



Defining and Counting Clinical Experiences

For background to this policy, please refer to the [Clinical Experience \(Birth Requirements and Continuity of Care\) policy](#).

Students are required to document their attendance at all births and track the pre-and postnatal encounters with those people to provide evidence that they meet these CMBC registration requirements. This list provides the definitions for each of these base requirements.

<i>requirement</i>	<i># required</i>	<i>definition</i>
Births Attended	60	You were in attendance at a birth in any capacity as a student in the program. These do NOT include births attended outside your role as a UBC student.
Primary	40 TOC= up to 8/40	Acting under supervision, you were actively involved <i>at your level in the program</i> ¹ , in the provision of care, decision making and managing the case for labour. You conducted the birth or your hands were on the baby as it was being born. OR There was an intrapartum transfer of care ² and another provider conducted the birth. You acted in a primary role as above, up to the time of transfer of care, and were present at the birth (up to 8 of these may count as Primaries).
Continuity of Care	30	See the Continuity of Care Policy for a detailed description of this requirement. <i>Required Numbers and Definition</i> 30 Continuities of Care for are required for graduation. These must include, a minimum of: <ul style="list-style-type: none"> • <u>15 smaller-scope continuity of care</u> Participate in the provision of antenatal, intrapartum, and postpartum care, for the same including: <ul style="list-style-type: none"> - 1 antenatal visit, - the labour and birth, and - 1 postpartum visit • <u>15 full-scope continuity of care</u> Participate in the provision of care, in a practice which provides continuity of care across the perinatal period, including, a minimum of: <ul style="list-style-type: none"> - 5 visits, plus the labour and birth, including: <ul style="list-style-type: none"> ○ at least 2 antenatal visits, and ○ at least 2 postpartum visits

Hospital	5	You were the primary and conducted the birth in hospital.
Home	5 HB transfer= 1/5	You were primary and conducted the birth at home or in an out of hospital setting. OR The birth was a planned homebirth, you were present at the home, and transfer to hospital occurred during labour. You acted in a primary role as above, at the home and in hospital (1 of these may count as a Homebirth).

2nd Attendant	2	<p>You functioned as the second attendant, under supervision, for that specific role. Another midwife acted as primary.</p> <p>In the role of a second attendant you: prepared birth equipment and space, monitored fetus in 2nd stage, received newborn, assisted with active management of third stage if done, assisted with immediate maternal and newborn care and assessments as indicated.</p> <p>Students must have demonstrated competency in acting as a second attendant prior to graduation. Acting as a second attendant should be encouraged in the 4th year.</p>
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¹The level of responsibility fall within the expectations of your student role and within your level in the program, as outlined in your course syllabus. See below for further detail.

² An “intrapartum transfer of care” is when care is transferred to a physician during labour, and the birth (vaginal, forceps, vacuum or Caesarean Section) is conducted by the physician.

See the [Clinical Experience \(Birth Requirements and Continuity of Care\) policy](#) for more about tracking your numbers throughout the program, and a course-specific guide to number expectations.

Guide to expected level of participation in births to count as a “Primary”

When counting births in T-Res, students will be asked to classify a birth as “Primary”, “Assisted” or “Observed”. All births attended in a student capacity count towards Total birth numbers, however, only those where the student was actively involved in the provision of care may count as a “Primary”.

PLEASE NOTE: The birthing individual’s experience of their birth, and comfort with a student’s involvement, ALWAYS takes precedent over the student’s learning needs, desires, or intention for their role at a birth. If a client is not comfortable with the student providing hands-on care, in any capacity, it is the student’s responsibility to step back and participate at a level that the client is comfortable with. If this means the student needs to count the birth as “Assisted” or even “Observed”, so be it. There is much to be learned from stepping back and observing, or being involved in a less hands-on way. The student should remain engaged and participate at an appropriate level. These births will still count towards your overall Total births.

The definition of a birth counted as a “Primary” is:

Acting under supervision, you were actively involved *at your level in the program*, in the provision of care, decision making and managing the case for labour. You conducted the birth or your hands were on the baby as it was being born.

As a competency-based program, we accept that not all students will perform at the same level, even within the same course. However here are some [general guidelines](#) about what is expected in order to determine if you were acting as primary at a birth, for different course levels.

MIDW 200

To count a primary, learners must have hands on the baby at the time of birth (ex: four-hands or solo catch). At this level, it is expected that a learner participates in all aspects of care at a beginning level, being as actively involved as possible, and observing where appropriate for the situation.

It is expected that MIDW 200 learners:

- Demonstrate beginning knowledge of the characteristics of normal labour and birth and assist in planning normal intrapartum care (eg: identifies a care plan for conducting routine assessments).
- Demonstrate responsibility for the care plan by discussing with supervisor
- Demonstrate ability to perform assessments in an organized and systematic manner
- Participate in the evaluation of care plans, and are able to recognize when changes to the plan are required
- Participate in recommending appropriate interventions to a normal care plan
- Recognize need for further investigations, discussions and/or consultations by referring to CMBC standards while providing care

MIDW 240

To count a primary, learners must have caught the baby and delivered the placenta. *Four-hand catches may count*, where appropriate, AND if intrapartum participation included some of the list below. At this level, it is expected that a learner participates in all aspects of care at an beginning level, being as actively involved as possible in all aspects of care.

It is expected that MIDW 200 learners:

- Provide an appropriate plan of care for all stages of normal labour, birth, immediate postpartum and a newborns' transition to extrauterine life
- Recognize the need for modifications to a normal plan of care during labour and birth
- Recognize the need for further assessments when variations or deviations from normal occur and participates in further investigations and client discussions, with assistance from preceptor

MIDW 320

To count a primary, learners must have hands on the baby at the time of birth, or have been in the primary role at the time of transfer of care.* At this level, it is expected that a learner participates in all aspects of care at an intermediate level.

It is expected that MIDW 320 students engage with labour management. Two-handed catches are expected, although four-handed catches will only count if all other participation was at an intermediate level. It is expected that the learner:

- be present for active labour, the birth and immediate postpartum.
- provide labour support to the laboring individual and their family, as appropriate.
- participate in all aspects of the provision of care, with preceptor supervision, and at an intermediate level, including all skills you have learned in intensives to date. *In addition to those listed above, this also includes:*
 - perform perineal assessment and suturing in some capacity, and with increasing involvement (towards independence) over the term
 - perform IV insertion and/or IV medication mixing and administration
 - conduct the management of third stage

- participate in the management of plan, discussing with RM throughout the birth
- document on partogram, LBS and NB 1&2, and Progress Notes
- conduct verbal consultations as needed
- Participate in most aspects of the provision of care, including care management, with preceptor supervision, and at an intermediate level. Your involvement and level of responsibility should be increasing over the course of this term.

* Refer to the “TOC” definition in the above table.

MIDW 322

To count a primary, learners must have hands on the baby at the time of birth, or have been in the primary role at the time of transfer of care.* At this level, it is expected that a learner participates in all aspects of care at an intermediate level.

It is expected that MIDW 322 students engage with labour management. Two-handed catches are expected, although four-handed catches will only count if all other participation was at an intermediate level. It is expected that the learner:

- Be present for active labour, the birth and immediate postpartum.
- Provide labour support to the laboring individual and their family, as appropriate.
- Participate in all aspects of the provision of care, including care management, with preceptor supervision, and at an intermediate level.

The learner’s involvement and level of responsibility should be increasing over the course of this term. Students will begin to manage variations from normal, atypical conditions, and emergencies with preceptor assistance.

* Refer to the “TOC” definition in the above table.

MIDW 420

To count a primary, learners must have hands on the baby at the time of birth, or have been in the primary role at the time of transfer of care.* At this level, it is expected that a learner participates in all aspects of care at an intermediate level.

It is expected that MIDW 420 students engage with labour management. Two-handed catches are expected. All other participation should be at an advanced level. It is expected that the learner:

- Participate in the care management of labour, with increasing independence over the term
- Provide labour support to the laboring individual and their family, as appropriate.
- Participate in all aspects of the provision of care, with preceptor supervision, and at an intermediate-to-advanced level.

The learner’s involvement and level of responsibility should be increasing over the course of this term.

MIDW 440

To count a primary, learners must have hands on the baby at the time of birth, or have been in the primary role at the time of transfer of care.* At this level, it is expected that a learner participates in all aspects of care at an entry-to-practice level.

It is expected that MIDW 440 students independently manage all aspects of labour and birth. All participation should be at an entry-to-practice level. It is expected that the learner:

- Be present for any early labour assessments, all of active labour, the birth and immediate postpartum.
- Provide labour support to the laboring individual and their family, as appropriate.
- Participate in all aspects of the provision of care, with preceptor supervision, and at an entry-to-practice level.

***Please see the [Expectations of Student Participation and Preceptor Supervision](#) policy for further information.**