

Continuity of Care Policy

Source: The College of Midwives of British Columbia

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. Normally care is shared by a team of two midwives with at least one of the two present at the birth. In this context, continuity of midwifery care may be achieved where a woman is cared for by a group of no more than four midwives. The third or fourth midwife in the group would likely take the role of the second midwife at the birth if one of the team of two was unavailable. 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 coordinated approach to clinical practice should be maintained by caregivers working together, facilitated by regular meetings and peer review.

One of the group of midwives should be identified as the midwife responsible for coordinating the care. She must identify who from the group is responsible if she is not on call. 4 The first and second midwife must be identified to the client as such, and would normally provide the majority of the woman's pre and postnatal care, and attend the birth, assisted if necessary by other midwives in the group.

The practice should 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.

The midwife coordinating the woman's care and the second midwife must make the time commitment necessary to develop a relationship of trust with the woman during pregnancy, to be able to provide safe, individualized care, to facilitate informed choice, to fully support the woman during labour and birth, and to provide comprehensive care to mother and newborn throughout the postpartum period.

Normally, care is shared by a small group of midwives and two of these midwives are present at each birth. The College of Midwives recognizes that an alternate practice arrangement may be needed in some circumstances, such as in a very small or solo practice where this is not always possible.⁵ Any alternate arrangements must conform to College policies ⁵ and a written description of such arrangements must be kept on file at the College.

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- 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, 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 a client (to help cover holidays, for example).
 - 4 This is consistent with the Indications for Discussion, Consultation and Transfer of Care.
 - 5 See Policy for Second Birth Attendants.

Refer Standard 6
Continuity of Care Policy
CMBC Standards of Practice
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