



College of  
**Midwives**  
of Ontario

Ordre des  
**sages-femmes**  
de l'Ontario

# Guideline on Ending the Midwife-Client Relationship

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## Introduction

An effective midwife–client relationship is based upon mutual trust and respect. This enables the provision of safe and effective care.

Circumstances may arise in which either the client or midwife decides to end the midwife–client relationship.

Midwives must be aware that ending the midwife–client relationship can have significant consequences for the client. For example, their access to midwifery care may be limited and their level of trust in the midwifery profession may be undermined.

Midwives should make the effort to resolve a situation affecting their ability to provide care and only consider ending the midwife–client relationship when those efforts have been unsuccessful or it may not be possible or safe to attempt to resolve the conflict with the client.

The purpose of this Guideline is to describe situations in which it is appropriate for a midwife–client relationship to end and the corresponding obligations of a midwife in such situations.

## Circumstances in Which the Midwife-Client Relationship Cannot End

It is not appropriate to end the midwife–client relationship when it is prohibited by law.

The *Ontario Human Rights Code*<sup>1</sup> prohibits a midwife from ending the midwife–client relationship based on one of the protected grounds in the Code. Protected grounds include age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, receipt of public assistance in housing, record of offences in employment, sex and sexual orientation.<sup>2</sup>

In addition, the *Commitment to the Future of Medicare Act*<sup>3</sup> prohibits midwives from ending the midwife–client relationship if the client chooses not to pay a block fee.<sup>4</sup>

A block fee is a flat fee charged for a predetermined set of uninsured services. Uninsured services are typically administrative services in relation to the client's care that take a midwife's time and resources such as sick notes for work, copying and transferring midwifery records and prescription refills over the phone.

Therefore, a midwife cannot end the midwife–client relationship if a client chooses not to pay a block fee for such services.

<sup>1</sup> R.S.O. 1990, c. H. 19

<sup>2</sup> *Ibid*, s. 1.

<sup>3</sup> S.O. 2004, c. 5.

<sup>4</sup> *Ibid*, s. 18(2).

## Circumstances in Which the Midwife-Client Relationship Can End

Circumstances where the midwife-client relationship may end include:

- Upon a client's request<sup>5</sup>
- A breach of trust exists<sup>6</sup>
- The midwife has ceased to practise, is on a leave of absence or has relocated
- The midwife is under suspension, revocation or has voluntarily committed to suspend their practise
- The client requests services inconsistent with the standards of practice of the profession and the midwife has adhered to the standard of practice for discontinuing care in such circumstances<sup>7</sup>
- The full course of care has been provided

These circumstances shall be described in turn.

### Upon a Client's Request

A client is the primary decision maker with respect to their health care and can request that the midwife-client relationship end for various reasons. For example, a client may decide that midwifery care is not appropriate for their circumstances or may relocate outside of the midwife's catchment area while pregnant.

Whatever the reason, the College's *Professional Standards* require midwives to recognize clients as the primary decision-makers and support their right to accept or refuse treatment.<sup>8</sup> As a result, a midwife should accept a client's

request to end the midwife-client relationship.

### A Breach of Trust Exists

The midwife-client relationship is built upon mutual trust and respect. When these qualities are absent or have been undermined, the quality of care being provided can be compromised.

Once a breach of trust is found to exist in a midwife-client relationship, a midwife may not be able to continue to provide safe care, in which case they may choose to terminate care, though they must allow the client a reasonable opportunity to arrange for alternative services.<sup>9</sup>

The following are examples of situations that may lead to a breach of trust.

### Reporting to Children's Aid Society

Midwives are obligated to report suspected child abuse and/or neglect to the *Children's Aid Society* (CAS). This can be an overwhelming and upsetting experience for a client and can automatically undermine trust in their midwife.

Where possible, midwives should consider:

- Contacting the client prior to making a report to CAS and advising the client of their legal obligation to make the report
- Offering to call CAS together with the client
- Notifying any other midwives involved in the client's care about the report being made
- If it is necessary to terminate the midwife-client relationship, informing the client that their care is being terminated and

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<sup>5</sup> O.Reg. 388/09, 8 i.

<sup>6</sup> *Ibid*, 8. iii.

<sup>7</sup> *Supra* note 5, 8.

<sup>8</sup> (June 2018), 16.6.

<sup>9</sup> *Supra* note 5, 8 iii.

arranging for an appropriate transfer of care in a timely manner

### Distrusting the Midwife's Competency

Clients may question a midwife's competency and suggest that they would feel more comfortable receiving care from another midwife or health care provider. A midwife should listen to their client's concerns and attempt to address them. For example, a failure to communicate the rationale for a midwife's opinion on managing a certain aspect of the client's care may be the reason why the client does not trust the midwife. This can be easily clarified, and the midwife-client relationship may resume without any distrust remaining. However, if a client suggests that their trust in the midwife's knowledge, skill and judgment has been undermined and the midwife has been unable to remediate the client's concerns, the midwife should offer to transfer the client's care to another midwife or health care provider, depending on the client's wishes.

### Inappropriate Behaviour

In some cases, the behaviour of a client and/or their support persons can result in a breach of trust. For example, if a client or a client's spouse repeatedly swears at a midwife or makes demeaning comments, a midwife may feel unsafe and/or unconfident in continuing to provide care and may end the midwife-client relationship.

Inappropriate behaviour also includes crossing professional boundaries, such as

a client making sexual advances or comments to a midwife.

Midwives must always assess whether such behaviour would undermine their ability to provide care to a client that is safe and in the client's best interests. If this is the case, then the midwife should end the midwife-client relationship.

### Risk of Harm

In some cases, a client and/or their support person(s) may pose a risk of harm to the midwife, their colleagues and/or other clients such as by being physically violent. In such cases, the midwife should immediately end the midwife-client relationship.

Midwives are also reminded that if they have reasonable grounds to believe that another person is likely to cause severe bodily harm, they have a duty to warn appropriate people (e.g. subject of the threat and the police) of the risk.<sup>10</sup> If the person who will likely cause harm is the client, the duty to warn transcends any confidentiality and privacy obligations that are otherwise owed to that client.<sup>11</sup>

### Ceasing to Practice, Leave of Absence and Relocation

When a midwife ceases to practise permanently or for a period of time or relocates, client care will be affected.

Pursuant to the *Professional Misconduct Regulation*, midwives cannot discontinue professional services to a community or group of clients without reasonable cause, unless adequate notice has been given or adequate alternative

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<sup>10</sup> See the College's *Guide on Mandatory and Permissive Reporting* (November 2019), available online: <https://www.cmo.on.ca/wp->

[content/uploads/2019/11/Guide-on-Mandatory-and-Permissive-Reporting-FINAL.pdf](https://www.cmo.on.ca/wp-content/uploads/2019/11/Guide-on-Mandatory-and-Permissive-Reporting-FINAL.pdf)

<sup>11</sup> *Smith v Jones* [1999] 1 SCR 455.

arrangements for services have been made.<sup>12</sup>

Therefore, a midwife should give ample notice of closure to each client for whom the midwife has primary responsibility, within a reasonable amount of time. Examples include placing signs in the office place/practice and individual communication with clients. This is necessary to allow clients time to seek alternate care.

In addition, former clients need to know where their midwifery record is, so it can be accessed for future care or other reasons. The information within a client record is confidential and proper transfer or storage in a manner known by clients is essential.<sup>13</sup>

In the event a midwife is leaving a practice that will continue to operate with other midwives available to provide client care, the midwife should arrange to have another midwife assume care of the clients and should inform the clients about who their new primary midwife is.

The midwife should also take steps to ensure that their clients can access the results of any tests ordered and that all abnormal test results be reviewed and followed-up on by another midwife or health care provider to whom care has been transferred.

### **Suspension, Revocation, or Voluntary Commitment to Suspend Practice**

A midwife who is suspended, revoked or voluntarily commits to suspend practise should ensure that the following persons or entities are notified of their restrictions:

- Clients
- Partners

- Colleagues
- Hospitals where privileges are held

The midwife should:

- Ensure another midwife is available to assume the care of their clients and communicate to the client who this midwife is
- In the event another midwife is not available, provide the client with a referral to another appropriate health care provider, such as a family physician
- Ensure that the client knows how to access their health care records
- Ensure the client's records are transferred with the client's consent, to another health care provider, if the client's care is being transferred to that health care provider
- Notify the health care provider that is assuming care of the client of any outstanding tests

Pursuant to *the Professional Misconduct Regulation*, it is considered professional misconduct for a midwife to contravene a term, condition or limitation on their certificate of registration.<sup>14</sup>

A midwife's conduct in complying with their terms, conditions and limitations and acting in the best interests of their former clients can be factors in the Registration Committee's determination of whether it would be appropriate to reinstate a midwife whose certificate of registration has been revoked.

### **The Client Requests Services Below a Standard of Practice of the Profession**

Clients may choose care that is below a midwifery standard of practice. A midwife may discontinue care in such

<sup>12</sup> *Supra* note 5, 9.

<sup>13</sup> *Supra* note 8, *Professional Standards*, 37.

<sup>14</sup> *Supra* note 5, 1.

circumstances provided they adhere to the standard of practice for doing so.

In particular, if a client requests care below a standard of practice prior to labour, a midwife may terminate care depending on the nature of the care requested and if there is time to find another health care provider for the client.

For example, if a client declines all prenatal screening and tests and wants a home birth, then a midwife can terminate their care and attempt to arrange for alternative services acceptable to the client (such as by transferring the client's records over to their local hospital in the event they need assistance during labour).

However, the College's Professional Standards<sup>15</sup> require that a midwife not abandon a client while in labour. As a result, if a client requests care below a standard of practice while they are in labour, a midwife should consider the following:

- If the care requested requires knowledge or skills that a midwife does not have, the midwife should inform the client of this and call for assistance (e.g. EMS at a home birth)
- If the care requested is not in accordance with best practice (e.g. a client chooses to remain home for labour despite having a baby in breech position), then a midwife should conduct an informed choice discussion so the client is aware of the risks of

their decision and proceed to provide care in accordance with the client's requests.

It is important to note that it is not appropriate to end a midwife-client relationship just because a midwife doesn't agree with the client's choice or because the client refuses a midwife's recommendation.

### **The Full Course of Midwifery Care Has Been Provided**

It is natural for the midwife-client relationship to end once the full course of midwifery care has been provided. No further care is provided to the client after discharge and the midwife-client relationship comes to its natural conclusion.

### **General Obligations When Ending the Midwife-Client Relationship**

Irrespective of the reason for ending the midwife-client relationship, midwives have general obligations they must adhere to, including the following:

- Document all discussions and decisions<sup>16</sup>
- If discontinuing professional services to a group of clients, providing adequate notice to those clients of the termination<sup>17</sup>
- Making arrangements for health care services to be provided to the client by another health care provider<sup>18</sup>
- Ensuring the client is aware of how to access their midwifery records<sup>19</sup>
- Ensuring that the client's midwifery records are stored and transferred in compliance with the

<sup>15</sup> *Supra* note 8, Professional Standards #33.

<sup>16</sup> *Recordkeeping Standard* (Jan 2013)

Available Online:

<https://www.cmo.on.ca/wp->

[content/uploads/2020/02/Updated-Record-Keeping-Standard-2019.pdf](https://www.cmo.on.ca/wp-content/uploads/2020/02/Updated-Record-Keeping-Standard-2019.pdf)

<sup>17</sup> *Supra* note 5, 9.

<sup>18</sup> *Ibid*, 8 ii.

<sup>19</sup> *Supra* note 8, Professional Standards #37.

*Personal Health Information & Protection Act (PHIPA)*<sup>20</sup>

- If initiating a transfer of care, providing complete and accurate client information to the health care provider that is assuming care<sup>21</sup>
- Ensuring that clients can access the results of any tests that have been ordered<sup>22</sup>
- Ensuring that any abnormal test results are followed up on by an appropriate health care provider in a timely manner<sup>23</sup>

In addition, it is recommended that a midwife speak with a client directly either in person or through phone to advise the client of ending the midwife-client relationship and the reasons for doing so.

It is also recommended that a registered letter be sent to the client confirming termination of care and that a copy of the letter be maintained in the client's record.

### **Conclusion**

The midwife-client relationship may come to an end for various reasons. Midwives must ensure that ending the relationship or the manner of ending it will not contravene the law or College standards.

For any questions relating to ending the midwife-client relationship, please contact the Professional Practice Advisor at [practiceadvice@cmo.on.ca](mailto:practiceadvice@cmo.on.ca) or call (416)640-2252 x. 230.

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<sup>20</sup> S.O. 2004, c.3. See the College's *Guide on Compliance with PHIPA* (October 2020) Available Online: [https://www.cmo.on.ca/wp-](https://www.cmo.on.ca/wp-content/uploads/2017/09/Guide-on-Compliance-with-PHIPA-OCT-2020-1.pdf)

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<sup>21</sup> *Supra* note 8, Professional Standards 29.

<sup>22</sup> *Supra* note 5, 8 ii.

<sup>23</sup> *Supra* note 8, Professional Standards 25.4.



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