

Section: **Professional Practice**

Section Number: **IV**

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Subject: **Continuity of Care**

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BACKGROUND

Continuity of care is critical to the Saskatchewan midwifery model of practice.

DEFINITIONS

Continuity of care is defined as “when one midwife, or student of midwifery, has attended a minimum of seven visits (including both prenatal and postnatal visits), the labour, and birth,”. This definition was adopted as the minimum requirement; the expectation is that the midwife would see a woman more frequently.

No more than four midwives should be involved in the care of an individual woman. Each woman must have a primary midwife who is responsible for coordinating her care.

It is important that the woman be involved in the discussion of how continuity of care will be provided for her. Whenever possible, the practice group will support flexible arrangements between a midwife and her client.

GUIDELINE

Continuity of midwifery care from the client’s perspective occurs when a woman is referred from one midwifery practice to another when relocating for any reason during the prenatal, intrapartum or postpartum periods. For example, a northern woman who cannot birth in her home community may be followed by the midwife in her community then referred to the midwifery practice in the community where she will give birth.

Responsibilities

1. A midwife or midwifery practice must confirm with the client who her primary midwife will be.
2. A midwife or midwifery practice must inform a client of:
 - a. The procedure for contacting the primary midwife and backup midwives
 - b. On call arrangements of the midwives involved in the client’s care
 - c. The practice’s policies on the number of hours an individual midwife may be in continuous attendance at a birth.

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3. The midwife must involve the woman in discussions about how continuity of care will be structured in her case. If no agreement can be reached between the midwifery practice and the client then she may be referred to another practice.
4. If the primary midwife is not acceptable to the client, or the primary midwife must withdraw from the care of the woman, the client should be involved in the discussion about who will become her new primary midwife.
5. In the interest of safety the midwife must take into consideration her workload and structure of her practice so that she can provide continuity of care to her clients without sacrificing self-care for herself. The midwife must remain healthy in the broadest sense of the term to provide high quality care to her clients.
6. The midwife may be asked to provide documentation to the College on how her practice(s) is facilitating continuity of care for her clients.

References

College of Midwives of Manitoba. (2000) Standard on Continuity of Care