

Section: **Professional Practice**

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Subject: **Informed Choice**

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## **INTRODUCTION & PURPOSE**

Informed choice is a fundamental principle of midwifery care in Saskatchewan. Clients have the right to receive information so that they can make informed decisions about their care. The interactive process of informed choice involves the promotion of shared responsibility between the midwife and the client. The informed choice process ultimately results in either informed consent or informed refusal. Informed choice discussions should be documented in the medical record and results communicated with the health care team.

## **GUIDELINE**

Midwives encourage and give guidance to clients wishing to seek out resources to assist them in the decision-making process. It is the responsibility of the midwife to facilitate the ongoing exchange of current knowledge in a non-authoritarian, culturally sensitive and co-operative manner, including sharing what is known and unknown about procedures, tests and medications. Each midwife has the continuing responsibility to practice according to accepted guidelines of the profession and may decline to be involved in care that is outside of accepted practice guidelines.

The Saskatchewan College of Midwives requires that midwives provide each client with the following information at the onset of their care, ideally given in writing and followed up in discussion:

- education and experience in midwifery of the midwives providing care;
- services provided, including: scope of practice, philosophy of care and choice of birth setting;
- contact information, including how the client can reach a midwife known to her;
- 24 hours a day<sup>1</sup>, change of appointment procedure, off-call coverage arrangements, and back-up arrangements;
- second attendant arrangements, if applicable;
- standards of practice and protocols, including: continuity of care, consultation and transfer of care and supportive care;
- role and responsibilities of the client;
- confidentiality and access to client records;
- midwifery student(s) and/or practitioners with supervised practice arrangements involved in the client's care

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<sup>1</sup> Where a midwife is in solo practice and cannot make arrangements for on-call coverage by another midwife, she must inform her client of how to access an alternate primary caregiver when she is off-call. Ideally that alternate care provider would also be known to the woman.

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The Saskatchewan College of Midwives requires midwives to provide each client with the following information throughout the course of care:

- potential benefits and risks of, and alternatives to, procedures, tests and medications, including the risks of not having any particular test, procedure or medication;
- relevant research evidence;
- community standards and practices;
- opportunities to discuss information;
- care that is individualized and sensitive to changes in the woman's circumstances throughout pregnancy.

**Informed Choice and Requests for Care Out of Scope**

A midwife is not obligated to provide a client with a requested intervention or procedure that they believe may cause harm. Attendance in labour and the provision of intrapartum care under certain circumstances are not considered interventions. Where a client chooses care outside scope of practice, in-person informed choice discussions and more extensive, contemporaneous documentation and communication with the health care team is necessary. Midwives caring for clients choosing care outside the midwifery scope of practice should refer to the guideline *Client Request for Care Out of Scope*.

**Emergency Situations**

As a clinical situation evolves, the midwife shall discuss with the client any obstetrical or neonatal emergency that can be reasonably anticipated. In the event of an unforeseen obstetrical or neonatal emergency, the midwife must make every reasonable effort to involve the client in decision-making when appropriate. When this cannot be achieved, the midwife must keep the client as informed and involved as possible. As soon as possible following the emergency event, the midwife shall engage the client in a full discussion and disclosure of the care provided and document this discussion in the medical record.