

PRACTICE STANDARD

Midwives: Client Care

Introduction

These standards, limits, and conditions set the expectations that midwives must follow when providing **client care** to clients during pregnancy, labour, birth, and the postpartum period in all settings.

Standards

1. Midwives:
 - a. Follow relevant legislation and regulations,
 - b. Follow BCCNM's ethics standards and practice standards including any applicable limits and conditions,
 - c. Follow organizational, policies, processes, and restrictions, and
 - d. Practise within their individual competence.
2. Midwives clearly communicate with clients about their scope of practice, including the services they provide and the settings in which they offer care.
3. Midwives provide care individually or within an established group of health professionals known to the client and maintain a collaborative and coordinated approach to care by ensuring 24-hour on-call availability or clearly establishing and communicating an alternate after-hours care arrangement.
4. Midwives assess and maintain their own competence to provide clinical care, including the ability to recognize and manage complications and emergencies.
5. Midwives provide clients with required information as their clinical situation evolves, including information and recommendations related to safety.
6. Midwives initiate consultation and/or transfer of care when appropriate or required.
7. Midwives contemporaneously document informed choice discussions, recommendations, plans, decisions, actions and outcomes to maintain complete client records.

INTRAPARTUM CARE IN ALL SETTINGS

8. Midwives assess and maintain their own **competence** to provide intrapartum care, including having the necessary clinical skills and abilities to recognize and manage complications and emergencies¹.

¹ See Limit and Condition #3 and #4

9. Midwives follow evidence-informed procedures to prevent and control infection, including cleaning, disinfecting, and sterilizing equipment appropriately.

INTRAPARTUM CARE IN HOME AND COMMUNITY SETTINGS

10. Midwives ensure equipment and supplies are working correctly and that equipment, supplies, and medications are stored appropriately and have not expired.
11. Midwives carry or ensure access to and maintain the equipment, medications, and supplies as listed by Perinatal Service of British Columbia [Equipment, Medications and Supplies for Home and Community Labour and Birth](#).
12. Midwives maintain situational awareness and recommend transfer to a setting where medical, obstetrical, neonatal, surgical, and/or anaesthetic services are available, when necessary, based on the evolving situation (e.g. emerging risk factors, poor or changing weather conditions, availability of an additional attendant).
13. Midwives ensure that at least one qualified additional attendant is present to assist during the birth and immediate postpartum period.
14. Midwives ensure the qualified additional attendant:
 - a. Is either:
 - i. A licensed or regulated health professional holding current licensure authorizing them to practise,² and whose regulated scope of practice includes the services described in standard 15c, or
 - ii. A fourth-year midwifery student in their final semester or a student in an internationally educated midwives bridging program in their supervised clinical practicum, and
 - b. Holds current cardiopulmonary resuscitation (CPR) certification, neonatal resuscitation (NRP) and obstetrical emergencies skills training, and
 - c. Is competent in the clinical skills necessary to support a primary midwife with intrapartum and postpartum care in home and community settings, including performing venipuncture, intravenous and intramuscular medication administration, resuscitation, oxygen therapy and documentation.
15. Midwives provide **regulatory supervision** for the care provided by an additional attendant who is a student.
16. Midwives communicate and collaborate with additional attendant(s) regarding the clinical situation, roles, and responsibilities, and provide orders or instructions as required.
17. Midwives contact emergency health services if there is an emergency or a need for urgent transport.

² This would ordinarily be a midwife, registered nurse, or nurse practitioner with current practicing or multijurisdictional licensure with BCCNM, a physician with current licensure with the College of Physicians and Surgeons of British Columbia, or a paramedic currently licensed by the Emergency Medical Assistants Licensing Board.

18. Midwives ensure there is an agreed upon emergency transport plan with the receiving hospital and emergency health services, which includes communication channels, processes, and the roles and responsibilities of all involved.
19. Midwives notify the appropriate agencies as required, including when a home or community birth is in progress or when any safety concerns arise.

Limits and conditions

1. Midwives providing intrapartum care:
 - a. Must hold intrapartum hospital privileges in the community or catchment area where they offer intrapartum care in any setting, or
 - b. Must work with at least one other perinatal care provider who has intrapartum hospital privileges in the community or catchment area and can be on-call and available for clients.
2. Midwives who do not maintain competence in providing intrapartum care as the MRP in hospital settings must cease providing intrapartum care as the MRP in those settings until they have:
 - a. Successfully completed education to regain the skills and knowledge necessary to provide hospital-based intrapartum care competently; and
 - b. Practised alongside another midwife or physician with competence in providing hospital-based intrapartum care, until it is determined that they have regained their competence to provide such care independently.
3. Midwives who do not maintain competence in providing intrapartum care as the MRP in a home, or community setting must cease providing intrapartum care as the MRP in those settings until they have:
 - a. Successfully completed education to regain the skills and knowledge necessary to provide intrapartum care in a home or community setting competently; and
 - b. Practised alongside another midwife or physician with currency and competency in providing intrapartum care in a home or community setting, until the midwife determines that they have regained their competence to provide such care independently.

REQUIRED EDUCATION

4. Midwives providing any clinical care must complete or instruct a course on cardiopulmonary resuscitation (CPR) every year. Courses must:
 - a. be delivered in-person and comply with the guidelines of the Heart and Stroke Foundation of Canada, and
 - b. include adult cardiopulmonary resuscitation, pediatric cardiopulmonary resuscitation, two-rescuer scenarios, use of bag valve mask, management of foreign-body airway obstruction, and use of an Automated External Defibrillator (AED).
5. Midwives providing any clinical care must complete or instruct a midwifery emergency management course every two years. Courses must:
 - a. be delivered in-person, and

- b. include antepartum bleeding, postpartum haemorrhage, shoulder dystocia, cord prolapse, breech, undiagnosed twins, fetal well-being and anaphylaxis.
6. Midwives providing intrapartum and postpartum care must complete or instruct a neonatal resuscitation (NRP) certification course every year. Courses must:
 - a. meet or exceed the Canadian Paediatric Society's National Guidelines and NRP levels 1-11, and
 - b. include skills required for a primary care provider as applicable within the midwifery scope of practice.
7. Midwives providing antenatal and intrapartum care must complete or instruct a fetal health surveillance (FHS) workshop or equivalent every two years. Courses must:
 - a. include a review of the fundamentals of antenatal and intrapartum fetal health surveillance, and
 - b. include the completion of the National Fetal Health Surveillance Online Exam with a minimum passing grade of 80%.

Glossary

Client Care: includes the provision of direct midwifery care to clients during pregnancy, labour, birth and the postpartum period in all settings.

Competence: the integration and application of current knowledge, skills, attitudes, and judgment required to perform safely, ethically, and appropriately within an individual's practice.

Regulatory Supervision: the process midwives use when students are performing restricted activities or any other activity that requires the professional knowledge, skills, ability and judgment of a midwife or are using reserved titles, under the midwife's supervision.