

ETHICS STANDARD

Midwives: Professional Standards

Introduction

Midwives in British Columbia are autonomous health care professionals who provide perinatal and newborn care. The midwifery model is grounded in a holistic and evidence-informed approach that views pregnancy and childbirth as normal physiologic processes. Central to this model are the principles of continuity of care, informed choice, collaborative practice, and respect for clients as primary decision-makers. Midwives in BC practice across a range of settings and in partnership with clients, supporting families throughout the reproductive journey with dignity and respect.

The British Columbia College of Nurses and Midwives (BCCNM) holds registrants to the following standards to ensure safe and consistent practice and conduct within the midwifery scope in British Columbia.

Standards

1. **The midwife is an autonomous primary care provider within midwives' scope of practice.**

The midwife:

- a. complies with all relevant legislation, BCCNM standards, limits and conditions, and BCCNM policies and bylaws;
- b. practises within scope;
- c. takes full responsibility for the care provided; and
- d. works cooperatively and collaboratively with other health care professionals and consults, refers, or transfers care when the client's care needs are beyond the midwife's scope of practice and/or it is in the client's best interest.

2. **The midwife is accountable to the client, the midwifery profession and the public for safe, competent and ethical care.**

The midwife:

- a. conducts themselves professionally and with integrity at all times, and never in a way that puts the profession of midwifery in disrepute;
- b. ensures that the results from all tests, treatments, consultations and referrals are followed up and acted upon in a timely manner;
- c. never abandons a client in labour;
- d. disclosures appropriate information to the client related to any harm or injury they experience while receiving midwifery care;

- e. informs the client as to complaint and review procedures established under the *Act* and the bylaws;
 - f. participates in mortality and morbidity reporting and review processes as required; and
 - g. complies with the quality assurance program as established by BCCNM.
- 3. The midwife works in partnership with the client recognising individual and shared responsibilities.**

The midwife:

- a. develops a plan for care together with the client;
 - b. discusses the scope of midwifery care with the client;
 - c. involves the client's family accordingly;
 - d. respects the client's value system; and
 - e. practises in a culturally safe and competent manner.
- 4. The midwife upholds the client's right to informed choice and consent.**

The midwife:

- a. shares relevant information with clients in a non-authoritarian, cooperative manner;
 - b. recognizes the client as the primary decision maker in their care;
 - c. encourages clients to actively participate in care and to make informed choices;
 - d. advocates for clients within their scope;
 - e. respects the client's right to accept or decline treatments or procedures; and
 - f. advises the client of their professional standards and recommendations with respect to safe care.
- 5. The midwife provides continuity of care to the client.**

The midwife:

- a. provides comprehensive care during pregnancy, labour, birth, and postpartum;
 - b. either individually or within an established group, provides care with 24 hour on-call availability;
 - c. either individually or within an established group, maintains a coordinated approach to clinical practice;
 - d. ensures, within reason, that care is provided by a midwife or small group of health professionals who are known to the client;
 - e. informs every client early in care of their on-call schedule and how care is organized and provided within their practice; and
 - f. endeavours to develop a relationship of therapeutic trust with each client.
- 6. The midwife respects the client's right to make informed choices about the setting for birth and shall provide care in all appropriate settings.**

The midwife:

- a. provides the client with the required information as the clinical situation evolves, including that related to safety, to make an informed choice about appropriate settings in which to give birth;

- b. provides care in a variety of settings including hospitals, homes and alternate community-based locations;
- c. ensures a safe environment in which to give birth; and
- d. notifies the appropriate agencies when any safety concerns arise.

7. The midwife ensures that no act or omission places the client at unnecessary risk.

The midwife:

- a. follows current evidence and up to date clinical guidance;
- b. uses their knowledge, skills and judgement as well as local policies and protocols to plan and implement care;
- c. provides ongoing assessment and modifies planned care as required;
- d. responds promptly and appropriately to emergency situations;
- e. maintains access to appropriate equipment and supplies;
- f. recognizes when their ability to provide safe care is impaired due to factors such as fatigue, stress or illness, and refers the client to another health professional if available; and
- g. always complies with up-to-date guidance regarding infection prevention and control in all settings and takes additional precautions when routine practices are insufficient to prevent infection transmission.

8. The midwife maintains complete and accurate health care records.

The midwife:

- a. uses records that facilitate accurate communication of information to and from consultants and institutions;
- b. reviews and updates records at each clinical contact with the client;
- c. ensures prompt review and entry of screening and diagnostic test results, treatments and consultations into health care records;
- d. ensures that records are legible, signed and dated;
- e. documents decisions and professional actions;
- f. documents informed choice discussions and recommendations;
- g. documents errors, incidents and complaints, reports to the appropriate authorities and initiates restorative actions;
- h. documents contemporaneously; and
- i. refers to the BCCNM bylaws for additional requirements regarding client records.

9. The midwife ensures confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client.

The midwife:

- a. maintains, stores and disposes of records in accordance with the law; and
- b. maintains, stores and disposes of records in a manner that protects the confidentiality of information.

10. The midwife participates in ongoing education and evaluation of self, colleagues, and the community.

The midwife:

- a. involves the client in evaluating midwifery practice and integrates the results of evaluation into practice;
- b. adjusts clinical practice after review of current literature and appropriate education or training;
- c. shares knowledge with colleagues and students and assists in developing mechanisms to promote this sharing; and
- d. maintains current knowledge of academic and professional research based on developments that are directly related to midwifery practice.

11. The midwife critically assesses research findings for use in practice and supports research activities.

The midwife:

- a. complies with the BCCNM bylaws when engaged in any research activities;
- b. identifies areas for research, shares research findings and incorporates these appropriately into practice; and
- c. ensures that the research in which midwives participate meets acceptable standards of research methodology and design and is consistent with BCCNM's *Code of Ethics*.

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 ethics 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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