



BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

Contact us

GENERAL INQUIRIES

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1.866.880.7101 toll-free within
Canada only
info@bccnm.ca

REGISTRATION

register@bccnm.ca
midwivesregister@bccnm.ca

REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

COMPLAINTS

complaints@bccnm.ca
Fax 604.899.0794





April 7, 2020

More COVID-19 FAQs from CMBC

Dear Midwives,

I hope this email finds you well. Today's FAQs are a bit shorter- perhaps a reflection of the stability we are starting to see with respect to the COVID-19 situation in BC. Whether this is a temporary lull or indeed a sign of stability, I encourage you to keep up with all the extraordinary measures you're taking to keep your clients, yourselves and your families healthy.

Q: My client has COVID-19 and is refusing a hospital birth. Must I attend them if they call me in labour?

A: Yes, you must attend your client in labour - but you are not ethically obligated to attend them at home if they have COVID-19, even if this is where they have chosen to give birth. In this scenario there are additional, exceptional considerations to those that are typical of client requests for care outside standards, as related to your safety.

Midwives, like all health care providers, have an ethical duty to provide care, even when it involves potential exposure to some risk of harm. However, when faced with certain and significant harm to themselves, such as may be the case in attending a COVID-19 positive client at home without appropriate PPE and without access to appropriate IPAC measures which are available in hospital, midwives are not ethically obligated to provide such care. If faced with a COVID-19 positive client who requests home birth, you would not be abandoning care by agreeing to attend them only in the hospital. You would be, however, required to explain the rationale for your approach to the client in advance of labour. As always, it is important to document in detail such requests, associated consultations, informed choice discussions and decisions that follow.

For further information on the ethics of duty to provide care during a pandemic, I strongly urge you to read the BC Government's associated [guidance document](#).

Q: I just found out that my MOA has confirmed COVID-19. Several clients were exposed while visiting my clinic. Do I inform the exposed clients and if so, what advice should I give them?

A: Yes. You need to disclose to affected clients that there has been a confirmed case of COVID-19 in your clinic and that they have potentially been exposed. You should encourage them to self-monitor and self-isolate: guidance on what this means can be found on the BCCDC website [here](#).

Q: How many Temporary (Emergency) midwives have registered to date?

A: At present, we have registered seven midwives in this category. There is one additional application in progress at this moment.

Q: Do you know if the rate of home birth has gone up in the month of March?

That all depends on you! We can report on this once all March 2020 births are rostered. Thank you in advance for rostering your March 2020 births in a timely manner (the deadline is April 15th, 2020).

We will reach out again on Thursday this week as planned, unless there are no pressing updates to make at that time. Should that be the case, we will send our next communication on Tuesday, April 14th, 2020.

Sincerely,

Louise Aerts
Registrar & Executive Director