

FOR BCCNM REGISTERED MIDWIVES

Standards of practice

The British Columbia College of Nurses and Midwives (BCCNM) holds registrants to the following minimum standards to ensure safe and consistent practice and conduct within the midwifery scope and model in British Columbia. Additional policies with more detail on specific standards are referenced throughout.

Standard one

The midwife shall be the primary care provider within the midwives' scope¹ 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.

Standard two

The midwife shall collaborate with other health professionals and, when the client's risk status, condition or needs exceed the midwives' scope of practice, shall consult² 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 *Midwifery Model and Scope of Practice*

² Refer to the *Indications for Discussion, Consultation and Transfer of Care*

Standard three

If primary care is transferred to a physician, the midwife may continue to counsel, support and advise³ the client.

The midwife:

- 3.1 in a supportive care role, shall work cooperatively within the midwife's scope of practice with the primary care team;
- 3.2 documents clearly in the medical record when a transfer of care has taken place; and
- 3.3 provides supportive and/or primary care after the birth.

Standard four

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 philosophy and 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.

Standard five

The midwife shall uphold the client's right to informed choice⁴ 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.

³ Refer to the *Policy on Supportive Care*

⁴ Refer to the *Policy on Informed Choice*

Standard six

The midwife shall provide continuity of care to the client.

The midwife:

- 6.1 provides comprehensive care during pregnancy, labour, birth, and postpartum⁵;
- 6.2 either individually or within an established group, provides care with 24 hour on-call availability;
- 6.3 either individually or within an established group, maintains a coordinated approach to clinical practice consistent with BCCNM's *Philosophy of Care*;
- 6.4 ensures, within reason, that no more than four⁶ primary care providers known to the client provide them with care during their pregnancy, and throughout labour, birth, and postpartum;
- 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.

Standard seven

The midwife shall respect the client's right to make informed choices about the setting for birth⁷ 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 locations⁸;
- 7.3 ensures a safe environment in which to give birth; and
- 7.4 notifies the appropriate agencies when any safety concerns arise.

⁵ Unless registered as Temporary (limited scope) or receives an exemption per the *Policy on Alternate Practice Arrangements*

⁶ Exemptions allowable per *Policy on Alternate Practice Arrangements*

⁷ Refer to the *Policy on Hospital Privileges*

⁸ Exemptions allowable as per the *Policy on Alternative Practice Arrangements*

Standard eight

The midwife shall ensure, within reason, that a second midwife or qualified second birth attendant⁹ assists at every birth.

The midwife:

- 8.1 ensures that the qualified second birth attendant assisting at an out-of-hospital birth is annually certified in neonatal resuscitation, currently certified in cardiopulmonary resuscitation and in good standing with their regulatory/licensing body where applicable; and
- 8.2 informs the client of the arrangements for a second midwife or qualified second birth attendant at every birth.

Standard nine

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

The midwife:

- 9.1 uses their knowledge, skills and judgement as well as local policies and protocols to plan and implement care;
- 9.2 provides on-going assessment and modifies planned care as required;
- 9.3 responds promptly and appropriately to emergency situations;
- 9.4 maintains access to appropriate equipment and supplies;
- 9.5 refers to another appropriate practitioner when their ability to practise safely is mentally or physically impaired; and
- 9.6 adheres to best practices related to infection prevention and control at all times.

Standard ten

The midwife shall maintain complete and accurate health care records¹⁰.

The midwife:

- 10.1 uses records that facilitate accurate communication of information to and from consultants and institutions;
- 10.2 reviews and updates records at each clinical contact with the client;

⁹ Refer to the *Policy for Second Birth Attendants*

¹⁰ Refer to the *Policy on Record Content*

- 10.3 ensures prompt review and entry of screening and diagnostic test results, treatments and consultations into health care records;
- 10.4 ensures that records are legible, signed and dated;
- 10.5 documents decisions and professional actions;
- 10.6 documents informed choice discussions and recommendations;
- 10.7 documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;
- 10.8 documents contemporaneously; and
- 10.9 refers to part 6 of the BCCNM Bylaws for additional requirements regarding client records.

Standard eleven

The midwife shall ensure confidentiality of information¹¹ 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:

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

Standard twelve

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

The midwife:

- 12.1 assumes responsibility for all care provided;
- 12.2 ensures that the results from all tests, treatments, consultations and referrals are followed up and acted upon in a timely manner;
- 12.3 never abandons a client in labour;
- 12.4 conducts themselves professionally and with integrity at all times, and never in a way that puts the profession of midwifery in disrepute;

¹¹ Refer to the *Policy on Record Keeping, Storage and Retention*

- 12.5 disclosures appropriate information to the client related to any harm or injury they experience while receiving midwifery care;
- 12.6 informs the client as to complaint and review procedures established under the Act and the Bylaws;
- 12.7 participates in mortality and morbidity reporting and review processes as required by institutional policies and BCCNM; and
- 12.8 complies with the quality assurance program as established by BCCNM.

Standard thirteen

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

The midwife:

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

Standard fourteen

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

The midwife:

- 14.1 complies with bylaw 195 when engaged in any research activities;
- 14.2 identifies areas for research, shares research findings and incorporates these appropriately into practice; and
- 14.3 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*.

Standard fifteen

The midwife shall only prescribe, order, compound, dispense, or administer medications and substances in accordance with BCCNM's *Registered Midwives Medications and Substances: Standards, Limits and Conditions*.

Standard sixteen

The midwife shall only order, perform or collect samples for and interpret screening and diagnostic tests in accordance with BCCNM's *Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests*.

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