



Obstetric Non-Standard Management Plan Guideline

1. Guiding Principles

In clinical practice, the care and safety of the woman and her unborn baby is our primary concern. Best practice requires all health professionals to:

- provide all information required to assist women make well informed decisions
- assess the woman, as an individual, including:
 - history – relevant obstetric risks, psychosocial and cultural aspects
 - physical assessment – with appropriate consent
 - woman's views and wishes.
- refer the woman to another practitioner if appropriate
- recognise and respect women's rights to make their own decisions
- provide clear and unbiased communication without coercion or the use of fear.

2. Guideline

Aim

Where a woman requests care that differs to the current health service endorsed clinical guidelines then consultation with a senior midwife/ Obstetric doctor / Obstetrician may be required dependent on the significance of the risks posed. The Australian College of Midwives (National Midwifery Guidelines for Consultation and Referral) and RANZCOG guidelines may be used to assist with appropriate referral.

For example:

Consultation not required (although can be arranged)	Consultation with obstetric medical officer required
Low risk woman requests physiological third stage	Seeking vaginal birth after two LUSCS (specialist review)
Declines Group B Strep screening	Woman with risk factors for PPH requests physiological third stage
Declines pregnancy vaccinations	Any situation where a midwife or doctor is concerned about a woman's choice
Declines Glucose Tolerance Test	

Where a woman requests care outside any guidelines (regardless of the need for higher consultation), then the documentation is to reflect the following has occurred between the woman and the midwife /Obstetric doctor:

- The extent of the informed discussion using the **BRAINED** acronym
 - **B**enefits – rationale behind the clinical guidelines
 - **R**isks – what are the risks and the likelihood of them occurring
 - **A**lternatives – what are the options
 - **I**mpact - of risks and alternatives for the woman / baby /partner
 - **N**othing – what if she does nothing
 - **E**xcuse us – give time for the woman and her partner to think and talk alone
 - **D**ecision – document her decision and next steps
- The shared decision making process:
 - Recognises and respects the woman’s right to make her own decisions
 - Allows the woman sufficient time to consider her options and discuss them with her partner and family supports.

The health professional in collaboration with the woman should:

- formulate a non-standard management plan – including arranging investigations and providing treatment and advice
- facilitate coordination and continuity of care. If conflict arises consider handing over of clinical responsibility to another appropriate health professional.

Procedure

When a discussion has occurred with the woman regarding the recommended evidence based care options and she indicates a clear choice for care which is outside of health service clinical guidelines, then the health professional must consider facilitating a second opinion:

- Midwives refer to senior midwife, GP obstetrician or consultant obstetrician
- GP obstetrician refer to consultant obstetrician
- Consultant obstetrician to another consultant obstetrician (if available)

Should a plan of care requested by the woman have the potential to result in serious harm to the woman and/or fetus, a consultant obstetrician referral and review is required.

If a woman still requests care outside of clinical guidelines following a discussion with two health professionals, the decision should be recorded on a non-standard management sticker within the woman’s medical record with:

- the signature and designation of the health professional
- the woman’s signature (Section 10).

Documentation of the non-standard management plan must be detailed and clear enough to facilitate continuity of care between care providers.

A change in clinical situation must prompt a review of the management plan and further discussion with the woman. Any alterations to the non-standard management plan must be clearly documented on a new non-standard management sticker. This includes when the woman:

- has a change in her clinical situation
- wishes to amend her care plan.

In choosing non-standard care, women are accepting responsibility for outcomes associated with their care choices. This plan is reviewed at each visit.

3. Definitions

Non-Standard Management	When a woman's choices for her plan of care deviates from health service endorsed evidence based guidelines or policies
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4. Roles and Responsibilities

The Midwife or Obstetric Doctor receiving the woman's request for care outside standard management, assesses the need for referral and ensures the non-standard management sticker is completed

5. Compliance

This policy is <e.g. a mandatory requirement under the *YXZ Act*>. Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Evaluation of compliance with this policy will be conducted by random audit of the medical records to ensure that a Non-standard sticker was used when care has deviated from the recommended guidelines / policy.

7. Standards

[National Safety and Quality Healthcare Standards](#) (Second edition 2017)
Clinical Governance Standard
Partnering with Consumers Standard
Communicating for Safety

8. Legislation

Health Practitioner Regulation National Law (WA) Act 2010 Schedule 4 – Health Practitioner Regulation National Law Part 1.3.2(a)

9. References

The Australian College of Midwives [National Midwifery Guidelines for Consultation and Referral \(3rd Ed Issue 2\)](#)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologist (RANZCOG) [Maternal suitability for models of care \(C-Obs-30\)](#)

Good Medical Practice: A code of Conduct for Doctors in Australia. July 2009

Journal of Family Practice. How should you document a patient's refusal to undergo a necessary intervention? 2007, December; 56(12):1048-1049

Elwyn G, Coulter A, Laitner S, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. *BMJ*. 2010;341:c5146. doi: 10.1136/bmj.c5146

Perez MMB, Menear M, Brehaut JC, Legare F. Extent and predictors of decision regret about health care decisions. A systematic review. *Medical Decision Making*. 2016:14.

Armadale Kalamunda Group. Non-standard Management Plans: Obstetrics and Gynaecology.

10. Related Forms

The sticker is available from iProc item code WNSMP Sticker (Description: WACHS Non-Standard management Plan Sticker; Unit of Measure: Pack of 50).

11. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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