



Midwifery Council of New Brunswick

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

Policy: The New Brunswick Midwifery Model of Care

The Midwifery Council of New Brunswick, in keeping with the Canadian Association of Midwives and the Canadian Midwifery Regulators Council, cites with agreement the International Confederation of Midwives' definition of a midwife as follows:

“A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.”¹

The model of midwifery practice in New Brunswick, is shaped by the Scope of Practice, Code of Ethics and the Principles of Midwifery Care.

Midwifery Scope of Practice

Notwithstanding the above ICM definition, in New Brunswick, a person registered as a midwife is described in the *Midwifery Act (O.C. 2010-461)*. According to the *Act* the “practice of midwifery” means the care, assessment and monitoring of women during normal pregnancy, labour and the postpartum period and of their healthy newborns and the management of low-risk, spontaneous vaginal deliveries.

Within her scope of practice, the midwife may consult with, make a referral to or transfer care to a medical practitioner as set out in the standards of practice established by the

regulation; prescribe and administer drugs in accordance with the regulation, and provide other health services within the practice of midwifery as set out in the standards of practice established by the regulations.

Code of Ethics

Each midwife shall act, above all, to safeguard the interests of individual clients at all times, and in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the interest of society (See MCNB Code of Ethics).

Principles of the Midwifery Model of Care

The delivery of midwifery care is flexible and aims to meet the diverse needs of families and communities across Canada. Within this flexible framework are eight essential principles which form the core of Canadian midwifery

The principles of midwifery care for New Brunswick are described as follows:

Health and Well-being

Midwifery care in New Brunswick is based on a respect for pregnancy and childbirth as normal physiological processes. Midwives promote wellness in women, babies, and families, taking the social, emotional, cultural and physical aspects of a woman's reproductive experience into consideration.

Partnership

New Brunswick midwives engage in a non-authoritarian and supportive partnership with clients throughout their care. Midwifery recognizes the intimate client-care provider relationship as being integral to the provision of care that is responsive to the unique cultural values, beliefs, needs and life experiences of each client. Research suggests that the nature of the relationship between a client and healthcare provider is one of the most significant determinants of positive outcomes. For many culturally diverse groups in Canada, including Aboriginal communities, the inclusion of extended families and the integration of culturally safe care increases positive health outcomes.

Professional Autonomy

New Brunswick midwives are autonomous primary health care providers, who clients may choose as their first point of entry to the maternity care system. They provide comprehensive care during pregnancy, labour, postpartum and the newborn period and are fully responsible for the clinical assessment, planning and delivery of care for each



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client. Midwives maintain hospital privileges for the admission of clients and their newborns. Midwives access emergency services as needed.

Midwifery in Canada is a direct entry profession and is self regulated. Midwifery services are publicly funded and integrated within the Canadian healthcare system. Midwives work in home, hospital and community settings, including maternity centres and birth centres.

Informed Choice

New Brunswick midwives respect the right of women to make informed choices about all aspects of their care. Informed choice is a collaborative information exchange between a midwife and her client that supports client decision-making.

Midwives recognize the client as the primary decision-maker and facilitate the collaborative process of informed decision-making by:

- Fostering a relationship of trust and respect between midwife and client.
- Providing relevant information in a collaborative and non-authoritarian manner.
- Considering the experience, feelings, beliefs, values and preferences of the woman.
- Making a best effort to ensure the client fully understands all relevant information prior to making a decision.
- Allowing adequate time for decision-making by the client.
- Supporting the client's decision

Continuity of Care

Continuity of care is both a philosophy and a process that is facilitated through a partnership between a woman and her midwife/midwives.

Continuity of care is midwifery care provided in accordance with the standards of practice of the Council and available during all trimesters of pregnancy, labour, birth and the postpartum period, on a 24-hour on-call basis, by a midwife known to the woman.

This principle is fundamental to the model of practice.

Continuity of care requires a time commitment from each midwife that enables her:

- to develop a relationship with the woman during pregnancy;
- to be able to provide safe, individualised care;
- to support the woman during labour and birth; and
- to provide comprehensive care to the mother and newborn throughout the postpartum period.

Ideally, midwifery services will be provided by the same small group of midwives throughout pregnancy, labour, birth and the first six weeks postpartum.

Collaborative Care

New Brunswick midwives collaborate with other professionals to ensure their clients receive the possible care. Collaborative care involves co-operation and consultation with other health care professionals in the provision of care. Collaboration with other health care providers occurs with informed choice and in the best interests of the woman and her newborn. Where it meets the unique needs of a specific community, population, or geographical area, midwives may work collaboratively within creative interdisciplinary models of practice. The principles of continuity, informed choice, partnership and choice of birthplace remain essential elements of midwifery care within a collaborative practice.

Choice of Birth Setting

New Brunswick midwives respect the right of each woman to make an informed choice about the setting for her birth. Midwives are competent and willing to provide care in a variety of settings including home and hospitals and birth centres, where available. Midwives are required to have hospital privileges and be able to function within their full scope of practice in both the home and hospital setting. The ability to attend the woman in her choice of birth place is an essential aspect of continuity of care and informed choice. Midwives provide the information required to make an informed choice about appropriate settings in which to give birth. The birth setting is chosen by the woman in consultation with the midwife. Establishing choice of birth setting as a fundamental component of midwifery practice is essential to providing women with equitable access to care in their chosen place of birth. This is particularly important in rural and remote communities where it is unlikely that women will have access to a choice of midwives.

Accountability and Evidence-Informed Practice

Midwives' fundamental accountability is to the women in their care, as well as to their peers, their regulatory body, the health agencies where they practise and to the public. They are expected to provide care that is safe, competent, ethical, and is informed by the current research evidence in maternity care. Midwifery practice will incorporate evaluation, that includes ongoing community input and participation in current mortality reporting standards and review processes. Results of these evaluations must be widely distributed to influence policy, education, and practice. Midwives will continue to develop and share midwifery knowledge by promoting and participating in research regarding midwifery outcomes.

1. Revised and adopted by International Confederation of Midwives Council June 15, 2011



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Resources:

Canadian Midwives Association
Canadian Midwifery Regulators Council
College of Midwives of British Columbia
College of Midwives of Ontario