

Name	S2: Position Statement on Collaborative Practice between Registered Midwives and Other Regulated Health Professionals*	Number S2	
Date Approved by Council	September 23, 2014	Revised by Council	
<p>Midwifery is a health care partnership between a midwife and a woman and her family which is based on mutual respect.</p> <p>From the College of Midwives Model of Care statement on Primary Care Providers <i>Midwives are fully responsible for the provision of primary health services within their scope of practice, making autonomous decisions in collaboration with their clients. Midwives collaborate with other health professionals in order to ensure that their clients receive the best possible care. When midwives identify conditions requiring care that is outside of their scope of practice, they may request consultation, make referrals and/or transfer care as appropriate. If care is transferred, midwives may continue to provide supportive care.</i></p> <p>Purpose of this Position Statement is to support and encourage collaborative practice between midwives and other health care providers.</p> <p>Collaborative practice is two or more autonomous health care providers working together for a common goal.</p> <p>Midwives 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.</p> <p><i>The midwife, the client and other health care providers collaborate to determine:</i></p> <ol style="list-style-type: none"> <i>1) whether advice regarding appropriate management of the condition is all that is needed and the midwife remains the primary health care provider;</i> <i>2) whether aspects of the woman's care should be handled by another health care provider while the midwife remains the primary health care provider or</i> <i>3) whether the condition poses a medical threat to the woman and/or child to the extent that the physician should assume the role of primary caregiver.</i> 			

Characteristics of Collaborative Practice

- Foster and support the client as a partner in care and the center of focus
- Clear and precise communication including but not limited to:
 - Complete and objective information
 - Roles of collaborators
 - Responsibility for decision making
- Non-hierarchical understanding and utilisation of skills, knowledge and scopes of practice
- Mutual respect and trust
- Joint problem solving and decision making

Collaboration may take place in the form of:

- Consultation
- Referral
- Transfer of Care
 - Shared Care
 - Supportive Care

Definition of types of collaboration

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 woman and/or newborn.

E.g. need for antibiotics in labour for a mother with a valve anomaly, the midwife will maintain primary care for the pregnancy and the physician will provide guidance on the required antibiotics and any surveillance or follow-up that s/he deems necessary or prudent.

Referral

Midwife refers a part of the woman's or newborn's care to another health care provider to either take over care of that aspect or to provide management advise to the client and the midwife.

E.g. Referral to the family physician for an abnormal blood test result that is not within the scope of care of the midwife.

Transfer of Care

Transfer of Care to another health care provider will occur according to College of Midwives of Alberta Standards of Competency (revisions approved by HDB Nov. 27, 2013) and Standards of Practice 2.3.1, page 17. Transfer may be temporary or throughout the remaining course of care.

By joint agreement between the client, midwife and the health care professional receiving transfer of care, the midwife may continue to provide care within her scope of practice. The midwife 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 midwife 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 midwife at all times.

Shared Care

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

Supportive Care

When transfer of care to an obstetrician or paediatrician is necessary the midwife may continue to provide the supportive aspects of the Registered Midwives 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.

*<http://afrhp.org/>

APPENDIX

Supportive Documents

Alberta Federation of Regulated Health Professions, *<http://afrhp.org/>

Alberta Health Services Practice Support Document, **STANDARD OF PRACTICE FOR OBSTETRICAL CONSULTATION AND TRANSFER OF RESPONSIBILITY FOR THE PILOT PROJECT WITHIN THE MATERNITY CARE SITES** AT THE FOOTHILLS MEDICAL CENTRE, LOUGHEED CENTRE, SOUTH HEALTH CAMPUS AND THE ROCKYVIEW GENERAL HOSPITAL, HCS-11-01, October 15, 2012.

Association of Ontario Midwives, ONTARIO MIDWIFE, **MIDWIVES AND INTERPROFESSIONAL COLLABORATION**, Winter 2014

Canadian Medical Association, PUTTING PATIENTS FIRST®: **Patient-Centered Collaborative Care A Discussion Paper**, July 2007

College of Midwives of Alberta, **Model of Care**, <http://www.college-midwives-ab.ca/legislation/model-of-care/>

College of Midwives of Alberta, **Standards of Competency (revisions approved by HDB Nov. 27, 2013) And Standards of Practice**, <http://www.college-midwives-ab.ca/wp-content/uploads/2012/07/Appendix-3-Standards-of-Competency-and-Practice.pdf>

College of Midwives of British Columbia, Midwifery Model of Practice, <http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-11-05-Midwifery-Model-of-Practice>

College of Midwives of British Columbia, **SUPPORTIVE CARE POLICY**, <http://www.cmbc.bc.ca/pdf.shtml?Registrants-Handbook-11-08-Supportive-Care-Policy>

Society of Obstetrics and Gynaecologists of Canada, **Policy Statement on Midwifery**, No. 227, July 2009, <http://sogc.org/guidelines/midwifery-policy-statement-replaces-126-mar-2003>

Approved by Council:

Diane Rach RM, President

Date