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## CONTINUITY OF CARE

Continuity of midwifery care is achieved when a relationship develops over time between a woman and a small group of no more than four midwives.<sup>1</sup> Midwifery services must be made available by the same small group of caregivers from the onset of care (ideally, at the onset of pregnancy), during all trimesters, and throughout labour, birth and the first six weeks post-partum. The midwifery practice must ensure there is 24-hour on call availability of one of the group of midwives known to the woman.<sup>2</sup>

A consistent philosophy of care and coordinated approach to clinical practice should be maintained by caregivers working together, facilitated by regular meetings and peer review.

One of the group of midwives will be identified as the health professional responsible for coordinating the care and identifying who is responsible if she is not on call.<sup>3</sup> A second midwife should be identified as the midwife who would normally take over this role if the first midwife is unavailable. The practice should allow for opportunities for the woman to meet other midwives as appropriate to accommodate circumstances when they may be involved in her care. The midwife coordinating the woman's care and the second midwife must make the time commitment necessary to develop a relationship of trust with the woman during pregnancy, to be able to provide safe, individualized care, fully support the woman during labour and birth and to provide comprehensive care to mother and newborn throughout the postpartum period.

The midwives identified as first and second midwife would normally be responsible for providing the majority of prenatal and postnatal care, and for attending the birth, assisted

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<sup>1</sup> The standard for continuity of care does not restrict the number of midwives who may work together in a practice.

<sup>2</sup> Midwives from different practices may occasionally share the care of a client (to help cover holidays, for example).

<sup>3</sup> This is consistent with *Indications for Mandatory Discussion, Consultation and Transfer of Care*.

if necessary by other midwives in the group.

Normally, care is shared by a small group of midwives and two of these midwives are present at each birth. The College of Midwives recognizes that an alternate practice arrangement may be needed in some circumstances where this is not possible. Midwives in these circumstances need to apply to the College of Midwives for approval of alternate practice arrangements.<sup>4</sup>

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<sup>4</sup> *Temporary Alternate Practice Arrangements Within the Model of Midwifery Practice.*