



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

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REGISTRATION

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March 31, 2020

COVID-19 FAQs from CMBC

Dear Midwives,

I hope you will not tire of my expression of gratitude to you for your continued provision of excellent and responsive care for your clients during this uncertain time. Thank you for all that you do.

Today we are following up with answers to emerging questions about COVID-19 as related to place of birth decision-making, midwifery scope of practice, temporary (emergency) registration and more.

Q: My hospital and health authority require different PPE than what is recommended by the BCCDC for asymptomatic clients. What do I do, and what PPE should I use for home birth?

A: In order to meet standards, we advise that:

- when in hospital, to follow protocols set by your hospital. For example, BC Women's Hospital requires providers to wear a mask, eye protection and gown and gloves for all asymptomatic client encounters including at time of birth, but different hospitals may have different requirements.
- when providing care in the community, follow protocols set by your health authority. For example, Vancouver Coastal Health requires providers to wear masks, eye protection and gloves for all asymptomatic client encounters in the community.
- when providing care in the hospital or community and where hospital or health authority protocols do not yet exist, follow the recommendations set by the BCCDC. This means ensuring proper hand hygiene for general asymptomatic client encounters and during home birth, wearing a mask, eye protection, gown and gloves at time of birth.

We hope this provides a bit of clarity for now. Requirements may change and we encourage you to stay up to date on guidance from your hospitals, health authorities and the BCCDC.

Q: How many midwives have registered as Temporary (emergency) registrants?

A: To date, CMBC has registered one midwife as Temporary (emergency). Six midwives are in process of applying for this category of registration and eight have expressed interest. Please note: CMBC can register eligible midwives to this category within 24 hours of application, seven days a week. Please encourage midwives who are interested and eligible to assist with unanticipated workload in your community to reach out to CMBC as soon as there is a confirmed need for their help.

Q: Can I provide postpartum care beyond six (6) weeks?

A: Yes. In accordance with the *Midwives Regulations*, you may provide postpartum care to adult and newborn clients up to 12 weeks (three months) after birth. However, please continue to refer newborns to public health, their family doctors or their nurse practitioners for routine two-month newborn immunizations: these are not yet within midwifery prescribing standards.

Q: Can I be “midwife of the day” if my community or hospital needs it?

A: Yes. Given the state of emergency, you may contribute to the COVID-19 workforce by providing midwifery services within scope to clients other than your own. This may translate to a hospitalist or “midwife of the day” role and/or other collaborative approaches to rounding, discharging, labour and postpartum care.

Q: Are there any special considerations for using social media right now?

A: Yes. It is critical that midwives, as trusted health care providers during a time of great uncertainty, ensure professionalism is maintained when participating in social media. Carefully consider your intention when sharing information about yourself, your practice and the COVID-19 pandemic. Before posting, ask yourself if the content could be misconstrued or interpreted as unprofessional.

Q: Can I safely offer home birth if a household member is in self-isolation, has respiratory symptoms, presumed or confirmed COVID-19?

A: I encourage you to make these decisions on a case-by-case basis, using your professional judgement and in the context of PPE available to you. For example, in the case of an afebrile household member in self-isolation or with mild respiratory symptoms (such as a runny nose), home birth may be cautiously considered so long as there is appropriate household disinfection, PPE for the midwife, separation and/or PPE of the household member during labour/birth and home birth equipment disinfection post-birth. However, in the case of a febrile household member with respiratory symptoms, presumed or confirmed COVID-19, hospital birth is indicated for both client and provider protection. The same principles apply to home visits. We recognize that these may be difficult conversations to have with clients and that clients may request care that is not in your best interest as a provider. We encourage you to document thoroughly and to call CMBC for further case-specific guidance as needed.

Q: If I have a client who is suspected (PUI) or confirmed to have COVID-19, do I need to transfer care?

A: At a minimum, physician consultation is required for any client with suspected or confirmed COVID-19. Transfer of care may also be required depending on the community where you practice and the client’s health status. Although you can remain in a supportive care role for transferred clients, your physical access may be restricted on the basis of minimizing providers

to COVID-19 exposure and availability of PPE. We encourage you to discuss protocols for consultation, transfer and supportive care with your consultants and hospitals.

We will connect again on Thursday this week should more CMBC- oriented questions arise. Please do not hesitate to contact us if you have any questions in the meantime.

Sincerely,

Louise Aerts
Registrar & Executive Director