



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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STANDARDS FOR POSTPARTUM CARE

The postpartum period is a critical time for a family and their newborn on a physical, social and emotional level. Perinatal Services BC (PSBC) states that the goal of postpartum care is “to achieve optimal newborn, maternal and family health in the short and long term, not only to prevent occurrences such as hospital readmission or rare adverse events”. Registrants typically provide postpartum care for the first six weeks after birth.

Standards for Postpartum Care

Registrants are expected to provide comprehensive care throughout the postpartum period, including a regular schedule of postpartum visits and 24-hour on call availability. Midwifery care in the postpartum period includes:

1. Assessing maternal physical well-being, self-care and overall functioning during the postpartum period, and providing preventive care and advice;
2. Assessing the physical well-being and development of the newborn;
3. Conducting, collecting and/or referring for standard newborn screening tests in accordance with provincial guidelines, community standards and client choice;
4. Supporting the initiation and continuation of infant feeding, including interventions, complementary therapies or supplemental feeding as required, to ensure newborn well-being;
5. Providing support, information and resources to the family regarding newborn care, growth, development, behaviour, nutrition, feeding and immunizations;
6. Detecting complications and disease and arranging appropriate referral when required;
7. Assessing mental and emotional well-being, in particular assessing for the occurrence and severity of postpartum depression; and arranging timely and appropriate referral when needed;
8. Supporting the family in their sense of competence in parenting and in adopting healthy lifestyles;
9. Counseling the family on issues such as nutrition, sexuality in the postpartum period and in the choice and use of contraceptive methods;
10. Assessing need for and referral to various community resources.

Schedule of Postpartum Visits

In the immediate postpartum period, the registrant should remain in attendance until maternal and newborn well-being and stability are assured. Coordination of ongoing postpartum visits must take into account the clinical situation, antepartum history, intrapartum history, the socioeconomic, cultural, psychological and environmental circumstances, and as such should be tailored to the needs of the individual family.

Referral and Discharge

1. A plan must be in place with appropriate, community-based health care providers to ensure care is available when needed.
2. CMBC's *Indications for Discussion, Consultation and Transfer of Care* should be kept in mind throughout the postpartum period so that timely referral can be made when indicated.
3. Care must be transferred to another primary care provider if the registrant is unable to complete a full six-week course of postpartum care.
4. At discharge, the registrant shall provide copies of pertinent records to the client and appropriate primary health care provider.