



## ORIENTATION TO MIDWIFERY PRACTICE IN BRITISH COLUMBIA

The College of Midwives of British Columbia (CMBC) provides this document to applicants who are seeking midwifery registration for practicing midwifery in British Columbia (BC) with information and guidance for self-orientation. The information is useful for you as a potential BC new midwife, whether you are a graduate from a CMBC recognized midwifery education program, a registered midwife coming to BC from another Canadian province/territory, or an internationally-educated midwife who has completed a CMBC recognized midwifery bridging program.

### What you should have

In order to become oriented to midwifery registration and practice in BC you should have access to:

- **CMBC Registrant's Handbook**, which is also available on the CMCB website at [www.cmbc.bc.ca](http://www.cmbc.bc.ca)
- **Midwives Association of BC (MABC)** website, at [www.bcmidwives.com](http://www.bcmidwives.com) and/or obtain and review a *Member Manual*. MABC, an association protecting the interests of the midwives, is responsible for negotiating the funding contract for midwifery services. They also administer professional liability insurance for midwives which is provided through the BC Ministry of Finance. MABC can also provide you with information on how to bill the Medical Services Plan for midwifery care.
- **Perinatal Service BC (PSBC)** website, at [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca). PSBC is an agency of the Provincial Health Services Authority who produces and shares evidence-based information, education, and resources about perinatal health with health professionals across the province. All midwives in BC are required to use PSBC data collection and documentation tools in their practice. These tools and instructions on their use can be reviewed at [www.perinatalservicesbc.ca/health-professionals/forms](http://www.perinatalservicesbc.ca/health-professionals/forms)

### Regulatory Framework

Midwifery in British Columbia has been regulated since 1995 when the government of British Columbia established the College of Midwives of British Columbia to ensure that registered midwives provide safe and competent care to clients in BC. The CMBC regulates the midwifery profession according to the Health Professions Act, the Midwives Regulation and the CMBC Bylaws. In 1998, the CMBC registered the first BC midwives.

- **Health Professions Act**  
The Act [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96183\\_01#section1](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01#section1) is the legislative umbrella that sets out the duty and objects of health regulatory colleges. The CMBC must at all times serve and protect the public and exercise its powers and discharge its responsibilities under all enactments in the public interest.
- **Midwives Regulation**  
The regulation <http://cmbc.bc.ca/legislation-standards-practices/midwives-regulation/> provides specific details on the midwife's scope of practice, protection for the title "midwife" and the specific restricted activities for registered midwives.
- **CMBC Bylaws**  
The College's bylaws <http://cmbc.bc.ca/legislation-standards-practices/bylaws/> describe the governance

structure of the College, its board and committees, and set out rules and procedures for committees to register and regulate the practice of midwives. The bylaws also include the Code of Ethics and the Standards of Practice for the profession.

The CMBC's mandate and legislated duty is to serve and protect the public interest by registering qualified and competent midwives, by setting education and competency requirements, by setting practice guidelines and standards of practice, and by monitoring and enforcing these requirements and standards. All of the CMBC's policies and guidelines are available on its website.

### **Practice Midwifery in BC**

Midwives are independent primary care providers in BC so it is important that you be well oriented to practice. If you did not do your midwifery training here, there are some areas of regulation and practice that may be different in BC from the country or province/territory where you trained or practiced.

- ***Autonomous Primary Care***

Midwifery in BC is autonomous, community-based primary care. A BC registered midwife works with full non-delegated responsibility for client care and is the most responsible caregiver for each client in antepartum, labour & birth, and postpartum (to 6 -12 weeks) as long as the situation remains low risk. Midwives collaborate with other health professionals and transfer care to a physician when necessary.

- ***Continuity of Care***

BC midwives provide continuity of care to all clients in accordance with the CMBC standards of practice. Continuity of Care allows a relationship to develop over time between a client and midwife or midwives. In order to share the responsibility of providing care on a 24 hour basis, midwives usually work within small group practices.

- ***Informed Choice and Evidence-based Practice***

BC midwives assist clients and their families to make choices about their care by providing relevant, objective information in a supportive non-authoritarian manner. Midwives must keep up-to-date with current research on relevant topics.

- ***Choice of Birth Setting***

BC midwives must provide healthy, low-risk clients with the choice of giving birth at home or in the hospital. Midwives have privileges at their local hospital where they work with support from nursing staff and other health professionals as needed. They usually work with an obstetrical nurse as the second birth attendant in hospital. At home births they usually work in teams of two midwives or CMBC approved second birth attendants.

- ***Pay per Course of Care***

A BC midwife is an independent practitioner rather than an employee. A full-time midwife is generally involved in providing care for about 40-60 clients per year as the primary midwife. The BC government funds midwifery and midwives are paid per course of care.

### **Midwives Regulation, Bylaws and Standards of Practice**

As you are seeking midwifery registration in BC and once registered as a midwife you will be accountable for practicing within standards, please review and be familiar with the following legislation, bylaws, standards and policies in the Registrant's Handbook:

- ***Midwives Regulation***

- **CMBC Bylaws**
- **Model of Practice Standards**  
This section of the handbook has the midwifery model of practice and related policies.
- **Prescribing and Testing Standards**  
Midwives prescribing authority is regulated through the Midwives Regulation Schedules A and B and the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*. The test ordering authority is set out in the *Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests*.
- **Indications for Discussion, Consultation and Transfer of Care**  
The document discusses when a midwife discusses care of a client, consults, and/or transfers primary care responsibility.
- **Home Birth Standards**  
This section contains standards that apply specifically to out-of-hospital births. It also has the Planned Place of Birth Handbook that your clients must have access to. The Planned Place of Birth topic and Informed Consent form should be discussed and reviewed with them.
- **Records, Data and Privacy Standards**  
Important information on record-keeping and data collection can be found in Part VII of the CMBC Bylaws and in the Records, Data and Privacy Standards section of the Registrants Handbook. As health care professionals in private practice, midwives are also responsible for knowing the Personal Information Protection Act (PIPA), [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_03063\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_03063_01) that affects their practice and complying with the legislation. The PIPA governs the collection, use and disclosure of personal information by private organizations, including midwives' office.

### **Other Information**

- **Inter-professional Relations and Hospital Privileges**  
Midwives interrelate with other health care professionals (family physicians, nurses, consultant obstetricians, pediatricians, anesthesiologists) on different situations and should be prepared to explore ways of promoting collegial inter-professional relationships as well as how to navigate difficult relationships. You should look for and review information about hospital privileging, hospital bylaws, rules and regulations within each hospital and the range of privileging processes in different hospitals/health authorities that midwives can encounter around BC, including back-up plans and protocols that must be in place with hospitals for transport from a home birth.
- **Hospital Act and Hospital Orientation**  
The Hospital Act, [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96200\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96200_01) governs hospital care in BC. Despite CMBC standards and policies, midwives should adhere to the Hospital Act and the policies and procedures of the hospital where they have privileges. Hospitals are responsible for orienting midwives to hospital operations, protocols, policies and procedures.
- **Vital Statistics Act**  
A midwife who attends at a birth must complete the notice of birth under the Vital Statistics Act,

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96479\\_01#section1](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96479_01#section1)

It is the midwife's responsibility for registering births with the BC Vital Statistics Agency. Information on registering births can be found in the Vital Statistics Agency website,

<http://www2.gov.bc.ca/gov/content/vital-statistics/births-adoptions/births/birth-registration>

- **BC Coroners Service**

The Coroners Service of British Columbia is responsible for the investigation of all unnatural, sudden and unexpected, unexplained or unattended deaths. The Coroner is responsible for ascertaining the facts surrounding a death and must determine the identity of the deceased and how, when, where and by what means the deceased died. More information can be found on their website,

<http://www.pssg.gov.bc.ca/coroners/>

- **MSP Billing**

Midwifery services are covered under the BC Medical Services Plan (MSP). All new midwives enrolling with MSP will be required to sign a form as part of their registration process. Visit the MSP website,

<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/midwives> for

more information.

### **Local Orientation**

You will also want to set aside some time with a midwife in your new BC practice to discuss a number of areas, which can vary from community to community. Even if you are coming from another Canadian province/territory as an experienced midwife and are not required to fulfill the requirements of the *New Registrants Policy* and are planning on setting up practice on your own, it is important for you to spend some time in a midwifery practice locally or in a neighboring community to discuss such things as:

- practice organization and call schedule
- accessing labs and diagnostic testing, orientation to filling out lab requisitions (note: you are only allowed to order labs and refer to specialists according to the MSP midwifery specific list)
- local hospital bylaws and privileging processes
- hospital protocols and procedures, any variations from the CMBC standards
- formal orientation to the hospital, organization of local midwifery staff in hospital
- local home birth transport plan that is in place or the need to meet with the hospital to put an arrangement in place
- level of ambulance service available locally and the usual transport times
- expectations when working with specialists - obstetricians, pediatricians, anesthetists
- services available in the community and circumstances that require transferring out
- community resources, supports for clients with special needs, relationship with public health (note: you must provide the same public health information that clients receive in hospital to your home birth clients)