

FOR BCCNM REGISTERED MIDWIVES

Standards of practice

Introduction

The midwifery model in British Columbia is grounded in a holistic and evidence-informed approach that views pregnancy and childbirth as normal physiologic processes. Central to this model are the principles of continuity of care, informed choice, collaborative practice, and respect for clients as primary decision-makers. Midwives in BC practice autonomously across a range of settings and in partnership with clients, supporting families throughout the reproductive journey with dignity and respect.

The British Columbia College of Nurses and Midwives (BCCNM) holds registrants to the following standards to ensure safe and consistent practice and conduct within the midwifery scope and model in British Columbia. Midwives are also expected to comply with all relevant legislation, BCCNM standards, limits and conditions, and BCCNM policies and bylaws.

Standards

1. The midwife shall be the primary care provider within the midwives' scope of practice.

The midwife:

- 1.1 is an autonomous health care professional governed by BCCNM; and
- 1.2 practises within scope without supervision, and takes full responsibility for the care provided.

2. The midwife shall collaborate with other health professionals and, when the client's risk status, condition or needs exceed the midwife's scope of practice, shall consult¹ with a physician or nurse practitioner.

The midwife:

- 2.1 provides the consultant with complete and accurate records and client information;
- 2.2 initiates physician consultation and transfer of primary care where appropriate and in accordance with BCCNM policies; makes use of professional, community and administrative resources that serve the interests of the client; and
- 2.3 is honest and acts with integrity at all times.

¹ Refer to the *Indications for Discussion, Consultation and Transfer of Care*

3. If primary care is transferred to a physician or other health professional, the midwife may continue to counsel, support and advise the client.

The midwife:

- 3.1 ensures the most responsible provider (the health professional who is responsible for the management and coordination of client care) is clearly identified to the client and the health care team;
- 3.2 in a supportive care role, shall work cooperatively within the midwife's scope of practice with the primary care team;
- 3.3 documents clearly in the medical record when a transfer of care has taken place; and
- 3.4 provides supportive and/or primary care after the birth.

4. The midwife shall work in partnership with the client recognising individual and shared responsibilities.

The midwife:

- 4.1 develops a plan for care together with the client;
- 4.2 discusses the scope of midwifery care with the client;
- 4.3 involves the client's family accordingly;
- 4.4 respects the client's value system; and
- 4.5 practises in a culturally safe and competent manner.

5. The midwife shall uphold the client's right to informed choice² and consent.

The midwife:

- 5.1 shares relevant information with clients in a non-authoritarian, cooperative manner;
- 5.2 recognizes the client as the primary decision maker in their care;
- 5.3 encourages clients to actively participate in care and to make informed choices;
- 5.4 advocates for clients within their scope;
- 5.5 respects the client's right to accept or decline treatments or procedures; and
- 5.6 advises the client of their professional standards and recommendations with respect to safe care.

6. The midwife shall provide continuity of care to the client.

The midwife:

- 6.1 provides comprehensive care during pregnancy, labour, birth, and postpartum³;
- 6.2 either individually or within an established group, provides care with 24 hour on-call availability;

² Refer to the *Policy on Informed Choice*

³ Exemptions allowable as per the *Policy on Alternate Practice Arrangements*

- 6.3 either individually or within an established group, maintains a coordinated approach to clinical practice;
- 6.4 ensures, within reason, that care is provided by a midwife or small group of health professionals who are known to the client;
- 6.5 informs every client early in care of their on-call schedule and how care is organized and provided within their practice; and
- 6.6 endeavours to develop a relationship of therapeutic trust with each client.

7. The midwife shall respect the client's right to make informed choices about the setting for birth and shall provide care in all appropriate settings.

The midwife:

- 7.1 provides the client with the required information as the clinical situation evolves, including that related to safety, to make an informed choice about appropriate settings in which to give birth;
- 7.2 provides care in a variety of settings including hospitals, homes and alternate community-based locations⁴;
- 7.3 ensures a safe environment in which to give birth; and
- 7.4 notifies the appropriate agencies when any safety concerns arise.

8. The midwife shall ensure that no act or omission places the client at unnecessary risk.

The midwife:

- 8.1 follows current evidence and up to date clinical guidance;
- 8.2 uses their knowledge, skills and judgement as well as local policies and protocols to plan and implement care;
- 8.3 provides ongoing assessment and modifies planned care as required;
- 8.4 responds promptly and appropriately to emergency situations;
- 8.5 maintains access to appropriate equipment and supplies;
- 8.6 recognizes when their ability to provide safe care is impaired due to factors such as fatigue, stress or illness, and refers the client to another health professional if available; and
- 8.7 always complies with up-to-date guidance regarding infection prevention and control in all settings and takes additional precautions when routine practices are insufficient to prevent infection transmission.

⁴ Exemptions allowable as per the *Policy on Alternative Practice Arrangements*

9. The midwife shall maintain complete and accurate health care records⁵.

The midwife:

- 9.1 uses records that facilitate accurate communication of information to and from consultants and institutions;
- 9.2 reviews and updates records at each clinical contact with the client;
- 9.3 ensures prompt review and entry of screening and diagnostic test results, treatments and consultations into health care records;
- 9.4 ensures that records are legible, signed and dated;
- 9.5 documents decisions and professional actions;
- 9.6 documents informed choice discussions and recommendations;
- 9.7 documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;
- 9.8 documents contemporaneously; and
- 9.9 refers to part 6 of the BCCNM bylaws for additional requirements regarding client records.

10. The midwife shall ensure confidentiality of information⁶ except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client.

The midwife:

- 10.1 maintains, stores and disposes of records in accordance with the law; and
- 10.2 maintains, stores and disposes of records in a manner that protects the confidentiality of information.

11. The midwife shall be accountable to the client, the midwifery profession and the public for safe, competent and ethical care.

The midwife:

- 11.1 assumes responsibility for all care provided;
- 11.2 ensures that the results from all tests, treatments, consultations and referrals are followed up and acted upon in a timely manner;
- 11.3 never abandons a client in labour;
- 11.4 conducts themselves professionally and with integrity at all times, and never in a way that puts the profession of midwifery in disrepute;
- 11.5 discloses appropriate information to the client related to any harm or injury they experience while receiving midwifery care;

⁵ Refer to the *Policy on Medical Records*

⁶ Refer to the *Policy on Medical Records*

- 11.6 informs the client as to complaint and review procedures established under the Act and the bylaws;
- 11.7 participates in mortality and morbidity reporting and review processes as required by institutional policies and BCCNM; and
- 11.8 complies with the quality assurance program as established by BCCNM.

12. The midwife shall participate in ongoing education and evaluation of self, colleagues, and the community.

The midwife:

- 12.1 involves the client in evaluating midwifery practice and integrates the results of evaluation into practice;
- 12.2 adjusts clinical practice after review of current literature and appropriate education or training;
- 12.3 shares knowledge with colleagues and students and assists in developing mechanisms to promote this sharing; and
- 12.4 maintains current knowledge of academic and professional research based on developments that are directly related to midwifery practice.

13. The midwife shall critically assess research findings for use in practice and shall support research activities.

The midwife:

- 13.1 complies with bylaw 195 when engaged in any research activities;
- 13.2 identifies areas for research, shares research findings and incorporates these appropriately into practice; and
- 13.3 ensures that the research in which midwives participate meets acceptable standards of research methodology and design, and is consistent with BCCNM's *Code of Ethics*.

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

www.bccnm.ca

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