

**FOR BCCNM REGISTERED MIDWIVES**

# 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 Registrant 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 Registrants sharing care.

Protocols should be consistent with the *Midwives Regulation*, BCCNM's Bylaws, the British Columbia College of Nurses and Midwives (BCCNM) Standards of Practice, the *Midwifery Scope and Model of Practice*, and other BCCNM policies. 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 BCCNM, PSBC, SOGC, midwifery department, health authorities or from other Canadian sources developed to guide specific areas of practice. Where the Registrant or Registrants 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 Registrant or Registrants may decide to add to or otherwise adapt one of these existing guidelines or to develop their own.

**Each practice is required to have the following written protocols:**

1. Under the *Midwifery Scope and Model of Practice*, a 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.
2. Clear protocols around the use of social media in midwifery practice, and the use of email, fax and text message with regard to communication with clients and the sharing of client information. For further information see the *Guideline for Participating in Social Media* and the *Guideline for Participating in Electronic Communication*.

3. A protocol for sharing responsibility for confidential and secure record storage and retention. Records must be accessible to all Registrants who were involved with the provision of care. The *Guide for Record Keeping, Storage and Retention* further details the responsibilities for record storage and retention. This practice protocol **must** include:
  - where and how original client records or unalterable copies of those records are securely stored;
  - how the Registrant or the client can access or obtain a copy of those records;
  - how original records and/or copies will be made available to all Registrants who provided care to the clients in the event of a Registrant leaving the practice or the practice closing;
  - in the event a Registrant ceases to practice or resigns from practice, how records will be stored, shared and retained for the duration of the legal retention period;
  - an outline of any fee charging process.

Each Registrant 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 Registrant's responsibility in establishing transport protocols.

Except for the above required protocols 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 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.

Practice protocols should be reviewed at least every three years to ensure compliance with best practices.

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