



**COMMUNITY MIDWIFERY PROGRAM  
CLINICAL PRACTICE GUIDELINE**

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

**Scope (Staff):** Community Midwifery Program staff

**Scope (Area):** Community Midwifery Program

**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 [Inclusion Criteria at Booking: Protocol and Procedure](#)
- WNHS [Partnering with the Woman Who Declines Recommended Maternity Care](#)
- Australian College of Midwives (ACM) [National Midwifery Guidelines for Consultation and Referral](#) (2021) and
- Department of Health WA [Public Home Birth Program Policy](#) (MP 0141/20) and related [standard](#).

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

When a client's decision is at a variance from professional advice or guidelines, the midwife is to make clear to the client the scope of their practice and its limitations and, ensure that all conversations are documented accordingly. The client has the right to give and to rescind consent at any time and the decision made needs to be acknowledged and supported.

During 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 during active labour, the midwife must remain in attendance.

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



## Procedure

### Antenatal and postnatal

#### On booking:

- The client must meet the eligibility and inclusion criteria for acceptance onto the Community Midwifery Program.
- The client must discuss with their midwife and sign the Terms of Care document at their booking, 28 week and 36 week appointments.
- 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 CMM/CMS, and the supporting hospital's 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 WNHS and CMP Midwifery Guidelines and the National Midwifery Guidelines for Consultation and Referral) and the client has declined transfer at the recommendation of the attending midwife, the following actions must be taken by the attending midwife:

- Clearly inform the woman about the changing clinical circumstances, including:
  - a) The urgency of the situation
  - b) How these changing circumstances may or are likely to impact her or her baby's health and wellbeing, including the risks of declining recommended care
  - c) The rationale of recommended care
- Refer the client to the Terms of Care document;
- Request the attendance of a support midwife;
- Notify the client's support hospital and obstetric and/or paediatric team of preceding events and seek advice; and
- 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 attending midwife, the midwife must:

- **During office hours:** notify the CMM who will notify the WNHS Coordinator of Midwifery.
- **After hours, weekends and Public Holidays:** the midwife must inform the KEMH Hospital Clinical Manager who will inform WNHS Executive on call.
- Notify the client's support hospital and obstetric and/or paediatric team of preceding events and seek advice.
- Share the advice with the client and support person, 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 CMM (during office hours) or the KEMH Hospital Manager (after hours/weekends/Public Holidays), and the supporting hospitals obstetric and/or paediatric team of the client's response and keep all parties informed of progress.
- **If an emergency situation is anticipated, an ambulance should be called to attend.**

### 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.

The CMP midwife cannot attend the client's home for labour assessment/care. The client and/or their support person are to be directed to the care plan specifying the clients place of birth and explain to the client and/or support person that they will be met by the midwife at the hospital.

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

## References

Related legislation and policies

Department of Health WA: [Public Home Birth Program Policy](#) (MP 0141/20) and related [standard](#)

Related WNHS policies, procedures and guidelines

WNHS Clinical Guidelines:

Community Midwifery Program:

- [CMP Inclusion Criteria at Booking: Protocol and Procedure](#)
- [CMP Models of Care](#)

Obstetrics and Gynaecology: [Partnering with the Woman Who Declines Recommended Maternity Care](#)

Useful resources (including related forms)

Australian College of Midwives. National midwifery guidelines for consultation and referral. 4<sup>th</sup> ed. ACM. 2021.

Australian Government, Department of Health. [Pregnancy Care Guidelines](#)

Keywords:	Community Midwifery Program, CMP, decision incompatible, inclusion criteria for CMP, referral to hospital, patient refusal, decline medical advice, develop risks, refuse to go to hospital, home birth		
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NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input checked="" type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
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### Version history

Date	Summary
June 2010	First version. Archived- contact CMP CMS for previous versions prior to 2015. Original titled as 'Management when a client makes a decision that is incompatible with CMP midwifery standard of practice'.
May 2015	Escalation process amended.
Dec 2015	Amended process for notification and escalation. Change of reporting process after hours.
Mar 2019	Routine review. Title changed to 'Non-compliance of Client with the CMP Midwifery Standard of Practice'
Dec 2022	<ul style="list-style-type: none"> <li>• Added links to new WNHS guideline for 'Partnering with the woman who declines recommended maternity care' and Department of Health WA Public Home Birth Program Policy and related standard.</li> <li>• Clearly inform the woman about the changing clinical circumstances, including:               <ul style="list-style-type: none"> <li>➤ The urgency of the situation</li> <li>➤ How these changing circumstances may or are likely to impact her or her baby's health and wellbeing, including the risks of declining recommended care</li> <li>➤ The rationale of recommended care</li> </ul> </li> <li>• Public holidays included alongside after-hours/weekends</li> <li>• (where applicable) Added to notify support hospital's paediatric team</li> </ul>

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