a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Continuity of Care Policy

Background

Continuity of Care (CoC) provided by midwives has been repeatedly shown to provide positive outcomes for pregnancy and birth.[1] It is delivered through the provision of midwifery care by a known provider or providers during pregnancy, labour, birth and the postpartum period.[2] It allows for relationship-building, and is foundational to positive outcomes for clients and their families.

The Midwifery Program faculty believes that sequentially observing growth during pregnancy, labour and birth, and postpartum recovery is sound pedagogy, and the faculty recognizes the value of providing care across the perinatal period as an important aspect of the Midwifery Model of Care. However, as the landscape of how maternity care is delivered continues to change, the Program's ability to provide midwifery education within a continuity model is constrained. The limited availability of clinical placements has also impacted these opportunities.

The definitions outlined below are the minimum numbers required for graduation. Students are encouraged to explore and pursue the model of continuity of care throughout their program of study, at every level of learning, and at every opportunity. Moreover, clients should be offered the opportunity to develop a relationship with students, as part of their midwifery team.

The BC College of Nurses and Midwives (BCCNM) Standards of Care (Standard 6) reads:

The midwife shall provide continuity of care to the client. The midwife:

6.1 provides comprehensive care during pregnancy, labour, birth, and postpartum(5);

6.2 either individually or within an established group, provides care with 24 hour on-call availability;

6.3 either individually or within an established group, maintains a coordinated approach to clinical practice consistent with BCCNM's Philosophy of Care;

6.4 ensures, within reason, that no more than four(6) primary care providers known to the client provide them with care during their pregnancy, and throughout labour, birth, and postpartum;

[1] Bradford BF, Wilson AN, Portela A, McConville F, Fernandez Turienzo C, Homer CSE (2022) Midwifery continuity of care: A scoping review of where, how, by whom and for whom? PLOS Glob Public Health 2(10): e0000935. https://doi.org/10.1371/journal.pgph.0000935

[2] BCCNM. Midwifery scope and model of practice. BCCNM. [Updated 2021 Mar; Cited 2023 Feb 7]. Available from: https://www.bccnm.ca/Documents/standards_practice/rm/RM_Scope_and_Model_of_Practice.pdf

6.5 informs every client early in care of their on-call schedule and how care is organized and provided within their practice; and

6.6 endeavours to develop a relationship of therapeutic trust with each client.[3]

(5) Unless registered as Temporary (limited scope) or receives an exemption per the Policy on Alternate Practice Arrangement.

(6) Exemptions allowable per Policy on Alternate Practice Arrangements.

Required Numbers and Definition

30 Continuities of Care for are required for graduation. These must include, a minimum of:

- 15 smaller-scope continuity of care
  Participate in the provision of antenatal, intrapartum, and postpartum care, for the same client including:
  - 1 antenatal visit,
  - the labour and birth, and
  - 1 postpartum visit

- 15 full-scope continuity of care
  Participate in the provision of care, in a practice which provides continuity of care across the perinatal period, including, a minimum of:
  - 5 visits, plus the labour and birth, including:
    - at least 2 antenatal visits, and
    - at least 2 postpartum visits

Important Considerations

The definition of full-scope continuity of care as 5 visits plus the birth, including at least 2 antenatal and at least 2 postpartum visits, reflects an experience of "full continuity of care," that is aligned with professional standards in other provinces.

- Only full antenatal or postpartum visits may count towards continuity of care. Visits may be conducted in-person or online (if that is the practice model). Calling a client to discuss lab results, for example, may not be counted as a "visit".
- A discrete assessment occurring outside of routinely scheduled visits may count towards continuity of care, as long as clinical care (assessment, triage, management and/or follow up where appropriate) was provided. Examples include (but are not limited to) assessments for: suspected preterm labour, reduced fetal movement, prelabour rupture of membranes, a UTI, postpartum bleeding, or following a motor vehicle accident.

[3] BCCNM. Standards of practice. BCCNM. [Updated 2022 Sep; Cited 2023 Feb 7]. Available from: https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_of_Practice.pdf

- A discrete early labour assessment visit *can* count as an antenatal visit (for either smaller- or full-scope CoC). The goal is to establish a relationship with the client, in the course of providing clinical care. Connecting with a client in early labour, who you will then support later in labour, is an important and valued aspect of midwifery care.

As always, students are encouraged to keep T-Res up to date, documenting births and visits as soon as possible after they occur. This will assist the Clinical Placement Coordinator to plan future placements appropriately and in a timely manner.