

	MIDWIFERY CONTINUITY OF CARE POLICY
	Date Effective: 2022-06-10
	Revised: 2025-12-01
	Next Review Due: 2028-12-01

Background

Continuity of care has inherent value for both clients and midwives and is fundamental to the midwifery model of practice. The presence of a known and trusted care provider during the birth experience enhances client safety and satisfaction. Continuity of a care provider results in excellent health outcomes, meaningful relationships, informed choice, choice of birthplace, reduced interventions and client satisfaction.

Purpose

The purpose of this policy is to inform Registered Midwives and the public about the important elements of continuity of midwifery care.

1.0 Policy

- 1.1 Continuity of midwifery care is achieved when a therapeutic relationship develops over time between a client and a midwife or small team of midwives.
- 1.2 For continuity of care to be achieved, every effort should be made for a client to be cared for by an individual midwife or small team of midwives.
- 1.3 A client should meet all members of their team and receive information on how continuity of care will be provided. It is important that the client is aware of how continuity of care will be provided.
- 1.4 Primary care responsibility may be shared by a small on-call group of midwives. A system must be in place to ensure the coordination of each client's and newborn's care.
- 1.5 Students and supervised midwives are considered additional to the complement of the midwifery team.

- 1.6 Midwives or midwifery teams must have protocols in place to address communication at client hand-off.
- 1.7 Responsibilities of the Midwifery Team
 - 1.7.1 A midwife or midwifery team must inform the client how they work as a team.
 - 1.7.2 A midwife or midwifery team must inform a client of the procedure for contacting their midwifery team.
 - 1.7.3 A midwife or midwifery team must inform a client of on call arrangements of the midwives involved in the client's care.
 - 1.7.4 A midwife or midwifery team must inform a client of the practice's policies on the number of hours an individual midwife may be in continuous attendance at a birth.
- 1.8 Midwives may create a variety of different systems to ensure effective coordination of care is achieved. Examples include:
 - 1.8.1 Assigning a midwife to a coordinating role for each client and identifying this coordinating midwife to the client and on the client's record. In this system, the midwife fulfilling this role may change from time to time so long as the client is informed, and the change is recorded,
 - 1.8.2 Having the on-call midwife review client's records needing follow-up when they take over call.