

## **POLICY ON INDEPENDENT/PRIVATE MIDWIFERY PRACTICE**

At present, registered midwives with active-practising (clinical) licences are employees of the IWK Hospital or the Nova Scotia Health Authority (NSHA) and are able to provide care in both hospital and out-of-hospital settings and to access health system resources as needed. While the *Midwifery Act* and *Regulations* do not exclude the possibility of private/ independent midwifery services, Midwifery Regulatory Council of Nova Scotia (MRCNS) policies and standards are largely predicated on an employment framework.

The development of new NSHA Medical Staff bylaws includes universal privileging of physicians to support quality care, safety, coordination and accountability across the province. Historically, some community physicians in Nova Scotia have practised without a privileging relationship with a hospital or health authority. Under the new bylaws, any physician utilizing NSHA or IWK resources (including laboratory and diagnostic imaging services) will be required to have active privileges, regardless of whether she or he delivers hospital/ facility-based services or community-based services.

Midwives in private/ independent practice outside a health authority employment framework will similarly need to be privileged with the NSHA or IWK in order to access laboratory, diagnostic and screening services, electronic medical records and health information, and other services essential to the provision of primary maternity and newborn care. Midwives who are not employed by a health authority will also require admitting privileges to provide clinical care to clients in a hospital facility.

In addition to privileging, midwives who are not employed by a health authority will need certain other organizational and operational conditions in place to provide care in accordance with the regulated scope of midwifery and the policies and standards of the MRCNS. Specifically, the MRCNS will require confirmation of:

- Liability insurance coverage for independent midwifery practice equivalent to the coverage provided to midwives employed by the NSHA or IWK. ( See *Midwifery Act Regulations*, s. 29 and MRCNS Policy on Liability Insurance)
- Formal collaborative arrangements or agreements with specialists and other health care professionals for discussion, consultation and transfer of care, as required. (See MRCNS Standards of Midwifery Practice #3 and Indications for Discussion, Consultation and Transfer of Care)

- Capacity to ensure continuity of care and 24/7 on-call availability to clients through pregnancy, labour and the postpartum period. (See MRCNS Standards of Midwifery Practice #6 and MRCNS Policy on Continuity of Care)
- Approved/qualified second attendants to assist at out-of-hospital births. (See MRCNS Policy on Out-of-Hospital Birth and Second Attendant Policy)
- Formal arrangements or agreements with Emergency Health Services (EHS) for transport from home birth to hospital when needed. (See MRCNS Policy on Home Birth Transport)
- Ongoing participation in peer case review, continuing education, professional development and other quality assurance activities. (See MRCNS Quality Assurance Program Policy)
- A midwifery office/clinic with the required equipment and materials for primary maternity care, proper storage of medications, adherence to universal precautions (sterilization of instruments, disposal of used materials, etc), and secure storage and transmission of confidential health records. (See MRCNS Standards of Midwifery Practice #10 and other relevant policies)

**Approved by the MRC on November 19, 2015**