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## STANDARD ON SHARED PRIMARY CARE

### Background

In a midwifery practice, primary care is usually shared by a small group of two to three (no more than four) midwives to provide continuity of care and choice of birth place. In limited circumstances, such as where there is a solo practice or a small practice serving a large geographic area, the College of Midwives may approve an arrangement where primary care maybe shared by a midwife and another regulated primary health care provider.

### Definition

Shared primary care occurs when both a midwife and another regulated primary health care provider take responsibility for the care of a woman/baby during normal childbearing care. Minimally, both the midwife and the other regulated primary health care provider involved in a woman's care must have seen the woman for at least two antenatal visits, at least one of which was a visit in the third trimester of pregnancy, to be on call for her birth. Ideally all primary care providers involved in a woman's care will offer care consistent with the College's *Standard on Continuity of Care* and *The Standard Midwifery Model of Practice*.

### Criteria

College approval of shared primary care arrangements will be based on the following criteria:

1. Demonstrated need for a shared primary care arrangement, for example:
  - a. insufficient number of midwives in an area to provide on-call coverage for clients;
  - b. geographically remote location;
  - c. practice covers a large geographic area.
2. Evidence that the shared care arrangements are consistent with the College's *Philosophy of Midwifery Care* and *The Midwifery Model of Practice*.
3. Demonstrated support from the community.

### Responsibilities

1. Shared primary care shall be provided in accordance with the standards set by the governing body of that professional.
2. Midwives entering approved shared care arrangements with other primary health care providers must share this document with those primary care providers and discuss its practical implications for sharing care.<sup>1</sup>
3. It should be clear which health care professional is the primary care provider at any given time. This must be communicated to the woman and other health care providers involved in her care. It must also be clearly documented in the client record. The variations in practice of the various professionals must be clear to the woman.
4. Midwives must apply to the College for approval of any shared care arrangements where the care of the woman and/or newborn is within the scope of practice of the midwife and the shared

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<sup>1</sup> The College of Midwives of Manitoba does not expect physicians to attend home births.

care is not a result of consultation or transfer of care consistent with the College's *Standard for Discussion, Consultation and Transfer of Care*.

## **References**

College of Midwives of British Columbia. (1997) Supportive care policy.

College of Midwives of Ontario. (1994) Standard on shared primary care.