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## POLICY: WHEN THE CLIENT REQUESTS CARE OUTSIDE THE MIDWIFERY STANDARDS OF PRACTICE

### PREAMBLE:

The following document is to assist midwives to support a woman's decisions after an informed choice discussion has taken place (see CMM *Philosophy of Midwifery Care* and *Informed Choice Standard*.)

A woman in the care of midwives may occasionally choose care that is outside the scope or standards of practice of a midwife. It is also possible that a woman in midwifery care may choose care that the midwife judges is beyond her ability to safely manage, or decline care that the midwife considers essential to the provision of safe care. Ethical principles underlying health care emphasize the rights of individuals to choose among alternative approaches, weighing risks and benefits according to their needs and values. Midwives are responsible for being clear about their scope of practice and limitations, giving recommendations for care if appropriate and for informing clients about risks, benefits and alternative approaches.

Should a situation arise in which the woman chooses care outside the midwife's scope or standards, the midwife must engage with the woman and her family and, where applicable, with hospital staff through identified channels (e.g. Nurse Managers, Head of Obstetrics) in a thorough discussion of the request, looking for options and resolutions within midwifery standards to address the woman's needs.

In exceptional circumstances, the issue may not be able to be resolved to both the woman's and the midwife's satisfaction. This standard is meant to assist midwives in addressing those occasions when a solution within midwifery standards cannot be found.

When a midwife (or team of midwives) advises a client that a certain course of action must be followed to comply with midwifery standards of practice, or with the midwife's judgment of safe care, and the client refuses to follow that advice the midwife should:

1. **Advise** the client not only of the standard or her judgment but also of the rationale and the evidence behind the standard or her particular judgment in this case.
2. **Consult** with the most appropriate of the following:
  - another midwife;
  - a physician;
  - a peer review group or;
  - an ethicist.

Consultation should include discussion of appropriate next steps if the client continues to choose care outside the midwife's scope or standards, and consideration of the safest and most ethical course under these circumstances, i.e. continuation of primary midwifery care or transfer of care.

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3. **Share** the advice of the consultation with the client.
  4. **Document** clearly in the client's records the informed choice process, when and with whom the consultation took place, the recommendations arising from the consultation, the date on which the client was advised of the recommendations, the rationale, and the client's response.

After completing steps 1 to 4 above, if a satisfactory resolution has not been achieved for the client or the midwife, the midwife has two choices. Using her ethical judgment, the midwife must decide to either:

- a) **Continue care**
  1. respect the client's choice for her care;
  2. continue making recommendations for safe care;
  3. continue to engage other caregivers as appropriate who might become involved in provision of care (e.g. hospital staff, other midwives in practice);
  4. continue to document all discussions and decision.
- b) **Discontinue care** and:
  1. Clearly communicate to the client that the midwife is unable to continue to provide care.
  2. Send the client a letter or alternate form of communication (e.g. audiotape) by registered mail or appropriate alternative. This letter shall confirm the termination of care by a specified date and provide the client with a specific amount of time to find an alternative caregiver and offers a referral to an alternative.
  3. Maintain a copy of this letter or alternate form of communication, including proof of receipt (e.g. postal receipt, witness) in the client's chart.

**In the course of labour or urgent situations**, the midwife may not refuse to provide care to the client, in keeping with the *Code of Ethics* of the College of Midwives. When the steps for discontinuing care of the client have not been undertaken or completed prior to the onset of labour, the midwife must provide care to the woman.

In circumstances where a client refuses emergency transport or transfer of care in the course of active labour, the midwife must remain in attendance as the primary caregiver, activate EMS/notify consultant, and may be called upon to deal with an urgent situation, or one that is not within the midwife's standard, scope or abilities to perform.

In these situations the midwife should:

- Attempt to provide care within the CMM standards;
- Attempt to provide care to the best of her ability;
- Attempt to access appropriate resources and/or personnel to provide any needed care.