

PRACTICE STANDARD

Midwives: Preventing Transmission of Blood-borne Viruses

Introduction

This standard sets the expectations for midwives to safeguard the health of their clients by minimizing the risk of transmitting **blood-borne viruses (BBVs)**.

Standards

1. Midwives follow relevant legislation and regulations, BCCNM's standards and bylaws, and organizational policies and processes.
2. Midwives take action to prevent the transmission of BBVs from themselves to their clients.
3. Midwives maintain their own wellness by:
 - a. Knowing their serological and infectious status.
 - b. Being appropriately immunized.
 - c. Following up-to-date guidance on BBV self-testing frequencies according to level of risk.
 - d. Testing for BBV whenever an exposure occurs.
4. Midwives comply with current organizational, provincial, and national authorities' guidance regarding:
 - a. Preventing BBV transmission.
 - b. Mitigating the risks of BBV transmission.
 - c. BBV exposure management.
 - d. Reporting obligations, including to the client, should an accidental BBV exposure occur.
5. Midwives who test positive for a BBV must:
 - a. Consult with an expert in infectious diseases when appropriate.
 - b. Seek advice on how to reduce the risk of transmission in their midwifery practice.
 - c. Take appropriate measures to prevent transmission to clients.
 - d. Only perform or assist to perform **exposure-prone procedures** when their health and viral loads make it safe.

Glossary

Blood-borne virus (BBV): a virus carried in the blood that can be spread from one person to another, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV). The pathogen can be transmitted through contact with blood or, in some situations, other body fluids.

Exposure-prone procedures (EPPs): invasive procedures that have a higher-than-average risk of injury to the midwife that may expose the client to the midwife's blood or vice versa. EPPs include when a midwife's fingers and a needle or other sharp instrument are in a difficult-to-visualize or highly confined anatomic site, such as vaginal laceration repair with hand-guided sharps.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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NOT YET IN EFFECT