

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POLICY FOR REQUIRED PROCEDURES FOR MIDWIFE- OR CLIENT-INITIATED TERMINATION OF CARE

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."

In situations where difficulties have arisen, including situations where clients are requesting care outside of midwifery standards, please refer to the *CMBC Policy for Client Requests Outside Midwifery Standards of Practice*. In circumstances where a midwife is considering terminating a client's care at any time during pregnancy or the postpartum period, the following steps provide support and direction for midwives.

If the midwife decides to terminate care, either prenatally or during the postpartum period, the midwife should:

1. inform the client of being unable to continue to provide midwifery care, providing a reasonable period of notice for the client to find alternate care and make a reasonable attempt to assist the client to find appropriate alternate care;
2. follow-up immediately with a hand delivered or registered letter, or an alternative appropriate form of communication to the client, confirming termination of care by a date which provides the client with a specific amount of time to find another caregiver. This time should be reasonable, e.g. ten days to two weeks of notice, ideally in pregnancy prior to 37 weeks gestation, however, this may vary according to location and circumstances;
3. continue to provide care to the client for regularly scheduled visits during the notice period unless the client declines care, or has a clinical indication for immediate transfer of care, or for safety reasons requires an immediate transfer of care;
4. transfer care as soon as the client has identified a named caregiver who has agreed to assume responsibility for care, providing a copy of the client's health record to the new care provider upon transfer or directly to the client to bring to the first visit with the new care provider;
5. if the client has not identified a caregiver by the end of the notice period, the midwife may transfer care to an individual or group of care providers, e.g. an obstetrician, family physician or midwife who has agreed to take the client into care and who is appropriate to provide care suitable to the client's risk status, or a care facility or service if specific care providers cannot be identified, notify the client that the care and records have been transferred, and provide contact information for the new provider(s) or service;

6. maintain in the client's health record a copy of the letter and/or the alternative form of communication notifying the client that care is being terminated, together with the proof of receipt, as well as a record of all care provided during the notice period;
7. provide an updated version of the PSBC Antenatal Records 1 and 2 to the referring local hospital if termination has taken place prenatally. This is in addition to the requirement of sending the 20 week and 36 week Antenatal Records 1 and 2 to the local hospital;
8. In a midwife-initiated termination of care, no fees should be charged for transferring records to the new provider.

In some situations the client may decide to terminate care with the midwife. The midwife should:

1. record the termination of care and the reason given, if any, in the client's health record;
2. provide the client with a copy of the records to take to the new provider or release a copy of the client's health record to the new caregiver if that provider sends a request for a copy of the client's health records signed by the client;
3. if a client terminates care with the midwife and does not provide the midwife with a named caregiver who will assume responsibility for care, the midwife should notify the hospital if it is a prenatal termination and/or notify public health if it is a postpartum termination and transfer the client's records to the client's family physician if possible.

The *Code of Ethics* states that "Midwives shall not abandon care of a client in labour"¹. In accordance with the *Code of Ethics* and the *Standards of Practice Policy*, the above 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 has a responsibility to attend the client in labour and continue to provide care. Refer to the *CMBC Policy for Client Requests Outside Midwifery Standards of Practice*.

¹ CMBC *Code of Ethics* This means if a midwifery client calls the midwife/midwives in labour, one of the midwives has a responsibility to attend the client and care cannot be terminated by the midwife during labour.