

	REQUESTS FOR CARE OUTSIDE MIDWIFERY STANDARDS POLICY
	Date Effective: 2022-06-10
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	Next Review Due: 2029-02-01

Background

Registered Midwives respect the right 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 standards when making informed choices.

Purpose

The purpose of this policy is to provide midwives with direction 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 and to identify the requirements to be followed by midwives to continue supporting a client when a request for care outside standards is made. The policy 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).

1.0 Policy

- 1.1 The midwife will first engage with the client in a client-centred discussion to fully understand the client's care request and thoroughly explore options to address the client's needs within midwifery standards.
- 1.2 Resolution of these issues may take a number of visits and should be documented in accordance with the PEICNM Standards of Practice for Registered Midwives.
- 1.3 As part of the process to fully understand the request, the RM will:
 - 1.3.1 Discuss with the client the limitations of the midwifery scope of practice, the rationale for the standards, and 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.
- 1.3.2 The discussion may also reflect the input or recommendations of any other care provider that has been involved in the person's care up to this point.
 - 1.3.3 Invite the client to discuss preferences and the reasons for the decisions, including feelings, beliefs and values, and personal circumstances.
 - 1.3.4 Discuss with the client alternative options for care that in the RM's judgement would be within the bounds of safe practice.
 - 1.3.5 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.
- 1.4 Should the client continue to request care outside the RM's scope of practice, standards, or contrary to the judgement of safe care, the RM will:
- 1.4.1 Invite the client to participate in a consultative discussion with the midwifery team or multidisciplinary team to discuss a care plan.
 - 1.4.2 Where the client declines to participate in a consultation, seek a second opinion from another RM (at any stage), an obstetrician/physician, or an Nurse Practitioner with experience in prenatal care and share this opinion with the client.
- 1.5 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:
- 1.5.1 Inform the client of the RM's intention to make a referral to an appropriate care provider, such as obstetrical care and the reasons why this is necessary.
 - 1.5.2 With client consent, make the referral to the identified health care provider and prepare for the transfer of care.
 - 1.5.3 Ensure that the identity of the most responsible primary care provider is clearly communicated to the client and all caregivers.
- 1.6 Where the client refuses consent to a referral or transfer of care, the RM will:
- 1.6.1 Clearly communicate to the client that the RM and midwifery team is no longer able to provide care as a primary care provider but may continue providing care to the RM's ability and within their scope of practice and supportive care to the extent deemed appropriate by the RM and client.

- 1.6.2 This information will be conveyed verbally, with witness and/or interpreter present, and in a letter, by means of assured delivery.
 - 1.6.3 Request that the client sign the letter to indicate their understanding of the message being conveyed.
 - 1.6.4 Document this communication, including placing a copy of the letter, in the client's health record.
 - 1.6.5 Inform the obstetrical program so they are aware of the effort to transfer the client and the circumstances.
 - 1.6.6 Continue to offer assistance to the client in finding an appropriate primary health care provider.
 - 1.6.7 Continue to provide care within the midwives' scope of practice as accepted by the client.
 - 1.6.8 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, the midwife continues to work within their scope of practice as accepted by the client.
 - 1.6.9 Document in the client's record details of the advice given to the client, recommendations arising from the second opinion, the proposed plan for transfer of primary care and the client's response.
 - 1.6.10 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 PEICNM standards.
 - 1.6.11 Request a peer case review with the maternity care team after the completion of care in order to examine for the purpose of improving care in future cases, including other midwives for learning.
- 1.7 In accordance with Standard Eight of the *Standards of Midwifery Practice*, a midwife may not abandon care of a client in the course of labour. If the direction at 1.4, 1.5 and 1.6 has not been executed prior to the onset of labour, the midwife must initiate consultation or transfer of care and:
- 1.7.1 In a hospital setting, the RM must continue providing care to the client until care is transferred to an obstetrician and continue in a support role after transfer has taken place. In the case of a neonatal transfer of care, the midwife must continue providing care to the client until care is transferred to a neonatal NP, neonatologist or paediatrician.
 - 1.7.2 In the rare case when a client is agreeable to transfer to hospital but does not agree to transfer of care, the same principles found in 1.6 apply.

1.7.3 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.