POLICY ON SUPPORTIVE CARE

A midwife may provide supportive care when another health care professional is the primary caregiver. This usually takes place after a transfer of care from midwife to physician during the pregnancy or labour, or in the postpartum period. Supportive care should only make up a small portion of a midwife's annual caseload[1].

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 as arranged with the physician who has assumed the primary care role. After the birth has occurred the midwife may provide primary care to the newborn as indicated. Primary care responsibility for the client may also be transferred back to the midwife after the birth, or the midwife may continue to provide supportive care to either the client or newborn, should specialist care continue to be required.

It must be clear to all those involved in the client and/or 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 medical record. The midwife must continue to document a summary of the supportive care provided in the medical record.

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.

[1] To ensure adherence with Standard 1 of CMBC's Standards of Practice (midwife as primary care provider). Midwives must apply and be approved for an alternate practice arrangement (APA) if they work in a practice that routinely provides a high volume of supportive care.