



The guideline for supporting maternal choices in pregnancy

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In this guideline we use the term 'woman' throughout. This should be taken to include people who do not identify as women but are pregnant.



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1.0 Introduction

The RCM have released a publication which provides guiding principles to support midwives in facilitating personalised care and women's choices including those that fall outside of clinical recommendations. This guideline has been produced in line with those principles. https://www.rcm.org.uk/media/5941/care_outside_guidance.pdf

2.0 Objective

The purpose of this guideline is to describe the process for supporting women who choose to have care outside of guidance.

3.0 Scope

This guideline applies to all Obstetric and Midwifery Staff members who are involved in caring for pregnant women in this Trust.

4.0 Main body of the document

4.1 Personalised care plan documentation:

Personalised care means people have choice and control over the way their care is planned and received based on what matters to them and their individual needs and preferences. Personalised care and support planning is a process to identify what matters to each person and makes sure that their care reflects this. With their midwife or obstetrician, they will consider and discuss their life, family situation, health and wellbeing, and preferences, so that their care reflects their needs and wishes.

The result of these conversations is a personalised care and support plan. This will set out the decisions they have made about the care and support to be received throughout pregnancy and birth. The plan will cover antenatal care, labour and birth as well as postnatal care. It should be reviewed by the midwife and/or obstetrician with the women at every contact or appointment and updated if anything changes.

Women will be referred to the following information to ensure they are aware of their options;

<https://www.barnsleyhospital.nhs.uk/uploads/2019/03/Your-Pregnancy-Your-Choice.pdf>

[Where to give birth: the options - NHS \(www.nhs.uk\)](http://www.nhs.uk)

4.2 Process:

As per the Royal College of Midwives (RCM) document above, all women must be given the opportunity to complete a personalised care plan. This should be formed together with the woman and her family to document the decisions made.

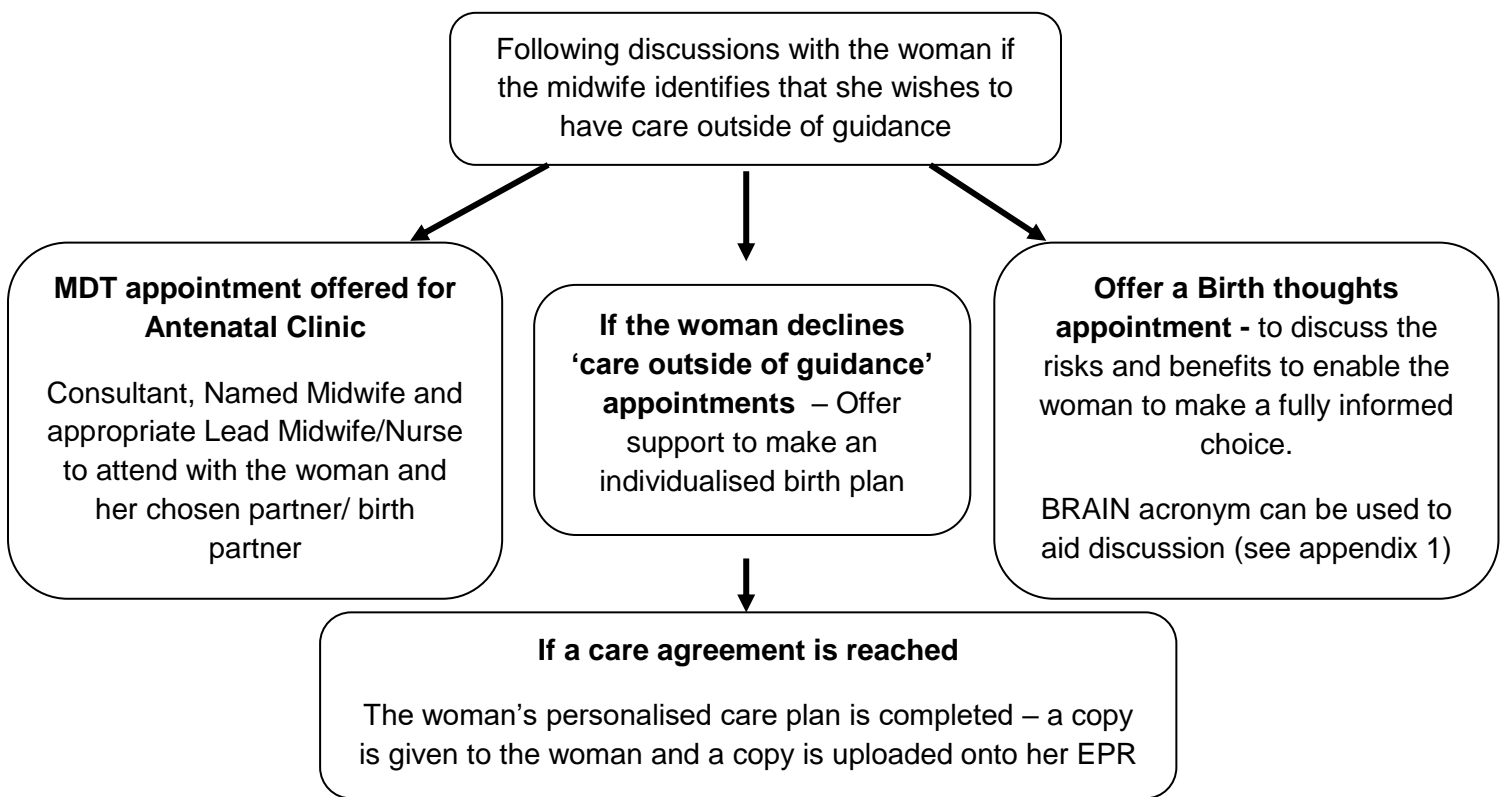


Any woman wishing to receive care outside of national and local policy will be offered evidence-based information to inform their decision making. The BRAIN acronym/sticker (see Appendix 1) should be used to document these discussions.

Midwives should seek input and support from senior and specialist midwifery staff and the Multidisciplinary Team (MDT) when developing the personalised care plans.

4.3 care outside of guidance

Care Outside of Guidance Process - Antenatal



4.4 Care Outside of Guidance Process – Within the Intrapartum period

Following discussions with the woman, if the midwife identifies that the woman wishes to have care outside of guidance during the intrapartum period the same process should be followed as for the Antenatal period but this would include the on-call Obstetric Team, the Birthing Centre Lead Midwife and/or the Birthing Centre Co-Ordinator and the named Midwife providing care for the woman.

If, following discussions, a care agreement is not reached then a second Consultant opinion can be sought if necessary.



Where appropriate and if time allows, ensure the woman is given more time to consider the benefits, risks and her choices and also that the woman has been supported to make fully informed decisions regarding her care.

Ensure that the plan of care is clearly documented within the partogram and uploaded to the woman's electronic patient record (EPR). This must include a summary of the discussions that have taken place.

4.5 Care Outside of Guidance Process – Postnatal

Following discussions with the woman, if the midwife identifies that the woman wishes to have care outside of guidance during the postnatal period the same process should be followed as for the Antenatal period. Where possible this should include the woman's named Consultant or the on-call Obstetric Team if they are not available, the Antenatal Postnatal Ward Lead Midwife and the named Midwife providing care for the woman.

If, following discussions, a care agreement is not reached then a second Consultant opinion can be sought if necessary.

Where appropriate and if time allows, ensure the woman is given more time to consider the benefits, risks and her choices and also that the woman has been supported to make fully informed decisions regarding her care.

Ensure that the plan of care is clearly documented within the partogram and uploaded onto the woman's EPR. This must include a summary of the discussions that have taken place.

4.6 Informed decision making and Informed consent

Women should be supported to understand the care, management, and support options available to them as well as the potential associated risks, benefits, and consequences of those options.

There are several decision-making tools available that can be used to support women to make an informed decision. These include the 'BRAIN decision making tool for a better birth plan'(appendix 1), the GMC seven principles of informed consent (appendix 2), and the RCM informed decision making (appendix 3).

5.0 Associated documents and references

https://www.rcm.org.uk/media/5941/care_outside_guidance.pdf

<https://www.barnsleyhospital.nhs.uk/uploads/2019/03/Your-Pregnancy-Your-Choice.pdf>

[Brain-handout.pdf \(pregnancy.com.au\)](Brain-handout.pdf)

[The seven principles of decision making and consent - ethical guidance - GMC \(gmc-uk.org\)](The seven principles of decision making and consent - ethical guidance - GMC (gmc-uk.org))



6.0 Training and resources

Training will be given as documented in the Maternity Training Needs Analysis. This is updated on an annual basis.

7.0 Monitoring and audit

Any adverse incidents relating to the guideline for the management of women who choose care outside of guidance will be monitored via the incident reporting system.

The guideline for the management of women who choose care outside of guidance will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the Governance Midwife to ensure that improvements in care are made.

8.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

[Brain-handout.pdf \(pregnancy.com.au\)](http://pregnancy.com.au)

BRAIN Decision Making Tool for a Better Birth Plan

What is the decision I need to make?

TIME How much time do I have or need? Is it an emergency?

OPTIONS What are my options? Remember you have the **RIGHT** of choice



Benefits What are the benefits of the suggested course of action? Consider benefits to both you and your baby.



Risks What are the risks associated with this decision? Any side effects? Remember that different people will weight the benefits and risks differently



Alternatives What other options are available?



Intuition How do I feel about the suggested course of action? Often our subconscious quietly analyses the information in a way that our conscious brain can't.



Nothing What if I do nothing? What if we wait for an hour, a day, or a week?



Appendix 2 Seven principles of informed consent (GMC, 2020)

Seven principles of informed consent



The General Medical Council (GMC 2020) guidance on consent sets seven principles of informed consent.

1. All individuals have the right to be involved in decisions about their treatment and care and be supported to make informed decisions if they are able.
2. Decision making is an ongoing process focused on meaningful dialogue: the exchange of relevant information specific to the individual patient.
3. All individuals have the right to be listened to, and to be given the information they need to make a decision and the time and support they need to understand it.
4. Clinicians must try to find out what matters to patients so they can share relevant information about the benefits and harms of proposed options and reasonable alternatives, including the option to take no action.
5. Clinicians must start from the presumption that all adult patients have capacity to make decisions about their treatment and care. A person can only be judged to lack capacity to make a specific decision at a specific time, and only after assessment in line with legal requirements.
6. The choice of treatment or care for individuals who lack capacity must be of overall benefit to them, and decisions should be made in consultation with those who are close to them or advocating for them.
7. Individuals whose right to consent is affected by law should be supported to be involved in the decision-making process, and to exercise choice if possible.



Appendix 3 Informed decision making, (RCM, 2022)

Key recommendations

How midwives can support women's informed decision making

- **Provide balanced, transparent and reliable information**
 - This can be verbal and/or written information
 - Signpost to appropriate local and national guidance and organisations
 - Refer to specialist colleagues if required
 - Avoid sharing your personal opinion
- **Ensure understanding**
 - Provide easy to read publications if required
 - Provide professional translation services for written and verbal information if required
- **Facilitate the decision-making process**
 - Encourage the woman to ask questions
 - Consider using a decision aid
 - Understand that in many situations decision making is an ongoing process
- **Be an advocate for women and families**
 - Support the woman as she makes her decision, including if you are not acting as the lead caregiver
- **Act on the decision**
 - Respect the woman's wishes
 - Do not provide any care without first receiving consent
 - Refer to colleagues if required, in order to provide personalised care



- **Record keeping**
 - Document the information you have given, the discussion you have had and the care you have provided
 - Share what is written with the woman

How Trusts and Organisations can support women, parents and staff

- Review clinical guidelines to ensure that they promote women's autonomy in informed decision making
- Ensure that sufficient resources are available for staff and tailored to local population's needs
- Engage with advocacy services to provide training and awareness raising amongst staff
- Ensure interpreting, advocacy and translation services are readily available
- Introduce specific clinics (e.g. Multiple pregnancy clinic, VBAC clinic, Birth Reflection clinic)
- Develop continuity of carer to enable the development of positive, open relationships between caregivers and service users
- Engage with local Maternity Voices Partnerships
- Encourage staff to engage with their local RCM Learning Representative or their line manager or the Professional Midwifery Advocate (PMA) or Clinical Supervisor for Midwives (CSM)



Engage with advocacy services to provide training and awareness raising amongst staff





Appendix 4 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

| Version | Date | Comments | Author |
|---------|------------|----------|---|
| 1 | 28/03/2023 | | |
| 2 | 17.03.2023 | Reviewed | Practice Educator Midwife/Maternity Voices Partnership/Obstetricians/Maternity Matrons/Lead Midwives |
| | | | |

Review Process Prior to Ratification:

| Name of Group/Department/Committee | Date |
|------------------------------------|------------|
| Women's Business and Governance | 17/05/2024 |
| CBU3 Business & Governance | 28/06/2024 |
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Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

| | |
|--|---|
| Document type (policy, clinical guideline or procedure) | Guideline |
| Document title | The guideline for supporting maternal choices in pregnancy |
| Document author (Job title and team) | Practice educator Midwife MVP Obstetricians Lead Midwives Maternity Matrons |
| New or reviewed document | Reviewed |
| List staff groups/departments consulted with during document development | Practice educator Midwife MVP Obstetricians Lead Midwives Maternity Matrons |
| Approval recommended by (meeting and dates): | Reviewed at Women’s Business and Governance meeting Date: 17/05/2024 Approved at CBU3 Business & Governance Meeting Date: 28/06/2024 |
| Date of next review (maximum 3 years) | 17.05.2027 |
| Key words for search criteria on intranet (max 10 words) | Care outside of guidance choice |
| Key messages for staff (consider changes from previous versions and any impact on patient safety) | |
| I confirm that this is the <u>FINAL</u> version of this document | Name: Juliette Thompson Designation: Governance Midwife |



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance

Date approved:

Date Clinical Governance Administrator informed of approval:

Date uploaded to Trust Approved Documents page: