

POLICY ON CLIENT REQUESTS OUTSIDE MIDWIFERY STANDARDS

Promotion of and respect for the woman's informed choice is a fundamental standard of midwifery practice, as set out in Midwifery Regulatory Council Bylaws. According to Standards Four and Five of the *Standards of Midwifery Practice*, midwives are required to:

- support the client as the primary decision-maker in her care
- respect the client's value system and cultural needs and beliefs
- provide relevant information to the client in an unbiased manner
- encourage clients to actively participate in decisions about their care and the manner in which services are provided
- act as an advocate for the client and her newborn

In the interactive process of informed choice, clients may at times request care that is outside of the standards or scope of midwifery practice, or beyond what the midwife judges she can manage safely. If such a situation arises, the midwife will first engage with the client in careful discussion of the care request, and thoroughly explore options to address the client's needs within midwifery standards. Resolution of these issues may take a number of visits.

Occasionally the issue may be irresolvable. This policy is intended to assist midwives in addressing occasions where a safe and acceptable solution to a client request cannot be found within midwifery standards.

When a midwife advises a client that a certain course of action must be followed in order to comply with midwifery standards and her clinical judgement regarding safe care, and the client refuses to follow that advice, the midwife will:

- 1) Advise the client of the specific standard or her judgement regarding safe care, and provide the rationale and evidence underlying that standard or judgement;
- 2) Share with the client any clinical concerns she has regarding the safety of the client and/or her baby that have been raised by the request;
- 3) Inform the client about any limitations to the midwife's education and training or scope of practice that may affect her ability to respond to the request;
- 4) Consult with at least one other member of the midwifery or multidisciplinary team (a midwife or a physician);
- 5) Share the results of the consultation with the client; and
- 6) Document in the client's health record the informed choice discussions between the midwife and the client, when and with whom the consultation took place, recommendations arising from this consultation, and the client's response.

If, after steps 1-6 above have been completed, the client refuses to follow the recommendations arising from the consultation, the midwife will:

- 7) Advise the client again of the likely risks involved in pursuing her desired course of action, and inform the client that she will be unable to continue providing midwifery care. The midwife should make reasonable attempts to assist the client in finding another care provider.
- 8) Follow up immediately with a registered or hand-delivered letter (copied to the Registrar of the MRC), confirming termination of care by a specific date that allows the client reasonable time to find another care provider. This time may vary according to location and circumstance.
- 9) Maintain in the woman's health care record a copy of the letter, together with proof of receipt.

In accordance with Standard Eight (8.5) of the *Standards of Midwifery Practice*, a midwife may not abandon care of a client in the course of labour. If steps 7-9 have not been undertaken prior to the onset of labour, the midwife must initiate consultation or transfer of care, and:

- a) In a hospital setting, continue providing care to the client until care is transferred to a physician, and continue in a support role after transfer has taken place.
- b) In an out-of- hospital setting, if the client refuses to move to the hospital, the midwife must call an ambulance. Should the 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 deal with an urgent situation.

Adopted by the MRC on April 22, 2009