



## CLINICAL PRACTICE GUIDELINE

# Non-compliance of client with the CMP midwifery standard of practice

This document should be read in conjunction with this [Disclaimer](#)

**Note- Compliance with this guideline is mandatory as per MP 0141/20 Public Home Birth Program Policy**

This document is to be read in conjunction with the:

- CMP Protocol on "[Inclusion criteria for the Community Midwifery Program](#)",
- Australian College of Midwives (ACM) [National Midwifery Guidelines for Consultation and Referral](#) (2014) and
- WA Health [State-wide Policy for Publicly Funded Home Births](#) (2013).

As a primary caregiver, the midwife must provide midwifery care that is consistent with the national professional standards for midwives and is within the scope and boundaries of her practice and those endorsed by the health service.

When a client's decision is at a variance from professional advice or guidelines, the midwife must consult and document accordingly.

The woman has the right to give and to rescind consent at any time and the decision made needs to be acknowledged and supported.

Midwives are to make clear to the client the scope of their practice and its limitations and ensure that all conversations are documented accordingly.

In the course of labour or urgent situations when the steps for discontinuing care have not been undertaken or completed, as per this policy and the letter of withdrawal, the midwife may not refuse to attend the client.

Equally where a client refuses emergency transfer of care in the course of active labour, the midwife must remain in attendance.

Documentation of the ongoing consultation with the Obstetrician/Specialist and Clinical Midwifery Manager/Clinical Midwifery Specialist throughout the labour and birth is essential.

## Procedure:

### **Antenatal and postnatal**

**On booking:** The client must meet the inclusion criteria for entry onto the Community Midwifery Program.

The client must discuss with their midwife and sign the Terms of Care document at booking, 28 weeks and 36 weeks gestation.

If there are any risk factors identified during the client's pregnancy or postnatal period, the KEMH and CMP Midwifery Guidelines and the National Midwifery Guidelines for Consultation and Referral must be referred to and complied with.

If a client consults with a medical practitioner, it is to be made clear and documented accordingly whether primary care and responsibility:

- a) continues with the midwife OR
- b) is transferred to the medical practitioner/hospital.

The planned place of birth must be clearly documented in the client's notes and discussed with the client.

Any antenatal or postnatal client who is declining referral for consultation for herself or her baby must be discussed with the Clinical Midwifery Manager (CMM) or Clinical Midwifery Specialist (CMS), the support hospital obstetric and/or paediatric team.

Following the midwife's consultation with the health care team, the client and her support people are to be advised regarding care recommendations.

Documentation of the consultation process – with whom the consultation occurred, the recommendations arising from the consultation, the time when the client was advised of the recommendations and the client's response, must be clearly articulated in the client's records. The client and her partner may also meet with the CMM/CMS to assist in achieving a suitable resolution.

If the above process has occurred and a satisfactory resolution has not been achieved, care with the CMP will be discontinued. A written letter confirming discontinuation of CMP care accompanied by a copy of antenatal care records, birth outcome and postnatal care records to date (if applicable) will be sent to the client, her General Practitioner, the support hospital, the Child Health Nurse (if applicable) and a copy retained in CMP records.

## **Intrapartum**

### **Planned Home Birth:**

During labour and birth if a client's situation has varied from normal (as per National Midwifery Guidelines for Consultation and Referral, the KEMH and/or the CMP Midwifery Guidelines) and the client has declined transfer at the recommendation of the attending midwife, the following actions must be taken by the midwife;

- The client must be referred to the Terms of Care document
- Request the attendance of a support midwife
- Notify the client's support hospital and obstetric team of preceding events and seek advice

- Document in the client's records the consultation process, recommendations arising from the consultation and the client's response to the advice.

Should the client continue to decline the professional advice of the midwives, the midwife must:

- Notify the CMP Midwifery Manager (in hours only) who is then to notify the WNHS Coordinator of Midwifery (in hours). After hours and at weekends the midwife must inform the KEMH Hospital Clinical Manager who will inform WNHS Executive on call.
- Notify the client's support hospital and obstetric team of preceding events and seek advice
- Share the advice with the client and her support people and document in the client's records the consultation process – with whom the consultation occurred, the recommendations arising from the consultation, the time when the client was advised of the recommendations and the client's response
- Advise the CMP CMM (in hours), the KEMH Hospital Manager (after hours and weekend) and the support hospital obstetric team of the client's response and keep them informed of progress.
- If an emergency situation is anticipated, an ambulance should be called to be in attendance.

### **Planned hospital care:**

If the birth is planned to take place in hospital due to prior recognised risk factors, the obstetrician remains the primary care giver and the client is to make their own way to hospital and meet their midwife at the hospital.

**The CMP midwife must not attend the client's home if the client thinks she is in labour but direct her, or her support person, to the care plan identifying place of birth and explain to the client and or support persons that she will meet her in hospital.**

Establish if an ambulance is required and advise the client or support person that one will be called for her if necessary.

## References

## Related legislation and policies

- [WA Health Policy for Publicly Funded Home Births Including Guidance for Consumers, Health Professionals and Health Services](#) (Revised October 2013)

## Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines: Community Midwifery Program:

- [Inclusion Criteria for Home Birth, Maternal Choice Domino Care and Kalamunda Birthing Rooms](#)
- [Initial Antenatal Visit](#)
- [Models of Care in CMP](#)

## Useful resources (including related forms)

Australian College of Midwives (ACM). National Midwifery Guidelines for Consultation and Referral. 3<sup>rd</sup> ed. Issue 2. 2014.

Australian Government: [National Pregnancy Care Guidelines](#)

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