



Midwifery Council of New Brunswick

**Conseil de l'Ordre des sages-femmes
du Nouveau-Brunswick**

Position Statement: Interprofessional Collaboration

Purpose

The purpose of this Position Statement is to support and encourage collaborative practice between midwives and other health care providers. Additionally, it supports midwives in their ability to maintain continuity of care when consultations and transfers of care are initiated.

Definition

Interprofessional collaboration is based on the premise that when providers and patients communicate and consider each other's unique perspective, they can better address the multiple factors that influence the health of individuals, families, and communities. ¹

Collaborative practice occurs “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.” ²

The fundamental elements of mutual trust and respect are integrated with accountability, coordination, autonomy, assertiveness, and communication creating a synergistic influence of grouped knowledge and skills. ³

Leadership is also a key element in effective collaboration. Midwives need to take on key positions providing leadership and advocacy for women. They need to be actively involved in the development of systems, educational programs, and best practice initiatives as well as ensuring the principles of collaboration are reflected in service provision and policy-making. ⁴

The Canadian Association of Midwives, the Canadian Nurses Association and the Canadian Association of Perinatal and Women's Health Nurses have issued a joint position statement recognizing the importance of strong interprofessional partnerships. The statement supports the working definition of collaboration and its guiding principles developed by the Multidisciplinary Collaborative Primary Maternity Care Project 2006:

"Collaborative woman-centred practice is designed to promote the active participation of each discipline in providing quality care. It enhances goals and values for women and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision-making (within and across disciplines), and fosters respect for the contributions of all disciplines". ⁵



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Midwives are autonomous health care providers who work in a variety of settings including hospitals, home, birth centres or other community sites. Midwives are responsible for care in support of normal childbearing and also for the identification of conditions which require consultation with other health care providers.

Collaboration within primary care practice may take place in the form of:

- Consultation
- Shared Primary Care
- Transfer of Care
- Supportive Care

Consultation

In accordance with midwifery standards of practice, midwives may initiate consultations with regulated health care professionals. Consultation with other health care providers occurs with informed choice and in the best interests of the woman and her newborn.

In requesting a consultation, a midwife uses professional knowledge of the client and requests the opinion of a physician or another regulated health practitioner qualified to give advice in the area of clinical concern. A midwife may also seek a consultation when another opinion is requested by the client.

A consultation can involve the physician or another regulated health practitioner providing advice and information, and/or providing therapy to the client/newborn, or recommending therapy for the client/newborn to the midwife to provide within the midwifery scope of practice. After consultation with a physician or another regulated health practitioner, primary care of the client and responsibility for decision-making, with the informed consent of the client, may:

- a) continue with the midwife when care is within the midwifery scope of practice.
- b) be shared between the midwife, nurse practitioner and/or physician; or
- c) be transferred to the physician.

Once a consultation has taken place and the consultant's findings, opinions and recommendations have been communicated to the client and the midwife, the midwife must discuss the consultant's recommendations with the client and ensure it is clear to the client and to all health care professionals involved in her care that, or the care of the newborn, that the midwife retains primary responsibility for the overall client care and that the consulting health professional is responsible for the discrete area of care that they provide. This agreement and plan of care must be articulated to the client and clearly documented in her record.

Shared Primary Care with a Consulting Physician

In accordance with midwifery standards of practice, midwives may initiate consultations with physicians when care falls outside the midwifery scope of practice. In some



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circumstances when the midwife, physician and client, the primary care of a client may be shared. In these circumstances, the consulting physician is responsible for client care outside the midwifery scope of practice and the midwife is responsible for care within her scope of practice. In these circumstances the midwives' care shall be provided in accordance with midwifery standards of practice and the midwives shall be accountable for the care they provide.

At all times it must be clear to the client and to all health care professionals involved in her care that, or the care of the newborn, which health professional is the most responsible for the coordination of care as well as the roles and responsibilities of the midwife and the physician. This agreement and plan of care must be articulated to the client and clearly documented in her record.

Transfer of Care to a Physician with or without Supportive Care

In accordance with midwifery standards of practice, midwives may transfer the primary care of a client to a physician when care falls outside the midwifery scope of practice. When a transfer of care to an obstetrician or a paediatrician is necessary the midwife may continue to provide the supportive aspects of the Registered Midwives' scope of practice. Supportive care may include education, counselling, advocacy, labour support and breastfeeding support. A midwife in a supportive care role is not responsible for the provision of clinical care, but may work co-operatively within her scope of practice with the physician/nurse team.

References and Supportive Documents

1. Sullivan et al AJN March 2015, Vol 115; Issue 3 p. 47-54 "*Interprofessional Collaboration and Education*".
2. Health Professions Networks and Midwifery Office. *Framework for Action on Collaborative Practice*. Geneva, Switzerland: World Health Organization, 2010.
3. Kasperski M. Implementation strategies: "*Collaboration in primary care—family doctors and nurse practitioners delivering shared care*". Toronto, ON: Ontario College of Family Physicians, 2000.
4. Joint Position Statement: *Nurses and Midwives Collaborate on Client-Centred Care*. 2011. Canadian Nurses Association, Canadian Association of Midwives, and Canadian Association of Perinatal and Women's Health Nurses.



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5. SOGC *Final Report MCP2*. Multidisciplinary Collaborative Primary Maternity Care Project, June 2006 ".

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College of Midwives of Alberta: Position Statement on Collaborative Practice between Registered Midwives and Other Regulated health Professionals, 2014.

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