

Standard:	Interprofessional Collaboration
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2015
Rescinded:	June 1, 2018
Effective date:	January 1, 2014
Attachments:	none



## INTERPROFESSIONAL COLLABORATION

### Purpose

This document sets the minimum standard for midwives working in interprofessional relationships. Additionally, it supports midwives in their ability to maintain continuity of care when consultations and transfers of care are initiated.

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

### Shared Primary Care in Alternate Practice Arrangements

In circumstances that are pre-approved and regularly reviewed by the College of Midwives of Ontario<sup>1</sup>, the primary care of a client may be shared between a midwife and another regulated health professional.

Shared primary care shall be provided in accordance with midwifery standards of practice, the *Midwifery Act (1991)*, the *Regulated Health Professions Act (1991)*, or the regulations under either of those acts.

At all times it must be clear to the client and to all health professionals involved in her care, or the care of her newborn, which health professional is the most responsible for the coordination of care as well as the roles and responsibilities of the individual health professionals. This agreement and plan of care must be articulated to the client and clearly documented in her record.

Midwives shall remain accountable for the care they have provided whether working collaboratively or as an individual.

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<sup>1</sup> See *Temporary Alternate Practice Arrangements* and *Alternate Practice Arrangements*

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## Consultations with Regulated Health Professionals

In accordance with midwifery standards of practice, midwives may initiate consultations with regulated health professionals and retain primary responsibility for the client's care when care is within the midwifery scope of practice.

In these circumstances it must be made clear to the client and to all health professionals involved in her care, or the care of her newborn, that the midwife retains primary responsibility for the overall client care and that the consulting health professional is responsible for the discrete area of care that they provide. This agreement and plan of care must be articulated to the client and clearly documented in her record.

Midwives shall remain accountable for the care they have provided whether working collaboratively or as an individual.

## Shared Care with a Consulting Physician

In accordance with midwifery standards of practice, midwives may initiate consultations with physicians when care falls outside the midwifery scope of practice. In some circumstances, and when the midwife, physician and client agree, the primary care of a client may be shared. In these circumstances, the consulting physician is responsible for client care outside midwifery scope and the midwife is responsible for care within her scope of practice.

In these circumstances, midwives' care shall be provided in accordance with midwifery standards of practice, the *Midwifery Act (1991)*, the *Regulated Health Professions Act (1991)*, or the regulations under either of those acts.

At all times it must be clear to the client and to all health professionals involved in her care, or the care of her newborn, which health professional is the most responsible for the coordination of care as well as the roles and responsibilities of the midwife and physician. This agreement and plan of care must be articulated to the client and clearly documented in her record.

Midwives shall remain accountable for the care they have provided whether working collaboratively or as an individual.

## Supportive Care after a Transfer of Care to a Physician

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In accordance with midwifery standards of practice, midwives may transfer the primary care of a client to a physician when care falls outside the midwifery scope of practice. When a transfer of care is initiated at the *onset* of care, it is at the midwife's discretion to remain involved and provide supportive care. However, if a transfer of care occurs during the course of midwifery care, a midwife shall remain involved as a member of the health care team and provide supportive care within the scope of midwifery to the client.

Supportive care is provided in a collaborative relationship with the physician and other members of the health care team. A midwife in a supportive care role is not responsible for the provision of primary clinical care, but may work co-operatively providing clinical care within her scope of practice with the health care team.

If the condition for which the transfer of care was initiated is resolved, the midwife may resume primary responsibility for the care of the mother and/or newborn.

At all times it must be clear to the client and to all health professionals involved in her care, or the care of her newborn, which health professional is the most responsible for the coordination of care as well as the roles and responsibilities of the midwife and physician. This agreement and plan of care must be articulated to the client and clearly documented in her record. If the midwife no longer has access to the primary client record, it is the responsibility of the midwife to maintain an additional record to document the supportive care provided.

Midwives shall remain accountable for the care they have provided whether working collaboratively or as an individual.