This form is to assist the woman and clinicians to jointly plan maternity care, that will meet the woman’s needs, when the woman declines recommended maternity care. 

For the woman – this form is intended for you and your clinician to complete. You are encouraged and supported to have your thoughts and understanding documented in the ORANGE sections (questions A–E) that are relevant to you. If you do not wish to do this, your clinician may still choose to complete their part of the form. You may start this form before, during or after discussions with your care providers. Your care providers are also known as clinicians and include midwives, obstetricians, GP obstetricians and other health care practitioners. As the form may not be completed in one day, please add a date to your entry.

This form is in trial. Are you willing to provide feedback on this process? □ Yes □ No

The completed form must be urgently scanned into the woman’s medical record and/or photocopied as required.

(Tick if applicable) Refer to the Declining Recommended Maternity Care:

i. □ Additional Page □ New Discussion and Care Plan for:

ii. □ Continuation of documentation □ A new or amended care plan


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?

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

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

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

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?
### Discussion and Care Plan: Declining Recommended Maternity Care

Clinician to complete the following section

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<th>Date / Time</th>
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Document the information you have provided and / or discussed with the woman including advice in relation to the woman's recommended care, questions, concerns, intentions and options. Include benefits and risks to both the woman and fetus. Include consultations, people present for discussions and communication of completed care plan. Where required, include the date agreed for further discussion.

Add the date, time, signature, printed name and staff category to all entries.
Discussion and Care Plan: Declining Recommended Maternity Care

Care Plan
The woman and clinician(s) work together to make this plan.

1. The recommended care being declined is

2. The care plan is

3. The risks and benefits of the care plan are

4. Clinicians will continue to inform the woman about new relevant clinical circumstances. This plan should be reviewed in the following situations (this may also include review at certain gestations)
5. Woman’s declaration

☐ I acknowledge my maternity care provider has satisfactorily explained to me:
  • recommended care in my situation, including its risks and benefits to me and my fetus / fetuses
  • the potential risks and benefits to me and my fetus / fetuses of declining recommended care and proceeding with the alternate care plan described above
  • the right to access, and I have been offered access to a second opinion
  • the right to change my mind and consent to recommended or another alternate care at any time
  • that they may refuse to perform a procedure that they believe to be unsafe.

OR

☐ I acknowledge I have declined to receive and discuss information on recommended maternity care and the reason for this is:

I also understand:
  • and have had the opportunity to ask questions and raise concerns and have had these questions and concerns answered to my satisfaction
  • my care plan contains aspects of care that may not be recommended by my maternity care provider
  • I am responsible and accountable for my decisions.

Name: 
Signature: Date: Time:

6. Interpreter’s statement (where applicable)

☐ Face-to-face ☐ Telephone ☐ Videoconference
I have: ☐ provided a sight translation
☐ translated as per clinician explanation in __________________________ (woman’s language)
this form and assisted in the provision of any information given to the woman by the clinician.

Name of Interpreter service: 
Interpreter accreditation number: Name of Interpreter: 
Signature: Date: Time:

7. Maternity care provider’s declaration

I believe the woman has capacity; and

☐ I have explained to the woman all the content on this form and am of the opinion that the woman has understood all the information.

OR

☐ The woman has declined to be informed.

I:
  • have answered the woman’s questions and concerns to the best of my ability
  • have explained the right to:
    – and have offered her access to a second opinion
    – change her mind and consent to recommended care at any time
  • can refuse to perform a procedure that is requested by the woman, and will refuse if it is unsafe
  • in agreeing to continue to provide care, am not endorsing the woman’s choice; rather, I am respecting her right to decline recommended care
  • will continue to be involved with the woman’s care, and continue to reassess risks as they evolve
  • or the hospital team, will inform the woman of any changing clinical circumstances that may alter her level of risk or otherwise influence her decision-making
  • will consult with colleagues and may hand over care to another clinician when required
  • acknowledge that the woman is responsible and accountable for her decisions
  • will provide care to the best of my ability within the parameters of the woman’s consent.

Name: Designation: 
Signature: Date: Time:

8. Other maternity care provider / witness to care plan discussions (where applicable)

Name: Designation: 
Signature: Date: Time: