

Midwifery Model of Practice

The midwifery model of practice as developed in British Columbia is autonomous, community-based primary care, and incorporates the principles of continuity of care, informed consumer choice, choice of birth setting, collaborative care, accountability and evidence-based practice. Together with the *Philosophy of Midwifery Care* and the *Code of Ethics*, these fundamental principles define the midwifery model of practice.

Community Based Practice

Midwives are primary caregivers in autonomous practice within their communities. Midwives must acquire admitting and discharge privileges at hospital maternity units and, where available, birth centers, enabling them to provide care in all settings. Midwives will deliver their services within small group practices, enabling them to share call while providing 24-hour availability to their clients. Antenatal care may be provided in midwifery clinics, offices, or women's homes. Midwifery care for labour, birth and early postpartum will be provided in a setting chosen by the woman. Midwifery care during the early postpartum period, for most women and their newborns, is generally best provided in the home.

Primary Care

A primary caregiver is a practitioner who may be the first point of entry to health services for women seeking pregnancy-related health care. As a primary caregiver, the midwife functions under her own responsibility. For each client, the midwife provides a continuum of midwifery services throughout pregnancy, labour and the postpartum period.

Continuity of Care

Continuity of care is midwifery care provided in accordance with the standards of practice of the College and available during all trimesters of pregnancy, labour, birth and the postpartum period, on a 24-hour on-call basis. This principle is fundamental to the model of practice. Continuity of care is both a philosophy and a process that is facilitated through a partnership between a woman and her midwife/midwives. It requires a time commitment from each midwife that enables her:

- to develop a relationship with the woman during pregnancy;
- to be able to provide safe, individualized care;
- to support the woman during labour and birth; and
- to provide comprehensive care to the mother and newborn throughout the postpartum period.

Ideally, midwifery services will be provided by the same principal midwives throughout pregnancy, labour, birth and the first six weeks postpartum. Family planning services may be provided up to three months postpartum. The full scope of midwifery care will be provided, including education, counseling, advocacy and emotional support.

Continuity of care can be achieved by a small group of no more than four midwives, as long as all members of the group share a common philosophy and a consistent approach to practice, and meet together regularly to co-ordinate care. The woman must have the opportunity to establish a relationship with the midwives providing her care.

In situations where transfer of care to a physician is required during labour, the midwife is expected to continue providing supportive care after transfer and may resume primary care if appropriate. Supportive care involves education, counseling and advocacy throughout the course of care and also includes labour support and assistance with infant feeding.

Informed Choice

The College of Midwives' *Philosophy of Midwifery Care* states:

“Midwifery promotes decision-making as a shared responsibility between the woman, her family (as defined by the woman) and her caregivers. Midwives recognize women as primary decision makers.”

Midwives respect the right of women to make informed choices and facilitate this process by providing complete, relevant, objective information in a non-authoritarian, supportive manner. Having adequate time for discussion in the prenatal period is necessary to the successful facilitation of informed choice. Normally, antenatal and postnatal visits last approximately 45 minutes.

Midwives support the principle of informed choice by:

- promoting shared responsibility between the woman, her family and her caregivers and recognising and supporting the woman as the primary decision maker;
- encouraging women to participate actively in their care and to make choices about the services they will receive and the manner in which their care is provided;
- discussing the scope and limitations of midwifery care with the women in their care; and
- allowing adequate time for discussion in the prenatal period.

Choice of Birth Setting

Midwives respect the right of the woman to make an informed choice about the setting for birth. Midwives must be competent and willing to provide care in a variety of settings, including homes, hospitals and birth centers, where available. Midwives must have hospital privileges and be able to function within their full scope of practice in both the home and hospital setting. The ability to attend the woman in her choice of birth place is an essential aspect of continuity of care and informed choice. Midwives provide the information required to make an informed choice about appropriate settings in which to give birth. The birth setting is chosen by the woman in consultation with the midwife.

Establishing choice of birth setting as a fundamental component of midwifery practice is essential to providing women with equitable access to care in their chosen place of birth. This is particularly important in rural and remote communities where it is unlikely that women will have access to a choice of midwives.

Second Midwife or Qualified Birth Attendant

The Canadian standard of care is to have two skilled attendants at every birth. The safest care can be provided when there are two qualified persons present at a birth, each skilled in neonatal resuscitation and in managing maternal emergencies. Each birth, particularly those occurring in an out-of-hospital setting, should be planned with the understanding that two midwives will be in attendance.

When it is not possible to have a second midwife in attendance, reasonable efforts must be made by the principal midwife to secure the assistance of a suitably qualified second attendant prior to the birth. The second birth attendant must be skilled in neonatal resuscitation and in handling maternal emergencies. Qualified second birth attendants may include registered nurses, physicians, or other health care practitioners who have the knowledge and skills required to assist the midwife with the birth, in accordance with the midwifery model of care. Arrangements for using a second birth attendant must be approved by the College.

Collaborative Care

Midwives collaborate with other professionals to ensure their clients receive the best possible care. Collaborative care involves co-operation and consultation with other health care professionals in the provision of care. Collaboration with other health care providers occurs with informed choice and in the best interests of the woman and her newborn.

Accountability and Evidence-based Practice

Midwives' fundamental accountability is to the women in their care. They are also accountable to their peers, their regulatory body, the health agencies where they practise and to the public, for safe, competent, ethical practice. Midwifery practice will incorporate evaluation that includes ongoing community input and participation in current mortality reporting standards and review processes. Results of these evaluations must be widely distributed to influence policy, education, and practice. Midwives will continue to develop and share midwifery knowledge, promoting and participating in research regarding midwifery outcomes.

Philosophy of Care

- ❖ Midwifery care is concerned with the promotion of women's health. It is centred upon an understanding of women as healthy individuals progressing through the life cycle. It is based on a respect for pregnancy as a state of health and childbirth as a normal physiologic process, and a profound event in a woman's life.
- ❖ Midwifery is dynamic in its approach, based upon an integration of knowledge that is derived from the arts and sciences and tempered by experience and research.
- ❖ Midwifery is holistic by nature, combining an understanding of the social, emotional, cultural, spiritual, psychological and physical ramifications of a woman's reproductive health experience.
- ❖ Midwifery promotes wellness in women, babies and families both autonomously and in collaboration with other health professions.
- ❖ Midwifery care takes place in partnership with women and is provided in a manner that is flexible, creative, empowering and supportive.
- ❖ Midwifery practice includes continuity of care in order to strengthen the partnership between midwives and their clients, to provide opportunities for informed choice discussions, and to enhance and protect the normal process of childbirth.
- ❖ Midwifery promotes decision making as a shared responsibility between the woman, her family (as defined by the woman) and her caregivers. Midwives recognise women as primary decision makers.
- ❖ Midwifery actively encourages informed choice throughout the childbearing cycle by providing complete, relevant, objective information to facilitate decision making. The practice of midwifery enables women to develop the understanding, skills and motivation necessary to take responsibility for and control of their own health.
- ❖ Midwives regard the interests of the woman and the foetus as compatible. They focus their care on the mother to obtain the best outcomes for the woman and her newborn.
- ❖ Midwives respect the woman's right to choose both her caregiver and place of birth in accordance with the Standards of Practice of the College of Midwives. All women, regardless of their socio-economic circumstances, have a right to accessible, comprehensive midwifery care.
- ❖ Fundamental to midwifery care is the understanding that a woman's caregivers respect and support her so that she may give birth safely with power and dignity.