MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

POLICY ON REQUESTS FOR CARE OUTSIDE MIDWIFERY STANDARDS

Promotion of and respect for the client's informed choice is a fundamental principle of midwifery practice. In accordance with the Midwifery Regulatory Council of Nova Scotia (MRCNS) *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 process of informed choice, clients may at times request care that is outside of the standards or scope of midwifery practice and/or conflicts with the midwife's clinical judgement regarding safe care. 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.

This policy is intended to assist midwives in addressing situations where the issues are unresolvable and a safe, acceptable solution to a client request cannot be found within midwifery standards.

When a midwife advises a client that a certain course of action is required to comply with midwifery standards and clinical judgement regarding safe care, and the client refuses to follow that advice, the midwife will:

- 1) Share with the client the particular risk issues and safety concerns raised by the request for care outside standards;
- 2) Advise the client of the clinical guidelines applicable to the situation and provide the rationale and evidence underlying those guidelines;
- 3) Inform the client about any limitations to midwifery training or scope of practice that may affect the midwife's ability to respond to the request;
- 4) Consult with at least one other midwife or physician in the team and explore possible alternative avenues to meet the client's needs;
- 5) Share the results of the consultation with the client; and
- 6) Document in the client's health record all informed choice discussions between the midwife and client, when and with whom the consultation took place, recommendations resulting from this consultation, and the client's response.

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

- 7) Inform the client that the midwifery team is unable to meet the care request and accordingly will not be able to continue providing midwifery care to the client and/or baby. The midwife should make reasonable efforts to assist the client in finding another care provider.
- 8) Follow up immediately with a registered letter to the client (copied to the MRCNS Registrar), confirming termination of midwifery 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.
- Maintain a copy of the letter, together with proof of receipt, in the client's health care record.

In accordance with Standard Eight of the *Standards of Midwifery Practice*, <u>a</u> 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, the midwife must 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 transfer to the hospital, the midwife must call an ambulance. If the client refuses emergency transport or transfer of care during active labour, the midwife must remain in attendance and be prepared to deal with an urgent situation.

Adopted by the MRCNS on April 22, 2009 Amended by the MRCNS on May 31, 2018