

**Advanced Practice Activity  
Guidance to the Profession:  
Obstetrical Point-of-Care Ultrasound  
(POCUS OB)**



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*The College of Midwives of Alberta (CMA) Guidance to the Profession documents provide registrants with additional information and expectations for practice that supports comprehensive understanding and implementation of the CMA Code of Ethics, Standards of Practice, Alberta Competencies for Midwives, and Policies. Guidance documents may include clinical practice requirements. These will be clearly identified within the specific document.*

*Guidance documents may also identify best practices. As new evidence emerges, these documents may be updated. Please refer back to these Guidance documents regularly. Major changes that impact clinical practice will be communicated to registrants.*

## **Preamble**

Obstetrical Point-Of-Care-Ultrasound (POCUS OB) is a useful screening tool that may be offered in addition to routine examination and assessment during the provision of midwifery care. While POCUS OB does not replace comprehensive assessment by radiologists or obstetrical specialists, being able to quickly rule in a **normal** POCUS outcome enhances registrants' ability to provide comprehensive clinical care while reducing unnecessary **obstetric consultation** and wait times for basic imaging.

In addition, registrants who perform POCUS OB under their own authority may positively impact collaborative care relationships by improving time management outcomes for obstetricians, nurses and unit staff, by reducing workload and staffing burdens within the already over capacity health care system. Increased access to well integrated midwifery POCUS providers also improves client safety and satisfaction while maintaining continuity of care.

Registrants who wish to pursue **advanced authorization** for POCUS OB (including hands-on skill building), may complete the required coursework and application form for this **advanced practice activity** (See *Appendix A*). After successful application and College of Midwives of

Alberta (CMA) approval, registrants will be considered able to safely and competently incorporate POCUS OB into their clinical practice under their own authority.

## **Legislation and Regulation**

**Advanced authorization** is required for the application of non-ionizing radiation in point-of-care ultrasound imaging per the *Health Professions Restricted Activity Regulation (HPRAR, 2023) Section 35 (f)* as follows:

*35 A regulated member referred to in section 34 who has completed advanced training approved by the Registrar and has been specifically authorized by the Registrar on the basis of that training may perform in accordance with standards of practice the following restricted activities:*

*f) to apply non-ionizing radiation in point-of-care ultrasound imaging for obstetrical purposes.*

In addition, CMA *Standards of Practice, 1A General numbers 3,4 and 5 and Standard of practice 9: Ordering, performing and Interpreting Diagnostic Tests* refer to ultrasound imaging.

## **Purpose**

CMA supports registrants who choose to pursue **advanced authorization** in order to provide POCUS OB under their own authority. This document communicates CMA expectations and offers guidance around integrating POCUS OB into midwifery clinical practice. CMA recommendations for clinical practice have been determined through review of **evidence-informed** research and resources, risk management frameworks as well as current midwifery and medical guidelines and standards.

## **Scope**

This guidance document includes all CMA General and Courtesy registrants. Please refer to the *CMA Advanced Practice Activity Policy (2025)* for information regarding registrant eligibility for application.

## Definitions

**NOTE: Bolded terms** are defined in the *CMA Master List of Definitions* found on the CMA Website and [HERE](#). Definitions that have been included below are ones deemed most important for this guidance document.

**Advanced Practice Activity:** A CMA umbrella term for advanced authorizations and/or enhanced restricted activities. Both sets of activities are an extension of the entry-to-practice competencies (CMRC 2021, CMA 2021) and utilize the knowledge, skills and judgement that are included in the legislated scope of practice (*Schedule 13, HPA*). Advanced Practice Activities require approval by the CMA Registrar or Competence Committee to perform the activity, as set out in *Section 35 of the HPRAR (2023)*.

**Indeterminate:** A point-of-care-ultrasound (POCUS) specific term meaning an outcome or finding that cannot be definitively ruled in as benign and/or **normal** by POCUS standards. **Indeterminate** POCUS outcomes require additional testing, follow up and/or **consultation**.

**Normal:** A point-of-care-ultrasound (POCUS) specific term meaning a benign and/or **normal** outcome or finding that can be definitely ruled in via POCUS standards.

**Incidental to the practice of midwifery:** A broad term that encompasses all health care provided to **clients** by a CMA registrant that is aligned with the **scope of practice** (*Schedule 13*) and *Standards of Practice* of a CMA registrant. This term is found in the *HPRAR, sections 34 and 35*. See also **Obstetrical Purposes** below.

**Obstetrical Purposes:** Referring to the application of non-ionizing radiation that is **incidental to the practice of midwifery**.

## CMA Expectations

### Entry to Practice Competencies

Registrant competence is required in **entry to practice competencies**, as per the *Alberta Competencies for Midwives (2021)* across antepartum, intrapartum and **postpartum** segments for both **client** and fetus/newborn. This is specific to obstetrical ultrasound in the following areas:

1. General competency: *(m) order, perform and interpret results of screening and diagnostic tests, including ultrasound in accordance with HPRAR, Section 34*
2. Specific competency: Antepartum 1A *(k) Screening and diagnostic tests available and used during pregnancy, including ultrasound*
3. Specific competency: Antepartum 1B *(m) Ability to: order, perform and interpret screening and diagnostic tests . . . ultrasound as per HPRAR Section 34*
4. Specific competency: Postpartum Care of the Client 4A *(m) screening and diagnostic tests, including ultrasound for the postpartum period*
5. Specific competency: Postpartum Care of the Client 4B *(m) Ability to: order, perform and interpret screening and diagnostic tests and ultrasound tests according to established CMA Standards and Guidelines.*

### **CMA Position on Appropriate Clinical Setting**

CMA supports the application of POCUS in all clinical settings where a POCUS device/machine is available and where referral and/or **consultation** for additional testing can be made within a reasonable time frame for **indeterminate** findings.

### **Navigating Clinical Privileges in Hospital After CMA Approval and Authorization**

CMA has been advised by the PMAO that registrants will not be permitted to perform any **advanced practice activities** within **hospital / healthcare facilities** prior to explicit PMAO approval. Please see the *Advanced Practice Activities Policy* for full details.

### **Clinical Practice Considerations**

POCUS Ultrasound machines have a wide variety of settings and configurations that may require some practice to become familiar with. CMA expects that registrants performing POCUS OB in healthcare facility and community settings will familiarize themselves with the specific POCUS machine (settings, features etc.) available at their site of clinical practice.

CMA expects registrants to perform POCUS OB for indications that they have been trained and self-identify that they are competent to perform. There are multiple uses for POCUS OB that are

**incidental to the practice of midwifery** including, but not limited to:

1. Confirmation of vertex presentation
2. Confirmation of **normal** amniotic fluid levels
3. Confirmation of fetal heart activity and intrauterine pregnancy
4. Confirmation of the location of long-acting reversible contraception (LARC)
5. Estimation of gestational age in the first trimester.

### **Limitations**

Applying POCUS within an obstetrical capacity can be challenging for multiple reasons. Landmarking may be difficult especially at earlier gestations, and fetal parts (i.e. bones), can cause acoustical shadows that may interfere with accurate interpretation.

POCUS OB is used to “rule in” the presence of **normal** outcomes/findings. This requires the operator to obtain a high quality ultrasound image complete with appropriate landmarking.

### **Indeterminate Outcomes/Findings**

For situations where a high quality image cannot be obtained, **normal** outcomes/findings cannot be unequivocally ruled in or if the registrant is unable to achieve acceptable image quality in a reasonable amount of time; the registrant will consider the exam to be **indeterminate**, and a timely referral to a radiologist or obstetrical specialist will be recommended/initiated after informed choice discussion (with **client** consent) as per the *CMA Standards of Practice (2022), 1A. 2, 3, 4, and 5., Standard of Practice 9: Ordering, Performing and Interpreting Diagnostic Tests, Standard of Practice 11: Informed Decision-making.*

The CMA and Society of Obstetricians and Gynaecologists of Canada (SOGC) (2018) recommend against POCUS use for the following situations:

1. As a replacement for extensive or comprehensive obstetrical ultrasound evaluation
2. Where there is no medical indication for a POCUS exam, or where the **client** has requested POCUS for recreational or entertainment-based reasons

3. Where POCUS is being utilized as the sole examination tool
  - a. In most cases, routine midwifery assessments (i.e. abdominal palpation, symphysis fundal height (SFH) measurement, digital exam etc.) are more likely to provide clinically relevant information
  - b. POCUS should be utilized to enhance other methods of clinical assessment, within the context of the whole clinical picture

### Communicating Indeterminate or Suspected Abnormal Outcomes

For situations where the POCUS operator has obtained a high quality image that is suspected to be indicative of an **indeterminate** or abnormal outcome, POCUS best practice requires referral to community or facility based radiology or an obstetrical specialist for confirmation of this diagnosis.

Registrants are advised by CMA to limit discussion around **indeterminate** or abnormal findings to what the registrant can directly observe (i.e. being unable to observe fetal cardiac activity) and may prepare their **client** for possible outcomes as appropriate, while reinforcing that further formal assessment will be necessary before a definitive diagnosis can be made.

## Informed Choice Discussion Considerations

### Communication with Clients

Informed decision making is a core tenant of the *Canadian Model of Midwifery Care* (CAM, 2015), the process of which is detailed within *CMA Standard of Practice 11: Informed Decision Making*. CMA expects registrants to clearly communicate their current **scope of practice** and level of competence to both **clients** and consultant providers as follows:

1. Once **advanced authorization** is obtained by the registrant, that they are able to perform and interpret POCUS OB under their own authority
2. The client's current clinical situation and whether there are any risk factors or limitations around midwifery care provision where **consultation, shared care, and/or transfer of care** would be indicated

This table lists base requirements for informed choice discussions for this Advanced Practice Activity

<b>Informed Choice Discussion for POCUS OB</b>
<ol style="list-style-type: none"> <li>1. Indications for POCUS OB application</li> <li>2. A review of the known material risks, benefits and overall safety of POCUS OB; both maternal and fetal</li> <li>3. The role of POCUS as a screening tool within midwifery practice</li> <li>4. The experience level of the provider performing the exam</li> <li>5. Limitations around “ruling in” of <b>normal</b>, and the necessity of following up with further investigations if <b>indeterminate</b> outcomes/findings are identified or findings are suspected abnormal, which may include obstetrical <b>consultation</b> or <b>transfer of care</b></li> </ol>

### **Ultrasound Safety**

Registrants should be prepared to discuss ultrasound safety with **clients** as part of an informed choice discussion. While there is a theoretical risk of thermal effects (heating) of fetal tissues with extended and powerful ultrasound wave applications, ultrasound use (particularly at the low settings used for POCUS OB exams), has been shown to be safe with no demonstrated side effects or harms for either the **client** or developing fetus.

However, in order to reduce this theoretical risk, registrants should inform **clients** that the audible ultrasound function will not be used for auscultating the fetal heart rate due to the increase in power requirement and corresponding potential increase of thermal effects. Counting the fetal beats visually, using the ultrasound machine’s internal count function, or offering auscultation via handheld doppler for fetal heart tone assessments are considered to be appropriate alternatives.

### **Midwifery Compensation Considerations**

Application of POCUS OB is considered part of routine comprehensive midwifery care and therefore, should be considered to be already included within established publicly funded billing segments. Please see the *Advanced Practice Activity Policy* for further information.

## Documentation Requirements

CMA expects registrants to follow documentation requirements in alignment with CMA *Standard of Practice 2: Client Records and Record Keeping*. While developing this guidance document, CMA reviewed guidelines and POCUS position statements from the *Canadian Association of Radiologists (2013)*, the *American Institute of Ultrasound in Medicine (2019)* and the *American College of Emergency Physicians (2018)*. In alignment with these organizations, CMA requires the use of a standardized template for documenting and reporting POCUS exam findings while maintaining **client** confidentiality.

Registrants can find a standardized CMA template for documenting POCUS OB exams in *Appendix B* of this document, or may choose to develop their own template inclusive of the following criteria:

POCUS OB documentation should clearly indicate the following:

1. Client's name, date of birth, health care number (identifiers)
2. Informed choice discussion completion with either verbal or written consent (as appropriate) that acknowledges the benefits, risks and limitations of the POCUS exam
3. Where the POCUS ultrasound took place (name of community location or healthcare facility)
4. The name of the CMA registrant POCUS operator who performed the exam
5. The name of the **most responsible provider (MRP)** who will be expected to provide follow up clinical care to the **client** after completion of the POCUS exam. This may be the operator, another registrant or other provider depending on the context of the clinical care environment and role of the registrant providing POCUS
6. Date and time of POCUS exam

7. Indication for POCUS exam/clinical question being investigated
8. Name or type of POCUS exam performed
9. Presence of appropriate landmarks and overall image quality
10. Findings of **normal** or **indeterminate** outcome. Standard anatomical and radiological terminology is recommended to describe findings accurately
11. Significant **client** reactions, concerns or complications noted during the exam
12. Post POCUS clinical care plan (as indicated) including recommendations for:
  - a. Further follow up, assessment or testing
  - b. Referral for **consultation** and/or **transfer of care**
13. The **client's** informed decision to accept or decline clinical recommendations

### POCUS Image Capture

CMA recommends that registrants consider retaining captured images from POCUS OB exams wherever possible to facilitate accurate documentation of findings and associated rationale for clinical interpretation and ongoing care planning. Having access to captured images also allows for ongoing self audit, **peer review** and **quality improvement** processes, and enhances communication between health care providers when facilitating access to **consultation** and/or **transfer of care**.

As technology advances, there may be increased opportunities to capture images securely and attach them to the **client health record**. Ideally, registrants would be able to reliably capture, export and upload POCUS images into the **client's** electronic **health record**. CMA acknowledges there may be significant differences in POCUS image capture and/or storage capabilities between point-of-care ultrasound devices and cart-based ultrasound machines within operator settings and that standardized image capture may not be feasible in many cases due to a spectrum of technological, financial and practical barriers. One option currently available is the "Haiku App", which utilizes the healthcare provider's smartphone camera to take a picture that can then be attached to the **client's health record** within Connect Care. This may be a viable option for registrants when using POCUS OB at a healthcare facility where Connect Care is used.

Image capture documentation should include the following information (via metadata or annotated text on the image):

1. **Client's** name, date of birth, health care number
2. Where the POCUS ultrasound took place (location name)
3. Date and time of POCUS exam
4. Labelling of anatomic locations and image orientation when appropriate.

### **Obtaining CMA Authorization for Advanced Practice Activities**

1. Review and follow the steps listed in the *CMA Advanced Practice Activity Policy*
2. Complete the CMA approved coursework as listed below
3. Fill out the application form specific to this activity, located in *Appendix A* of this document

### **CMA Approved Coursework**

Registrants should consider whether their current clinical practice would be best served by pursuing basic or more comprehensive POCUS training. Registrants are expected to restrict assessment and interpretation of POCUS images to the extent of their current level of training, and for indications that are **incidental to the practice of midwifery**.

As **advanced authorization** pertains to the safe application of non-ionizing radiation in the form of point-of-care-ultrasound, registrants who gain authorization after completing a basic POCUS course may later decide to increase their knowledge and ability to interpret POCUS images in a more comprehensive capacity without needing to re-apply for authorization.

Advanced Authorizations s.35	Approved Coursework	Date Approved By CMA
Apply non-ionizing radiation in point of care Ultrasound imaging for <b>obstetrical purposes</b> (i.e. performing an ultrasound exam)	<b>Dr. Ray Wiss - The Emergency Department Echo (EDE) Course</b> <ul style="list-style-type: none"> <li>• <a href="https://edecourse.com">https://edecourse.com</a></li> <li>• <a href="#">Pregnancy EDE Course</a></li> </ul>	March 27, 2025
	<b>RAD-AID Ultrasound Course</b> (3 hr course)  <a href="https://portal.rad-aid.org/form/P7by4/rad-aid-womens-point-of-care-ultrasound">https://portal.rad-aid.org/form/P7by4/rad-aid-womens-point-of-care-ultrasound</a>	Nov 24, 2025
	<b>NAIT Ultrasound Course</b>  <a href="https://www.nait.ca/nait/continuing-education/programs/point-of-care-ultrasound-(pocus)?gad_source=1&amp;gad_campaignid=21080795444&amp;gbraid=0AAAAACpgrH8r3vkC8l_GhmLZOMOSfaTzB&amp;gclid=Cj0KCQiAyP3KBhD9ARIsAAJLnnb3T1bkEWZTKJ6Wr2JVmeyS1WEOyrOMlp2NyVfzprVZQCYsaYyzdWlaAhwqEALw_wcB">https://www.nait.ca/nait/continuing-education/programs/point-of-care-ultrasound-(pocus)?gad_source=1&amp;gad_campaignid=21080795444&amp;gbraid=0AAAAACpgrH8r3vkC8l_GhmLZOMOSfaTzB&amp;gclid=Cj0KCQiAyP3KBhD9ARIsAAJLnnb3T1bkEWZTKJ6Wr2JVmeyS1WEOyrOMlp2NyVfzprVZQCYsaYyzdWlaAhwqEALw_wcB</a>  PCUS101 (Pre-Requisite) PCUS106 PCUS107 PCUS 109	Nov 24, 2025
	<b>McMaster University - Point of Care Ultrasound For Maternity Care (POCUS)</b>  <a href="https://midwifery.mcmaster.ca/wp-content/uploads/2023/04/2025-POCUS-Primary-Obstetric-Care-Providers-McMaster-EOL.pdf">https://midwifery.mcmaster.ca/wp-content/uploads/2023/04/2025-POCUS-Primary-Obstetric-Care-Providers-McMaster-EOL.pdf</a>	March 27, 2025

	<p><b>UBC CPD - Hands-On Ultrasound Education Obstetrics (HOUSE OB)</b></p> <p><a href="https://ubccpd.ca/learn/learning-activities/course?eventtemplate=81">https://ubccpd.ca/learn/learning-activities/course?eventtemplate=81</a></p>	<p>March 27, 2025</p>
	<p><b>Milestones POCUS OB for vertex position (Basic/Limited Course)</b></p> <p>Milestones Diagnostics POCUS Fundamentals of Obstetrical Ultrasound for the Assessment of Fetal Vertex Position</p> <p>CMA has a copy of this Alberta developed Course Contact CMA for information about this course.</p>	<p>March 27, 2025</p>

**CMA Recommended Resources**

Canadian Point-of-care Ultrasound Society

1. Offers resources & optional membership along with the opportunity to be certified by their organization as an Independent Practitioner. This is not required by CMA.  
<https://cpocus.ca/acute-care-core/#maintain>
2. Disinfection of handheld ultrasound devices through COVID-19 pandemic  
<https://cpocus.ca/wp-content/uploads/2021/11/Cleaning-hand-held-US-device-protocol-March-28-2020Notes.pdf>
3. Disinfection of cart ultrasound devices through COVID-19 pandemic  
<https://cpocus.ca/wp-content/uploads/2021/11/Cleaning-cart-based-US-device-protocol-March-28-2020Notes.pdf>

Point-of-care Ultrasound (POCUS) Certification Academy

1. Offers publicly available (free) webinars and learning library resources including but not limited to:
  - a. Ectopic Pregnancy  
<https://www.pocus.org/resources/webinar-ectopic-pregnancy/>

- b. First Trimester Fetal Biometry  
<https://www.pocus.org/resources/1st-trimester-fetal-biometry/>
- c. Ultrasound Gold Standard For Evaluating Placenta & Twin Pregnancies  
<https://www.pocus.org/resources/ultrasound-gold-standard-for-evaluating-placenta-and-twin-pregnancy/>
- d. GP Code & First Trimester Scan  
<https://www.pocus.org/resources/gp-code-and1st-trimester-scan/>

## CMA Risk Management and Quality Improvement

Registrants are expected to maintain up to date knowledge and to review relevant guidelines, healthcare facility policies and research as part of providing **evidence-informed** midwifery care per the CMA *Standards of Practice*.

See the CMA *Advanced Practice Activity Policy - CMA Risk Management and Quality Improvement* section for further details.

### Continuing Competence Requirements

Registrants are expected to remain up to date with knowledge, emerging evidence and review relevant guidelines and facility policies in order to maintain competence. At CMA Annual Renewal, registrants will be asked to declare their continued competence in POCUS OB.

If a registrant identifies that they have not maintained competence, they are required to refrain from performing POCUS OB until they have completed remedial education to ensure competence as per CMA standards.

### Facilitating Learners

The following information is intended to provide guidance for registrants who have achieved this specific **advanced authorization** and are facilitating opportunities for learners as per *HPRAR, section 36*. As POCUS OB is not routinely part of Canadian midwifery education programs, exposure to theoretical curriculum and clinical practice opportunities offers students the opportunity to develop knowledge and competence early on within multiple clinical

placements with CMA registrant **preceptors, mentors** and other health care providers such as registered nurses on labour and delivery units and physicians who provide obstetrical care.

Registrants who facilitate opportunities for learners to strengthen **entry to practice competencies** pertaining to this **advanced practice activity** are expected by the CMA to provide the following:

1. Verbal review of the case with the learner prior to provision of POCUS OB
2. Verbal review of informed choice discussions had with the **client**, including **material** risks, benefits, alternatives and the option to decline POCUS OB
3. Verbal review of facility policies and processes for POCUS OB (i.e. consent forms, fetal monitoring requirements etc.)
4. Discussion around community norms/ healthcare facility routines for providing POCUS OB
  - a. Communication with healthcare facility staff, including if additional nursing support is needed
  - b. If transfer into a healthcare facility is required before providing (Specific Activity Name) (i.e. calling ahead to the unit to make aware of transfer and plan)
5. Verbal review of the order and process for performing POCUS OB
6. Discussion of plan for following up with further investigations if **indeterminate** outcomes/findings are identified or findings are suspected to be abnormal
7. Discussion of reasons for physician **consultation** and/or **transfer of care**
8. Documentation requirements
9. Debrief

Registrants who facilitate learners will be expected to identify they are doing so during the CMA Annual Renewal process. Please refer to the CMA *Advanced Practice Activities Policy* section *Facilitating Learners* for further information.

## Adverse Event Reporting

The known **material risks** (**common**, uncommon and rare) that are associated with POCUS OB are primarily related to operator error, particularly where errors have delayed the **client** from accessing urgent or emergent medical care which may negatively impact outcomes. This may include, but is not limited to:

1. Failure to correctly differentiate between **normal** or **indeterminate** outcomes/findings
2. Failure to recommend or facilitate appropriate follow up, referral or **consultation** with radiology or obstetrical specialists after identifying **indeterminate** outcomes/findings
3. Inappropriate application of POCUS resulting in significant delay of urgent/emergent clinical care and/or escalation of appropriate clinical care, (i.e. recommending a **client** have a POCUS assessment in clinic to confirm intrauterine pregnancy, rather than present to the emergency room for urgent/emergent care for symptoms consistent with ectopic pregnancy)

Please see *CMA Advanced Practice Activity Policy* for more information on adverse event reporting and the CMA role in **continuing competence** and professional conduct.

## Questions and Comments

Discussion with and feedback to the CMA is always welcome. For any questions, comments and/or feedback, please contact the CMA Registrar at: [registrar@albertamidwives.org](mailto:registrar@albertamidwives.org)

## References

AIUM Practice Parameter for Documentation of an Ultrasound Examination (2019)

<https://onlinelibrary.wiley.com/doi/10.1002/jum.15187>

Alberta Health Services POCUS Pilot Project (2022)

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-med-pocus.pdf>

American College Of Emergency Physicians (2018) Emergency Ultrasound Standard Reporting Guidelines

<https://www.acep.org/siteassets/uploads/uploaded-files/acep/clinical-and-practice-management/policy-statements/information-papers/emergency-ultrasound-standard-reporting-guidelines---2018.pdf>

Canadian Association of Midwives. (2015, Sept) Model of Midwifery Care

Canadian Association of Radiologists

Position Statement on the Use of Point of Care Ultrasound (2013)

<https://car.ca/wp-content/uploads/CAR-Position-Statement-on-the-Use-of-Point-of-Care-Ultrasound.pdf>

CAR Standard for Communication of Diagnostic Imaging Findings (2010)

Documentation Recommendations

<https://car.ca/wp-content/uploads/Communication-of-Diagnostic-Imaging-Findings.pdf>

Canadian Midwifery Regulators Council. (2021) Canadian Competencies for Midwives.

CPSA. (2020) Memo: Safety in Care Settings – What physicians can do.

Government of Alberta. (2000) Health Professions Act (Schedule 13)

Government of ALberta. (2023) Restricted Activities Regulation, Section 34, 35 (f), Section 36

SOGC (2018) Guideline: Obstetric Ultrasound Biological Effects and Safety

## **Related CMA Policies and Documents**

College of Midwives of Alberta. (2025) *Advanced Practice Activities Policy*

College of Midwives of Alberta. (2021) *Alberta Competencies for Midwives*

College of Midwives of Alberta. (2025) *Master List of Definitions*

College of Midwives of Alberta. (2022) *Standards of Practice for Registered Midwives in Alberta.*

*Standard of Practice 1: Professional Knowledge and Practice: 1A General (2,3,4,5)*

*Standard of Practice 2: Client Records and Recordkeeping*

*Standard of Practice 9: Ordering, Performing and Interpreting Diagnostic Tests*

*Standard of Practice 11: Informed Decision-Making*

*Standard of Practice 16: Medical Consultation*

*Standard of Practice 17: Medical Transfer of Care*  
*Standard of Practice 18: Shared Care*

**Appendix A - Advanced Practice Activity Application Form**

Application of Obstetrical Point of Care Ultrasound (POCUS OB)

**Instructions**

Upon approved course completion, please complete the following steps of the application for CMA consideration for advanced practice activity authorization.

1. Download and complete this application form in full. Registrants who wish to claim pre-existing competence in an advanced practice activity, are required by CMA to complete the *Declaration of Previous Coursework & Clinical Experience* section (see below), in order for their previous course work and/or clinical experience to be considered for CMA authorization
  
2. Attach documentation of proof of CMA approved course completion

**Applicant name:**

**Registration Number:**

**Email address:**

**Phone number:**

**Eligibility**

Are you a registrant in good standing?	Yes / No	Comments
Have no debts, fees, costs, fines, levies or assessments or any sums owing to the College		
Have a valid and current practice permit that is not subject to conditions because of a sanction from a CMA Hearing		

Are you currently suspended from practice by the CMA or any other regulated profession		
Are in default of returning any information, forms to the CMA required under the HPA or the CMA ** this includes <u>non-current</u> CMA profile information **		

**CMA Approved Coursework Completed:**

**Date Coursework Completed:**

Please contact CMA for any questions or assistance: [registrar@albertamidwives.org](mailto:registrar@albertamidwives.org)



registered midwife in another jurisdiction

6. Do you have documentation to support that you have successfully obtained this **advanced practice activity**? Eligible documentation may include any of the following: MEP curriculum outlines and proof of course completion; MEP documentation of theory and/or clinical skill assessment; signed **preceptor** forms or letters acknowledging skill acquisition from an authorized provider or clinical **mentor**; course and/or educational program completion certificates
  
7. If YES, please specify which eligible documentation you are including and continue to complete the remainder of the application below:
  
  
  
  
  
  
  
  
  
  
8. If NO, please choose and complete one of the CMA approved courses and then complete this application
  
  
9. Attach this application along with all eligible documentation of course work and/or skill acquisition and submit as per the submission instructions at the end of this document

**NOTE:** As per *CMA Advanced Practice Activities Policy*, CMA reserves the right to consider each applicant's individual situation and may require that specific conditions are met before application approval and advanced practice activity authorization can be granted.

**Registrant Declaration of Application Accuracy**

I declare that I have provided factual information in this application and agree that:

1. I have maintained **entry to practice competencies** in the following required areas:
  - a. General competency: *(m) order, perform and interpret results of screening and diagnostic tests, including ultrasound in accordance with HPRAR, Section 34:*
  - b. Specific competency: *Antepartum 1A (k) Screening and diagnostic tests available and used during pregnancy, including ultrasound:*
  - c. Specific competency: *Antepartum 1B (m) Ability to: order, perform and interpret screening and diagnostic tests . . . Ultrasound as per HPRAR Section 34:*
  - d. Specific competency: *Postpartum Care of the Client 4A (m) screening and diagnostic tests, including ultrasound for the postpartum period:*
  - e. Specific competency: *Postpartum Care of the Client 4B (m) Ability to: order, perform and interpret screening and diagnostic tests and ultrasound tests according to established CMA Standards and Guidelines:*
2. I have read, reviewed and incorporated the requirements outlined in the CMA Advanced Practice Activities Policy.:
3. I have completed the CMA required education, training and /or skills acquisition to safely incorporate the **advanced practice activity** into my clinical practice.:

**Registrant Signature:**

**Date:**

*(CMA will accept electronic signature)*

**Please allow 2 – 3 working weeks for CMA to respond.**

## Instructions for Submitting Your Advanced Practice Activity Application

1. **Save Your Application.** After completing this application form, save a PDF copy to your device. You will need this for submission through the Registrant Portal.
2. **Access the Registrant Portal.** Go to your Registrant Portal on the CMA website and click on Form 02 - Continuing Competence and Registration Requirements, found under the Links section.
3. **Start the Submission Process.** Within Form 02, under Select Action, choose Upload Advanced Practice Activities.
4. **Select Document Type.** Under Document type, click the title of the Advanced Practice Activity you are applying for.
5. **Enter Date of Completion.** Provide the date the Advanced Practice Activity course requirements were completed.
6. **Upload Your Application.** Upload the PDF copy of your completed application (from Step 1)
7. **Upload Coursework.** Combine all supporting course documents into a single PDF file. This may include:
  - a. Course completion certificate
  - b. Exam results
  - c. Course objectives or syllabus
  - d. Any additional evidence of completion.Upload this combined file.
8. **Complete the Declaration.** Sign and date the Declaration Section at the end of the form

The CMA Competence Committee/Registrar will review the completed Advanced Practice Activity Application Form, confirm proof of appropriate course completion and evaluate the Registrant's written submissions and requirements.

After this review, and any pending submissions have been made, the Registrar will send the Advanced Practice Activity and Continuing Competence Requirements Letter to the registrant.

Please contact the CMA with any additional questions or concerns.

**Appendix B - Standardized POCUS Documentation Template**

<b>Client Name:</b>		<b>DOB:</b>	<b>ULI:</b>
<input type="checkbox"/> Informed choice discussion completed <input type="checkbox"/> Limitations of POCUS reviewed <input type="checkbox"/> Verbal consent given by client to proceed with POCUS exam		<b>Date (dd/month/yr):</b>	<b>Time:</b>
<b>POCUS Operator:</b>	<b>Designated MRP for follow up:</b>	<input type="checkbox"/> Documentation sent to MRP with client consent. <input type="checkbox"/> N/A	
<b>Name of POCUS community or facility location:</b>	<b>Clinical indication for POCUS Exam:</b>	<b>Type of POCUS exam performed:</b>	
	<b>Clinical question being investigated:</b>		
<input type="checkbox"/> Presence of appropriate landmarks (list below):  <input type="checkbox"/> Acceptable POCUS image quality <input type="checkbox"/> Unacceptable POCUS image quality		<input type="checkbox"/> Images captured and filed to EMR  <input type="checkbox"/> N/A	
<b>POCUS Examination Findings:</b>			
<input type="checkbox"/> <b>Normal</b> <input type="checkbox"/> <b>Indeterminate</b> (requires referral to radiology / obstetrics for further assessment)			
<b>Clinical Recommendations:</b>			
<b>Client Response:</b>			