



Standard:	The Ontario Midwifery Model of Care
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	April 2016
Rescinded:	June 1, 2018
Effective date:	January 1, 2014
Attachments:	none

THE ONTARIO MIDWIFERY MODEL OF CARE

Purpose

The key purpose of this document is to define the Ontario midwifery model of care.

Definition

The College of Midwives of Ontario cites with agreement the International Confederation of Midwives' definition of a midwife, in keeping with Canadian Association of Midwives and Canadian Midwifery Regulators' Consortium, as follows:

"A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.¹

¹ Revised and adopted by ICM Council June 15, 2011



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Midwifery Scope of Practice

Notwithstanding the above ICM definition, the midwifery scope of practice in Ontario is defined as the:

“assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.”²

Ontario Midwifery Model of Care

Midwifery care is offered in community settings where midwives act on their own authority to deliver primary care. Midwives provide prenatal care in the community, attend births in the setting chosen by the woman, and provide early postpartum care in the woman’s home.

Midwives working together in practices maintain a philosophy of care that is consistent with CMO standards and ensure a coordinated approach to clinical practice, facilitated by regular meetings, regular peer reviews and practice protocols required by the CMO.

Philosophy of Midwifery Care

Midwives in Ontario promote normal birth and provide client-focused care. The following statements provide a framework to the philosophy of midwifery care practiced in Ontario:

- Midwives view pregnancy and childbirth as a healthy and normal physiologic process and a profound event in a woman’s life.
- Midwives respect and support their clients so that they may give birth safely, with power and dignity.
- Midwives respect the diversity of women's needs and the variety of personal and cultural meanings that individuals, families and communities bring to the pregnancy, birth, and early parenting experience.
- Midwives promote optimal health throughout the childbearing cycle and maintain a focus on preventive care.
- Midwives encourage women to actively participate in their care throughout pregnancy, birth and postpartum period and make choices about the manner in which their care is provided.

² Midwifery Act 1991, c. 31, s. 3.



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- Midwives provide education and counselling to support women making informed choices.
- Midwives promote decision-making as a shared responsibility, between the client, her family (as defined by the woman) and her caregivers. The client is recognized as the primary decision maker.
- Midwives provide care that is continuous, personalized and non-authoritarian.
- Midwives provide care that is responsive to women's social, emotional, cultural and physical needs.
- Midwives respect women's right to choice of caregiver and place of birth and attend births in a variety of settings, including home, hospital and birth centre.
- Midwives support the appropriate use of technology as required in the provision of midwifery care.
- Midwives regard the interests of the woman and the fetus as compatible. They focus their care on the mother to obtain the best outcomes for the woman and her newborn.

Continuity of Care

Midwives make the time commitment necessary to develop a relationship of trust with the woman during pregnancy to be able to provide safe and individualized care, to fully support the woman during labour and birth, and to provide comprehensive care to mother and newborn throughout the postpartum period.

Continuity of care is achieved when a relationship develops over time between a woman and a small group of no more than four midwives.³ Midwifery care is provided by the same small group of midwives from the onset of care (ideally, at the onset of pregnancy), during all trimesters, and throughout labour, birth and the first six weeks postpartum. The midwifery practice ensures there is 24-hour on call availability by one of the group of midwives known to the woman.⁴ One midwife is identified as the Coordinating Midwife responsible for coordinating care and for identifying who is responsible if she is not available. The midwifery practice must arrange for opportunities for the client to meet her assigned midwives to support the provision of care by known midwives.

³ The standard for continuity of care does not restrict the number of midwives who may work together in a practice.

⁴ Midwives from different practices may occasionally share the care of a client (to help cover holidays, for example).



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Two Midwives at a Birth

Two midwives attend each birth regardless of setting except in circumstances permitted by the College of Midwives under approved Alternate Practice Arrangements.

Choice of Birthplace

As custodians of normal birth, midwives offer out-of-hospital birth, where supported by midwifery standards. It is in the best interests of the public that midwives attend births in both hospital and out-of-hospital settings (which currently includes home, birth centre and clinic). Midwives support the woman's right to choose where she gives birth.

Informed Choice

Informed choice is a collaborative information exchange between a midwife and her client that supports client decision-making. Informed choice is a fundamental principle of midwifery care in Ontario.

Midwives recognize the client as the primary decision-maker and facilitate the collaborative process of informed decision-making by:

- Fostering a relationship of trust and respect between midwife and client.
- Providing relevant information in a collaborative and non-authoritarian manner.
- Considering the experience, feelings, beliefs, values and preferences of the woman.
- Making a best effort to ensure the client fully understands all relevant information prior to making a decision.
- Allowing adequate time for decision-making by the client.
- Supporting the client's decision.