
STANDARD FOR THE MIDWIFERY MODEL OF PRACTICE IN MANITOBA

The principles outlined below are fundamentals of midwifery practice which, when taken together, ensure that midwifery meets the needs of the women who choose this service. These principles are applicable to midwifery practice across all settings and are to be used as a basis for the planning and integration of midwifery services in Manitoba.

1. MIDWIVES ARE AUTONOMOUS HEALTH CARE PROVIDERS

Midwives are primary health care providers who clients may choose as their first point of entry to the maternity care system.

As primary health care providers, midwives make autonomous decisions in collaboration with their clients and are fully responsible for the provision of primary health services within their scope of practice. They coordinate services to ensure continuity of care, identify conditions requiring management outside their scope of practice and refer such cases to other providers.

2. COMMUNITY INPUT

Community input is fundamental to the development and evaluation of midwifery practice across all settings.

Community participation must be structured into the midwifery system during the development and ongoing planning of midwifery services and education. This would be achieved by:

- a) Facilitating ongoing community input into midwifery practices in all sites.
(e.g. community forums, community boards, formal liaison with consumer organizations, consumer representation on governing body)
- b) Each and every client being able to give input at some level.
(e.g. client evaluation care)
- c) Each midwife being responsible for soliciting client and community input.
(e.g. client evaluation of care)
- d) Education about the role of community input at all levels incorporated into the education of midwives.
(e.g. public representatives on advisory committee(s); consumer participation in the teaching of midwives)

3. INFORMED CHOICE

Responsiveness to women's needs is a guiding principle of midwifery practice. Midwives respect the right of their clients to make informed choices and actively encourage informed client decision-making.

Midwives facilitate decision-making by making relevant, objective information available to their clients. Informed choice is a decision-making process which relies in a full exchange of information in a non-urgent, non-authoritarian, cooperative manner. Midwives support the principle of informed choice by:

- a) Encouraging clients to actively participate in their care and to make choices about the services they will receive and the manner in which care is provided.
- b) Recognizing and supporting the pregnant woman as the primary decision maker and promoting shared responsibility between the woman, her family and her caregivers.
- c) Discussing the scope and limitations of midwifery care with their clients.

4. CONTINUITY OF CARE

Midwives provide preconceptual, prenatal, labour, birth, postpartum care, which includes certain areas of gynaecology to their clients. As well, they provide counselling, education and emotional support related to the client's physical, psychological and social needs.

Continuity of care is fundamental to the midwifery model of practice. It is both a philosophy and a process that enables the midwife to provide holistic care and to establish an ongoing partnership with the client in order to build understanding, support and trust. Continuity of care is facilitated through a one to one relationship between midwife and client.

There must be a 24-hour on-call availability of the primary care midwives known to the woman. Every midwife must make the time commitment necessary to develop a relationship of trust with the woman during pregnancy, to provide safe individualized care and support the woman during the childbearing year.

In group practices, continuity of care could be achieved by a small team of midwives (not greater than four) provided the client has the opportunity to establish relationships with all the members of the team. Midwives involved in group practice must share a common philosophy in order to support continuity of care. Women must have input into the manner in which continuity of care is provided.

5. CHOICE OF BIRTH SETTING

Midwives respect the right of women to make informed choices about the setting for birth.

Midwives provide care in a variety of settings, including hospitals, birth centres and homes. The ability to follow the client is an essential aspect of continuity of care and informed choice.

Midwives provide their clients with the information and support required to make an informed choice about the appropriate settings in which to give birth.

6. TWO ATTENDANTS AT EACH BIRTH

The safest care can be provided at birth when there are two qualified persons present.

The Canadian standard of care is to have two attendants, skilled in neonatal and maternal emergencies, at each birth.

The second birth attendant must understand and support the midwifery model of care and could be:

- a) another midwife
- b) a health care practitioner with the knowledge and skill required to assist the midwife.

7. COLLABORATIVE CARE

Midwives collaborate with other professionals to ensure their clients receive the best possible care when the needs of the women exceed the scope of practice of the midwife.

Collaborative care involves the cooperation of various professionals in the provision of care. In situations where transfer of care to a physician is required, the midwife is expected to continue providing supportive care after transfer and will resume primary care if appropriate. Collaboration with other health care providers occurs with informed client choice.

8. ACCOUNTABILITY AND EVALUATION OF PRACTICE

Midwives are accountable to their clients, their peers and the wider community for safe, competent, ethical practice.

Midwives' fundamental accountability is to their clients. They are also accountable to their own regulatory body, their employers, the health care institution in which they practice and to the public.

Midwives continuously evaluate their practice to improve the quality of care they provide and to ensure their clients' needs are met. The results of this evaluation are incorporated into midwifery practice.

9. ACCESSIBILITY OF MIDWIFERY CARE

Midwifery care must be accessible to all women. Mechanisms should be in place to ensure equitable access to midwifery care for all women regardless of place of residence or circumstance.

A midwifery practice must consider the demographics of the practice area so that services are offered to the variety of women therein. This ensures that women who would most benefit from midwifery care, but who might not seek such care, have an opportunity to use midwifery services. The midwives, and the community which supports their practice, are responsible for remaining knowledgeable about the women within their practice area, and for developing and implementing outreach programs.

If a midwifery practice finds it cannot serve all women who are requesting services, the midwives are encouraged to try and reach a representative variety of clients and be able to refer women to other midwifery practices or related services (e.g. labour companions, empowering childbirth classes).

10. RESEARCH ON EFFECTIVENESS OF MIDWIFERY CARE

Midwives develop and share midwifery knowledge and initiate, promote and participate in research regarding midwifery outcomes. Results of this research should be incorporated into midwifery practice.

11. MIDWIVES AS EDUCATORS

Midwives have a responsibility to share their knowledge and experience with colleagues, clients and students of midwifery.

In keeping with the history and tradition of midwifery, midwives have a responsibility to participate in the apprenticeship of midwifery students.