

Maternity Personalisation and Informed Decision-Making SOP

Key Points

- Personalising maternity services is at the forefront of national agenda drivers.
- Personalised care means people have choice and control over the way their care is planned and delivered.
- This includes facilitating informed decision making, understanding informed consent, and supporting personalised conversations and care planning.
- This document also covers procedures for women who wish to make choices outside of the department's guidelines.

Version:	1
Date Issued:	28 May 2024
Review Date:	May 2027
Key Words & Phrases:	Personalisation, Informed Decision Making

This is a controlled document. If you are using a printed copy, check it against the guidelines site to ensure you are using the latest edition.

Print copies must be deleted after use.

Contents

1. Purpose and scope.....	2
2. Introduction.....	2
3. Personalisation and informed decision-making	2
3.1 Informed decision making and enabling choice	2
3.2 Informed consent.....	3
3.3 Care outside of guidelines	4
3.4 Personalised care	4
3.5 Personalised care and support plans	5
Appendix A: BRAIN decision making tool	6
Full version control record	7

1. **PURPOSE AND SCOPE**

This document sets out a set of principles for providing personalised maternity care and includes the standard to be followed when supporting informed decision making. It also outlines the standard to be followed when taking informed consent and the process for providing information to women who wish to make decisions outside of our clinical guidelines. This document should be used in conjunction with Trust guidelines, clinical judgement and up to date evidence to provide women with the best possible care.

This document is intended for use with perinatal women, birthing people and their friends and families where mental capacity under the Mental Capacity Act (2005) is assumed.

2. **INTRODUCTION**

National maternity safety goals have focused on improving maternity services so that care is safer, more personalised and equitable. Personalised care means people have choice and control over the way their care is planned and delivered. It is based on what matters to them and their individual needs. Personalised care supports safety, makes women feel valued, and avoids families needing to re-tell their story – who they are or what they need.

Research has shown that when individuals have the opportunity to be involved in informed decision making around personalised care, there are generally better outcomes and experiences and reduced health inequalities.

The NHS outlines a number of key components for providing personalised care which are relevant in the provision of maternity services including informed decision making, personalised care and support planning and enabling choice.

3. **PERSONALISATION AND INFORMED DECISION-MAKING**

3.1 **Informed decision making and enabling choice**

Informed decision making describes the process of providing individuals with adequate, evidence-based information in an accessible, appropriate and fair way so that they can take balanced decisions about their care.

Information must be provided in an accessible, personalised medium and care practitioners should consider using interpreting and signing services, braille, and large print resources, further sourcing adapted resources for those with additional learning needs when required. Other adaptations may be needed to ensure everyone can access information in a way that they can process and understand.

Information should be, wherever possible, based on evidence-based guidelines and contemporary research rather than clinician preference. It is acknowledged that where suitable evidence is lacking, it may be appropriate for clinicians to provide expert opinion, but this should be made clear to those receiving this information.

Information should be provided in a balanced way, detailing the risks, benefits, alternative care options and what would be the expected outcome if nothing happened. It may be beneficial to use the BRAIN decision making tool (appendix A) to support informed decision making.

When available and of reliable quality, written information should also be provided (either in electronic or paper format) and women should be signposted to further reputable information sources such as national and local guidelines.

Where possible, “absolute risk” should be used to provide information. For example, if the risk of an outcome increases from 1 in 1000 to 2 in 1000, this information should be provided in this format. Where possible, using “relative risk” should be avoided, i.e. using the phrase “your risk doubles”.

Information about risk and benefit should be tailored where possible to each individual. There should be transparency about what information is based on population-level data vs. personalised/individualised risk assessment. Furthermore, ongoing risk assessment and information provisions should always seek to take a holistic approach, taking into account the wide clinical situation as well as the individual’s wishes.

All provided information should be documented on the electronic record.

3.2

Informed consent

Consent is the process whereby individuals must give permission before they receive any type of treatment, test, care pathway or examination.

Consent is needed regardless of the procedure, whether it’s a physical examination or something else.

The principle of consent is an important part of medical ethics and international human rights law.

For consent to be valid it must be:

- voluntary - the decision to either consent or not consent must be made by the individual and must not be influenced by pressure from healthcare clinicians, friends or family.
- informed – the person must be given all the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments and what will happen if treatment does not go ahead.
- with capacity – the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.

An individual’s capacity to make a decision, and either consent or not consent, should be assumed, unless provisions have been otherwise made under the Mental Capacity Act (2005) or Mental Health Act (1983).

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment or intervention, their decision must be completely respected.

Individuals have the right to choose to not consent to interventions, care or treatments, even if these decisions are different to the professional opinions of the healthcare clinicians. All decisions must be respected, and clinicians must not put pressure on individuals to consent to specific care pathways. This is still

the case even if declining treatment or care would result in their death, or the death of their foetus.

It may not be necessary to obtain consent if a person needs emergency treatment to save their life, but they are incapacitated (for example if they are unconscious).

Consent can be withdrawn at any point, and this should also be respected in the same way.

Informed consent, or the decision to not provide consent, should be taken verbally and documented on the electronic record or on a written consent form where this is necessary.

3.3 **Care outside of guidelines**

Individuals may wish to make decisions about their care that fall outside of the usual recommendations in our maternity department's guidelines.

In these circumstances, women should be provided with as much evidence-based information as possible using the BRAIN tool (appendix A) principles. This information should be in a format that is accessible to that individual. This information and these conversations should be documented on the electronic record.

Women can be referred to the Consultant Midwife or the Consultant Obstetrician for further information sharing and personalised discussions. These referrals should be done via the electronic record.

If women arrive in labour wishing to birth outside of usual guidelines without an existing plan, clinicians can contact the on-call senior midwifery manager, or the on-call obstetric consultant for support if required.

Informed decisions to receive care outside of the department's usual guidelines and/or recommendations should be respected. There may be some occasional circumstances where the department will refuse to provide care outside of guidelines because safe care cannot be achieved. In these instances, women should have the opportunity to discuss this rationale and the supporting evidence with a clinician of appropriate seniority. In these cases, women are welcome to seek care from alternative care providers and should be supported to do so if this is their wish.

3.4 **Personalised care**

Personalised care and conversations should be at the forefront of every contact with women and their families. This is so women can feel at the centre of their care and involved at every step.

Some questions to consider using to promote personalised conversations:

- What is most important to you?
- What matters most to you in this?
- How do you feel about this?
- Can you tell me what your thoughts/preferences/wishes/feelings are about this?
- Would you like more information about this topic?

Personalised care includes considering an individual's social, cultural, spiritual and religious circumstances, as well as their previous experiences and personal likes, dislikes and preferences. Actions and communications should be tailored based on these, in a non-judgemental way that makes each person feel listened to and valued.

3.5 Personalised care and support plans

Personalised care and support plans are a useful tool to promote personalised conversations because they provide a prompt for women to use outside of appointments to understand and identify what is important to them. Women should be encouraged to use their personalised care and support plans throughout their perinatal journeys. Healthcare clinicians should regularly ask about these and document key aspects of these plans in their electronic records.

Appendix A: BRAIN decision making tool

Benefits	What are the benefits of this procedure or intervention?
Risks	What are the risks of this procedure of intervention?
Alternatives	What alternatives care options are available instead of this procedure or intervention?
Intuition	What does the woman feel? What is important to her? What does her intuition tell her?
Nothing	What may happen if we do nothing in this circumstance?

Full version control record

Version:	1.0
Guidelines Lead(s):	Rebecca Edwards (Consultant Midwife FPH),
Contributor(s):	Nicola Rose-Stone, Katie Watkins
Lead Director / Chief of Service:	Anne Deans
Library check completed:	N/A
Ratified at:	Cross site obstetrics clinical governance meeting, 21.05.2024
Date Issued:	28 May 2024
Review Date:	May 2027
Pharmaceutical dosing advice and formulary compliance checked by:	N/A
Key words:	Personalisation, Informed Decision Making

This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	May 2024	Rebecca Edwards	final	First cross site version. Ratified at Cross site Obstetrics Clinical Governance meeting, 21.05.2024