

FOR BCCNM REGISTERED MIDWIVES

Clinical practice guidelines

The British Columbia College of Nurses and Midwives (BCCNM) Clinical Practice Guidelines outline recommendations that are informed by both the current evidence in maternity care and by midwifery philosophy. They are intended to guide midwives in specific practice situations and support them in offering clients a range of choices. These guidelines usually include flexibility, acknowledging midwives are primary caregivers, capable of assessing individual clinical situations and exercising appropriate clinical judgment based on their assessments.

Guidelines are sometimes developed at the request of registrants or based on feedback from the public. They may also be developed because BCCNM's Board believes that existing local, provincial or national guidelines do not adequately address important aspects of midwifery care (e.g. water birth), or reflect the range of currently available evidence in a particular area of practice (e.g. second stage management).

BCCNM also develops guidelines based on recommendations from evaluation processes or recommendations from the Inquiry or Discipline Committees where the Board believes a guideline would be useful to the profession and would serve the public interest.

As the evidence in maternity care is always evolving, guidelines must be revised from time to time. Midwives are expected to refer to and practice according to the BCCNM practice guidelines, unless they have developed their own practice protocol that is consistent with the current evidence and with the midwifery model and standards of practice.

BC midwives are also encouraged to refer to the provincial perinatal guidelines provided by Perinatal Services of BC (PSBC), as well as other evidence-based guidelines developed by organizations such as the Association of Ontario Midwives (AOM) and the Society of Obstetricians of Gynaecologists of Canada (SOGC).

If registrants develop their own evidence-supported guidelines or practice protocols, they are encouraged to share these with BCCNM, especially if they believe that BCCNM, PSBC or SOGC specific guidelines are no longer consistent with the current evidence or do not adequately support clinical practice within the midwifery model or standards of practice.

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900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

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