

POLICY ON REQUESTS FOR CARE OUTSIDE STANDARDS

Preamble

Midwives in British Columbia respect the rights of each client to make informed choices about their care that the client determines is in their own best interest. In some cases, a client will request care considered outside standards¹ when making informed choices. The purpose of this policy is to set out the requirements of a midwife in the case that such a request for care outside standards is made.

Policy

Should a client request care outside standards, the midwife must:

1. Engage the client in a relevant, comprehensive and non-judgmental informed choice discussion² as related to their request for care outside standards, with the understanding that this discussion may need to take place over a series of encounters.
2. Initiate discussion, consultation or transfer of care if indicated, as per CMBC's *Indications for Discussion, Consultation and Transfer of Care*.
3. Consider their own ability to safely and reasonably offer the care³ that has been requested.
4. Determine whether providing care as requested would place them or their client at an unacceptable level of risk.
5. Ensure contemporaneous documentation in the medical record⁴.

Upon completion of the steps above, if the midwife can safely and reasonably provide the care requested and has determined that the level of risk associated with the client's choice is acceptable, no further action is required. However, if the midwife is unable to safely or reasonably provide the care requested, and/or has determined that providing the care requested creates an unacceptable level of risk, they must then take the following additional steps:

6. Respectfully inform the client of their limited ability/inability to safely and/or reasonably provide the care requested and/or the risk(s) associated with their request.
7. Offer a consultation with another midwife, physician or nurse practitioner for a second opinion.
8. Provide the client with an opportunity to respond and ask any outstanding questions.
9. Confirm the client's decision.
10. Ensure contemporaneous documentation in the medical record.

¹ Standards may be widely interpreted as standards of practice, standards of care, professional standards, community standards, best practices, hospital policies and/or guidelines.

² Refer to the *Policy on Informed Choice*.

³ Midwives must always provide care within scope according to the *Midwifery Scope and Model of Practice* and may perform only those restricted activities listed in the *Midwives Regulations*.

⁴ Refer to the *Policy on Medical Records*.

Upon completion of the steps above, should the client continue to request care outside standards, the midwife must choose from one of the options below.

Option 1: Provide the care requested, while continuing to recommend the standard of care in a relevant, non-coercive fashion as the clinical situation evolves. Midwives who choose this option should communicate regularly with other providers in the client's circle of care, draw upon hospital resources for complex care planning if available and remain aware of their duty to report a child in need of protection. In the case that a client has requested care outside standards for a home birth, the midwife must review with the client the *Planned Place of Birth Informed Consent* and come to an agreement prior to labour on when the client will agree to transfer to hospital. The midwife must also inform the client that they are obligated to initiate consult or transfer of care during labour according to the *Indications for Discussion, Consultation and Transfer of Care*.

OR

Option 2: Terminate care as per the *Policy for Required Procedures for Midwife or Client-Initiated Termination of Care*. The steps for termination of care must be completed prior to the onset of labour so that the client is no longer a client of the midwife. If these steps have not been taken, the midwife must continue to provide care to the client as per Option 1.

Emergency Situations

If a client requests care outside of standards during an urgent or emergency situation, the midwife must continue to provide the best care possible to the client as required under the *Code of Ethics*. If the client refuses to move to hospital from a home birth when transport is indicated, the midwife must notify the hospital, request consultation if required and if appropriate, call additional midwives and/or an ambulance.

It is safer for a client to give birth with a midwife in attendance than to give birth alone. CMBC will support any midwife who attends a client at home, even when care is outside of standards, provided the midwife has acted in accordance with this policy and remains within their scope of practice.

References

[College of Midwives of British Columbia \(2019\). *Code of Ethics*. Retrieved from https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/](https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/)

[College of Midwives of British Columbia \(2017\). *Policy on Informed Choice*. Retrieved from https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/](https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/)

[College of Midwives of British Columbia \(nd\). *Planned Place of Birth Informed Consent*. Retrieved from https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/](https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/)

[College of Midwives of British Columbia \(nd\). *Agreement on Planned Place of Birth*. Retrieved from https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/](https://www.cmbc.bc.ca/standards-policies-forms/standards-policies-and-forms/)

College of Midwives of Ontario (2013). When a Client Chooses Care Outside Midwifery Standards of Practice. Retrieved from <http://www.cmo.on.ca/wp-content/uploads/2015/07/20.When-a-Client-Chooses-Care-Outside-Midwifery-Standards-of-Practice.pdf>

Kotaska, A. (2017). Informed consent and refusal in obstetrics: A practical ethical guide. *Birth*;44:195-199. <https://doi.org/10.1111/birth.1228>