

Approved May 10, 1995

TEMPORARY ALTERNATE PRACTICE ARRANGEMENTS WITHIN THE MODEL OF MIDWIFERY PRACTICE

A midwife will plan her practice in accord with the Proposed Profession-Specific Regulation Regarding the Model of Practice which states:

"The midwife follows the woman throughout a full course of care from pregnancy to postpartum and attends the birth in the setting chosen by the woman."

In order to provide continuity of care and choice of birth place in a midwifery practice, primary care is normally shared by a small group of midwives with two of these midwives present at each birth. The College of Midwives recognizes that alternate practice arrangements may be needed in some circumstances where this is not possible.

The College of Midwives of Ontario has identified two temporary alternate practice arrangements:

- 1) where the midwife needs to arrange shared primary care¹ with someone not authorized under both the *Regulated Health Professions Act, 1991* and the *Midwifery Act, 1991*;
- 2) where the midwife needs to work with a second birth attendant² not authorized under both the *Regulated Health Professions Act, 1991* and the *Midwifery Act, 1991*.

¹ See *Standard on Shared Primary Care*, College of Midwives of Ontario, 1994.

² See *Second Birth Attendant Not Authorized Under Both the Regulated Health Professions Act, 1991 and the Midwifery Act, 1991*; and *Guidelines for Second Birth Attendant*, College of Midwives of Ontario, 1994.

If a midwife determines that she will need a temporary alternate practice arrangement, she will complete the application *Temporary Alternate Practice Arrangements Within the Model of Midwifery Practice*.

Applications will be considered according to individual circumstances, based on the following criteria:

- 1) Demonstrated need for temporary alternate practice arrangements.
For example:
 - a) insufficient number of midwives to provide on call coverage for clients;
 - b) geographically remote locations;
 - c) practice covers large geographic area;
 - d) serving communities with special needs;
 - e) recently established midwifery practice.
- 2) Evidence that the temporary alternate practice arrangements are consistent with the model of midwifery practice in Ontario.
- 3) Demonstrated support from the community.

The temporary alternate practice arrangements will be reviewed annually.