

Declining a referral

Every woman has a right to decline referral to another health care professional. This is rare but when it happens, a midwife may be put in a position where she is working beyond her capabilities or even outside of the midwifery scope of practice.

See the [Referral Guidelines](#) for a full outline of what a midwife should do when a mother declines a referral.

Here is a quick summary:

- Advise the woman of the recommended care and back it up with evidence
- Explain why it is necessary for the midwife to consult other health professionals, and share the conclusions of those discussions with the mother
- Document everything, including the process, the discussions, the recommendations, and the woman's response
- Revisit the decision regularly so the woman has opportunities to change her mind
- If the mother still declines to be referred, the midwife may decide to discontinue care, in which case she should communicate that clearly to the mother and help her find alternative care



Contact Us

Phone: +64 4 499 5040

General enquiries: info@midwiferycouncil.health.nz

Data shows high levels of compliance

We remain confident that midwives know to follow the Referral Guidelines and that women and their babies are referred to specialist care when complications arise.

Data

A snapshot of 2015 shows high levels of application. There were 57,242 births and 3,074 practising midwives. Out of these totals there were 34 notifications related to competence involving 36 different midwives.

NUMBER OF BIRTHS:

57,242

NUMBER OF MIDWIVES PRACTISING:

3,074

NUMBER OF MIDWIVES INVOLVED IN COMPETENCE NOTIFICATIONS:

36

% OF MIDWIVES INVOLVED IN NOTIFICATIONS RELATED TO COMPETENCE:

1.17%



Be Safe.

PAPER

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REFERRAL
GUIDELINES

April 2016

Our concern

Midwives make referrals to specialists in a timely manner and when necessary by following the Referral Guidelines.

Consistent and clear guidelines are there to protect women and their babies. They also reassure midwives that they are providing the best advice based on best evidence.

If, after a discussion with the woman and her family, an informed decision not to follow the Referral Guidelines is made, the midwife must document:

- the rationale for the decision
- a plan of care to be reviewed as required

The Referral Guidelines protect everybody

Midwives must demonstrate ongoing competence each year by participating in the Council's Recertification Programme. This includes compulsory refresher courses which cover the application of the Referral Guidelines in practice.

The Referral Guidelines are relevant throughout pregnancy, labour, postnatal and neonatal care as things can and do change, indicating referral is warranted.

Midwives must demonstrate they have a sound working knowledge of the Guidelines at all times.



Be Safe

Be Safe is a series of papers highlighting safety, best practice and professional standards in midwifery.

The Midwifery Council

The Midwifery Council is the guardian of professional standards in midwifery. It makes sure midwives meet and maintain professional standards of education, conduct and performance so that they deliver high quality healthcare throughout their careers. The safety of mothers and babies comes first.

The Referral Guidelines

The Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) list the conditions for referring women or their babies to specialists or other primary caregivers. They are designed to improve the quality and safety of maternity care so that every woman gets the same evidence on which to base her decisions, no matter where she lives or who her midwife is.

THE GUIDELINES

- Provide consistent guidance for referral
- Outline processes for referral between a midwife, the woman and a specialist
- Allow for flexibility. Any decision for referral is made in consultation with the woman

DESIGNED BY HEALTH PROFESSIONALS

The Guidelines are agreed by midwives, obstetricians, other health care specialists and consumers, and are reviewed and updated at least every five years.

They are based on best practice and evidence, expert opinion and current circumstances in New Zealand.

FLEXIBLE SO MOTHERS REMAIN IN CONTROL

The mother makes the final decision about her care. She has the right to receive full, accurate and unbiased information about her options so she can make informed decisions. She also has the right to decline a referral.

SUPPORTING MIDWIVES TO BE PROFESSIONAL

The Guidelines support midwives by providing guidance on when to recommend consultation with a specialist or a transfer of care to another health professional. They also provide guidance on what to do if a mother declines advice and chooses not to be referred.



Conditions for referral: examples

A woman may be referred for a consultation to a primary care provider or a specialist. If necessary the woman may require transfer to a specialist for all or part of her care if a condition affects her entire pregnancy or labour.

This involves a three-way conversation between the mother, the specialist, and the midwife. For a full list of conditions, refer to the [Referral Guidelines](#).

Here are some common scenarios and reasons for referral:

REFERRAL TO A PRIMARY CARE PROVIDER

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|-------------------------------|-------------------------|
| • Need for physiotherapy | • Mental health issues |
| • Asthma | • Immunisation |
| • Breastfeeding problems | • Post-natal depression |
| • Quit smoking support | |
| • Drug and alcohol dependency | |

These are common reasons to refer to a primary care provider

CONSULTATION WITH A SPECIALIST

- | | |
|---|------------------------------------|
| • Pre-eclampsia | • Prolonged first stage of labour |
| • Abdominal pain | • Prolonged second stage of labour |
| • Abnormal growth of fetus during pregnancy | • Abnormal CTG in labour |
| • Prolonged pregnancy | • Poor neonatal weight gain |
| | • Absent red eye reflex |

These are common reasons to refer a mother to a specialist for a consultation

TRANSFER OF CARE TO A SPECIALIST

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|--|--|
| • Pre-existing conditions such as serious heart problems or diabetes | • Problems during labour such as retained placenta |
| • Infectious diseases like HIV or TB | • Baby has a heart murmur |
| • Premature labour | • Any emergency |
| | • Baby requires extensive resuscitation |

These are common reasons to think about transferring a mother to care of a specialist