بشأن اعتماد نطاق عمل القابلة المسجلة على مستوى الدولة

National Scope of Practice — Registered Midwife —



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Glossary of Terms

Term	Definition
Scope of Practice	It is range of roles, functions, responsibilities, and activities for which a midwife is educated for, competent in, accountable for and authorized to perform. It defines the accountability and limits or boundaries of professional practice. It is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, innovating, teaching, undertaking research and developing health policy for health care systems
Midwifery Profession	An approach to care of women and their newborn infants whereby midwives: <ul style="list-style-type: none">• optimize the normal biological, psychological, social and cultural processes of childbirth and early life of the newborn;• work in partnership with women, respecting the individual circumstances and views of each woman• promote women's personal capabilities to care for themselves and their families• collaborate with midwives and other health professionals as necessary to provide holistic care that meets each woman's individual needs (ICM, 2017)
Advocate	Actively supporting a right and good cause; supporting others in speaking for themselves or speaking on behalf of others who cannot speak for themselves. (ICN, 2021).
Evidence-Informed Practice	A process for making informed clinical decisions. Research evidence is integrated with clinical experience, patient values, preferences and circumstances (ICN, 2021).



<p>Therapeutic Relationship</p>	<p>A therapeutic midwife-patient relationship is defined as a helping relationship that's based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of patient's physical, emotional, and spiritual needs through professional knowledge and skill (Pullen & Mathias (2010)).</p>
<p>Accountability</p>	<p>Professional responsibility and ethical obligation of a midwife to demonstrate transparency, integrity, and competence in the delivery of care to women, newborns, and their families. It encompasses the commitment to adhere to established standards, guidelines, and regulations while ensuring safe, effective, and woman-centered practices. A midwife's accountability involves being answerable for their actions, decisions, and outcomes, both to the individuals receiving care and to the broader healthcare community.</p>
<p>Autonomous</p>	<p>To have the knowledge and confidence to exercise professional judgement. Self-governing, self-regulating: taking responsibility for one's decisions and actions.</p> <p>The autonomous midwife provides care during the course of pregnancy, labour, birth and the postnatal period and makes decisions in partnership with each woman in her care. The midwife is responsible and accountable for all decisions she makes and the care she provides without delegation from or supervision or direction by any other health care provider.</p>
<p>Autonomy</p>	<p>The condition of being autonomous.</p> <p>Midwife's/woman's autonomy: The freedom of a woman and her midwife to make choices about care and for those choices to be respected. It implies that individuals have competence to make informed decisions and that they should not be coerced or forced during the decision-making process.</p>



<p>Collaboration</p>	<p>Active and cooperative partnership between midwives, healthcare professionals, and other stakeholders to provide comprehensive and holistic care to women, newborns, and families. It involves sharing knowledge, expertise, and resources across disciplines to achieve the best possible health outcomes. Collaborative midwifery practice encourages open communication, mutual respect, and the seamless exchange of information to ensure coordinated and woman-centered care throughout the childbearing continuum. This approach recognizes the unique contributions of each team member and leverages their skills to address the diverse physical, emotional, cultural, and social needs of women and newborns. Through effective collaboration, midwives work alongside other healthcare providers to optimize safety, promote evidence-based practices, and enhance the overall childbirth experience, fostering a supportive and empowering environment for women and families.</p>
<p>Competence</p>	<p>Knowledge, skills, and attributes that a midwife possesses to provide safe, effective, and evidence-based care to women, newborns, and their families. It encompasses the proficiency required to perform tasks, make clinical judgments, and manage various aspects of midwifery practice with confidence and expertise. A competent midwife is capable of applying critical thinking, problem-solving, and decision-making skills in diverse situations, adapting to the changing needs of individuals and situations throughout the childbearing journey. Competence is continuously developed through ongoing education, training, reflection, and staying current with emerging practices and research findings. In line with professional standards, a competent midwife upholds ethical principles, maintains accurate documentation, and engages in collaborative practices to ensure the highest</p>



	quality of care, prioritize safety, and promote positive outcomes in maternal and newborn health.
Continuity of care	Care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, spouse and family throughout the antenatal, childbirth and postnatal continuum.
Continuum of care	care across the whole childbearing period from pre-pregnancy, pregnancy, labor, birth, the immediate postpartum, and the early days and weeks of life.
Cultural sensitivity	Awareness, respect, and responsiveness that midwives demonstrate toward the diverse cultural, ethnic, religious, and social backgrounds of women, newborns, and families under their care. It involves recognizing and valuing the unique traditions, beliefs, practices, and preferences of individuals, and integrating this understanding into the provision of holistic and woman-centered care. Culturally sensitive midwifery practice entails effective communication, active listening, and fostering an environment of trust that promotes open dialogue and collaboration with women from different cultural backgrounds. Midwives strive to eliminate biases and stereotypes, aiming to provide care that is inclusive, non-discriminatory, and respectful of each woman's values and needs. By embracing cultural sensitivity, midwives contribute to enhancing the childbirth experience, addressing health disparities, and supporting women's autonomy, dignity, and well-being throughout their maternity journey.
Cultural safety	The effective midwifery care of women by midwives who have undertaken a process of self-reflection on their own cultural identity and recognize the impact of their own culture on their practice.



Delegation	The transfer of responsibility for the performance of a task from one individual to another while the person whose task is being delegated retains accountability for the outcome.
Midwife led birth unit	A birthing suite that provides a "home like" environment for pregnant women who do not have medical complications or additional care needs and who are under the care of midwives.
Midwifery Supervision	Overseeing and supporting the practice of one midwife by another to ensure the provision of safe and competent midwifery care.
Newborn	An infant who has recently been born, typically within the first 28 days of life.
Skin to Skin at birth	The practice where directly from birth a newborn infant is placed onto the mother's bare chest and abdomen, dried and both are covered in a warm blanket and are left for at least an hour or until after the first feed.
Woman/Women in childbearing phase (or pregnancy)	Refers to a person experiencing pregnancy, childbirth, and the postpartum period.
Woman centered care	Prioritizes the woman's needs, values, and preferences and puts her at the center of decision making. Also recognizes that a woman has the right to have choices, control, and continuity of care.



Introduction

According to the International Confederation of Midwives (ICM), the midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. Therefore, the National Committee for Nursing and Midwifery (NCNM) has developed the **UAE Scope of Practice – Registered Midwife** in collaboration with national stakeholders and international midwifery experts to highlight the range of roles, functions, responsibilities, and activities for which a midwife is educated for, competent in, accountable for and authorized to perform. The development of this document has considered the Emirati context and healthcare system as well as aligning the competency standards with international best practices.

Purpose of the UAE Scope of Practice – Registered Midwife

The UAE Scope of Practice – Registered Midwife is developed as a regulatory document for midwives, health care facilities, midwifery educational institutions, other health care professionals and stakeholders in the UAE. It is meant to assist in decision making processes and management of scope of practice issues relevant to workforce planning for Registered Midwives. It provides support with decision making around enabling and expanding scope of practice and provides some basic principles for consideration. It highlights the need for scope of practice decision making to be embedded in a sound clinical governance and risk management, professional, regulatory, and legal framework to enable professional midwives to work within the full and potential scope of practice that aligns with UAE laws and regulations. It supports promoting improved perinatal outcomes and optimal utilization of skilled healthcare professionals. This will ensure that midwives can fully contribute to the healthcare system and provide women with high-quality care during the transformative journey of pregnancy and childbirth.



UAE Scope of Practice for Registered Midwife

Registered Midwife (RM)

Registered Midwife is a person who has successfully completed an accredited academic educational program at minimum of Bachelor level in midwifery that is based on ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is registered and licensed with the title of (Registered Midwife) by National Health Regulatory Bodies in United Arab Emirates in accordance with the national professional qualification requirements (PQR).

Continuity of Care (CoC) Definition

The UAE scope of Practice for Registered Midwife defines CoC as the experience of having an ongoing midwifery relationship with midwife and woman from initial contact in early pregnancy to weeks after birth across the interface between hospital and community settings.

The continuity of care model is both a philosophy and process which are a keyway to ensure that women and babies receive optimal quality safe, sensitive, and supportive care in the childbirth continuum. In this model, a continuity of care partnership is developed between a midwife and the woman. When care is continuous rather than fragmented, it is valuable for both midwives and women and outcomes are improved.

Domains, Competency Standards and Performance Criteria for Registered Midwife

The Scope of Practice for Registered Midwife defines the scope of practice with Standards criteria for Registered Midwife practicing in the UAE. It should be used as a reference for midwives, midwifery educational institutions, midwifery leadership teams as well as other Healthcare professionals and stakeholders in the UAE.

There are five competency domains for the UAE Registered Midwives' Scope of Practice:

1. Professional, Ethical and Legal Practice.



2. Pre-pregnancy & Antenatal Care
3. Care during labor & birth
4. On-going care of women & newborns
5. Communication, leadership, and relationship management



Domain 1: Professional, Ethical and Legal Practice.

Performance Statements

1.1	Functions in accordance with the national legislative, regulatory and policy guidelines relevant to Registered Midwife practices.
1.2	Maintains valid registration and licensure to practice in the UAE.
1.3	Identifies and interprets laws in relation to midwifery practice, including the administration of drugs, negligence, consent, report writing, confidentiality, and vicarious liability, and recognises and acts upon breaches of law relating to midwifery practice.
1.4	Obtains informed consent, maintaining confidentiality, professional boundaries, and promoting shared decision-making between the midwife and the woman
1.5	Acts as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care.
1.6	Respects and advocates for the rights, values, and cultural beliefs of women in their care.
1.7	Complies with legal policies and procedures in accordance with occupation health and safety, child safeguarding and domestic violence. Cares for women who experience physical and/or sexual violence or abuse.
1.8	Prioritises the health and safety of the women and newborns in their care and take appropriate actions to prevent harm and promote positive outcomes
1.9	Keeps and stores accurate and thorough documentation of their interactions with women and their families, including assessments, care plans, interventions, and communication.
1.10	Collaborates with other health care providers when care is outside the scope of practice, such as obstetricians, anaesthetists, neonatologists, nurses, lactation consultants and other members of multidisciplinary team (physiotherapist, dietitian, etc..) to provide coordinated care to women, newborns, and their families.
1.11	Practises in a respectful way that acknowledges the dignity, culture, values, beliefs and rights of women and her family.
1.12	Stays updated on the latest research and evidence-based practices in midwifery, attends relevant conferences and workshops, and participates in peer review and quality improvement activities
1.13	Identifies and adheres to care to promote and protect women's rights. Ensures that personal values and attitudes are not imposed on the woman



1.14	Engages in ongoing learning to enhance their cultural competence and ensures equitable and inclusive care for individuals and families from diverse communities.
1.16	Contributes to mentoring, peer support and the learning experiences and professional development of others.
1.20	Supports orientation and ongoing education programs and guides students to meet their learning needs and objectives.

Domain 2— Pre-pregnancy & Antenatal Care

Performance Statements

2.1	Educates women and their partners about reproductive health, including discussing menstrual history, contraceptive use, sexually transmitted infections (STIs), and any relevant medical or surgical history that may impact fertility or pregnancy.
2.2	Confirms pregnancy and estimates gestational age from history, physical exam, ultrasound and/or laboratory and calculates the estimated due date.
2.3	Provides guidance and education on various lifestyle factors that may influence fertility and pregnancy, such as nutrition, exercise, weight management, smoking cessation, alcohol and substance use, exposure to environment chemicals and stress management. Offers recommendations for healthy lifestyle and self-care changes to optimize the chances of a successful pregnancy.
2.4	Educates women and their families about screening tests and diagnostic tests to identify any underlying health issues or genetic conditions that could affect fertility or pregnancy outcomes.
2.5	Provides information to couples about interpreting results and the ethical dilemma associated with national screening and diagnostic tests for women and newborn infants.
2.6	Listens to concerns of women and recognizes complex medical conditions during preconception and antenatal care, referring individuals or couples to appropriate specialists, such as reproductive endocrinologists, genetic counsellors, or other healthcare professionals.
2.7	Conducts a comprehensive assessment of a woman's complete medical, surgical, obstetric, mental health, lifestyle, spiritual, and cultural history, identifying any pre-existing conditions necessitating specialized management or risk factors warranting additional screening.
2.8	Involves women in the assessment, planning and evaluating of their care, supporting them and their partners in developing a birth plan that aligns with their preferences and values.
2.9	Empowers women by providing information about concerning events to monitor for, such as vaginal bleeding, signs of premature labour, reduced fetal movements, pre-labour rupture of membranes and where and when to seek help.



2.10	When no complications are identified in pregnancy, midwives can be the lead professional to provide antenatal care for women
2.11	Conducts and supports parent education and preparation for parenthood, both on a one-to-one or group capacity.
2.12	Educates women about the harmful effects of smoking and identifies resources to support reduction/cessation.
2.13	Assesses the physical well-being of the woman by undertaking vital signs, urinalysis, observing for signs of oedema, physical discomforts and emotional wellbeing, taken action to address any concerns as appropriate.
2.14	Monitors pregnancy, undertaking antenatal check-ups as recommended by evidence informed antenatal care policies and guidelines. Assesses fetal size, amniotic fluid volume, fetal position, activity, and heart rate from examination of the maternal abdomen
2.15	Assesses status of immunizations, and updates the woman as indicated
2.16	Obtains biologic samples for laboratory tests (e.g. venipuncture, finger puncture, urine samples, and vaginal swabs)
2.17	Provides emotional support throughout the pregnancy journey addressing psychological and emotional needs of pregnant women, helping them navigate the physical and emotional changes they experience, referring to mental health professionals if necessary.
2.18	Suggests measures to cope with common discomforts of pregnancy and refers to medical team if the situation becomes abnormal.
2.19	Detects, stabilizes, manages, and refers women with complicated pregnancies (e.g pre-eclampsia, gestational diabetes, and other systematic illnesses) who require additional care by specialists such as obstetricians, perinatologists, or other healthcare professionals for further evaluation and management whilst remaining the primary care giver
2.20	Detects, stabilizes, manages, and refers women with signs of acute emergencies such as hemorrhage, seizures, and sepsis
2.21	Recognizes signs of fetal loss and refers to the obstetric team and continues to care for the woman and her family during birth and postpartum.
2.22	Safely and effectively administers prescription medicines.
2.23	Discusses options and preferences for the place of birth, supporting the woman in her decision and regularly reviewing the options taking into consideration local policies and guidelines.
2.24	Assesses the impact of climate change, social and economic conditions on maternal and child health and applies this to care of women throughout the whole continuum of care. (e.g. Risk of stillbirth and preterm birth related to extreme heat and has a duty of care in emergency public health disasters like floods and fires due to climate change).



2.25	Informs and updates interdisciplinary and multiagency colleagues about changes in care needs and care planning, and updates records accordingly.
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Domain 3- Care during labour and birth	
Performance Statement	
3.1	Promotes physiological labour and birth, supports the application of evidence informed intrapartum care policies and guidelines, including the avoidance when possible of routine interventions in normal labour and birth.
3.2	Assesses woman's medical, surgical, obstetric, mental health, lifestyle, spiritual, cultural history, noting any pre-existing conditions that can effect labour or/and birth.
3.3	Assesses, plans and provides care to the labouring women and their birth partner(s), helping them cope with any fears, anxieties, or uncertainties that may arise during labor.
3.4	Provides continuous one-to-one emotional and physical support to the labouring woman throughout the entire labour process taking into consideration the cultural, social and traditional beliefs regarding birth.
3.5	Monitors and interprets the progress of labour by undertaking a full clinical assessment, observing the labouring woman's physical (assessing vital signs, contractions, cervical changes, fluid balance) psychological condition (coping strategies, maternal exhaustion) and evaluating the well-being of the fetus through intermittent or continuous fetal monitoring and monitoring fetal descent while taking necessary actions to support the progression of labour.
3.6	Supports women in labour with non-pharmacological (free movement, upright positions, relaxation exercises, breathing techniques, massage, hydrotherapy (water immersion), and using birth balls or other supportive equipment) and pharmacological options.
3.7	Supports birthing women to make informed decisions about their care during the birth process. Reviews their birth plan and helps to employ their wishes within the context of the clinical presentation.
3.8	Acts as lead carer for spontaneous vaginal birth when labour and birth show no complications.
3.9	Works with the multidisciplinary team led by the obstetrician when labour and birth is complex. Conducts vaginal speculums and swabbing as appropriate.
3.10	Uses labour progress graphic display (e.g partogram) to record findings and assist in detecting complications, e.g. labour delay, fetal compromise, maternal exhaustion, hypertension and infection).



3.11	Monitor progress of labour in order to prevent (NON Progressive labour) using non-pharmacological means, the use of pharmacological agents - When needed will need prescription by the obstetricians
3.12	Collaborates with other healthcare professionals, such as obstetricians or anaesthetist, if specialized interventions or medical expertise are required during labour. Works as part of a multidisciplinary team to ensure optimal care for the labouring woman and their newborn.
3.13	Prevents unnecessary interventions (e.g. amniotomy, continuous electronic fetal monitoring, directed closed glottis pushing (Valsalva manoeuvre), episiotomy, and birthing in lithotomy position) in line with evidence-based practice.
3.14	Performs appropriate manoeuvres and uses maternal position to facilitate vertex, face, or breech birth.
3.15	Detects, stabilizes, manages and refers women with emergency situations during labour and birth, using evidence-based, best practice approaches for first line management of complications and/ or emergency situations, including support, referral, interdisciplinary and multiagency team working, escalation and follow up, as needed.
3.16	Practices delayed cord clamping when appropriate.
3.17	Manages the third stage of labour and can counsel and support women for physiological management and active management of the third stage of labour. This includes administering an uterotonic agent for active management and inspecting the completeness of the placenta.
3.18	Assesses uterine tone and monitors that the uterus remains firm while estimating and recording maternal blood loss. Detects, stabilizes, manages and refers women with excessive blood loss including administration of uterotonics.
3.19	Inspects vaginal and perineal areas for trauma, and repairs as needed, following local policies and protocols.
3.20	Perform umbilical cord blood collection and results interpretation to inform newborn condition and care requirements.
3.21	Uses standardised methods to assess the condition of the newborn in the first minute of life following birth (e.g. Apgar score) and recognises complications that require additional support and intervention and escalates accordingly.
3.22	Creates a safe warm environment for initiating skin to skin contact and breastfeeding and attachment (bonding) in the first hour of life.
3.23	Conducts a complete physical examination of newborn from head to toe in the presence of the mother and family while explaining findings and expected changes (e.g. colour of extremities, moulding of head). Refers abnormal findings.
3.24	Encourages partner and family support in providing newborn care and support their bonding.
3.25	Maintains accurate and detailed records of the labour process, including assessments, interventions, medications administered, and fetal monitoring and the baby's condition at birth.



3.20	Recognises the physiological changes following birth of both the woman and newborn infant. Addresses both their physical and emotional needs and provides information on self-care to empower women to meet their needs as well as those of their baby.
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Domain 4- Ongoing care of Women & Newborns

Performance Statement

4.1	Assesses the woman's medical, surgical, obstetric, mental health, lifestyle, spiritual, cultural history, noting any pre-existing conditions that can effect postnatal recovery and bonding with her newborn.
4.2	Holistically examines postpartum women to monitor their recovery and well-being after childbirth. Evaluates vital signs, and assesses uterine involution, blood loss, breast changes and the healing of the perineum, and monitors for signs of complications such as postpartum depression, postpartum haemorrhage or infection.
4.3	Provides pain control strategies if needed for uterine contractions and perineal trauma.
4.4	Uses evidence based best practices to provide care and support to newborns during the postpartum period. This includes conducting physical examinations of the newborn, monitoring vital signs, assessing feeding, behaviours weight gain and elimination patterns, and offering guidance on newborn care, including breastfeeding or formula feeding support.
4.5	Provides information and support for infant feeding.
4.6	Promotes early and exclusive breastfeeding for first 6 months while respecting a woman's choice regarding newborn feeding. Identifies and supports breastfeeding challenges and refers the woman for extra support if required.
4.7	Identifies and manages breastfeeding problems (e.g. mastitis, low milk supply, engorgement, improper latch)
4.8	Provides information about breastfeeding multiple newborns.
4.9	Assesses the emotional and mental health needs of postpartum women providing emotional support, validate feelings, and help individuals navigate the emotional adjustments that often accompany the postpartum period. Identifies signs of postpartum mood disorders and provide appropriate referrals and support. Provides ongoing support, answers questions, addresses concerns, and offers guidance on infant care and development.
4.10	Provides information about self-care that enables the mother to meet the needs of the newborn (e.g. adequate food, nutritional supplements, usual activities, rest periods, and household help).



4.11	Supports women to make informed decisions about contraceptive methods and provides counselling regarding family planning that are suitable for their needs, preferences, and future reproductive goals.
4.12	Distinguishes normal variation in newborn appearance and behaviour from those indicating pathologic conditions. Detects, stabilises, manages and refers women with complex or emergency situations during postnatal care.
4.13	Provides health promotion information regarding safe environments for newborn infants, safe sleeping, expected weight gain, cord care, voiding, passing stools and close physical contact.
4.14	Collaborates with other members of the healthcare team to ensure holistic care and address any specialized needs.
4.15	Explains and conducts the screening for metabolic (blood glucose & bilirubin levels), infection and congenital conditions as appropriate.
4.16	Administers immunizations and carries out screening tests as indicated by medical team.
4.17	Provides counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions.
4.18	Schedules and conducts postpartum follow-up visits to monitor the progress of the postpartum women's recovery and the newborn's health
4.19	Midwives have a duty of care to the woman and newborn until 6 weeks following birth. Following 6 weeks, if approached a midwife is responsible for referring the woman and her baby to the appropriate services and professionals.
4.20	Assists individuals and families in accessing community resources and support networks in accordance with their individual needs. Provides information on local parenting groups, postpartum support services, breastfeeding support groups, and other relevant resources.

Domain 5- Communication, Leadership, and relationship management

Performance Statement

5.1	Communicates effectively and engages in interprofessional collaboration to ensure optimal outcomes for women in their care
5.2	Works in partnership with the woman, using the best and current evidence-based practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant
5.3	Provides comprehensive and unbiased information to women, enabling them to make informed decisions about their care. This includes discussing benefits, risks, and alternatives related to various interventions and crisis situations (e.g. grief/loss and emergencies).



5.4	Uses critical appraisal and interprets up to date evidence and research on public health, safeguarding, health promotion and applies the evidence to inform conversations with women, their partners, and families as appropriate to their needs and preferences.
5.5	Implements leadership skills, autonomy and advocates for the rights and needs of women and newborns and the midwifery profession.
5.6	Upholds public trust and promotes confidence in midwifery and health and care services by acting as an ambassador and role model
5.7	Uses cultural sensitivity and is aware of cultural differences in communication styles, customs, and beliefs so that trust and rapport can develop with diverse populations.
5.8	Organises and supports effective and meaningful communication skills with women, newborn infants, spouses, and families, and with colleagues.
5.9	Values evidence-based practice, including global recommendations and understands the process of integrating this research into clinical expertise, while taking into an account of women's preferences, level of ability of health professionals and students to help with decision-making.
5.10	Designs policy ,procedures and guidelines and promoting the importance of midwifery in improving maternal and neonatal health outcomes locally, nationally, and internationally.
5.11	Collaborates with other healthcare professionals to ensure comprehensive care for women and newborns. Engages in effective teamwork, communicates effectively with other members of the healthcare team, and resolves conflicts in a professional nonjudgmental manner.
5.12	Demonstrates the knowledge of quality improvement methodologies, and the skills required to actively engage in practice initiatives to promote quality care for all.
5.13	Implements quality assurance and risk management strategies.
5.14	Is accountable for documenting all communication, assessments, interventions, and decisions accurately in the woman's health records.
5.15	Assesses the competency and qualifications of healthcare personnel to whom care-related tasks are to be delegated and is responsible for continuous and vigilant supervision of delegated tasks. This includes monitoring progress, ensuring adherence to protocols, and intervening if necessary.
5.16	Acts as a mentor and preceptor to provide clear guidance, and supports clinical decision-making, problem-solving, and managing complex situations while also providing constructive feedback.
5.17	Adheres to and demonstrates knowledge of occupational health and safety guidelines and procedures, including infection prevention and control.
5.18	Incorporates information technology and data management competencies to support identification of practice problems or issues and optimize midwifery care, processes, and workflows.



5.19	Acts immediately and appropriately in accordance with the national and/or institutional Emergency, disaster and catastrophe plan as needed assuming a leadership role in triage and coordination of care for women and newborns.
5.20	Ensures a safe environment by identifying actual and potential risks and takes timely action to meet national legislations and workplace health and safety principles.
5.21	Acknowledges own limitations in knowledge, judgment and/or skills, and functions within those limitations.
5.22	Advocates for and contributes to the establishment and maintenance of a positive working environment that promotes innovation.
5.23	Contributes to the development, implementation, review and update of institutional policies, guidelines and procedures.
5.24	Contributes as appropriate to national health policy development and implementation.



Appendix 1

Scope of practice –Registered Midwife decision-making flowchart



(Adapted flowchart based on Irish Scope of Practice- Nursing and Midwifery Board of Ireland (NMBI, 2022)).

