

# Partnering with the woman who declines recommended maternity care

Lyndel Gray, Dr Bec Jenkinson (PhD), Prof. Rebecca Kimble  
Patient Safety and Quality Improvement Service,  
Clinical Excellence Queensland, Queensland Health

International Forum on Quality and Safety in Healthcare  
Sydney 24 July 2022



**Queensland**  
Government

# Objectives

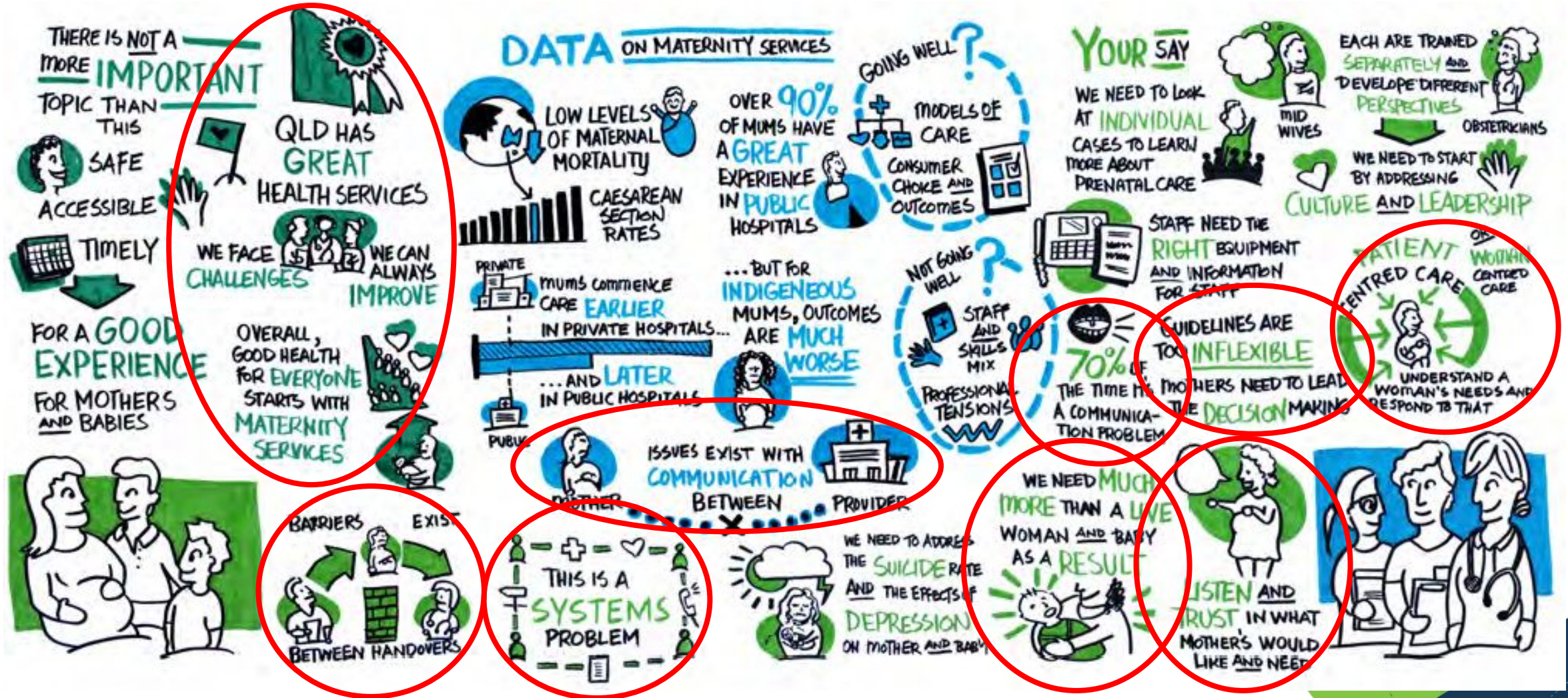
1. Understand the benefits of listening to and working with consumers, and other stakeholders, to identify and act on opportunities for quality improvement at a system level.
2. Work with consumers and other stakeholders to develop, implement and evaluate high-quality, woman-centred, safe and sustainable guidance for partnering with the woman who declines recommended maternity care.
3. Understand the challenges faced by women, clinicians and health service managers when women decline recommended maternity care.





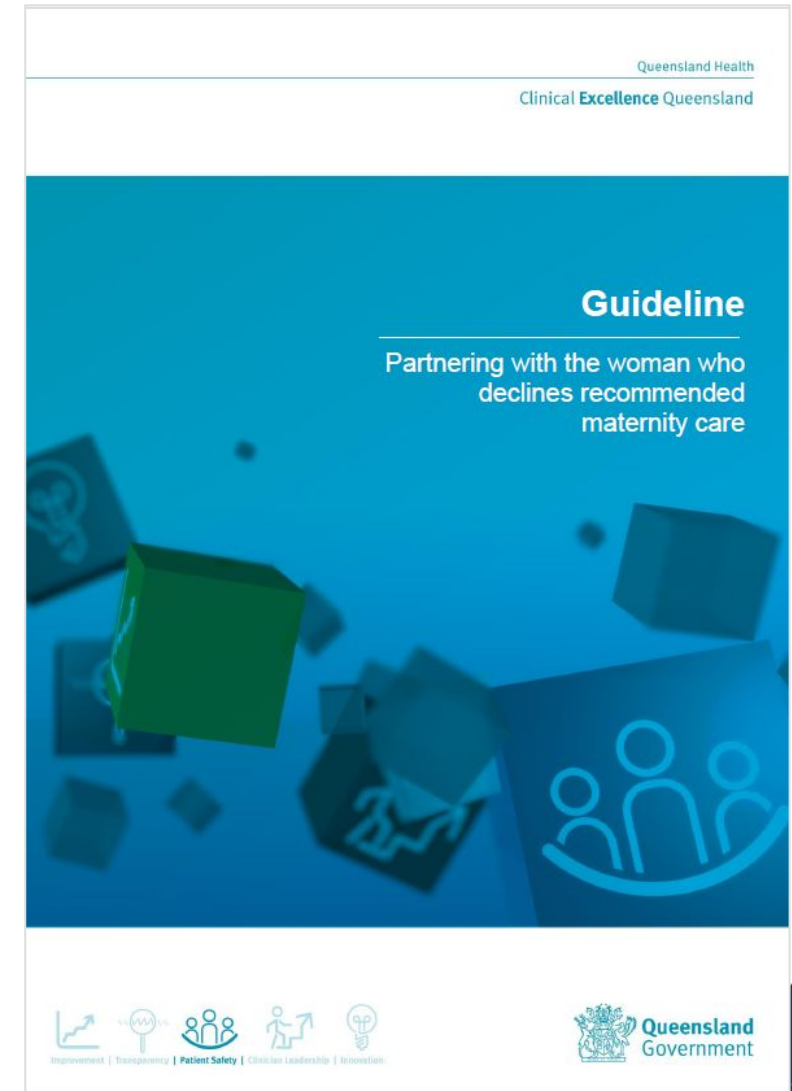
# 2016 Maternity Services Forum

## Consumer and clinician feedback



# Guideline development

- Co-Leads:
  - Professor Rebecca Kimble (clinical)
  - Dr Bec Jenkinson (PhD) (consumer)
- Over 100 people responded to the EOI – 60 active participants
- Extensive consultation – clinicians, consumers including CALD and First Nations representation, ethicists, lawyers, academics





# Scope considerations

- The woman has capacity to make decisions about her healthcare
- Applicable to declining recommended maternity care
  - not requesting additional care or care outside of recommended care
- Only applicable to the woman's care, not the baby's care
  - e.g. declining the baby's Vitamin K injection



# Key Messages

1. Good communication with the woman and between clinicians, the health care facility and the HHS executive underpins high quality care in situations where the woman declines recommended maternity care
2. The pregnant woman, the same as any other legally competent adult, has the right to decline recommended health care
3. The woman must not be denied access to maternity care because of their decision to decline recommended care.

# Trial sites

(and service level

- Thursday Island (3)
- Mt Isa (4)
- Emerald (3)
- Rockhampton (4)
- Bundaberg (4)
- Hervey Bay (4)
- Royal Brisbane and Women's (6)



# Trial feedback

- No negative clinical, ethical or legal implications were reported to Clinical Excellence Queensland
- Clinical forms: low frequency, moderate to high risk situation
- Consumer feedback was mixed – although a few women perceived the resources as a QH tool for women's compliance, positive comments have included:

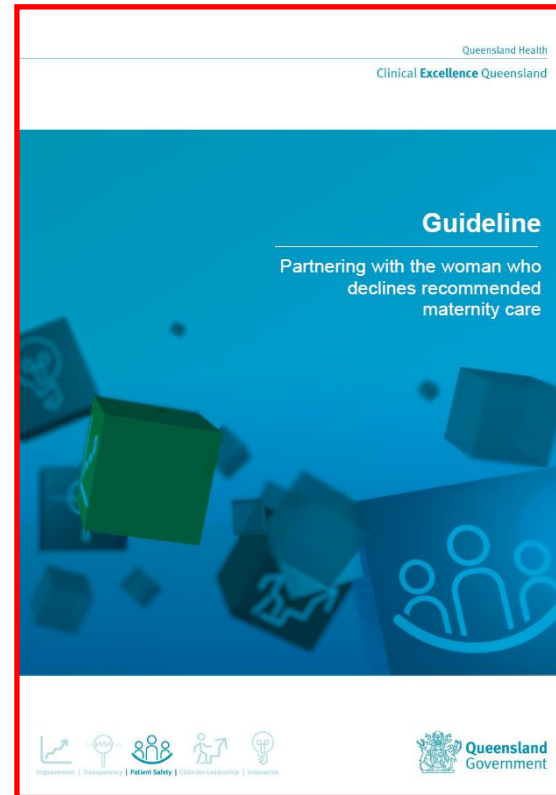
*it's about the woman's own voice being included in the clinical record rather than the clinician 'speaking' FOR her (in documentation) about what she wants, understands etc...*

*I freebirthed because my hospital told me I couldn't have a VBAC2 there - now there's a process in place that makes it "easier" for me to access respectful care*

*Would have loved filling this in as a FTM [first time mum] as I had much more spare time then and much less time with my obgyn [obstetrician gynaecologist] so it would have helped me feel heard.*



# Published resources

A collection of documents. At the top are two flowcharts titled 'Partnering with the woman who declines recommended maternity care'. Below them is a form titled 'Discussion and Partnership Care Plan: Declining Recommended Maternity Care'. The form includes sections for patient information, a discussion and decision-making process, and a section for the woman to complete. The form is from the Queensland Government.

# Culturally Capable Resources

Queensland Government  
Discussion and Partnership  
Care Plan: Declining  
Recommended Maternity Care

Family name: \_\_\_\_\_  
Given name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex: ☐ M ☐ F ☐ Other

Facility: \_\_\_\_\_

This form has been developed to support the woman and her care providers to jointly plan maternity care, when the woman declines or is considering declining recommended maternity care. The form is most suitable when there is moderate to very high clinical risk when care is declined for the first time in a non-emergent situation and/or to decline labour. It may not be suitable for low clinical risk, and when care is declined for the first time in an emergent situation and/or during active labour. However, it can still be used when the woman wishes to use the form and/or in past e.g. to record other discussions or the partnership care plan.

For the woman: This form has been developed to support you when you are considering or would like to decline recommended maternity care. Answering the questions, that are relevant to you, in the (A-E) sections (questions A-E), may help in discussions and planning care with your care provider. Care providers are encouraged to include midwives, obstetricians, GP obstetricians and other health care practitioners. You may start this form before, during or after discussion with your care providers. As the form may not be completed in a single appointment, please save each entry.

Obtainable: Ensure contemporaneous documentation and prompt scanning of the latest version of this form into the woman's medical record and/or electronic system. Provide the woman with a copy.

If this is applicable Refer to:  
[ ] New Discussion and Partnership Care Plan: Declining Recommended Maternity Care (DPDPC-DRMC)  
[ ] DPDPC-DRMC (Additional Page) for: [ ] A new or amended partnership care plan [ ] Continuation of documentation  
Refer to the Guidance: [Partnership care plan: declining recommended maternity care and partner care decisions](#)

**For the woman - please complete the following sections (A-E) that are relevant to you**

A. What is your understanding of the recommendation you have received?

☐ Continued on DPDPC-DRMC (Additional Page)

B. Please outline the aspects of recommended maternity care that you are considering declining and why these are important to you.

☐ Continued on DPDPC-DRMC (Additional Page)

C. What, if any, information have you already considered?

☐ Continued on DPDPC-DRMC (Additional Page)

D. What, if any, concerns or questions would you like to discuss?

☐ Continued on DPDPC-DRMC (Additional Page)

To be completed following discussion with your maternity care provider

E. What is your understanding of the information you have received from your maternity care provider?

☐ Continued on DPDPC-DRMC (Additional Page)

Page 1 of 4

**Maternity Care – It's Your Decision**

These questions are to support you and your health team when yarning about your maternity care. This will help to keep you and your bubba safe.

This form is yours to use at any time. You can carry it with your Pregnancy Health Record.

Your name: \_\_\_\_\_

Your health professional: \_\_\_\_\_ Date of yarn: \_\_\_\_\_

Only answer the questions you want to. You can also use the back page.

**A. What care has been offered to you and your bubba?**

**B1. What care do you like?**

**B2. What don't you like about this care?**

**B3-C. Why don't you like it?**

**D1. Is there anything else you want to yarn or know about?**

**D2. Is there someone you want us to yarn with?**

**E. After our yarn, what does all this mean to you?**

Are you OK if we keep this form in your health record? ☐ Yes ☐ No

Thanks for having the yarn. You can always come back at any time or contact us.  
Queensland Health acknowledges the Traditional Owners of the land and seas and pays respects to Elders past, present and future. Some of the language may not represent all Aboriginal and Torres Strait Islander Communities.

Queensland Government



# Implementation

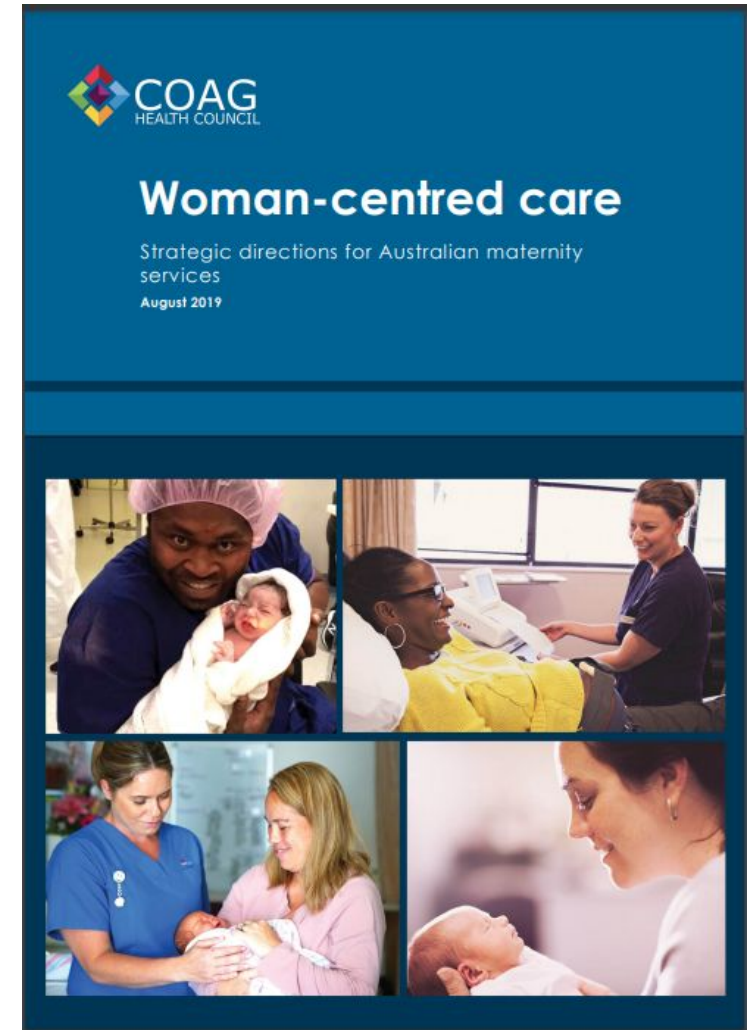
- Consumers
- Clinicians
- System



# Available for adaptation

- Key enabler of informed decision making:

*That jurisdictions have processes and communication pathways to support women and health professionals to maintain a care partnership when women decline recommended care.*





# Summary

- PWDRMC implementation has been supported by:
  - Consumers, clinicians and other stakeholders proactively collaborating from identification of the opportunity at the Statewide Forum to implementation
  - PDSA cycles
  - Accessible resources
  - Ongoing clinician and consumer interest
  - Jurisdictional/DOH support

