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INTRODUCTION & PURPOSE

Midwives provide care during what is often considered to be a profound family event. Midwives may be asked to be involved in the care of related persons or others close to them during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role of a midwife as primary care provider as well as a friend, family member or colleague. While midwives may have good intentions in providing treatment, it is possible that a personal or close relationship can compromise their emotional and clinical objectivity and judgment. For this reason, it is generally discouraged.

The purpose of this guideline is to assist midwives in understanding those circumstances where they have discretion to decide whether to provide care to family members and others close to them and if so, what factors should be taken into consideration in making that decision. The factors described are not intended to be an exhaustive list of considerations, as other considerations may arise which will require a midwife's attention.

DEFINITIONS

"Family Members/Related Persons" are those persons that the midwife has a personal or close relationship and a familial connection with, where the nature of the relationship can reasonably affect the midwife's professional judgment. Examples include: the midwife's spouse or sexual partner, children, siblings, parents, cousins, or other members of the midwife's family or their spouse's or partner's family.

"Others Close to Midwives" are other persons that have a personal or close relationship with the midwife, whether familial or not, where the nature of the relationship can reasonably affect the midwife's professional judgment. This includes friends and colleagues.

"Conflict of Interest" arises where a reasonable person could form the view that a midwife's ability and obligation to act in the clients best interests may be affected or influenced by other competing interests. Such conflicts of interest can be real, potential or perceived. Conflicts of interest occur in a variety of circumstances including, but not limited to, financial, non-financial, direct and indirect transactions with clients and others.

"Informed Choice" is defined as the process by which a client is provided with information about a clinical procedure and understands the purpose, benefits, potential risks and alternatives, and voluntarily agrees to the procedure. The informed choice process ultimately results in either informed consent or informed refusal.

Subject: **Caring for Related Persons & Others Close to Midwives****GUIDELINE****Factors to Consider in Deciding Whether to Provide Care**

In deciding whether they can provide care to family members or others close to them, **midwives should consider whether or not:**

Providing care to the individual would be in the individual's best interests

Providing care will not be in the individual's best interests if emotional and clinical objectivity cannot be maintained, as client care and safety can be compromised.

Providing care would not constitute a conflict of interest

If providing care to the individual positions the midwife to be in a conflict of interest, then a midwife should not provide care.

The relationship will not have an impact on the nature of care being provided

A midwife may feel stress or pressure when providing care to an individual that is a relative or another person close to them, due to a higher set of expectations on part of the individual or an internal need on part of the midwife to prove oneself professionally. This can affect the quality of care being provided not only to that individual but also to other clients.

There is not an increased power imbalance

Power imbalances inherently exist in all midwife-client relationships due to the knowledge that the midwife has in their position as a health care provider. However, there can be an increased power imbalance in the case of relatives and others close to midwives, depending on how much personal information the midwife may know about them. Midwives should always consider whether this knowledge can compromise their ability to maintain clinical and emotional objectivity and provide care in accordance with professional parameters.

The individual would feel comfortable disclosing information that is necessary to provide appropriate care

Sometimes an individual may share less information if they know the midwife personally, out of fear, shame or embarrassment. If this information is necessary to provide appropriate care, a failure to disclose such information to a midwife may compromise client well-being and safety.

Informed choice discussions can be provided

Midwives should consider whether they are capable of providing informed choice discussions with relatives and others close to them. This includes respecting the individual's autonomy for making decisions and ensuring that the individual would feel comfortable to disagree with any recommendations provided.

The individual would feel comfortable to make a complaint

Midwives must be committed to being accountable for their professional behavior. As a result, midwives should consider whether a relative or another person close to them would be comfortable raising concerns about the midwife's clinical competence or professional behavior, in the event any problems arise.

MIDWIFE CONDUCT

Deciding whether to provide care to family members or others close to midwives is a decision that must be made using good judgment. Midwives are encouraged to proceed cautiously in deciding whether to provide care to such persons and to be aware that acting in a manner that is contrary to an individual's best interests and/or the law can result in the midwife becoming subject to professional misconduct proceedings at the College.

As the nature of relationships can change over time, midwives may need to re-evaluate their relationships with their family members and others close to them to determine whether they can continue to provide care without compromising objectivity or acting in the individual's best interests. In the event a midwife decides that they are unable to do so, they must transfer care of the individual to another qualified health care professional as soon as possible.

References

College of Midwives of Ontario (2019), *Mediating Risk in Caring for Related Persons & Others Close to Midwives*
College of Midwives of British Columbia. (2018). *Policy on Appropriate Client-Midwife Relationships*