

CONTINUITY OF CARE POLICY

Continuity of care is a fundamental principle of Canadian midwifery practice, and is highly valued by women seeking midwifery services. Continuity of care means that a woman's care is provided by the same midwife or small group of midwives throughout pregnancy, labour and birth and the postpartum. Midwifery practices are organized so that a midwife known to the woman is available to attend the birth. Continuity of care enables clients and midwives to develop a relationship of mutual understanding and trust, and may be an important factor in facilitating the normal childbirth process.

The *Standards of Midwifery Practice* set out in the Midwifery Regulatory Council of Nova Scotia Bylaws include:

STANDARD SIX

The midwife ensures continuity of care throughout the childbearing experience.

The midwife:

- 6.1 provides comprehensive midwifery care during the trimesters of pregnancy and throughout labour, birth, and the postpartum period;
- 6.2 ensures, within the collaborative team, 24 hour on-call availability to clients;
- 6.3 identifies, within the collaborative team, the midwife who is responsible for leading and coordinating the client's care;
- 6.4 makes every effort to ensure that a care provider familiar to the client is available to attend the birth.

The MRC believes that efforts should be made to ensure that the majority of the woman's care is provided by a primary midwife and a second partner midwife with assistance, as necessary, from other members of the team. The primary midwife and other midwives providing the woman's care must make the time commitment necessary to develop a relationship of trust with her during pregnancy, provide individualised care, facilitate informed choice, fully support her during labour and birth, and follow up with comprehensive care in the postpartum period.

A shared philosophy of care and consistent approach to practice should be maintained by care providers working together in collaborative teams, and is facilitated by regular meetings and case discussions. One midwife in the team must be identified as the primary midwife responsible for leading and coordinating the client's care. The primary midwife must identify who from the team will be responsible if she herself is not available or on call.

The primary midwife and second or partner midwives as well as other members of the collaborative team should also be identified to the client as such. Appropriate opportunities should be provided for the woman to meet other care providers in the larger team or practice group, to accommodate circumstances when they may need to be involved in her care.

The MRC recognises that shared care and alternate practice arrangements may be needed in some situations and/or communities where there is a very small or solo midwifery practice and a second midwife may not always be available to provide call coverage or assist at a home birth. In these situations, the alternate care providers ideally would also be known to the woman. Midwifery clients must be informed at the beginning of care about how continuity of care is organized and provided in their community.

Adopted by the MRC on November 10, 2009