



<b>Policy Name</b>	<b>Midwife Workload Policy</b> (previously titled: Midwife Caseload Policy)	<b>Number</b>	<b>P19</b>
<b>Date Approved by Council</b>	May 19, 2016	<b>Effective Date</b>	Sept 14, 2016
<b>Revised by Council</b>	December 9, 2016		

## Background

The College of Midwives of Alberta (CMA) is mandated by statute to ensure that the midwifery care women receive in the province is safe and of a high professional standard. The CMA also has a duty to support safe and healthy work habits for midwives.

Midwifery is a unique, autonomous profession with a high level of responsibility. Midwives are on call, expected to respond to their clients at any hour of the day, for unpredictable periods of time, often working long hours without the rest periods typical of regular employment. Consequently, understanding personal limitations, keeping appropriate client loads, and managing one's personal need for rest is necessary to provide safe, professional care to clients.

Numerous studies relate sleep deprivation in health care workers to poor clinical decision making, increased adverse events, vehicle accidents and increased health problems for the workers.

Every midwife has the responsibility to practice in a safe manner. This includes organizing the practice so that it supports adequate rest for the midwife. The type of arrangements necessary will vary depending on the type and location of the practice.

This policy recognizes that births do not usually occur on a prescribed schedule and that the number of clients booked for care and the actual number of births in a given time period may differ.

### 1. Hours of Wakefulness

Each midwife needs to be aware of their own individual tolerance for hours of wakefulness. A midwife, who has been awake continuously for an extended period of time which impacts their ability to make critical judgements, should no longer be the responsible midwife and not act as either principal/primary midwife or second attendant. Research shows that a minimum of 6 hours rest is generally necessary for recovery. Each midwife is responsible for ensuring that arrangements are in place for support or relief in the event that safe care is jeopardized.

## 2. Annual Number of Clients:

As the date on which a birth may occur is not always the date predicted, thirty-five (35) to forty – five (45) principal/primary midwife births and thirty-five (35) to forty – five (45) as second midwife is considered an acceptable range of births for a midwife practising full time midwifery.

### References

- Aran, Adi MD, Netanel Wasserteil, MD, Itai Gross, MD, Joseph Mendlovic MD, Yehuda Pollak, PhD. *Medical Decisions of Pediatric Residents Turn Riskier after a 24-hour Call with no Sleep*, Medical Decision Making, downloaded from website <http://www.sagepub.com>, 2016
- Canada Safety Council, *Traffic Safety, Fatigue*, downloaded from [www.canadasafety.council.org](http://www.canadasafety.council.org),
- Caruso, Claire C PhD, RN, *Running on Empty: Fatigue and Healthcare Professionals, Sleep Deprivation in Healthcare*, Medscape Public Health and Prevention, August 02, 2012.
- Doyle, Kathryn, *Take Sleep Seriously: ATS Policy Statement*, June 17, 2015, downloaded from [www.medscape.com](http://www.medscape.com) June 2, 2016
- Davenport, Liam, *Napping Restores Immune System after Sleep Deprivation*, February 23, 2015, downloaded from [www.medscape.com](http://www.medscape.com) June 2, 2016
- Lockley, Steven W, Barger, Laura K, Ayas, Najib T, Rothschild, Jeffrey M, Czeisler, Charles A, Landrigan, Christopher P, The Harvard Work Hours, Health and Safety Group, *Effects of Health Care Provider Work Hours and Sleep Deprivation on Safety and Performance*, The Joint Commission Journal on Quality and Patient Safety, Volume 33. Supplement 1, November 2007, pp. 7 – 18 (12)
- Williamson AM and Feyer AM, *Moderate sleep deprivation produces impairments in cognitive and motor performance equivalent to legally prescribed levels of alcohol intoxication*, Occupation and Environment Medicine, 2000; 57:649-655.

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Diane Rach RM, President