



November 2000

A MIDWIFE'S GUIDE TO APPROPRIATE PROFESSIONAL BEHAVIOUR WITH CLIENTS

BACKGROUND

The *Health Professions Procedural Code (RHPA)* provides that each college must develop a program which includes measures for preventing or dealing with sexual abuse of clients. The Ministry of Health expectations for sexual abuse prevention plans (SAPP) include a statement of philosophy to articulate the College's position on sexual abuse. That statement is contained in Section J of the *Registrants Binder*.

The measures must include guidelines for the conduct of members with their clients, including guidelines for maintaining appropriate boundaries, guidelines for what constitutes appropriate and inappropriate behaviour, and special risks to members of the profession.

The following guide has been developed by the Client Relations Committee to assist midwives in fulfilling the spirit of the RHPA.

PRINCIPLES

As a health care professional who provides midwifery services the midwife needs to treat all clients professionally. Clients can expect the midwife to act in their best interests and respect their dignity. It should be noted that midwifery has traditionally provided intimate care where communication is sensitive, non-invasive and straightforward. The midwife/client relationship develops in a safe comfortable environment that engenders trust and mutual respect. It is that trust that gives the midwife the power of her professional position and access to private knowledge. She must abstain from obtaining personal gain at the client's expense. Establishing boundaries allows a safe connection for the midwife to meet the client's needs. This means that the midwife must refrain from inappropriate involvement in the client's personal relationships. The midwife should promote the client's autonomy.

Boundary violations can result when there is a confusion between the needs of the midwife and those of the client. Such violations are characterised by excessive personal disclosure by the midwife, secrecy or even a reversal of roles. Boundary violations can cause delayed distress which may not be recognized or felt by the client until harmful consequences occur. It is important that the midwife stay focused on the needs of each particular client. Personal boundary violations can be subtle intrusions and are often unintentional. In a publicly funded system the midwife will face many challenges in dealing with clients from diverse cultural backgrounds. A client's perception of a boundary violation will depend on her likes, dislikes, culture, past history and temperament, among other factors. In a client/midwife relationship the client trusts her midwife and may not feel free to express herself in defence against such violations.

A midwife should:

1. Attempt to maintain appropriate and culturally sensitive eye contact.
2. Respect the client's personal sense of space.
3. Employ correct vocabulary for body parts and procedures.
4. Avoid inappropriately affectionate words and behaviour.
5. Know when to call an interpreter. Talk directly with the client when working with interpreters and members of client's support network.
6. Avoid excessive personal disclosures.
7. Acknowledge the client's fear and embarrassment which are natural emotions during pregnancy and childbirth.
8. Avoid making comments that might be interpreted as sexual about a client's body or underclothing.
9. Provide the client with an opportunity to ask questions.
10. Be sensitive to the client when discussing intimate issues or probing for personal or private information.
11. Remain non-judgemental if a client discusses a boundary violation.

PHYSICAL TOUCH

Physical touch can be open to misinterpretation. Midwives should avoid causing unnecessary distress or embarrassment to clients by inappropriate touching.

Communication related to touching:

- Obtain client consent.
- Provide reassurance and explanations throughout procedure.
- Check the level of understanding and consent by the client.

Understand when to use gloves for reasons relating to universal precautions. The use of gloves when touching sexual areas decreases intimacy that might be interpreted as sexual. A glove should be worn on the opposite hand if touching the labia when doing vaginal examinations.

It is important that clients understand at all times what is being done.

1. The client is entitled to know why, where and when she is to be touched.
2. Consent may be withdrawn at any time during a procedure.
3. Agreement acquired verbally or non-verbally is required before a client may be touched.

Client concerns can never be ignored.

PROTECTION OF MODESTY

Midwives should:

1. Discuss draping with clients and make available a choice of coverings for clinical procedures such as Pap tests and physical assessment.
2. Allow clients' independence, enough time and privacy while disrobing.
3. Request clients' permission for students or others to observe procedures.

INAPPROPRIATE BEHAVIOURS

The following behaviours are inappropriate and could be considered grounds for a finding of professional misconduct as per the *RHPA* Section 51.

1. Criticize client's sexual orientation or sexual history.
2. Initiate conversation regarding sexual preferences or fantasies
3. Exhibit behaviour, gestures or expressions that are seductive or sexually demeaning to the client.