

<i>Guideline (CMO):</i>	Midwives Caring for Related Persons
<i>Reference #:</i>	G-C091510
<i>Approved by:</i>	Council
<i>Date approved:</i>	September 15, 2010
<i>Attachments:</i>	none

Midwives Caring for Related Persons

Purpose

The purpose of this document is to provide guidance to midwives regarding the decision to provide midwifery care to related persons, and the special considerations that may accompany such a decision.

Definition

The definition of a related person is a family member, colleague or friend.

Background

It is common in health care for regulatory bodies to recommend against providing care to family members, colleagues or friends, due to the possible difficulty practitioners may face in making objective decisions regarding the care they provide. Midwives, however, provide primary health care during a period of a woman's life that is often considered to be a family event. This context of care provision may influence a midwife's decision to provide care to family members, friends or colleagues, as midwives may want to be involved in the care of their loved ones during this important time. In these instances, the unique midwife/client relationship requires midwives to thoughtfully consider their role as a care provider as well as a friend, family member or colleague.

Guideline

Overall, the member must ensure that she is capable of providing quality midwifery services to all persons under her care, regardless of her relationship with the client.

However, the CMO respects a member's decision to care for a related person. The CMO *Code of Ethics* (appendix 5, 1994) states the principles inherent to all midwifery-client relationships. In reviewing these guiding principles, each member shall decide whether or not caring for a related person is appropriate. It is important for members to be self-aware of the responsibility and potential conflicts and/or risks that may arise when providing care to persons related or otherwise. The midwife should think about what impact, if any, the personal relationship might have on the quality of care that can be provided.

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To assist in this decision-making process, practices may want to develop protocols regarding caring for related persons, which should include the following considerations:

Could the personal relationship affect the midwife's ability to be clinically objective?

Could the personal relationship affect the midwife's ability to recognize and act in the client's best interests?

Could the personal relationship affect the client's comfort level regarding disclosing certain information necessary to provide appropriate care?

Would the midwife be comfortable asking the questions necessary to have a fully informed discussion, particularly on sensitive topics?

Would the midwife be able to support the client in making an informed decision about her own care that she disagrees with?

Could the personal relationship with the client make it more difficult for the midwife to maintain client confidentiality?

Is there a mechanism in place at the practice level to ensure that every woman continues to receive midwifery care, if at any point in time a member feels they are not able to continue to provide care to a related person?

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