

Supporting Patients within Maternity Wanting to Self-Discharge Against Medical Advice Clinical Guideline

V2.0

March 2025

1. Aim/Purpose of this Guideline

- 1.1. This policy applies to all patients within Maternity, admitted to any maternity ward or unit within the Royal Cornwall Hospitals Trust (RCHT).
- 1.2. The safety of patients in our care is of paramount importance to the Trust. This Policy is to be used to support both the patient, and the staff members involved when a patient expresses a wish to self-discharge from maternity against medical advice. In this event the involved staff will endeavour to elicit from the patient the reasons why they want to self-discharge against medical advice and will ensure all relevant information is made available to assist the patient in this decision-making process.
- 1.3. To establish a process and offer guidance and support for the patient and staff involved in the event of a patient expressing a wish to self-discharge against medical advice within the maternity setting. It is intended to ensure a consistent approach in reducing the risks that may be associated with patients self-discharging against medical advice and equip staff to follow the correct procedure for the self-discharge of a patient. On occasions, for a variety of reasons, patients decide that despite being advised that their continued admission to hospital is necessary, they will discharge themselves. In this event it is important that staff adhere to agreed guidelines to ensure that patients understand why medical opinion advises a continued hospital stay and understand the possible implications of their decision to ignore medical advice.
- 1.4. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.
- 1.5. This version supersedes any previous versions of this document.

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

2. The Guidance

- 2.1. Patients have the right to discharge themselves unless detained under a lawful framework.
- 2.2. Other considerations to be taken into account when a patient expresses a wish to self-discharge include that the patient may either actively or passively harm themselves or others or suffer harm due to an inability to care for themselves whilst they are away from the clinical environment, and if this is the case consideration must be given that the patient may require detention under the Mental Health Act.
- 2.3. If a patient has been assessed (as per the guidance in the Trust guidelines Mental Capacity Act Policy or Deprivation of Liberty Safeguards (DOLS) guidelines) as having capacity to make this decision and is not detained under the Mental Health Act as amended 2007 then they must not be detained or apprehended.
- 2.4. Hospitals have a duty to protect life.
- 2.5. Patients and staff will be supported in considering risks and arriving at a safe and lawful conclusion
- 2.6. Roles and responsibilities of staff:
 - 2.6.1. Care Group Management Teams that include Care Group Manager, Heads of Nursing/Midwifery, the CD and Senior Matron are responsible for:
 - Ensuring that the policy is suitable for purpose and is reviewed as required and at least every three years from implementation.
 - Ensuring their clinical workforces are capable to deliver the requirements of this Policy.

2.6.2. Individual line managers are responsible for:

- Ensuring all staff are aware of and adhere to this Policy within their clinical areas.
- Acting accordingly when they are contacted and advised on the need for further action.
- Escalating the patients request to self-discharge as required to the relevant clinicians dependent on the level of assessed risk to them so doing against medical advice.
- Ensuring that staff involved with the care of a patient assessed as not having capacity to make the decision to take their self-discharge are supported through adherence to relevant RCHT policies and procedures to remain as an in-patient.

2.6.3. The Consultant or other clinicians in the medical team is responsible for:

- Utilising the Policy to support and minimise the risks associated with the self-discharge of any patient in their care against medical advice.
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient the reasons for, and the benefits of, the patient remaining in hospital for either themselves or their baby and giving the patient all relevant information, in order for them to make an informed decision. The BRAIN tool (**B**enefits, **R**isks, **A**lternatives, **I**ntuition, **N**othing) should be used to assist in guiding these conversations.
- Ensuring that if there are concerns that the patient may harm themselves or others that their mental health has been assessed.
- Ensuring that the Trust's Mental Capacity Act Policy (MCA) is followed where applicable to the patients' decision to self-discharge.
- Ensuring that the patient wishing to self-discharge has been assessed using the two-stage test (see 2.7.1) for capacity prior to undertaking a capacity assessment.
- Ensuring that the patient wishing to self-discharge who has been deemed to have capacity is made fully aware of the medical implications and associated risks to their self and/or their baby of self-discharge against medical advice.
- Ensuring that a safe discharge process from a medical perspective is completed with the patient wishing to self-discharge whenever possible.

2.6.4. The ward manager or registered healthcare professional in charge is responsible for:

- Utilising the policy guidance to support and minimise the risks associated with the self-discharge of patients in their care.
- Immediately informing the on-call senior obstetrician when a patient expresses a wish to self-discharge against medical advice.
- Contacting the Delivery Suite Coordinator when advice and/or information regarding self-discharge processes is required out of hours. The coordinator should also be available for support in having discussions with the patient in more complex situations.
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient the reasons for, and the benefits of, the patient remaining in hospital, for themselves and/or their baby and giving the patient all relevant information, in order for them to make an informed decision.
- Ensuring that guidelines from the Mental Health Act and the Trust's [Mental Capacity Act Policy](#) are followed where applicable to the patients' decision to self-discharge (If unsure request support from a senior midwife or medical colleague).
- Ensuring, whenever possible that a safe discharge process is completed with the patient who has been deemed to have capacity to make the decision and continues to express a wish to self-discharge.
- Ensuring details of the self-discharge and the self-discharge documentation is completed and filed in the patient's medical record, not the handheld notes.
- Ensuring that all details of the self-discharge are sent to the person's community midwifery team's generic email. Requesting a follow up contact is made by the Community Midwife within the following 24 hours, to review the status of the women and/or their baby.
- Ensure self-discharge is reported on the Trust's Incident Reporting system (Datix).
- Ensuring that the Maternity Safeguarding policy is followed as appropriate, [Safeguarding Children Maternity Clinical Guideline](#).

2.7. Practical steps to follow once it has been established that a patient wishes to take their self-discharge from hospital against medical advice:

2.7.1. Consideration regarding mental capacity to make the decision:

The Mental Capacity Act 2005 requires us to take the default position of assumption of capacity. The person wishing to take their self-discharge therefore must not to be treated as unable to make that decision unless all practicable steps to help them to do so have been taken without success.

When a patient expresses a wish to self-discharge it must be taken into account that they can make unwise decisions and a lack of capacity must never be assumed.

If the patient wishing to self-discharge is giving cause for concern regarding their mental capacity and there is a belief that they may lack capacity with regard to their decision to self-discharge the MCA two stage test questions must be answered prior to undertaking a capacity assessment:

- 1) Does the person have an impairment of the mind or brain and is there some sort of disturbance affecting the way their mind or brain works?

NOTE: The impairment or disturbance may be temporary or permanent.

- 2) If so, does that impairment or disturbance mean that the person is unable to make the decision in question, (to take their self-discharge) at the time it needs to be made?

If the answer to the above questions are YES at the time the request to self-discharge is made, the patient must then be assessed with regard to their mental capacity, as per the Trust's Mental Capacity Act Policy and the outcome must be documented alongside other relevant risk assessments in the medical records.

To assess mental capacity Trust policy should be followed.

NOTE: Box 1 of the 'Self Discharge of a Patient Within Maternity form' (Appendix 3) can also be utilised as the capacity assessment, completed and then retained in the patients' medical record.

2.7.2. The patient assessed as lacking mental capacity to self-discharge:

- 2.7.2.1. Detaining a patient against their will is a significant act that must be justified. Whilst so doing the registered midwife in charge must ensure that any best interest decision is proportionate to the risks that would otherwise occur and are in keeping with your Trust's Mental Capacity Act Policy on best interest decisions making and the Deprivation of Liberty Safeguards.

- 2.7.2.2. If the patient is assessed as lacking capacity to make the decision to self-discharge and it is within their best interests to remain in hospital or if they are detained under the Mental Health Act the registered midwife in charge utilising the Trusts relevant policies and procedures must take on any further responsibility for initiating subsequent actions to ensure the patient remains as an in-patient under our care.

NOTE: Box 3 of the 'Self Discharge of a Patient Within Maternity' must be completed when a patient wishing to self-discharge against medical advice has been assessed as lacking capacity to make that decision and retained in the patients' medical record.

2.7.3. The patient assessed as having mental capacity to self-discharge:

If the patient has been assessed as having capacity to decide to take their discharge from hospital against medical advice and is not detainable under the Mental Health Act they have the right to make what others may see as an unwise decision, and if they choose to self-discharge their decision, although against medical advice, must be accepted and the procedure as outlined below followed:

- A doctor and/or the registered midwife must talk to the patient and reinforce the reasons, and the benefits of, the patient and/or their baby remaining in hospital.
- If a patient is advised to be reviewed by a doctor and wishes to self-discharge prior, a self-discharge form should be completed as a full assessment in line with guidance would not have been made.
- Prescribed discharge medications are to be supplied.
- If the patient wishes to leave prior to signing the self-discharge form, please ask for another member of staff to countersign.

NOTE: Box 2 of the 'Self Discharge of a Patient within Maternity' must be completed and retained in the patients' medical record.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Total number of self-discharges. Completion of self-discharge form. Completion of Datix.
Lead	Patient Safety Midwife.
Tool	Input onto Excel for percentage compliance.
Frequency	Three yearly.
Reporting arrangements	Audit Review Team
Acting on recommendations and Lead(s)	Maternity Safety Champions. HOM /Clinical lead Exec/NED/ Patient safety Midwife.
Change in practice and lessons to be shared	Senior Care Maternity team via management pulse meeting.

4. Equality and Diversity

4.1. 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](#).

4.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Supporting Patients within Maternity Wanting to Self-Discharge Against Medical Advice Clinical Guideline V2.0
This document replaces (exact title of previous version):	Supporting Patients within Maternity Wanting to Self-Discharge Against Medical Advice Clinical Guideline V1.0
Date Issued/Approved:	March 2025.
Date Valid From:	March 2025.
Date Valid To:	March 2028.
Directorate/Department responsible (author/owner):	Laura Cawsey, Interim Maternity Matron.
Contact details:	01872 252684
Brief summary of contents:	To give guidance to Midwives and Obstetricians for supporting patients in maternity wanting to self-discharge against medical advice.
Suggested Keywords:	Pregnant, woman, discharge against medical advice, discharge, mental capacity.
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:	CNST 4. 10.
Related Documents:	None Required.

Information Category	Detailed Information
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
May 2021	V1.0	Initial Issue.	Josie Dodgson Maternity Matron.
March 2025	V2.0	Addition of counter signature.	Laura Cawsey Interim Maternity Matron.

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:	Supporting Patients within Maternity Wanting to Self-Discharge Against Medical Advice Clinical Guideline V2.0.
Directorate and service area:	Obstetrics and Gynaecology.
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Laura Cawsey, Interim Maternity Matron.
Contact details:	01872 252684

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 give guidance to Midwives and Obstetricians for supporting patients in maternity wanting to self-discharge against medical advice.
2. Policy Objectives	To ensure all patients wishing to discharge against medical advice receive consistent advice and treatment.
3. Policy Intended Outcomes	Improved patient experience and safe provision of care.
4. How will you measure each outcome?	Compliance Monitoring Tool.
5. Who is intended to benefit from the policy?	All Pregnant and postnatal women.

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: Yes • 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 Guideline Group.
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: Laura Cawsey, Interim Maternity Matron.

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](#)

Appendix 3 - Self Discharge of a Patient Within Maternity form (CHA4970) (awaiting addition to forms to print page)

SELF-DISCHARGE OF A PATIENT WITHIN MATERNITY

NHS number: Name of patient: Address: Date of birth: CR number:	Hospital: Ward: Date: Time:
---	--

Box 1	YES	NO
Capacity assessment to be completed if patient requests self-discharge from hospital against medical advice		
Can the patient understand the information relevant to this decision?		
Can the patient retain that information?		
Can the patient use or weigh that information as part of the process of making the decision?		
Can the patient communicate his/her decision?		
If YES to all 4 criteria <u>above</u> then the patient has capacity - Complete BOX 2		
If NO to ANY of the 4 criteria above then the patient lacks capacity, and must be prevented from leaving the hospital - Complete BOX 3		
Box 2		
To be completed when the patient has been assessed as HAVING CAPACITY to decide to self-discharge against medical advice		TICK
Explanation of the necessary treatment required and the consequence of the patient refusing the treatment have been given and are understood		
Other options which may be acceptable to both the clinicians and the patient have been explored with the patient		
Where the consequences of declining treatment are serious or <u>life threatening</u> discussion and assistance has been sought from the consultant and other relevant professionals such as the Psychiatric Liaison Service, Onward Care, Safeguarding Services		
The self-discharge release from responsibility for discharge form overleaf is completed by the patient whenever possible and retained in their medical record		
Box 3		
To be completed when the patient has been assessed as LACKING CAPACITY to decide to self-discharge against medical advice		
Staff utilise persuasion, calming and de-escalation techniques		
Referral to the Psychiatric Liaison team is considered as appropriate		
Referral to the IMCA Service and DOLS is considered as appropriate		
Referral to Safeguarding Services is considered as appropriate		
If the patient has left the ward staff utilise the RCHT Missing Persons Policy		

Outcome	TICK
Patient with capacity self-discharged	
Patient with capacity decided to remain in hospital	
Patient without capacity decided to remain in hospital	
Patient without capacity is detained	
Datix completed	

Signed:

Print name:

Designation:

Time:

SELF-DISCHARGE RELEASE FROM DISCHARGE RESPONSIBILITY

To be completed with the patient whenever possible prior to the patient taking their self-discharge from this hospital

NHS number: Name of patient: Address: Date of birth: CR number:	Hospital: Ward: Date: Time:
---	--

I, the undersigned hereby declare that I am discharging myself from this hospital and that I understand the consequences of failing to follow the medical advice given to me which might result in significant disability or even death to myself and/or my unborn/new born baby (delete as appropriate).

I understand I can change my mind at any time and return for treatment

Antenatal period: I am aware that if I have any concerns regarding my baby's movements, bleeding, loss of fluid, pain or any other concerns I can ring the maternity triage line and return at any time (delete as appropriate)

or

Postnatal: I am aware that if I have any concerns about mine or my baby's health and well being I can ring the maternity triage line and return at any time (delete as appropriate)

Patient's signature:

Witness:

Designation of witness:

Date:

Time:

When completed, this form must be retained in the patient's medical record and a DATIX of the SELF DISCHARGE event completed in every case by the relevant involved multi-disciplinary team member.