

Standard:	Woman Chooses Care Outside Midwifery Scope
Approved By:	Council
Date Approved:	March 2015
Date to be Reviewed:	
Effective Date:	September 2016



## **GUIDELINES for WHEN A WOMAN CHOOSES CARE OUTSIDE THE MIDWIFERY SCOPE of PRACTICE for Midwives Practicing in Newfoundland and Labrador**

### **Purpose**

The following document is to assist midwives to maintain their professional standards and comply with acceptable provisions of care, while supporting a woman’s decision arising from an informed choice. Occasionally, a woman receiving midwifery care may choose intervention that is outside the midwife’s scope or standards of practice. It is also possible that a woman receiving midwifery care may choose intervention(s) that the midwife judges is beyond her ability to safely manage, or the woman may decline care that the midwife considers essential to maintain safe and competent care for the mother and/or her baby.

### **Background**

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 women about risks, benefits and alternative approaches.

Should a situation arise in which the woman chooses care outside the midwife’s scope of practice or midwifery standards, the midwife must converse with the woman and her family and, where applicable, with hospital staff through identified channels (e.g. Nurse Managers, Chief of Obstetrics, Chief of Paediatrics). There must be thorough discussion regarding the request, seeking options and resolutions within midwifery standards to address the woman’s needs. In exceptional circumstances, it may not be possible to resolve the issue to both the woman’s and the midwife’s satisfaction. This Guideline is to assist midwives in addressing those occasions when a solution within midwifery standards cannot be found.

### **Non-Emergency Situation**

In a non-emergency situation when a midwife (or team of midwives) advises a woman that a certain course of action must be followed to comply with midwifery standards of practice, or the midwife judges necessary for safe care, and the woman refuses to follow that advice, the midwife (or team of midwives) should:

1. Advise the woman of the standard or her judgment, provide the rationale, and share the evidence informed knowledge on which the advised course of action is based.

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2. Consult with the most appropriate of the following:

- Another midwife;
- A physician;
- A peer review group;
- An ethicist;
- A legal and/or insurance representative.

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

The midwife (or team of midwives) must:

1. Share the advice of the consultation with the woman.
2. Clearly document the following in the woman'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 woman was advised of the recommendations, the rationale and the woman's response.

After completing the steps above, if a satisfactory resolution has not been achieved for either the woman or the midwife, the midwife has two choices. Using her ethical judgement, the midwife (or team of midwives) must decide to either:

1. **Continue care:**
  - a. Respect the woman's choice for her care;
  - b. Continue to make recommendations for safe care;
  - c. Continue to engage other caregivers, as appropriate, who might become involved in the provision of care (e.g., hospital staff, other midwives in practice);
  - d. Continue to document all discussions and decisions.

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## 2. Discontinue care:

- a. Clearly communicate to the woman that the midwife is unable to continue to provide care.
- b. Send the woman a letter or other form of communication (e.g., audiotape) by registered mail or appropriate alternative. This letter shall confirm the termination of care by a specified date, provide the woman with a specific amount of time to find another caregiver, and offer a referral to an alternative care provider.
- c. Maintain a copy of this letter or other form of communication, including proof of receipt (e.g. postal receipt, witness) in the woman's chart.

## Emergency Situation

In the course of labour or emergency situations, the midwife (or team of midwives) may not refuse to provide care to the woman, in keeping with the Code of Ethics of the College of Midwives of Newfoundland and Labrador. When the steps for discontinuing care of the woman have not been undertaken or completed prior to the onset of labour, the midwife (or team of midwives) must provide care to the woman. Failure to provide care that results in a woman in active labour being left without the care of an appropriate registered professional will be considered professional incompetence and as such is conduct deserving of sanction.

In circumstances where a woman refuses emergency transport or transfer of care in the course of active labour, the midwife (or team of midwives) must remain in attendance as the primary caregiver, activate Emergency Measures Services and notify the physician/consultant. The midwife (team of midwives) may be called upon to deal with an urgent situation, or one that is not within the midwife's standards, knowledge and skills. In these situations the midwife should:

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

Adapted from the Guidelines of other Canadian Colleges of Midwives.