

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POLICY ON PRACTICE PROTOCOLS

A practice protocol is defined as a written plan that outlines and guides midwifery clinical practice and also outlines how care of clients is coordinated in midwifery practice. A protocol describes how a practice manages specific areas of care during the antenatal, intrapartum and postpartum period. Protocols may include a reference to specific guidelines that a midwife develops with the members of the practice group or adopts in order to support evidence-informed practice. Having practice protocols encourages transparency in providing client informed choice, and helps to ensure a consistent approach to practice within a group of midwives sharing care.

Protocols should be consistent with the *Midwives Regulation*, the *Bylaws for the College of Midwives*, *CMBC Standards of Practice*, the *Midwifery Model of Practice*, and other policies of the College of Midwives. Protocols should reference the current available evidence and be reviewed and/or updated within a reasonable time period.

Practices may identify and adopt the following as their practice protocols: Clinical Practice Guidelines from CMBC, PSBC, SOGC, midwifery department, health authorities or from other Canadian sources developed to guide specific areas of practice. Where the midwife or midwives believe that existing guidelines do not adequately address the scope of midwifery practice (e.g. out-of-hospital birth), the current evidence, or the conditions of practice in their community, the midwife or midwives may decide to add to or otherwise adapt one of these existing guidelines or to develop their own.

Each practice is required under the *Midwifery Model of Practice* to have a written protocol describing how care of clients and their newborns is coordinated in the practice. This practice protocol must include:

- a way for current information on each client to be communicated to the on-call midwife;
- regular review of each client's chart to ensure that an appropriate schedule of visits is maintained and clinical concerns are followed up in a timely manner; and
- a process for evaluating the system's effectiveness.

Each registered midwife is also required to have a home birth transport plan in place that establishes transport protocols to hospital in an emergency situation. The *Policy for Home Birth Transport Plan* outlines the midwife's responsibility in establishing transport protocols.

Except for the above required protocol on coordinating care and the required transport plan, practice protocols should be adopted or developed **as needed** for care during pregnancy, labour and birth, postpartum (maternal and newborn), emergency situations, and maternal and perinatal loss. Protocols should be accessible to all practice members, including locums, and to clients upon request, reviewed regularly to ensure currency, and revised as necessary using available evidence, relevant community standards, and client feedback.

Practices should maintain a written record of the protocols that are or have been followed by the practice for at least the previous five years. Any of the following systems is acceptable:

1. A record of protocols that includes the date that each protocol came into effect within the practice, or
2. A list of protocols, along with the dates that they were in effect within the practice, and an indication of where the protocol is located.