College of Midwives of Manitoba

STANDARD FOR WHEN THE CLIENT REQUESTS CARE OUTSIDE THE MIDWIFERY STANDARDS OF PRACTICE

PURPOSE

The purpose of this standard is to set out the requirements to be followed by midwives to continue supporting a client who chooses care outside of midwifery standards of practice.

BACKGROUND

Midwives provide care that is responsive to the needs and values of clients and respects 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.

Ethical principles which underly the provision of health care emphasize the rights of individuals to choose among alternative approaches and weigh 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 when appropriate and for informing clients about risks, benefits and alternative approaches.

Occasionally, an issue of concern arising between a midwife and a client during the prenatal or postpartum period may be irresolvable. The following document is meant to assist midwives in resolving concerns that arise as well as addressing those occasions when a safe and viable solution within midwifery standards of care cannot be found and the midwife decides it is necessary to terminate care.

Examples may include:
- Request for care that is outside of midwifery standards or scope of practice,
- Request for care that the midwife judges is beyond their ability to safely manage,
- Declining care that the midwife considers essential to the provision of safe care.

The discussions necessary to resolve such issues require effective listening and patience and may require time to discuss over a number of visits.

STANDARD

The following steps shall be followed in non-emergency situations and when it is reasonable to expect there is time to find a solution:

1. Advise the client of the standard of care or the midwife's clinical judgment including the evidence and rationale supporting these.
2. Consult with another midwife, a physician or appropriate specialist. 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.

3. Consider consultation with an ethicist, elder or traditional healer.
4. Share and discuss the advice of the consultation with the client.
5. Document clearly in the client's records 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, the discussion and the client's response or decision.

After completing steps 1 to 4 above, if a satisfactory resolution has not been achieved for the client or the midwife, the midwife must decide to either continue or discontinue care.

A. Continue care
When the decision is made to continue care the midwife should
- Respect the client's choice for care
- Continue making recommendations to support the safest care possible
- Continue to engage other caregivers as appropriate who might become involved in provision of care (e.g. hospital staff, other midwives in practice)
- Continue to document all discussions and decisions

Continuing to Care for a Client who has Requested an Out of Hospital Birth
If a client has remained in midwifery care and is requesting an out-of-hospital birth that is outside midwifery standards of practice, the CMM recommends that the midwife review and document the reasons that hospital birth is being recommended as per the Standard on Out of Hospital Birth, whether the midwife will attend the client out of hospital in early labour and for what reasons the client might agree to transfer to hospital.

In such circumstances the midwife must continue to initiate consultation or transfer of care according to the Standard for Consultation and Transfer of Care and continue to provide the best care possible to the client.

If the client refuses to move to hospital when consultation or transport is indicated, the midwife should:
- Attempt to provide care within the CMM standards
- Activate emergency medical services
- Attempt to provide care to the best of their ability
- Attempt to access appropriate resources and/or personnel to provide any needed care

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 it has been clearly communicated to the client and documented that an out-of-hospital birth is outside of standards or against the midwife's professional judgment 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 out of the hospital.

B. Discontinue care

When the decision is made to discontinue care the midwife should

1. Clearly communicate to the client that the midwife is unable to continue to provide care.
2. Make a reasonable attempt to find an alternate caregiver to the client.
3. Send the client a letter or alternate form of communication (e.g. voicemail or email). A record of receipt of communication should be available in the chart.
4. This communication shall confirm the termination of care by a specified date which provides the client with a specific amount of time to find an alternative caregiver and offer a referral to an alternative care provider.

In keeping with the Code of Ethics of the College of Midwives, 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. If these steps have not been completed, the midwife must attend the client and continue to provide care.