POLICY FOR CLIENT REQUESTS OUTSIDE MIDWIFERY STANDARDS OF PRACTICE

The Midwives' *Code of Ethics* states:
"Midwives provide care that is responsive to the needs and values of clients and respect their dignity. Midwives work with clients and support their right to participate fully in decisions about their care. Midwives provide the best possible care in all circumstances. When a midwife is unable to provide care, a reasonable attempt to assist the client to find appropriate alternate care should be made. Midwives do not let their personal beliefs deprive their clients of essential health care services."

This policy provides support and direction for midwives in those situations where difficulties have arisen, including situations where clients are requesting care outside of midwifery standards and in any other circumstance where a midwife is considering terminating a client's care at any time during pregnancy or the postpartum period. The *Code of Ethics* states that "Midwives shall not abandon care of a client in labour"[1]. In circumstances where a midwife is considering terminating a client's care, please refer to the *CMBC Policy for Required Procedures for Midwife or Client-Initiated Termination of Care.*

"Informed choice is a fundamental principle of midwifery care in British Columbia. Clients have the right to receive information and make decisions about their care throughout their pregnancy, birth and postpartum care"[2]. The College recognizes the childbearing client as the primary decision-maker[3], in an interactive process that promotes shared responsibility between the midwife and client[4].

In this interactive process, a midwifery client may occasionally request care that is outside of midwifery standards or the midwife's scope of practice, or may request care that the midwife judges is beyond the ability to safely manage, or other issues may arise that are challenging to the midwife/client relationship. The discussions necessary to resolve such issues require effective listening and patience and may take time over a number of visits. When such concerns arise, the midwife will first of all engage with the client and the client's family in a thorough discussion of any request for care beyond the midwife's scope or abilities, or other concerns that either the midwife or the client judge to be jeopardizing the midwife/client relationship. The midwife will as best as possible look for options within midwifery standards to address the client's fears or concerns and meet the needs of the client.

Occasionally an issue of concern arising between a midwife and a client during the prenatal or postpartum period may be irresolvable. This policy is meant to assist midwives in resolving concerns that arise as well as addressing those occasions when a safe and viable solution

[1] CMBC *Code of Ethics* This means if a midwifery client calls the midwife/midwives in labour, one of the midwives must attend the client and care cannot be terminated by the midwife during labour.
[2] CMBC *Informed Choice Policy*
[3] CMBC *Philosophy of Care*
[4] CMBC *Informed Choice Policy*

within midwifery standards of care cannot be found and the midwife decides it is necessary to terminate the client's care.

When a midwife advises a client that a certain course of action is necessary in order to comply with midwifery Standards of Practice or the midwife's judgement of safe care and the client refuses to follow that advice, or that the midwife's ability to provide care is impaired, or there is an otherwise irreconcilable breakdown in the midwife/client relationship, the midwife has a responsibility to:

1. advise the client of any specific standard or clinical judgement that prevents the midwife from providing the requested care, including the rationale and the evidence behind the standard, or particular judgement in this case, or of any other reason believed renders the midwife unable to continue to provide the client with midwifery care;

2. share with the client any clinical concerns regarding the safety of the client and fetus raised by any request for care outside of standards or for any other reason believed renders the midwife an inability to continue to provide the client with midwifery care;

3. provide the client with any relevant information about any limitations to the midwife's scope of practice or education and training that affect the ability to respond to the client's request;

4. offer the client any safe alternatives that may be available that may address the client's wishes, fears or concerns;

5. give the client an opportunity to respond;

6. if a resolution cannot be found, consult with at least one of the following: another midwife, a physician, or a peer case review group;

7. share the results of the consultation(s) with the client;

8. give the client an opportunity to respond; and

9. document in the client's health record 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 and the client's response.

If, after steps 1 - 9 (above) have been completed, the client refuses to follow the recommendations arising from the consultation(s) and no other mutually acceptable solution can be found, or the difficulties in the midwife client relationship cannot otherwise be resolved, <u>the midwife is expected to advise the client of the likely risks involved in pursuing the client's desired course of action and/or where there are unresolved difficulties in the midwife client relationship. The midwife may decide to continue providing care or terminate care</u>.

If the midwife decides to continue providing care, the midwife should:

10. respect the client's choices for care while continuing to make recommendations for safe care;

11. continue to dialogue with the client and other health professionals, especially those who may potentially become involved in the care because of shared care arrangements or the need to consult or transfer care (midwife colleagues, physicians, hospital staff); and

12. continue to document in the client's health record all care provided and communication with both the client and with other health professionals.

If the midwife decides to terminate care, either prenatally or during the postpartum period, please refer to the *CMBC Policy for Required Procedures for Midwife or Client-Initiated Termination of Care.*

Continuing to Care for a Client who has Requested Home Birth Outside of Standards
If a client has remained in midwifery care and is requesting an out-of-hospital birth that is outside midwifery standards of practice[5], the College recommends that the midwife review with the client *the Planned Place of Birth Informed Consent and Agreement* and document the reasons for hospital birth and such things as whether the midwife will attend the client at home in early labour and for what reasons they might agree to transfer to hospital.

In accordance with the *Code of Ethics* and the *Standards of Practice Policy*, a midwife may not abandon a client in labour. Therefore the steps for termination of care must have been completed prior to the onset of labour so that the client is no longer the client of the midwife. If these steps have not been taken, the midwife must attend the client and continue to provide care.

In an out-of-hospital situation where the client continues to request care outside of standards, the midwife must initiate consultation or transfer of care according to the *Indications for Discussion, Consultation and Transfer of Care* and continue to provide the best care possible to the client.

a) If the client refuses to move to hospital when consultation or transport is indicated, the midwife should consider calling an ambulance.

b) Should a client continue to refuse emergency transport or transfer of care in the course of active labour, the midwife must remain in attendance and be prepared to manage an urgent situation and continue to provide the best care possible to the client as required under the *Code of Ethics*.

If the *Planned Place of Birth Informed Consent has been reviewed* and the *Agreement on the Planned Place of Birth* has been signed confirming that birth at home is outside of standards or against the midwife's professional judgement and the midwife and client have agreed to the outlined plan of care which includes a hospital birth, then the midwife is not obliged to attend a client at home.

[5] Contraindicated in the CMBC's *Indications for Planned Place of Birth* or the *Indications for Discussion, Consultation and Transfer of Care.*

a) If the client refuses to come to hospital, the midwife should inform the client that an ambulance is being called to transport the client from home to hospital.

b) In order to ensure the safest care, the midwife may go to the home and encourage the client to accept ambulance transport, and remain in attendance, managing and providing the best care possible, if the client continues to refuse transport.

It is safer for a client to give birth with the support of a midwife than to give birth without a licensed professional. The College will support any midwife who attends a client at home in these circumstances, even when care at home is outside of standards, provided the midwife has acted in accordance to this policy.

In a hospital setting, the midwife is advised to seek consultation and/or transfer care according to the *Indications for Discussion, Consultation and Transfer of Care* while supporting the client's right to refuse care as is consistent with the client's right to make informed choices. Should the client refuse the care of another provider in hospital, the midwife will remain the primary care provider and provide the best care possible.

The College will support any midwife who attends to client in hospital even when care is outside of standards provided the midwife has acted in accordance to this policy.