

Informed Decision Making and Consent in Maternity Service at RCHT Standard Operating Procedure

V2.0

July 2024

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. People have the right to make informed decisions about their care. Informed decision making is a collaborative process between service providers and service users and is the philosophy that underpins personalised care and care planning in maternity (NHS, 2021).

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

To provide guidance when supporting informed decision making and consent with pregnant, intrapartum, or postnatal women/people and maternity staff.

3. Ownership and Responsibilities

All members of the maternity team who have decision making conversations with women/people.

3.1. Role of women/ person:

To have a collaborative discussion, with mutual respect and acknowledging responsibility for making choices and decisions about their care with maternity staff (NHS England, 2021).

3.2. Role of lead Consultant Obstetrician

The lead Consultant is responsible for:

- Ensuring this procedure is followed
- Ensuring staff receive appropriate training as required

3.3. Role of the Managers

Line managers are responsible for:

- Ensuring this procedure is followed
- Ensuring staff receive appropriate training as required

3.4. Role of Individual Staff

All staff members are responsible for:

- Provide accurate and contemporaneous evidenced-based information throughout the antenatal, intrapartum, and postnatal periods of care
- Explore what matters to the woman/ person and share relevant information using the BRAIN tool (benefits, risks, alternatives, intuition, nothing).

- Respect and document a person’s right to accept or decline consent care and treatment and to have an alternative plan of care (NMC, 2015; GMC, 2020).
- Ensuring they complete the RCHT Maternity training to become familiar with the Personalised Care and Support Plan (PCSP) and the BRAIN tool.
- Recognise that those with lower levels of health literacy (the ability to make sense of the information and apply it) may need more support to take active partnership with their health care professional
- Document informed decision making and consent conversations and plans of care in the electronic health record

4. Standards and Practice

- 4.1. A full discussion, utilising the BRAIN tool should be undertaken as a collaborative process.
- 4.2. All informed decision making will be documented on the maternity IT electronic system.
- 4.3. Provide health literate patient information which meets people’s functional literacy and numeracy (reading and maths skills) alongside their health literacy health care professionals will have a clear discussion about the evidence for each treatment option and the associated risks, alongside how they can take account of patient preferences.

5. Dissemination and Implementation

This document will be discussed at Maternity Guidelines Group prior to being shared with all staff and stored on the documents library.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	BRAIN tool and PCSP
Lead	Audit midwife.
Tool	Monthly audit of 5% of notes. Data captured and saved in the shared folders.
Frequency	Quarterly compliance report to be shared at Maternity Governance.
Reporting arrangements	The audit findings will be presented at the audit meeting and any discrepancies will be reported via the Audit Review Team meeting.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	If any deficiencies are identified these will be reported via the Audit Review Team Meeting and an action plan made to address the discrepancies.
Change in practice and lessons to be shared	Any changes in practice as a result of the discrepancies will be disseminated to all relevant staff.

7. Updating and Review

This SOP will be reviewed every 3 years or earlier dependent on National guidance and/or local audit

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Informed Decision Making and Consent in Maternity Service at RCHT Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Informed Decision Making and Consent in Maternity Service at RCHT Standard Operating Procedure V1.0
Date Issued/Approved:	July 2024
Date Valid From:	July 2024
Date Valid To:	July 2027
Author/Owner:	Sarah-Jane Pedler, Consultant Midwife
Contact details:	01872 255019
Brief summary of contents:	Informed consent in maternity settings.
Suggested Keywords:	Decision Making, Consent, Midwives, Maternity, Procedures
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Tamara Thirlby
Links to key external standards:	None
Related Documents:	<ul style="list-style-type: none"> • Birthrights (2021) Consenting to treatment. Available at: https://www.birthrights.org.uk/factsheets/consenting-to-treatment/

Information Category	Detailed Information
	<ul style="list-style-type: none"> • GMC (2020) Decision making and consent. Available at: gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf (gmc-uk.org) • NHS England (2021) How to make shared decision making happen. Available at: https://www.england.nhs.uk/shared-decision-making/how-to-make-shared-decision-making-happen/ • NHS (2021) Personalised care and support planning guidance. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0423-personalised-care-and-support-planning-guidance-for-lms.pdf • NHS (2021) Consent to treatment. Available at: https://www.nhs.uk/conditions/consent-to-treatment/ • NHS (2021) Children and young people consent to treatment. Available at: https://www.nhs.uk/conditions/consent-to-treatment/children/ • NMC (2015) The Code. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-old-code-2015.pdf • Ockendon, D (2020) Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS trust. Available at: Ockenden Report - Maternity Services At The Shrewsbury And Telford Hospital NHS Trust (Donnaockenden.Com) Report Template - Nhsi Website (England.Nhs.Uk)
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2021	V1.0	Initial issue	Sarah-Jane Pedler, Lead Professional Midwifery Advocate
July 2024	V 2.0	SOP reviewed to ensure brevity.	Sarah-Jane Pedler, Consultant Midwife

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Informed Decision Making and Consent in Maternity Service at RCHT Standard Operating Procedure V2.0
Department and Service Area:	Obstetrics and Gynaecology
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Catherine Wills, Practice Development Midwife
Contact details:	01872 255019

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To advise staff of roles in shared decision making in maternity
2. Policy Objectives	To advise staff of roles in shared decision making in maternity
3. Policy Intended Outcomes	Better shared decision making
4. How will you measure each outcome?	Audits
5. Who is intended to benefit from the policy?	Pregnant people accessing the service

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: Maternity Guidelines
6c. What was the outcome of the consultation?	Guideline Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Catherine Wills, Practice Development Midwife.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)