

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

CONTINUITY OF CARE POLICY

Continuity of care is a fundamental principle of midwifery care in British Columbia. Continuity of midwifery care is achieved when a relationship develops over time between a woman and her midwife or midwives. Continuity of midwifery care may be achieved where a woman is cared for by a group of up to, but no more than, four midwives.¹

Midwifery services must be made available by the same small group of caregivers from the onset of care (ideally at the onset of pregnancy), during all trimesters, and throughout labour, birth and the first six weeks postpartum.² The midwifery practice must ensure there is 24-hour on-call availability of at least one of the group of midwives known to the woman.³

A consistent philosophy of care and a shared care system as described in the *Model of Midwifery Practice* must be in place to ensure the coordination of each woman's and newborn's care, and should be supported by regular meetings and peer review.

Each woman must be provided with the opportunity to have sufficient one-to-one contact during pregnancy with each midwife in the shared care team who will be on call as the primary caregiver for the woman in labour. This is to allow for the development of a relationship of trust, the provision of safe individualised care, the facilitation of informed choice, to better support the woman during labour and birth, and to provide comprehensive care to mother and newborn throughout the postpartum period. The practice should also allow for opportunities for the woman to meet the other midwives in the group as appropriate to accommodate circumstances when they may be involved in her care.

A midwife known to the woman is present at each birth. Two midwives are present at each home birth. At a hospital birth, a midwife is normally assisted by a registered nurse. The College of Midwives recognises that alternate arrangements may be needed in some circumstances, such as in a very small or solo practice, or where the practice is serving women with special needs.⁴ Any alternate arrangements must be approved by the College.

¹ The standard for continuity of care does not restrict the number of midwives who may work together in a practice group, but requires that an individual woman may not be seen by more than four midwives.

² While the College has established minimum numbers of pre and postnatal visits in order for a course of care to count as the provision of continuity of care by an individual midwife for the purpose of such things as supervised practice, the expectation is that the group of no more than four midwives will provide a full schedule of visits from the time of booking through to six weeks postpartum.

³ Midwives from different practices may occasionally share the care of, and cover on-call for, a client (to help cover holidays, for example).

⁴ See *Policy for Second Birth Attendants*, *Shared Primary Care Policy*, and *Policy on Midwifery Projects to Serve Women with Special Needs*.