The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Obstetricians and Childbirth: Responsibilities

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

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1. Introduction

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) regards the safety and well-being of mother and baby as paramount, and is committed to the maintenance of high professional standards of care in order to ensure optimal outcomes. Essential to this is a relationship of mutual respect and trust between the woman (and her family), the obstetrician and other members of the maternity care team, based on effective communication.

The obstetrician should adhere to the professional standards described in the College's Code of Ethical Practice and engage in regular peer review of individual and institutional practice. The obstetrician's responsibilities reflect that pregnancy and child birth is a natural and personal process in which the role of the obstetrician is to deliver expert advice and treatment in a caring professional manner to maximise the safety and well-being of mother and baby.

2. Recommendations

The obstetrician should facilitate the development of a professional relationship with the pregnant woman, in which he or she:

- Treats the pregnant woman with consideration and respect, seeking her cooperation and her full understanding of medical issues, taking account of particular social, linguistic and cultural needs.
- Ensures the pregnant woman is given appropriate privacy.
- Ensures medical records are handled in a confidential and sensitive manner.
- Takes an appropriate history and performs relevant clinical examinations.
- Keeps the woman informed about the progress of her pregnancy.
- Provides an accessible and appropriate level of information about, and explanation of:
    - pregnancy, childbirth and the postpartum period;
    - advice offered, tests and treatment recommended, including any potential consequences of those recommendations and any possible alternative courses of action; and
    - models of care and types of maternity service delivery so that a patient's choice is informed.
- Provides the pregnant woman with the opportunity to participate in making decisions about her own care, and that of her baby before and after delivery.
- Discusses the possibility that a woman's preferred management may not be possible in an emergency situation, and that planning for birth must be flexible and subject to modification if necessary, particularly in the event of complications.
- Acknowledges that the woman may choose to refuse treatment or investigations. The pregnant woman should be aware of the potential adverse consequences.
- Allows the pregnant woman to express concerns about care offered.
- Informs the patient of the limitations of his/her availability and of provisions for professional care.
- Informs the woman with respect to services available or not available at her chosen hospital and the contingency plans in the event that non-available services are needed.
- Ensures that the woman is aware of the likely costs that will be in incurred during the supervision of her pregnancy.
- Acknowledges that in the event that a doctor/patient relationship of mutual respect and trust cannot be sustained, referral to another appropriate care giver should be provided, this might include the local public hospital or equivalent.

- Accepts that if the pregnant woman suffers harm, the obstetrician must act immediately to rectify that harm where possible, and to inform the patient, of what has occurred and of its likely long and short term effects.

The obstetrician is the key health professional responsible for the care of the pregnant woman and as such co-ordinates her care and acts as her advocate. The obstetrician should develop professional relationships with others, in which he or she:

- Respects the contribution made to patient care by other individuals and professions.
- Communicates effectively and respectfully with other individuals and professions in the health care team.
- Keeps colleagues well informed, through verbal and written communications and well-designed and effective handover procedures, when sharing patient care.
- Understands their personal and collective responsibility for patient safety.
- Participates in audits and reviews of his or her own performance and those of the health care team and acts to rectify weaknesses or deficiencies.
- Deals promptly, honestly and supportively with concerns regarding the competence, actions, behaviours or health of other team members.
- Accepts responsibility for objectively appraising the performance of more junior practitioners.
- Adheres to the principles of mandatory reporting as described in the national registration framework.
- If having supervision or management responsibilities, must ensure that there are systems in place for colleagues to raise concerns about risk to patients.
- Should give, to those entitled to ask for it, any information relevant to an investigation into his or her own, or another health care professional's, conduct or performance.
- Fosters a trusting relationship between patients and care givers, avoiding criticism of another care provider or institution.
- Should endeavour to inform a referring practitioner of any assessment, investigation, treatment or advice given (unless otherwise directed by the patient).
- Must be readily accessible to both patients and colleagues when on duty or on call.
- Must be actively involved in institutional clinical governance, participating in the key areas of research, education, audit of clinical outcomes and effectiveness and transparency of process.
- Should exhibit a willingness to adopt practice recommendations made as a result of review processes.
- Facilitates the implementation of systems at the clinical service/department level and at the level of health services and professional bodies for providing frequent and regular appraisal and revalidation of the competence, attitude and conduct of obstetric practitioners.
- Supports the implementation of appraisal systems that are formalised and relevant by encouraging clear documentation of clinical, administrative, educational, support and professional responsibilities that attach to the various obstetric roles within obstetric services and against which performance can be measured at the local level.
- Facilitates the integration of departmental and health service appraisal and revalidation systems and ensures they are integrated and align with the activities of professional bodies such as RANZCOG.
- In times of rapidly changing clinical evidence, new technologies and changing models of care, takes care that appraisal and revalidation systems measure the skills, competence and conduct of obstetric practitioners that are relevant to their area of expertise and to the location and model of practice within which they work.

3. Other suggested reading

1. McL. Wilson, Ross. The safety of Australian healthcare:10 years after QAHCS, The Medical Journal of Australia, 2005; 182 (6): 260-261

2. UK General Medical Council. Good Medical Practice: protecting patients, guiding doctors, 2001. Accessed on 27 January 2007. Available at: www.gmc-uk.org

3. Australian Council for Safety and Quality in Health Care and the National Institute of Clinical Studies. Charting the Safety and Quality of Health Care in Australia, July 2004. Available at: http://www.safetyandquality.org/

4. Australian Council for safety and quality in Health Care. Lessons From The Inquiry Into Obstetrics And Gynaecological Services At King Edward Memorial Hospital, 1999-2000. Commonwealth of Australia 2002. Accessed on 2 June 2006. Available at: http://www.safetyandquality.org/

5. Department of Health, NSW. Open Disclosure, Policy number PD2006-069. NSW Intranet Site-Branch contact-Improving performance 9391 9451, 24 August 2006.

6. Department of Health, UK. An organisation with a memory: report of an expert group on learning from adverse events in the NHS, London: Summary paper, Royal College of General Practitioners. Accessed on 13 July 2006. Available at: http://www.rcgp.org.uk

7. General Medical Council UK, Management for Doctors: guidance for doctors. London: GMC, 2006. Accessed on 30 October 2006. Available at: http://www.gmc-uk.org/

8. Irvine, Donald H. Time for hard decisions on patient centred professionalism. MJA 2004; 181: 271-274.

9. The Bristol Royal Infirmary Inquiry. Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary, 1984-1985. Final Report: Section Two: Recommendations 4 to 16. Accessed on 20 January 2006. Available at: http://www.bristol-inquiry.org.uk/

4. Links to other College statements

(C-Gen 15) Evidence-based Medicine, Obstetrics and Gynaecology

http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341

(C-Gen 02) Guidelines for consent and the provision of information regarding proposed treatment
http://www.ranzcog.edu.au/component/docman/doc_download/899-c-gen-02-guidelines-for-consent-and-the-provision-of-information-regarding-proposed-treatment-.html

5. Patient information

RANZCOG patient information pamphlet: 'Parents, Obstetricians and Childbirth: Rights and Responsibilities' (November 2001).

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Associate Professor Stephen Robson	Chair
Professor Susan Walker	Deputy Chair - Obstetrics
Dr Gino Pecoraro	Deputy Chair - Gynaecology
Professor Yee Leung	Member
Associate Professor Anuschirawan Yazdani	Member
Dr Simon Craig	Member
Associate Professor Paul Duggan	Member
Dr Vijay Roach	Member
Dr Stephen Lyons	Member
Dr Ian Page	Member
Dr Donald Clark	Member
Dr Amber Moore	Member
Dr Martin Ritossa	Member
Dr Benjamin Bopp	Member
Dr James Harvey	Member
Dr John Tait	Member
Dr Anthony Frumar	Member
Dr Kirsten Black	Member
Dr Jacqueline Boyle	Chair of IWHC
Dr Louise Sterling	GPOAC representative
Ms Catherine Whitby	Council Consumer representative
Ms Susan Hughes	Consumer representative
Ms Sherryn Elworthy	Midwifery representative
Dr Kathryn van Harselaar	Trainee representative
Dr Agnes Wilson	RANZCOG Guideline developer

Appendix B Overview of the development and review process for this statement

i. *Steps in developing and updating this statement*

This statement was originally developed in July 1992 and was most recently reviewed in November 2013. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the November 2013 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix A part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines.[23] Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.