



Maternity Care Clinical Conflict Escalation Pathway Policy

1. Background

To ensure the appropriate channels are followed to achieve safe and timely resolution to any conflict of clinical opinion which may arise between health practitioners involved in the care of a maternity client.

2. Policy Statement

Where a conflict of clinical opinion arises during the course of maternity care, the clinicians involved should follow the escalation flow chart in [Appendix 1](#), until there is an agreed management plan in place.

Where a phone call is required to a clinician who is off-site, this should be made using teleconference facilities to ensure the opportunity for all clinicians involved to contribute to the discussion.

3. Definitions

Conflict of clinical opinion may arise when

- endorsed clinical guidelines are not being followed
- concerns for client welfare are held by one practitioner are not acknowledged by another
- intervention is deemed necessary by one practitioner but not the other
- there is disagreement as to a diagnosis or
- there is disagreement as to the appropriate management of a situation

4. Roles and Responsibilities

Regional Medical Directors and Regional Nurse Directors are

- responsible for ensuring that all medical and midwifery staff involved in providing maternity care of patients have access to this policy and have acknowledged its content.
- accountable for ensuring compliance with this policy

Any midwife or doctor involved in the care of a client can follow the conflict pathway to assist resolution where there are any conflicts of clinician opinion.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct. The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

[Records Management Policy](#)

[Health Record Management Policy](#)

7. Evaluation

All instances where the conflict resolution pathway was initiated are to be tabled for review at the local committee responsible for Obstetric Clinical governance.

8. Standards

[National Safety and Quality Health Service Standards](#) 5.7, 5.10, 5.11, 5.12, 5.13, 6.9, 6.11.

9. References

Adapted from KEMH Clinical guidelines, Section A: Generic guidelines/protocols/policies, 1.3 Communication guidelines and flow chart.

Douglas, N; Robinson, J and Fahy, K. (2001). Inquiry into the Obstetric and Gynaecological Services at KEMH 1990-2000. Recommendation R5.20.28, Perth: WA Government.

10. Policy Framework

[Clinical Governance, Safety and Quality](#)

11. Appendices

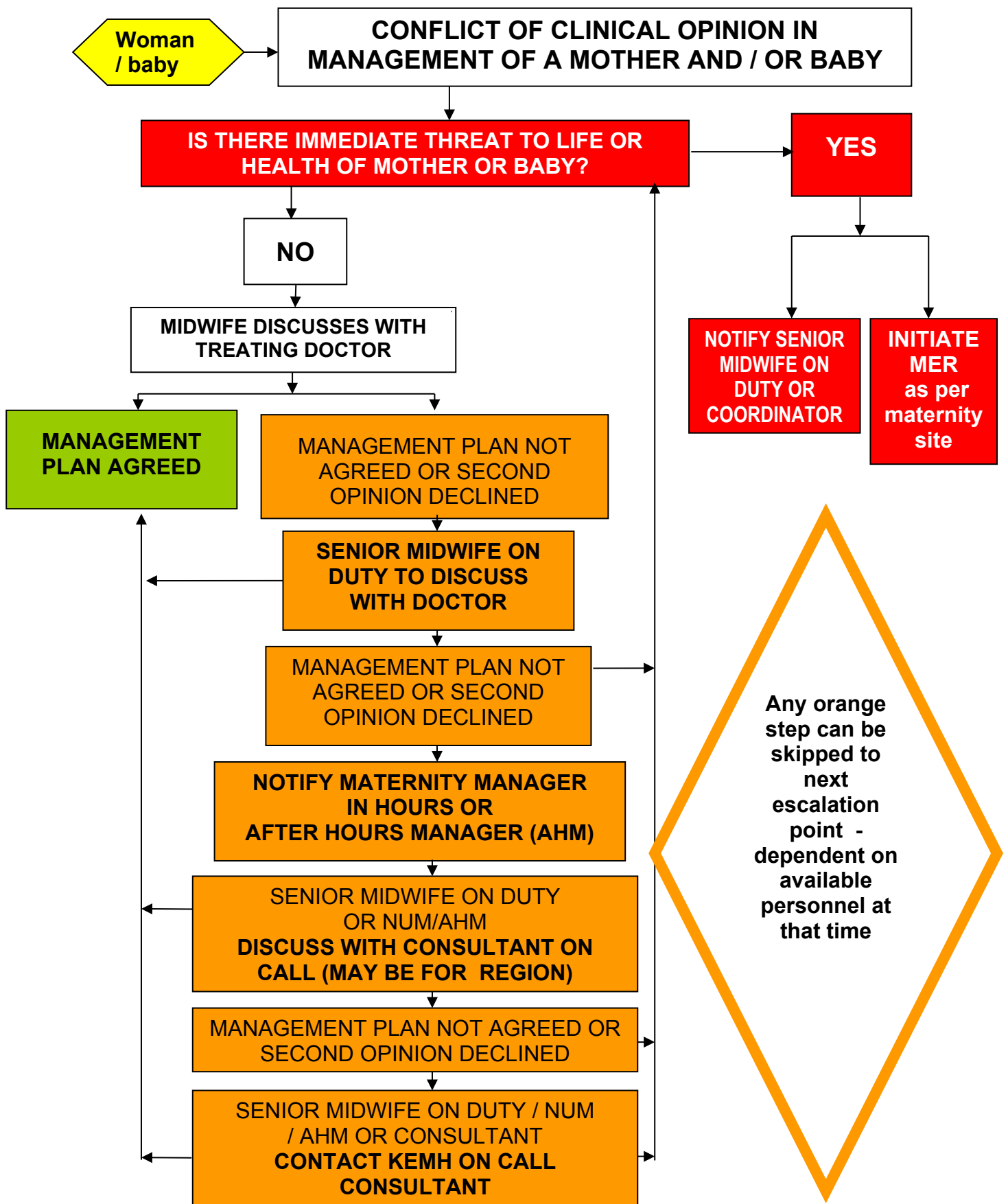
[Appendix 1 – Maternity Care Clinical Conflict Escalation Pathway](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Maternity Care Clinical Conflict Escalation Pathway



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