

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## STANDARDS OF PRACTICE POLICY

This document provides a detailed interpretation of the *Standards of Practice* for the purpose of defining the practice of midwifery in British Columbia. This interpretation provides direction to members regarding the parameters of the *Standards of Practice*.

The College of Midwives of British Columbia requires its members to review all College policies and updates, to act responsibly and with integrity and to maintain appropriate levels of competence.

### STANDARD ONE

***The midwife shall be the primary care provider within the midwives' scope of practice.***

The midwife:

- 1.1 is an autonomous health care professional governed by the College of Midwives of British Columbia;
- 1.2 practises within scope without supervision, and takes full responsibility for the care provided;
- 1.3 practises within a community as a primary care provider for clients during pregnancy, birth and the postpartum period.

### STANDARD TWO

***The midwife shall collaborate with other health professionals and, when the client's conditions or needs exceed the midwives' scope of practice, shall consult with and refer to a physician.***

The midwife:

- 2.1 shares records and information with the client's physician and other health care professionals with informed consent of the client;
- 2.2 initiates physician consultation and transfer of primary care where appropriate and in accordance with the College of Midwives' policies;
- 2.3 makes use of professional, technical and administrative resources that serve the interests of the client;
- 2.4 makes use of community resources and groups that serve the interests of the client.

### STANDARD THREE

**If the pregnancy becomes high-risk and primary care is transferred to a physician, the midwife may at the request of the client continue to counsel, support and advise the client.**

The midwife:

- 3.1 in a supportive care role, is not responsible for the provision of clinical care, but shall work cooperatively within the midwife's scope of practice with the primary care team;
- 3.2 documents clearly in the client's records when a transfer of care has taken place and then is no longer responsible for documentation;
- 3.3 provides supportive and/or primary care after the birth at the client's request.

## **STANDARD FOUR**

***The midwife shall work in partnership with the client recognising individual and shared responsibilities.***

The midwife:

- 4.1 develops a plan for midwifery care together with the client;
- 4.2 facilitates open and interactive communication with the client;
- 4.3 shares all relevant information with the client;
- 4.4 supports the client's role as the primary decision maker in care;
- 4.5 involves the client's family accordingly;
- 4.6 respects the client's value system;
- 4.7 practises in a manner which respects cultural differences.

## **STANDARD FIVE**

***The midwife shall uphold the client's right to informed choice and to provide consent throughout the childbearing experience.***

The midwife:

- 5.1 shares relevant information with clients in a non-authoritarian, cooperative manner;
- 5.2 encourages clients to actively participate in care and to make choices about the services they receive and the manner in which care is provided;
- 5.3 discusses the scope, standards of practice and limitations of midwifery care with the client;
- 5.4 acts as an advocate for clients;
- 5.5 respects the client's right to decline treatments or procedures;
- 5.6 advises the client of professional judgement with respect to safe care.

## **STANDARD SIX**

***The midwife shall provide continuity of care to the client according to the Model of Practice throughout the childbearing experience.***

The midwife:

- 6.1 provides comprehensive midwifery care during all trimesters of pregnancy, and throughout labour, birth, and postpartum;
- 6.2 provides, within the midwifery practice, 24 hour on-call availability to clients, keeping them informed of the practice's call schedule;
- 6.3 establishes and maintains a consistent and coordinated approach to clinical practise, when sharing primary care with another midwife;
- 6.4 ensures that no more than four midwives within a practice shall provide care to an individual client.

## **STANDARD SEVEN**

***The midwife shall respect the client's right to make informed choices about the setting for birth and shall provide care in all appropriate settings. In each case, the midwife shall assess safety and risk considerations and inform the client.***

The midwife:

- 7.1 provides the client with the required information, including that related to safety, to make an informed choice about appropriate settings in which to give birth;
- 7.2 provides care in a variety of settings including hospitals, homes and birth centres;
- 7.3 promotes a safe environment for the birth experience;
- 7.4 notifies the appropriate agencies when any safety concerns arise.

## **STANDARD EIGHT**

***The midwife shall make every effort to ensure that a second midwife or qualified birth attendant who is currently certified in neonatal resuscitation and cardiopulmonary resuscitation assists at every birth.***

The midwife:

- 8.1 is responsible for primary care throughout the full course of care;
- 8.2 ensures that a second midwife, or a qualified second attendant approved by the College, is available and in attendance at all births regardless of setting;
- 8.3 shall inform the client of the arrangements for a second midwife or qualified birth attendant and ensures the client's consent to those arrangements.

## **STANDARD NINE**

***The midwife shall ensure that no act or omission places the client at unnecessary risk.***

The midwife:

- 9.1 uses current knowledge and established policies and protocols within the practice to plan and implement midwifery care;
- 9.2 provides on-going assessment and modifies planned care as required;
- 9.3 responds promptly and appropriately to emergency situations;
- 9.4 maintains access to appropriate equipment and supplies;
- 9.5 does not abandon care of a client during the course of labour;
- 9.6 refers to another appropriate practitioner when the ability to practise safely is mentally or physically impaired.

## **STANDARD TEN**

***The midwife shall maintain complete and accurate health care records.***

The midwife:

- 10.1 uses records that facilitate accurate communication of information to and from consultants and institutions;
- 10.2 reviews and updates records at each professional contact with the client;
- 10.3 ensures prompt entry of screening and diagnostic test results, treatments and consultations into health care records;
- 10.4 ensures that records are legible, signed and dated;
- 10.5 documents decisions and professional actions;
- 10.6 documents informed choice discussions;
- 10.7 documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;
- 10.8 makes every effort to document events contemporaneously;
- 10.9 refers to part 7 of the college Bylaws for additional requirements regarding client records.

## **STANDARD ELEVEN**

***The midwife shall ensure confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client.***

The midwife:

- 11.1 establishes procedures, including systems for storing and disposing of records, which protect the confidentiality of information within the midwifery practice.

## **STANDARD TWELVE**

***The midwife shall be accountable to the client, the midwifery profession and the public for safe, competent and ethical care.***

The midwife:

- 12.1 informs the client as to complaint and review procedures established under the *Act* and the Bylaws;
- 12.2 participates in mortality and morbidity reporting and review processes as required by institutional policies and the College of Midwives of British Columbia;
- 12.3 participates in quality management programs as established by the College of Midwives of British Columbia.

### **STANDARD THIRTEEN**

***The midwife shall participate in the continuing education and evaluation of self, colleagues, and the community.***

The midwife:

- 13.1 involves the client in evaluating midwifery practice and integrates the results of the evaluation into the practice;
- 13.2 participates in peer review;
- 13.3 adjusts clinical practise after review of current literature and appropriate education or training;
- 13.4 shares knowledge with colleagues and students and assists in developing mechanisms to promote this sharing;
- 13.5 maintains current knowledge of academic and professional research based on developments that are directly related to midwifery practise.

### **STANDARD FOURTEEN**

***The midwife shall critically assess research findings for use in practice and shall support research activities.***

The midwife:

- 14.1 complies with bylaw 84 when engaged in any research activities;
- 14.2 identifies areas for research, shares research findings and incorporates these appropriately into practice;
- 14.3 ensures that the research in which midwives participate meets acceptable standards of research methodology and design, and is consistent with the College's *Code of Ethics*.

### **STANDARD FIFTEEN**

***The midwife shall only prescribe, order or administer drugs and substances in the categories as set out in Schedules A and B of the Regulation and these shall be prescribed, ordered or administered in accordance with the Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs.***

### **STANDARD SIXTEEN**

***The midwife shall only order, perform or collect samples for and interpret screening and diagnostic tests in accordance with the Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests.***