

	<b>MIDWIFERY COLLABORATIVE CARE POLICY</b>
	Date Effective: <b>2022-06-10</b>
	Revised:
	Next Review Due: <b>2025-06-01</b>

### *Background*

Midwifery is a health care partnership between a Registered Midwife (RM), client and the client’s family based on mutual respect. RMs in the context of providing care to a client and their family, may need to collaborate with other health care professionals. Collaborative practice is two or more autonomous health care providers working together for a common goal.

### *Purpose*

The purpose of this policy is to support and encourage collaborative practice between midwives and other health care providers. RMs are autonomous health care providers responsible not only for care in support of normal childbearing, but also for the identification of conditions which require consultation with other health care providers.

### *1.0 Policy*

- 1.1 The RM, the client and other health care providers collaborate to determine:
  - 1.1.1 whether advice regarding management of the condition is all that is needed and the RM remains the primary health care provider;
  - 1.1.2 whether aspects of the client’s care should be handled by another health care provider while the RM remains the primary health care provider, or
  - 1.1.3 whether the condition poses a medical threat to the client and/or infant to the extent that a physician or Neonatal NP (in the case of the infant) should assume the role of primary caregiver.
  
- 1.2 Characteristics of Collaborative Practice
  - 1.2.1 Foster and support the client as a partner in care and the focus of care
  - 1.2.2 Clear and precise communication including but not limited to:
    - 1.2.2.1 Complete and objective information
    - 1.2.2.2 Roles of collaborators

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- 1.2.2.3 Responsibility for decision-making
- 1.2.3 Non-hierarchical understanding and utilization of skills, knowledge and scope of practice
- 1.2.4 Mutual respect and trust
- 1.2.5 Joint problem solving and decision-making
- 1.3 Collaboration may take place in the form of:
  - 1.3.1 Consultation
  - 1.3.2 Referral
  - 1.3.3 Transfer of Care
    - 1.3.3.1 Shared Care
    - 1.3.3.2 Supportive Care

#### 1.4 Definition of Types of Collaboration

##### 1.4.1 Consultation

When consultation is required, the consultant may advise the RM on management of the diagnosis or may manage the care of a particular health diagnosis while the RM continues care for the client and/or the infant. The RM will refer to the **CNMPEI Indications for Consultation and Transfer of Care Guidance Document**.

For example, need for consultation for a client with a kidney stone, the RM will maintain primary care for the pregnancy and the physician will provide guidance on the required treatment and any surveillance or follow-up that they deem necessary or prudent.

##### 1.4.2 Referral

The RM refers a part of the client's or infant's care to another health care providers to either take over care of that aspect or to provide management advise to the client and the RM.

For example, referral to the family physician for an abnormal blood test result that is not within the scope of care of the RM.

#### 1.4.3 Transfer of Care

Transfer of Care to another health care provider will occur according to **CNMPEI Standards of Practice, Standard 3** and the **CNMPEI Indications for Consultation and Transfer of Care Guidance Document**.

By joint agreement between the client, RM and the health care professional receiving transfer of care, the RM may continue to provide care within their scope of practice. The RM is expected to communicate with the health care provider to clarify and record the responsibilities of each. This care plan may involve Shared Care or Supportive Care, both placing the RM in a position to resume primary care whenever appropriate. Communication with the client clearly outlines who is primary care giver and the role of the RM at all times.

#### 1.4.4 Shared Care

Shared Care refers to the appropriate health care provider caring for one aspect of the client's or infant's medical condition with the RM continuing care for the aspects of pregnancy, intrapartum or postpartum/newborn care within the RM's scope of practice.

#### 1.4.5 Supportive Care

When transfer of care to an obstetrician or paediatrician or Neonatal NP is necessary, the RM may continue to provide the supportive aspects of the RM's scope of practice. Supportive care may include education, counselling, advocacy, labour support and breastfeeding support. Physical assessments, diagnostic tests and interventions are the responsibility of the physician accepting care.