

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Request for Approval of Shared Primary Care with a Physician/Nurse Practitioner

Name of Midwife (or midwives) requesting approval of a shared care arrangement with a physician or a nurse practitioner: _____

Community practice located in: _____

Registered midwives currently sharing care/providing backup: _____

Reason for request:

- solo practice
- remote or isolated practice
- caring for special-needs clients requiring regular physician care – NOTE: if your clients require care that varies from the College of Midwives' (CMBC's) *Midwifery Model of Practice*, you must apply under the *Policy of Midwifery Pilot Projects to Serve Women with Diverse Needs*. Please specify needs of client population:

- usual partner/ back-up midwives not available from _____ to _____
D/M/Y D/M/Y
- for emergency use when usual partner/ back-up midwife not available
- other (please explain): _____

Name of proposed physician/nurse practitioner: _____

Physician's CPSBC license #/nurse practitioner's CRNBC license #: _____

- We have reviewed the CMBC's *Philosophy of Care, Midwifery Model of Practice* and *Shared Primary Care Policy* and agree to provide shared care consistent with the standards outlined in these documents.
- We understand that it is a CMBC standard that every woman cared for by a registered midwife must be given the opportunity to meet and get to know all of the primary care providers (up to four) who could be on call for her labour and birth. Except in cases of unanticipated emergencies, we agree to offer women opportunities to meet our team during pregnancy to develop a relationship of trust as described in the CMBC's *Shared Primary Care Policy*.

Home Birth:

- The physician named herein agrees to be available to attend home births (current NRP/CPR required) OR
- The nurse practitioner named herein will not take on the primary-care role in the intrapartum period. We will submit an application for approval of second birth attendant if the nurse practitioner is needed to act in the role of second birth attendant.
- We will seek other support for offering choice of birth place, and inform our shared clients in advance that, if a registered midwife is not on call, physician care for home birth is not available.

Signature(s) of Midwife/Midwives

Date

Signature of physician/nurse practitioner - please use one form for each physician/nurse practitioner

Date

Please Note: Incomplete requests or documentation will result in delays in processing.

For Office Use Only

Approval: