

JOINT POSITION STATEMENT

NURSES AND MIDWIVES COLLABORATE ON CLIENT-CENTRED CARE

The Canadian Nurses Association (CNA), the Canadian Association of Midwives (CAM) and the Canadian Association of Perinatal and Women’s Health Nurses (CAPWHN) recognize the importance of and need for strong interprofessional partnerships between nurses and midwives in Canada.¹

CNA, CAM and CAPWHN regard increasing the development of interprofessional and collaborative models for health service delivery as important for improving access to primary maternity care.² Midwives and nurses frequently work together, complement and learn from each other, and understand and value each other’s roles and experiences. These actions and characteristics foster safe and effective maternity care that responds to the needs of women, families and communities.

CNA, CAM and CAPWHN support the following working definition of collaboration and its guiding principles:

Collaborative woman-centred practice designed to promote the active participation of each discipline in providing quality care. It enhances goals and values for women and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision-making (within and across disciplines), and fosters respect for the contributions of all disciplines.³

CNA, CAM, and CAPWHN believe the following:

- Midwifery and nursing are distinct and complementary professions, each providing specialized knowledge and expertise. Nurses and midwives can contribute to safe, satisfying experiences for the women and families for whom they care by encouraging openness, respectful communication and clear use of language, and by fostering a team environment that values all partners.
- As professional care providers sharing a passion for child-bearing and serving the community, nurses and midwives are committed to ethical, quality, client-centred collaborative practice. Nurses and midwives value birth as a normal and significant life process, consider the best interests of women, families and communities in terms of their own goals, and believe that these elements are essential to ensuring an optimal outcome from the birth experience.⁴

¹ In this document, “nurse” refers to registered nurses and nurse practitioners, and “midwife” refers to midwives registered by their province or territory.

² (Canadian Nurses Association [CNA], 2005, 2009; Society of Obstetricians and Gynaecologists of Canada [SOGC], 2006; Peterson, Medves, Davies & Graham, 2007)

³ (SOGC, 2006, p.15)

⁴ (Canadian Association of Midwives, 2010)

- Midwives and nurses engage in successful models of woman- and family-centred collaborative birthing practice in maternity care in urban, rural, remote and aboriginal communities that ensure patient safety and the highest standards of care.
- Leadership is a key element in effective collaboration. Nurses and midwives need to take on key positions to provide strong, cohesive leadership and act as advocates for birthing women. They need to break down funding barriers and ensure government support for infrastructure, staffing, interprofessional education (including orientation and mentoring programs), research and informed choice.
- Best practice guidelines, protocols and evidence-informed resources to support collaboration and clinical practice need to continue to be developed. Existing tools need to be more widely distributed, discussed and shared.

Background

The World Health Organization has in recent years discussed the need to “strengthen nursing and midwifery”⁵ and “has long acknowledged the crucial contribution of nurses and midwives to improving the health outcomes of individuals, families and communities.”⁶ In Canada, midwifery and nursing are regulated separately. It is possible to be registered both as a midwife and as a nurse.

In Canada, 14,463 registered nurses (5.6% of the registered nursing workforce) work in maternal newborn care. Most of these nurses work in acute care hospitals (91.3%); smaller numbers work in community health centres (3.26%) or public health departments or units (1.3%).⁷

Midwives are autonomous maternity care providers who work in a variety of settings including hospitals, birth centres, and community and home care. Models of care vary across the country, but all are based on the principles of continuity of care provider and informed choice, which includes choice of place to give birth.

*Approved by the CNA, CAM and CAPWHN Boards of Directors
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References:

Canadian Association of Midwives. (2010). *Midwifery care and normal birth*. Montreal: Author.

Canadian Nurses Association. (2005). *Interprofessional collaboration*. Ottawa: Author.

Canadian Nurses Association. (2010). *RN workforce profiles by area of responsibility: Year 2008*. Ottawa: Author. Retrieved from <http://www.cna-aiic.ca>

⁵ (World Health Organization [WHO], 2010, p.5)

⁶ (WHO, 2010, p.2)

⁷ (CNA, 2010)

Peterson, W., Medves, J., Davies, B., & Graham, I. (2007). Multidisciplinary collaborative maternity care in Canada: Easier said than done. *Journal of Obstetrics and Gynaecology Canada*, 29(11), 880-886.

Society of Obstetricians and Gynaecologists of Canada. (2006). *Final report MCP2 [Multidisciplinary Collaborative Primary Maternity Care Project]*. Ottawa: Author.

World Health Organization. (2011). *Nursing and midwifery services: Strategic directions 2011-2015*. (2010). Geneva: Health Professions Networks, Nursing and Midwifery Office, Department of Human Resources for Health. Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.1_eng.pdf

Also see:

CNA and CAM Joint Statement on Breastfeeding (2008)

CNA position statements:

Determinants of Health (2009)

Interprofessional Collaboration (2005)

Evidence-Informed Decision-Making and Nursing Practice (2010)

CAM position statements:

Midwifery Care and Normal Birth (2010)

Home Birth (2001)