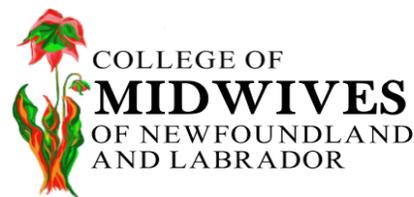


Standard:	Responding to Client Requests for Care against Midwifery
Approved By:	CMNL
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Responding to Client Requests for Care against Midwifery Advice For Registered Midwives in Newfoundland and Labrador

Purpose

The purpose of this standard is to provide Registered Midwives with a protocol in circumstances where a client requests care outside the midwifery scope or standards of practice or is contrary to the midwife's judgement of safe care. The protocol is designed to ensure that reasonable steps are taken to protect client autonomy, the health and wellbeing of clients and their newborns, and the professional standing of the Registered Midwife (RM).

Protocol for Responding to Request for Care against Midwifery Advice

When a client requests care outside the midwifery scope or standards of practice, or care that in the judgement of the RM poses a significant risk to the pregnancy, client and/or newborn, the RM will ensure that a full discussion with the client is facilitated and documented in accordance with the *CMNL Standards of Practice for Registered Midwives in Newfoundland and Labrador* <http://www.cmnl.ca/pdf/61CMNL-Midwifery-Standards-for-Practice-NL-Final-November-2019.pdf>.

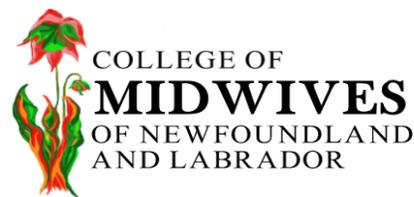
As part of this process, the RM will:

1. Discuss with the client the limitations of the midwifery scope of practice, the rationale for the standard, or the reasons for the midwife's judgement. This discussion should reflect the best available research evidence as well as the RM's assessment of potential risks based on clinical evidence and practical experience. The discussion may also reflect the input or recommendations of any other care provider that have been involved in the person's care up to that point.
2. Invite the client to discuss preferences and the reasons for the decisions, including feelings, beliefs and values, and personal circumstances.
3. Discuss with the client alternative options for care that in the RM's judgement would be within the bounds of safe practice. The RM makes every reasonable effort to work with the client to develop an acceptable alternative care plan, including transfer of care to another care provider where appropriate.

Should the client continue to request care outside the RM's scope of practice or contrary to the judgement of safe care, the RM will:

4. In communities where a multidisciplinary forum exists, invite the client (with family and/or community members where appropriate, and with the client's

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consent) to attend a meeting to discuss a care plan.

5. In communities where such a forum does not exist, invite the client to take part in a discussion with the RM and possibly other health care provider(s) in the community (in person) or referral centre (by telephone).
6. Where the client declines to participate in a consultation, seek a second opinion from another RM (at any stage), obstetrician or peer review group and share this opinion with the client.

If the RM's assessment of the situation remains unchanged and the client continues to request care outside of midwifery scope of practice or contrary to the RM's judgement of safe care, the RM will:

7. Inform the client of the RM's intention to make a referral to an appropriate care provide, such as obstetrical care and the reasons why this is necessary.
8. With client consent, make the referral to an appropriate health care provider and, where a transfer of care is appropriate, ensure that the identity of the most responsible primary care provider is clearly known to the client and all caregivers.

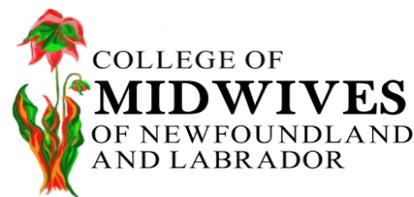
Where the client refuses consent to a referral or transfer of care, and in circumstances where it is possible for the client to obtain care from another more appropriate care provider in the same community, the RM will:

9. Clearly communicate to the client that the RM and midwifery team is no longer able to provide primary care, but may continue providing supportive care to the extent deemed appropriate by the RM and client. This information will be conveyed verbally, with witness and/or interpreter present, and in a letter, by means of assured delivery.
10. Document this communication, including a copy of the letter, in the client health record.
11. Continue to offer assistance to the client in finding another appropriate primary care provider.
12. Cease providing primary care, except in emergency situations where immediate transfer of care is not possible or where the client refuses to accept or facilitate transfer of care or transport to a hospital or health care facility.

Where the client refuses consent to a referral or transfer of care, and in circumstances where it is not possible for the client to obtain care from another more appropriate care provider in the same community, the RM will:

13. Continue to provide care to the client to best of the RM's ability and within the full scope of midwifery care, including taking emergency measures where necessary in the absence of medical help.
14. Inform appropriate medical and clinical staff, and health care managers in the

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community and referral centre of the client’s refusal to accept midwifery advice and the nature of the potential risks to the pregnancy, individual and/or newborn and document this communication in the client’s health record.

15. Maintain communication with medical and clinical staff, and health care manager so they can prepare as well to ensure the client’s health and safety should the need for emergency care arise.
16. Continue to offer the client a referral to a more appropriate care provider any time.
17. If the client calls the RM in active labour and a transfer of care has not occurred, the RM is obligated to attend the client in any setting as a means of harm and risk reduction, and to avoid abandonment of care. The RM must practice within their scope as outlined by CMNL standards.