



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.

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March 26, 2020

Questions and Answers for Midwives: COVID-19

Dear Midwives,

I would like to start this communication by thanking you for your incredible efforts to continue to care for your clients during this pandemic. You have been remarkably dedicated to your clients - all while figuring out how to change the way you practice and the way you live on the fly. I know your professionalism will stand out in the provision of care during this pandemic.

I have compiled the following list of questions and answers about midwifery practice during a pandemic and Provincial Health Officer Dr. Bonnie Henry's [March 23, 2020 update for regulated health professionals](#).

What does this update from the Provincial Health Officer mean for midwives?

The PHO's update is consistent with our previous advice and guidance: to use your professional judgement to adapt your practice to align with the recommendations made by the BC Centre for Disease Control (BCCDC), the Provincial Health Officer and the Canadian Public Health Agency, in the context of a rapidly unfolding pandemic. I recognize that you have the expertise to make decisions and provide care based on the unique needs of each client. I know that all of you are balancing how to make the care and safety of your patients your first concern with other critical considerations related to your own health and the health of your families. During this emergency, midwives are taking measured approaches to varying practice standards as the situation demands. I have confidence in your professional judgement.

However, in light of the extraordinary situation brought about by the COVID-19 pandemic, CMBC is now offering more detailed guidance in a number of key areas related to community-based care. These will be addressed in the following questions and answers.

In her update, Dr. Henry said: "All non-essential and elective services involving direct physical contact with patients and clients should be reduced to minimal levels, subject to allowable exceptions, until further notice." What is considered "non-essential" or "elective" midwifery care during the COVID-19 pandemic?

Antenatal, intrapartum and postpartum care are all considered to be essential care. However, the way in which midwives provide this essential care may be pared down or adapted during a pandemic in terms of number and length of visits, and how care is delivered.

What is considered an appropriate schedule of antenatal visits with physical assessment during a pandemic?

During the COVID-19 outbreak, CMBC endorses the WHO's recommended eight (8) visit antenatal visit schedule as a minimum standard for low risk, healthy clients. This should include:

- One visit at or around 12 weeks
- Two visits during the second trimester: at or around 20 weeks and 26 weeks
- Five visits during the third trimester: at or around 30 weeks, 34 weeks, 36 weeks, 38 weeks and 40 weeks
- Additional visits at 41 weeks and beyond should be provided on an as-needed basis

This is consistent with other provinces' and professions' current approaches to a minimum antenatal visits schedule at the time of this letter. In addition, use your professional judgment to determine flexibility in terms of gestational age at time of visit and whether additional antenatal visits are necessary. Individualized care plans will be necessary according each client's individual clinical circumstances and level of risk.

What is considered an appropriate schedule of postpartum visits involving physical assessment during a pandemic?

CMBC endorses the following reduced minimum in-person postpartum visit schedule in order to reduce community transmission of COVID-19:

- One visit within the first 48 hours of birth
- One additional visit within the first week
- One visit at or around six (6) weeks for discharge

Additional in-person visits should be arranged as needed based on your clinical judgement; consider virtual visits where appropriate.

How should visits be conducted?

When in-person clinical care is required, use your clinical judgement to determine the shortest appointment length possible and focus on physical assessments only. The remainder of each visit (education, informed choice discussion, prescriptions, counselling, information sharing, support) should be delivered virtually wherever possible.

How can I promote social distancing in my clinic and in clients' homes?

In order to maintain social distancing in clinic and in clients' homes, midwives may consider the following:

- Maintain a distance of two (2) metres from your clients and their families at all times, unless providing direct physical care
- Create a distance of two (2) metres or a physical plexiglass barrier between your support staff and clients

- Maintain a distance of two (2) metres apart between seats in your waiting room, or close your waiting room altogether
- Ask clients to wait in their vehicles until their appointments begin or offer a clinic room to wait in to support social distancing while waiting for the appointment
- Ask clients to attend appointments without extra support people where appropriate
- Schedule time between visits to reduce client overlap and to ensure time to disinfect surfaces
- Ask clients to have their other children cared for by another adult during home visits, if possible

Where can I find more information on providing virtual care?

The Office of Virtual Health and Digital Health Team at Provincial Health Services Authority (PHSA) has developed a Virtual Health toolkit for use during the COVID-19 pandemic: <http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit>. The toolkit provides information on virtual care technology solutions, endorsed by the Ministry of Health and PHSA. COVID-19 resources on the BCCDC website also link to the toolkit.

The Virtual Health toolkit includes email as a solution, and notes that Canadian privacy laws apply to email accounts based in Canada. BC's Personal Information Protection Act (PIPA) outlines rules applicable to private practice registrants about the collection, use, and disclosure of information. Ensure your virtual care solution is PIPA compliant.

How should I screen my clients for COVID-19?

Before any in person client encounter:

- Ask the client if they are experiencing any symptoms of COVID-19, as described by the BC Centre for Disease Control (BCCDC), including cough, sneezing, fever, sore throat, and difficulty breathing.
- Ask about any recent travel outside of Canada.
- Ask about any contact with individuals who have a confirmed or presumptive diagnosis of COVID-19.
- Pre-screen clients by phone if possible.

How do I safely provide care to a client with respiratory symptoms, confirmed or presumptive COVID-19?

All midwives who have direct contact with patients with presumptive or confirmed COVID-19 must engage in droplet and contact precautions: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

For Aerosol Generating Medical Procedures (AGMPs), midwives should observe airborne, droplet and contact precautions.

How can I safely provide in-person antenatal and postpartum care in the community to healthy clients?

First, screen all clients for COVID-19 prior to any in-person encounters.

If the client does not have respiratory symptoms and needs to be seen in the community (in your clinic or at home), CMBC recommends social distancing as detailed above, hand and cough etiquette, and that you follow the PPE requirements for care in the community according to the protocols issued by your Health Authorities. At this time, these requirements are varied and rapidly changing due to the nature of the distribution of COVID-19 cases across the province. For many midwives this means wearing surgical/procedural masks, eye protection and gloves when providing any direct care to their clients in the community. We will keep you updated if this becomes a provincial requirement; in the meantime, follow the direction issued to health care providers with regards to PPE in the community from your health authority, the Provincial Health Officer and the Canadian Public Health Agency. The World Health Organization also provides interim evidence-based direction on PPE; consider this in conjunction with local, provincial and federal recommendations.

Given that COVID-19 can be asymptomatic, and that it's hard to maintain social distancing during labour and birth, should I be offering home birth if I don't have access to personal protective equipment (PPE)?

CMBC supports you in adjusting your clinical practice around choice of birthplace in a way that keeps you protected, and your clients attended, in conjunction with your own health needs and what is available to you in terms of PPE. We recognize that some midwives will shift their practice to hospital birth only, until appropriate PPE can readily be acquired for home birth. We recognize that despite this, some clients will continue to choose to birth at home and midwives will attend them. We also recognize that some midwives will choose to continue to offer home birth using their professional judgement and without full PPE. In all cases, CMBC supports you. Please do your best to provide care at home births using the PPE available to you and in conjunction with your health authority requirements.

We also recognized that some midwives do not have the option to obtain full PPE for hospital births and will need to continue to attend births both at home and in their hospitals without full PPE. Again, all you can do is your best with what measures and equipment is available to you. Obtaining adequate PPE for all midwives is a huge priority right now, and we will continue to keep you regularly updated.

As a health care worker, when do I need to self-isolate?

All health care providers are required to self-monitor daily and use appropriate IPAC measures and PPE available to them when providing care. If you develop symptoms consistent with

COVID-19, you should obtain screening, self-isolate and contact 8-1-1. If you develop symptoms while providing care, immediately put on a mask and finish any essential services you are providing before self-isolating.

What other support can I expect from CMBC as my regulator during the pandemic?

We recognize that as midwives, you are incurring unprecedented amounts of physical, emotional and financial stress while continuing to care for an incredibly important and vulnerable sector of society. CMBC is here to support you during this challenging and tumultuous time as much as we can. We will continue to provide guidance and information in accordance with rapidly changing recommendations on our website and as needed by email. We encourage you to check our website regularly and at a minimum, you can expect to hear from us by email at least twice a week, if not more. We are here to listen and answer your questions. We will register Temporary (emergency) registrants quickly and efficiently, and exercise as much flexibility as possible within our *Bylaws* and *Regulations*. We will remain actively involved in a COVID 19 Task Force including representatives from MABC, CMBC, and PSBC, as well as individual midwifery leaders including MABC's Indigenous Lead, to ensure a coordinated response to this fast-paced evolving crisis and more streamlined communications.

Wishing you good health and resilience,

Louise Aerts
Registrar & Executive Director