

Requesting Female-Only Care Providers

The team at Inlet Birth strives to continuously provide evidence-based, culturally appropriate and trauma-informed care while keeping the safety of our patients top of mind. Reviewing requests for female-only care providers ahead of time is one way we can plan for the safest care possible.

At **Royal Columbian Hospital (RCH)**, there is **one** obstetrician (OB) available or “on-call” at all times. The OB call group has members that identify as male and female. They work in a rotational schedule. Unless we schedule a C-section for a particular day, we *do not know* if the OB on call will be male or female when you go into labour. (Their schedule may also change at short notice due to illness, etc.)

Other care providers you may need during your care at RCH include anesthesiologists, pediatricians, and nurses. These care providers may also identify as male or female.

While hospitals such as Surrey Memorial Hospital and BC Women’s Hospital have 2 OBs on call at a time, at Royal Columbian Hospital, if you require an OB while in labour, *there is only one OB available*. Again, this physician may be male or female.

It is standard practice in Canadian hospitals to have OBs and other maternity care providers of any sex or gender working with patients. The Inlet Birth team works collaboratively with our colleagues.

In a typical, healthy labour and delivery, a midwife at Inlet Birth can manage your full care, including the provision of all vaginal exams, delivering the baby, and repairing the perineum. However, circumstances can arise during labour and delivery that require specialized medical and/or surgical skill **only** performed by an OB or anesthesiologist.

In an emergency, immediate involvement of the on-call OB or anesthesiologist can be necessary to ensure the health and safety of you and your baby. If the on-call provider is a male, this means a **male physician may need to be involved in your care to ensure the immediate health and safety of you and your baby**.

So we can best support you in this process, please consider the following and **indicate your refusal or acceptance of emergency care should a male physician be working**, including:

- Abdominal or vaginal examinations
- Epidural
- Complicated perineal repairs
- Delivery by forceps or vacuum
- C-section
- Emergency surgical removal of the placenta
- Emergency care for your newborn (e.g. pediatric examination or resuscitation)¹

¹ It is important to note that, once the baby is delivered, care providers have a legal duty of care to the infant that may, in rare times of emergency, supercede your wishes.

Midwives have a defined scope of practice, and **cannot** by law:

- Perform C-sections
 - Administer epidural analgesia
 - Repair third- and fourth- degree perineal tears (these are tears into the anus and rectum)
 - Perform an assisted vaginal delivery by vacuum or forceps
 - Perform surgery to stop a severe hemorrhage after the delivery of the baby
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Informed Consent

I would accept emergency care from a male physician in emergency circumstances:

- If my well-being or life is at risk
- If the baby's well-being or life is at risk

Or,

- I do not accept any emergency care from a male physician, under any circumstance.
I understand that refusing recommended medical care in an emergency could result in severe injury or death to either myself and/or my baby.

If I accept emergency care from a male care provider, I request that:

- My modesty be protected as much as possible (e.g. head coverings, drapes, gowns)
- Consent be requested from me before any touch or examination

Signed: (Name) _____ (Signature) _____

Witnessed: (Name) _____ (Signature) _____

Date: (dd-Mmm-YYYY) _____

References

Albersheim, Susan et al. (2016) *Unconventional Treatment Requests: Should Requests for Female-Only Care Providers Be Accommodated?* Journal of Obstetrics and Gynaecology Canada, Volume 38, Issue 7, 651 - 654

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