

*Approved December 6, 1994*

## **SUPPORTIVE CARE**

A midwife may provide supportive care when another health care professional is the primary care giver. This usually takes place after transfer of care, during the pregnancy, labour or postpartum period, but may also (at the discretion of the midwife) occur when a client, who from the onset of her care, will require primary care from a physician.

Supportive care can involve education, counselling and advocacy in a collaborative relationship with the primary care giver. It may also include labour support and assistance with infant feeding. 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. After the birth has occurred it is possible for the midwife to provide supportive and/or primary care to either the mother and/or newborn.

It needs to be clear to all those involved in the woman/newborn's care who the primary care giver is. Whenever a transfer of care between a midwife and another primary care giver takes place, it should be clearly documented in the client's records. The midwife is no longer responsible for record keeping. However, she may include a summary of the supportive care she provides in the midwifery records.

These provisions for supportive care are consistent with the principle of continuity of care and enable the midwife to resume primary care if and when appropriate.