

# BLOOD BORNE PATHOGENS

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## Purpose

The purpose of this standard is to inform midwives of their obligation to know their serologic status and to take appropriate steps to ensure clinical safety.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

## Background

Midwives have an ethical obligation to know their serologic status with regards to commonly known blood borne pathogens and clients have a reasonable expectation that they will not knowingly be exposed to blood borne pathogens during the delivery of midwifery care.

The risk of blood borne pathogen transmission from a midwife to a client is low, particularly if there are no “exposure-prone procedures” being performed and if standard infection control procedures are followed. The Laboratory Centre for Disease Control (Health Canada, 1998) definition of “exposure-prone procedures”, related to midwifery care, is as follows:

1. Digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health care worker’s fingers and a needle or other sharp instruments or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations, or
2. Repair of major traumatic injuries, during which there is a potential for the patient’s open tissues to be exposed to the blood of the injured health care worker.

## Standard

- Midwives have a duty not to subject their clients to unacceptable risks.
- Midwives have a duty to know their serological status with respect to HBV, HCV and HIV. Periodic testing is recommended for the midwife’s health and to prevent exposing their clients to infection.
- Midwives have an ethical obligation to be vaccinated against Hepatitis B, unless a contraindication exists.

- Midwives have an ethical obligation to determine their serologic status following any direct exposure to blood or human tissue in the workplace (e.g., needle stick injury).
- Midwives are legally obligated to report the result of a positive test for HBV, HCV or HIV to Public Health if it was the direct result of an exposure incident with a specific client.
- Midwives who test positive for HBV, HCV or HIV are ethically obligated to inform the client that testing following the exposure incident revealed the likelihood of that individual's positive serologic status. This information should be reported to the client in order that they may seek appropriate care and avoid infecting others. Reporting requirements are intended as a method of prevention and the promotion of appropriate treatment.
- Midwives must maintain information about the serological status of individuals in the strictest of confidence.
- Midwives must not subject individuals to discrimination on the basis of their serologic status.
- Midwives who test positive for HBV, HCV or HIV are ethically obligated to seek advice on how to reduce the risk of transmission in their clinical practice and to take appropriate measures to prevent transmission.
- Midwives must report their positive serologic status to the College as soon as reasonably possible.

## References

All practicing midwives should adhere rigorously to routine infection control practices as outlined in the following Health Canada Infection Control:

- [Infection Control Guidelines: Prevention and Control of Occupational Infections in Health Care, March 2002.](#)

As well, Ontario agencies provide useful, up-to-date information on infection control:

- [PIDAC \(Provincial Infectious Disease Advisory Council\), Public Health Ontario](#)
- [PIDAC Knowledge Products \(best practices documents\).](#)
- [Best Practices for Infection Prevention and Control in Perinatology in All Health Care Settings that Provide Obstetrical and Newborn Care](#)
- [Routine Practices and Additional Precautions In All Health Care Settings.](#)

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