



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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POSITION STATEMENT ON FATIGUE MANAGEMENT

The College of Midwives of British Columbia (CMBC) recognizes that the nature of midwifery may necessitate that midwives work within variable patterns which often include overnight work and extended hours. These patterns have the potential to cumulate in insufficient and poor-quality sleep which may lead to fatigue. Studies show that safety-related concerns associated with lack of sleep and fatigue include slowed reaction time, reduced decision-making ability, poor judgement, distraction during complex tasks and loss of awareness in critical situations. After 17-19 hours without sleep, studies have shown performance on some cognitive and motor performance tests to be equivalent or worse than a blood alcohol concentration (BAC) of 0.05% (just above the legal limit for drivers in BC). After 24 hours without sleep, performance is impaired equivalent to the BAC of 0.10% (twice the legal limit for drivers in BC).

CMBC Standards of Practice (9.6) requires the midwife to refer “to another appropriate practitioner when ability to practise safely is mentally or physically impaired.” Physical impairment in this context extends to fatigue. Midwives should be aware of the potential impacts that both lack of sleep and fatigue, individually and in combination, have on client safety. Midwives are responsible for self-managing their fatigue and should take this into consideration when determining whether they are clinically fit to provide midwifery care.

CMBC recommends that midwives balance continuity of care requirements with strategies for effective fatigue management. CMBC encourages midwives to develop systems within their schedules and practice that address fatigue management, including associated strategies to ensure client safety.

References

Australian Medical Association, 2016, *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors* [online]. Available from: https://ama.com.au/system/tdf/documents/FINAL_NCP_%20Hours_of_work_2016.pdf?file=1&type=node&id=37826.

Canadian Medical Association, 2014, *Management of Physician Fatigue* [online]. Available from: https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/CMA_Policy_Management_of_Physician_Fatigue_PD14-09-e.pdf.

Lerman, Steven E., et al. “Fatigue Risk Management in the Workplace.” *Journal of Occupational and Environmental Medicine*, 54, 2 (February 2012): 231 – 258.

WorkSafeBC Bulletin, 2015, *Managing the Risk of Fatigue at work* [online]. Available from: <https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/managing-the-risk-of-fatigue-at-work-a-component-of-the-certificate-of-recognition-cor-audit?lang=en>.