 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		<b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
Non-Urgent Evacuation of Obstetrical Clients		Nursing Practice	07-023-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
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<b>APPLIES TO:</b>			
Community Health Nurses; Nurse Practitioners; Registered Midwives			

### 1. BACKGROUND:

All prenatal clients have the right to equitable care and support throughout pregnancy and birthing. Due to the remote nature of community health centres, only a select few communities in Nunavut have obstetrically trained staff and the specific medical equipment/resources needed to provide safe and quality care during labour and delivery. Subsequently, when services are not available in community, the prenatal client must be sent to another location of care to access obstetrical supports.

This policy will review the procedural steps preparing for and arranging the transfer of your prenatal client to the location of delivery.

### 2. POLICY:

- 2.1 All pregnant clients will be offered prenatal care and support in their home community.
- 2.2 When communities do not have the required resources to provide birthing services in the client's home community, it may be necessary for clients to be sent to another facility to receive these services.
- 2.3 The plan of care on the location of delivery and gestational age of transfer is based on previous and current obstetrical risk factors along with the client's current and past medical history reviewed in their medical chart (Refer to the *Nunavut Prenatal Record 1B*). This decision will be made in consultation with the Midwife and/or Prenatal Physician.
- 2.4 All pregnant clients who require care in a different location will be sent out at week 36 unless an alternate date is agreed upon in consultation with the Midwife and/or Prenatal Physician.
- 2.5 All clients are entitled to make an informed choice and have the right to decline medical advice regarding their transfer to the delivery location, however for any choice to be informed, it essential that the client is presented with information outlining all the risks of delivery without obstetrical services. *Refer to Section 6: Guidelines for obstetrical clients declining to travel.*

### 3. PRINCIPLES:

- 3.1 All pregnant clients will be treated in a supportive, compassionate, and patient-centred care approach.
- 3.2 All pregnant clients will be offered safe and competent prenatal care, in a facility that is as close to home as possible and will be involved in decisions around their plan of care.

4. **DEFINITIONS:**

**Preterm Labour:** labour before the 37<sup>th</sup> week of pregnancy

**Health Care Provider (HCP):** Community Health Nurse; Nurse Practitioner; Registered Midwife

5. **PROTOCOL**

5.1 All pregnant clients will receive a risk assessment at the initial prenatal visit and each antenatal checkup. Refer to the *Policy 07-044-00 Prenatal Risk Assessment Policy*.

5.1.1 This risk assessment will help determine the client's location of delivery and gestational age of transfer, which will be developed in consultation with the Midwife and/or Prenatal Physician.

5.2 All pregnant clients who require care in a different location to support labour and delivery will be sent out at week 36 unless an alternate date is agreed upon in consultation with the Midwife and/or Prenatal Physician.

5.3 The plan of care surrounding location of delivery and gestational age of transfer will be discussed with the client as soon as it is known to facilitate timely preparation.

5.4 The medical travel arrangements and approval of escorts will be in accordance with the *Nunavut Client Travel Policy*

5.4.1 Inuit Child First Initiative can be used as a resource to keep children and mothers together in the location of their delivery and for the full duration of time. Refer to the Inuit Child First Initiative website for instructions:

[www.sac-isc.gc.ca/eng/1536348095773/1536348148664](http://www.sac-isc.gc.ca/eng/1536348095773/1536348148664)

5.5 All relevant obstetrical health records (i.e. *Nunavut Prenatal Records 1a & 2*; Ultrasounds; Labs; Medication profile; SOAP notes; etc.) will be prepared in advance and sent to the receiving obstetrical team in accordance with the region or community's specified processes (i.e. either faxed or password protected scanned email).

6. **GUIDELINES FOR OBSTETRICAL CLIENTS DECLINING TO TRAVEL**

6.1. Determine why the prenatal client is declining to travel out of the community for confinement and delivery.

6.1.1. Explore the client's feelings and reasoning

6.1.2. Is the client wishing to delay travel or not wishing to travel at all?

6.1.3. If the client and/or family identify a specific reason preventing the client from traveling out of their community (e.g. No child care for the client's other children), assist the client in finding a solution to help facilitate their travel (i.e. First child initiative).

6.1.4. Involve other team members where needed, such as family services, if authorized by the client.

6.2. Notify the responsible Midwife and/or Prenatal Physician that the client has declined to travel.

6.3. The responsible Midwife and/or Prenatal Physician is to follow up with either a phone call or telehealth appointment to discuss concerns, and to review risks with client if deciding not to travel out of the community.

6.4. If the client continues to decline to travel, advise the client of the risks of delivering in the community. This should be done without coercion or threats. The Health Care Provider must be cognizant and respectful of the client's rights.

6.4.1. The Health Care Provider should also educate the client on the risk of delivering in the health centre setting. For example, inform the client on the:

6.4.1.1. Obstetrical background and experience of the attending Health Care Provider.

- 6.4.1.2. Limited lifesaving resources and equipment such as blood transfusions.
- 6.5. The client must be asked to sign **Appendix B: Obstetrical Clients Declining Travel for Their Delivery – Against Medical Advice Form.**
- 6.6. The client must continue to be offered full pre-natal services under the direction of the Health Care Provider in consultation with the Midwife and/or Prenatal Physician.

## 7. DOCUMENTATION

- 7.1. *Policy 06-008-00 The Documentation Standard Policy* must be followed.
- 7.2. All clinical encounters and any discussions with the client regarding their decision to decline to travel to the location of their delivery must be documented in both Meditech and the *Nunavut Prenatal Record 2A*.
- 7.2.1. The specific actions taken to mitigate this decision outlined in section 6 requires documentation.
- 7.2.2. If a client declines to sign the **Appendix A: Obstetrical Clients Declining Travel for Their Delivery: Against Medical Advice Form**, documentation is required.

## 8. RELATED POLICIES PROTOCOLS AND LEGISLATION

Policy 06-008-00 The Documentation Standard  
 Policy 07-004-00 Prenatal Risk Assessment Policy  
 Policy 07-039-00 Informed Refusal of Treatment  
 Policy 07-044-00 Prenatal Risk Assessment  
 Nunavut Prenatal Record


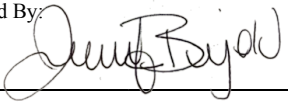
## 9. APPENDICES

Appendix A: Obstetrical Clients Declining Travel for Their delivery: Against Medical Advice Form

## 10. REFERENCES

Guidelines for Completing Prenatal Record (2016)  
[https://www.gov.nu.ca/sites/default/files/guidelines\\_for\\_completing\\_prenatal\\_record\\_april\\_2016\\_2.pdf](https://www.gov.nu.ca/sites/default/files/guidelines_for_completing_prenatal_record_april_2016_2.pdf)

Nunavut Prenatal Record (2016) -  
[https://www.gov.nu.ca/sites/default/files/prenatal\\_record\\_2016.pdf](https://www.gov.nu.ca/sites/default/files/prenatal_record_2016.pdf)

Approved By: 	Date: 02-Aug-2022
Jennifer Berry, Assistant Deputy Minister – Department of Health	
Approved By: 	Date: August 2, 2022
Jenifer Bujold, a/Chief Nursing Officer	
Approved By:	Date:
Francois de Wet, Territorial Chief of Staff	

## APPENDIX A: OBSTETRICAL CLIENTS DECLINING TRAVEL FOR THEIR DELIVERY: AGAINST MEDICAL ADVICE FORM

Acknowledgment of Understanding	Initial each paragraph
I, _____ (First Last Name), state and express my wishes to remain in my home community of _____, Nunavut and continue to receive the care and treatment that is available in this community related to my pregnancy.	
I am fully aware that it was recommended that I be transferred to another facility for my labour and delivery because of the limited care available within my home community (both obstetrical experience level of nurses along with the lack of lifesaving resources such as no access to blood transfusions).	
I am fully aware that there is always the potential for serious and life-threatening complications during labour and delivery, which can put my baby and myself at risk by remaining in my home community, and therefore it was recommended that I be transferred to another facility.	
I do not hold the Department of Health at fault for any negative outcomes that may result from my decision to remain in my home community for my labour and delivery.	
I acknowledge that I have read or have been read to in my preferred language this against medical advice form and fully understand what it means.	
I acknowledge that I have had adequate time to read and consider this document, that it has been explained to me to my complete satisfaction and that I have been given the opportunity to ask any questions I had.	

Patient's Name: \_\_\_\_\_ Witness's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_