

SUPPORTIVE CARE POLICY

A midwife may provide supportive care when another health care professional is the primary caregiver. This usually takes place after a transfer of care during the pregnancy or labour, or in the postpartum period. Because a midwife must continue to meet her annual active practice requirements for births attended as a principal midwife, supportive care can only make up a small portion of a midwife's annual caseload.

Supportive care can involve education, counselling and advocacy in a collaborative relationship with the primary caregiver. It may also include labour support and assistance with infant feeding. A midwife in a supportive care role is not responsible for the provision of clinical care, but may work co-operatively within her scope of practice with the physician/nurse team. After the birth has occurred the midwife may provide primary care to the healthy newborn. Primary care responsibility for the mother may also be transferred back to the midwife after the birth, or the midwife may continue to provide supportive care to either the mother or newborn, should specialist care continue to be required.

It needs to be clear to all those involved in the woman's/newborn's care who the primary caregiver is at any given point in time. Whenever a transfer of care between a midwife and another primary caregiver takes place, it should be clearly documented in the client's records. The midwife is no longer responsible for record keeping after care has been transferred. However, she may include a summary of the supportive care she provides in the midwifery records.

These provisions for supportive care are consistent with the principle of continuity of care and enable the midwife to resume primary care if and when it becomes appropriate.