

Client Evaluation of Midwifery Care Policy

Date Approved: March 7, 2024

Date of Last update: March 7, 2024

Date for Next Review: March 2026



Preamble

The mandate of the College of Midwives of Alberta (CMA) is to protect the public interest. By working with Alberta registrants, the CMA mandate can be addressed. The CMA **Continuing Competence** Program, as per the *Standards of Practice: 3 Continuing Competence* (2023), includes the **Client** Evaluation of Midwifery Care Policy and related activities.

Purpose

Registrants can use **client** feedback to identify areas requiring **quality improvement** of midwifery care. CMA has provided registrants with a means to gather **client** feedback through the **Client** Evaluation of Midwifery Care Policy. This policy and the **client** evaluations are the first to incorporate the IDEA Principles: **Inclusivity, Diversity, Equity and Accessibility**, to obtain in this case, meaningful feedback from as many midwifery clients as possible.

Definitions

Accessibility: an ability to allow everyone opportunity to fully engage and offer input, and can include the following: physical, visual, mental, cultural and language.

Client: a person or persons who contracts with the midwife or a group of midwives for the professional service of midwifery care, of a person who receives midwifery care in any phase of their childbearing process (eg. segmented or **episodic care** from a midwife). Client also includes the newborn infant of the person who enters into the contract for midwifery services.

Confidentiality: the duty to keep all client information private as required by the [Alberta Health Information Act \(2000\)](#), [the Freedom of Information and Protection of Privacy Act \(2000\)](#), and [the Personal Information Protection Act \(2019\)](#).

Continuing Competence: the ongoing ability to apply the knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role or setting. This is demonstrated periodically through portfolios, exams, and other measures that help the CMA determine if a registrant has remained competent.

Diversity: a perspective that allows for uniqueness in clients, (eg. backgrounds ,language, opinions, etc).

Episodic Care: a registrant provides care for the same client at least three times (in person or **virtual care**) in the client's childbearing process or reproductive care.

Equity: exists when all people reach their full potential; concentrates on individual concerns and unique accommodations to reach that potential.

Inclusivity: everyone is accommodated and has the same opportunity; open to all by decreasing or eliminating bias.

Quality Improvement: a systematic, formal approach to the analysis of practice performance and efforts to improve performance.

Peer Case Review: an adult learning approach for reflecting on a clinical experience and receiving feedback from colleagues.

Virtual Care: midwifery care that uses electronic communication technology. Examples include: texting, photos, phone calls, virtual platforms, video or other electronic means (see **Episodic Care**).

Scope

The designated CMA **Client** Evaluation of Midwifery Care process is for all active registrants (general and provisional) with the CMA and all midwifery practices in Alberta. Those registrants working in alternate ways can use this policy as appropriate to their practice.

Requirements

1. It is strongly recommended that midwifery practices develop a protocol on conflict and **client** complaint resolution. This protocol is expected to include how to manage **client** feedback, **diversity of clients** and **quality improvement** changes from submitted **client** evaluations.
2. Midwifery practices and registrants are responsible for reviewing and taking appropriate action on returned evaluations at regular intervals.
3. Registrants or their designates will decide on the appropriate type of **Client** Evaluations (Appendix A-C). To address **diversity** and **inclusivity**, currently available evaluation forms are at a Grade Six reading level: General Care and Perinatal Loss. Languages available are: English, Ukrainian, Tigrinya, Mandarin, Spanish and Arabic. To request additional language options and to provide assistance on translating returned evaluations in non-English languages, please contact CMA at info@albertamidwives.org. NOTE: translation services are provided by a non-profit third party and CMA has no involvement in reviewing evaluation form feedback from clients.
4. For **equity** and **accessibility** purposes, **clients** are provided with one appropriate version (general form, pregnancy and infant loss form, various languages).
5. Evaluations can be sent by paper and/or electronically to **clients** (see definition of **episodic care**).
6. The evaluation may NOT be provided to **clients** before discharge.
 - a. General evaluation forms (including different languages) must be sent out six WEEKS following discharge from midwifery care.

- b. For **clients** experiencing a pregnancy or neonatal loss, please send the Perinatal Loss Evaluation out to clients at or beyond six (6) MONTHS after discharge from midwifery care (as per AHS Pregnancy and Infant Loss Program).
7. The evaluations need to be given to **clients** with the questions exactly as provided by the CMA. If registrants/midwifery practices choose, they may include other questions.
8. **Clients** have the option to identify themselves and their midwife/midwifery team on the evaluation. Efforts to maintain **confidentiality** are encouraged, however it is understood that clients may choose to share identifying information on their evaluation.
9. Evaluations are collected at the midwifery practice or another appropriate location, and are collated in preparation for the registrants' review, analysis, and follow-up for **quality improvement**.
10. The midwifery practice retains a copy of each evaluation (or a compilation summary) for a minimum of five years from the date of return to the registrant or midwifery practice. These evaluations may be audited by the CMA.

Continuing Competence

1. Each CMA registrant will need to answer a question regarding participation in reviewing **client** evaluations in their registrant profile during CMA Annual Renewal. This is part of **continuing competence** requirements.
2. Registrants can use identified learnings from **client** evaluations for their Professional Development Plan at CMA Renewal.
3. **Client** evaluation feedback may also be useful for the **peer case review** process. (Please see the *CMA Peer Case Review Policy*).

References

[Alberta Health \(2000\) Alberta Health Information Act.](#)
[Alberta Health \(2000\) Freedom of Information and Protection of Privacy Act \(2000\)](#)
[Alberta Health \(2019\) Personal Information Protection Act.](#)
[Alberta Health Services. Pregnancy and Infant Loss Program Calgary Zone.](#)
[British Columbia College of Nurse and Midwives \(BCCNM\) \(2021\) Client Evaluation of Care Questionnaire.](#)
[College of Midwives of Alberta \(2023\) Peer Case Review Policy](#)
[College of Midwives of Alberta \(2023\) Standards of Practice 3: Continuing Competence](#)
[College of Midwives of Ontario: Evaluation question items.](#)

NOTE: Appendix A - Client Evaluation of Midwifery Care Form- General English Evaluation
Appendix B: Client Evaluation: Those Clients Who Have Experienced Perinatal Loss
Appendix C: Languages: Ukrainian, Tigrinya, Mandarin, Spanish and Arabic.

Approved:


Chair, CMA Council

Date: March 7, 2024