



BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

Contact us

GENERAL INQUIRIES

604.742.6200
1.866.880.7101 toll-free within
Canada only
info@bccnm.ca

REGISTRATION

register@bccnm.ca
midwivesregister@bccnm.ca

REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

COMPLAINTS

complaints@bccnm.ca
Fax 604.899.0794



POLICY ON INFORMED CHOICE

Informed choice is defined as a collaborative exchange of information between a Registrant and client that supports decision making in clinical care. Informed choice is a fundamental principle of midwifery care in British Columbia.

In the College of Midwives of British Columbia's (CMBC's) *Philosophy of Care* document, the client is recognized as the primary decision-maker. It is the responsibility of the Registrant to encourage and facilitate, within a relationship of trust, the ongoing exchange and understanding of current, balanced and relevant information in a non-authoritarian, culturally sensitive and co-operative manner. Where appropriate, Registrants also have a duty to recommend care they determine is in the best interest of their client; the client may accept or decline their recommendation. 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.

CMBC requires Registrants to provide care consistent with *Competencies of Registered Midwives* and provide each client with information regarding relevant treatments, procedures, tests and medications throughout their care. In some cases, discussions should be preceded or followed up with additional information in writing. Information should include:

- what is being proposed/offered and its risks/benefits;
- any alternatives to what is being proposed/offered and their risks/benefits;
- what would happen if no treatment/procedure/test/medication is chosen;
- relevant research evidence including any deficiency of clear evidence;
- relevant community standards of care and practices;
- considerations according to *Indications for Discussion, Consultation and Transfer of Care*; and
- the Registrant's recommendation for the client, supported by evidence, CMBC standards and community standards.

The Registrant must also make reasonable efforts to ensure that the client has adequate opportunity and time to engage in the informed choice process.

Informed Choice and Requests for Care Outside Standards

A Registrant is not obligated to provide a client with a requested intervention or procedure that they believe may cause harm. However, attendance in labour and the provision of intrapartum care are not considered interventions. Where a client chooses care outside standards, in-person informed choice discussions and more extensive, contemporaneous documentation and communication with the health care team is necessary. Registrants caring for clients choosing care outside CMBC *Standards of Practice* should refer to the *Policy for Client Requests Outside Midwifery Standards of Practice*.

Emergency Situations

As a clinical situation evolves, the Registrant 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 Registrant must make every reasonable effort to involve the client in decision-making when appropriate. When this cannot be achieved, the Registrant must keep the client as informed and involved as possible. As soon as possible following the emergency event, the Registrant shall engage the client in a full discussion and disclosure of the care provided and document this discussion in the medical record.

Exceptional Situations

If there is a concern that the client may be incapacitated and cannot make informed choices, the Registrant should refer to the *BC Health Care (Consent) and Care Facility (Admission) Act (1996)* for further action. If there is a concern that either the client may be incapacitated, or the parents' decisions regarding the care of the newborn may affect safety of the newborn, the Registrant should consider statutory duty to report as set out in the *Child, Family and Community Service Act (1996)*.

References:

Cocoran, Kevin. Understanding Informed Consent. *INSIGHT: Journal of the American Society of Ophthalmic Registered Nurses*. 2015.

College of Midwives of Ontario. Informed Choice. *CMO Standards of Practice*. 2016. <http://www.cmo.on.ca/quality-assurance/standards-of-practice/>

College of Physicians and Surgeons of British Columbia. Reporting a Child in Need of Protection. *Professional Standards and Guidelines*. 2014. <https://www.cpsbc.ca/files/pdf/PSG-Reporting-Child-in-Need.pdf>

Flanigan, J. Obstetrics Autonomy and Informed Consent. *Ethic Theory Moral Practice*. 2016. 19:225-244.

Kotaska, A. Informed consent and refusal in obstetrics: A practice ethical guide. *Birth*. 2017:00:1-5.

New Zealand College of Midwives (Inc). Consensus Statement: Informed Consent and Decision Making. *Midwives Handbook for Practice (5th edition)*. 2016. www.hdc.org.nz.

Potter, B.K et al. Exploring informed choice in the context of prenatal testing: findings from a qualitative study. *Health Expectations*. 2008:11: 355-365.