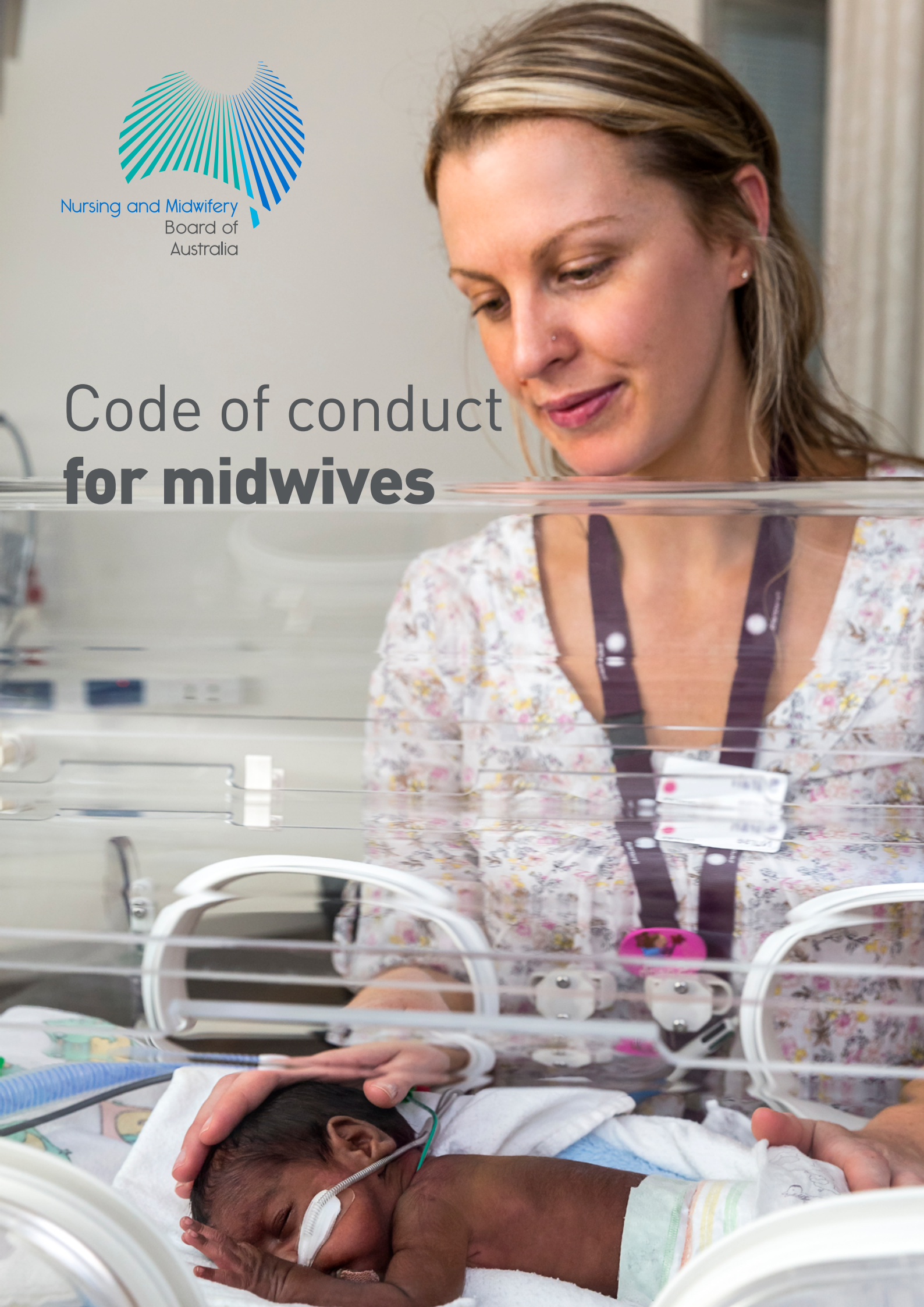




Nursing and Midwifery
Board of
Australia

Code of conduct **for midwives**





Foreword

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing standards, codes and guidelines that together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

In developing the *Code of conduct for midwives*, and consistent with its commitment to evidence-based structures, systems and processes, the NMBA carried out a comprehensive review that was informed by research and by the profession. The research included an international and national literature review of other codes and similar publications, a comparative analysis of the predecessor code of conduct to other codes and an analysis of notifications (complaints) made about the conduct and behaviour of midwives. Input was extensively sought in the form of focus groups, workshops, an expert working group and other consultation strategies which included the profession, the public and professional organisations.

The *Code of conduct for midwives* (the code) sets out the legal requirements, professional behaviour and conduct expectations for midwives in all practice settings, in Australia. The code is written in recognition that midwifery practice is not restricted to the provision of direct clinical care. Midwifery practice settings extend to working in a non-clinical relationship with women, working in management, leadership, governance, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the midwife's professional skills.

The code is supported by the NMBA Standards for practice and, with the other NMBA standards, codes and guidelines, underpins the requirements and delivery of safe, kind and compassionate midwifery practice.



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Chair, Nursing and Midwifery Board of Australia

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Introduction

The *Code of conduct for midwives* sets out the legal requirements, professional behaviour and conduct expectations for all midwives, in all practice settings, in Australia. It describes the principles of professional behaviour that guide safe practice, and clearly outlines the conduct expected of midwives by their colleagues and the broader community.

Individual midwives have their own personal beliefs and values. However, the code outlines specific standards which all midwives are expected to adopt in their practice. The code also gives students of midwifery an appreciation of the conduct and behaviours expected of midwives. Midwives have a professional responsibility to understand and abide by the code. In practice, midwives have a duty to make the interests of women their first concern, and to practise safely and effectively.

The code is consistent with the [National Law](#). It includes seven principles of conduct, grouped into domains, each with an explanatory value statement. Each value statement is accompanied by practical guidance to demonstrate how to apply it in practice. Underpinning the code is the expectation that midwives will exercise their professional judgement to deliver the best possible outcomes in practice.

This code applies to all midwives

The principles of the code apply to all types of midwifery practice in all contexts. This includes any work where a midwife uses midwifery skills and knowledge, whether paid or unpaid, clinical or non-clinical. This includes work in the areas of clinical care, clinical leadership, clinical governance responsibilities, education, research, administration, management, advisory roles, regulation or policy development. The code also applies to all settings where a midwife may engage in these activities, including face-to-face, publications, or via online or electronic means.

Using the code of conduct

The code will be used:

- to support individual midwives in the delivery of safe practice and fulfilling their professional roles
- as a guide for the public and consumers of health services about the standard of conduct and behaviour they should expect from midwives
- to help the NMBA protect the public, in setting and maintaining the standards set out in the code and to ensure safe and effective midwifery practice
- when evaluating the professional conduct of midwives. If professional conduct varies significantly from the values outlined in the code, midwives should be prepared to explain and justify their decisions and actions. Serious or repeated failure to abide by this code may have consequences for midwives' registration and may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct¹, and
- as a resource for activities which aim to enhance the culture of professionalism in the Australian health system. These include use, for example, in administration and policy development by health services and other institutions; in midwifery education, in management and for the orientation, induction and supervision of midwives and students.

The code is not a substitute for requirements outlined in the [National Law](#), other relevant legislation, or case law. Where there is any actual or perceived conflict between the code and any law, the law takes precedence. Midwives also need to understand and comply with all other NMBA standards, codes and guidelines.

¹ As defined in the National Law, with the exception of NSW where the definitions of unsatisfactory professional conduct and professional misconduct are defined in the [Health Practitioner Regulation National Law \(NSW\)](#)

Code of conduct for midwives: domains, principles and values

These domains, principles and values set out legal requirements, professional behaviour and conduct expectations for all midwives. The principles apply to all areas of practice, with an understanding that midwives will exercise professional judgement in applying them, with the goal of delivering the best possible outcomes.

(**To note:** *Woman* or *women* is used to refer to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. See glossary for further detail).

Domain: Practise legally

1. Legal compliance

Midwives respect and adhere to their professional obligations under the [National Law](#), and abide by relevant laws.

Domain: Practise safely, effectively and collaboratively

2. Woman-centred practice

Midwives provide safe, woman-centred and evidence-based practice for the health and wellbeing of women and, in partnership with the woman, promote shared decision-making and care delivery between the woman, her baby, nominated partners, family, friends and health professionals.

3. Cultural practice and respectful relationships

Midwives engage with women as individuals in a culturally safe and respectful way, foster open and honest professional relationships and adhere to their obligations about privacy and confidentiality.

Domain: Act with professional integrity

4. Professional behaviour

Midwives embody integrity, honesty, respect and compassion.

5. Teaching, supervising and assessing

Midwives commit to teaching, supervising and assessing students and other midwives, in order to develop the midwifery workforce across all contexts of practice.

6. Research in health

Midwives recognise the vital role of research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of women who participate in research.

Domain: Promote health and wellbeing

7. Health and wellbeing

Midwives promote health and wellbeing for women and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

Code of conduct for midwives

Domain: Practise legally

Principle 1: Legal compliance

Value

Midwives respect and adhere to professional obligations under the [National Law](#), and abide by relevant laws².

1.1 Obligations

It is important that midwives are aware of their obligations under the [National Law](#), including reporting requirements and meeting registration standards. Midwives must:

- a. abide by any reporting obligations under the [National Law](#) and other relevant legislation. Please refer to sections 129, 130, 131 and 141 of the [National Law](#) and the NMBA [Guidelines for mandatory notifications](#)
- b. inform the Australian Health Practitioner Regulation Agency (AHPRA) and their employer(s) if a legal or regulatory entity has imposed restrictions on their practice, including limitations, conditions, undertakings, suspension, cautions or reprimands, and recognise that a breach of any restriction would place the public at risk and may constitute unprofessional conduct or professional misconduct
- c. complete the required amount of CPD relevant to their context of practice. See the NMBA [Registration standard: Continuing professional development](#), [Policy: Exemptions from continuing professional development for nurses and midwives](#) and [Fact sheet: Continuing professional development](#) for these requirements
- d. ensure their practice is appropriately covered by professional indemnity insurance (see the NMBA [Registration standard: Professional indemnity insurance arrangements](#) and [Fact sheet: Professional indemnity insurance arrangements](#)), and
- e. inform AHPRA of charges, pleas and convictions relating to criminal offences (see the NMBA [Registration standard: Criminal history](#)).

1.2 Lawful behaviour

Midwives practise honestly and ethically and should not engage in unlawful behaviour as it may affect their practice and/or damage the reputation of the profession. Midwives must:

- a. respect the midwife-woman professional relationship by not taking possessions and/or property that belong to the woman and/or her family
- b. comply with relevant poisons legislation, authorisation, local policy and own scope of practice, including to safely use, administer, obtain, possess, prescribe, sell, supply and store medications and other therapeutic products
- c. not participate in unlawful behaviour and understand that unlawful behaviour may be viewed as unprofessional conduct or professional misconduct and have implications for their registration, and
- d. understand that making frivolous or vexatious complaints may be viewed as unprofessional conduct or professional misconduct and have implications for their registration.

1.3 Mandatory reporting

Caring for those who are vulnerable brings legislative responsibilities for midwives, including the need to abide by relevant mandatory reporting requirements as they apply across individual states and territories. Midwives must:

- a. abide by the relevant mandatory reporting legislation that is imposed to protect groups that are particularly at risk, including reporting obligations about child abuse and neglect and remaining alert to the newborn and infants who may be at risk, and
- b. remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation and act on welfare concerns where appropriate.

² The code does not address in detail the full range of legal and ethical obligations that apply to midwives. Examples of legal obligations include, but are not limited to, obligations arising in Acts and Regulations relating to privacy, the aged and disabled, child protection, bullying, anti-discrimination and workplace health and safety issues. Midwives should ensure they know all of their legal obligations relating to professional practice, and abide by them.

Principle 2: Woman-centred practice

Value

Midwives provide safe, woman-centred, evidence-based practice for the health and wellbeing of women and, in collaboration with the woman, promote shared decision-making and care delivery between the woman and baby, nominated partners, family, friends and health professionals.

2.1 Midwifery practice

Midwives apply woman-centred and evidence-based decision-making, and have a responsibility to ensure the delivery of safe and quality care. Midwives must:

- a. practise in accordance with the standards of the profession and broader health system (including the NMBA standards, codes and guidelines and the Australian Commission on Safety and Quality in Health Care)
- b. provide leadership to ensure the delivery of safe and quality care and understand their professional responsibility to protect women, ensuring employees comply with their obligations, and
- c. document and report concerns if they believe the practice environment is compromising the health and safety of women receiving care.

2.2 Decision-making

Making decisions about healthcare is the shared responsibility of the woman (who may wish to involve her nominated partner, family and friends), the midwife and other health professionals. Midwives should create and foster conditions that promote shared decision-making and collaborative practice. To support shared decision-making, midwives must:

- a. take a woman-centred approach to managing a woman's care and concerns, supporting the woman in a manner consistent with that woman's values and preferences
- b. advocate on behalf of the woman where necessary, and recognise when substitute decision-makers are needed (including legal guardians or holders of power of attorney)
- c. support the right of women to seek second and/or subsequent opinions, or the right to refuse treatment/care
- d. recognise that care may be provided to the same woman by different midwives, and by other members of the healthcare team, at various times
- e. recognise and work within their scope of practice which is determined by their education, training, authorisation, competence, qualifications and experience, in accordance with local policy (see also the NMBA Decision-making framework)
- f. recognise when an activity is not within their scope of practice and refer women to another health practitioner when this is in the best interests of the woman receiving care
- g. take reasonable steps to ensure any person to whom a midwife delegates, refers, or hands over care has the qualifications, experience, knowledge, skills and scope of practice to provide the care needed (see also the NMBA Decision-making framework), and
- h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the woman receiving care, the focus of midwifery activities, the degree to which practice is autonomous and the resources available.

2.3 Informed consent

Informed consent is a woman's voluntary agreement to healthcare, which is made with knowledge and understanding of the potential benefits and risks involved. In supporting the right to informed consent, midwives must:

- a. support the provision of information to the woman about her care in a way and/or in a language/dialect she can understand through the utilisation of translating and interpreting services, when necessary. This includes information on examinations and investigations, as well as treatments
- b. give the woman adequate time to ask questions, make decisions and to refuse, interventions, investigations and treatments, and proceed in accordance with the woman's choice, considering local policy
- c. act according to the woman's capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care
- d. obtain informed consent or other valid authority before carrying out an examination or investigation, provide treatment (this may not be possible in an emergency), or involving women in teaching or research, and
- e. inform the woman of the benefit as well as associated costs or risks if referring the woman for further assessment, investigations or treatments, which they may want to clarify before proceeding. (See also the Australian College of Midwives [National Midwifery Guidelines for Consultation and Referral](#)).

2.4 Adverse events and open disclosure

When a woman is harmed by healthcare (adverse events), midwives have responsibilities to be open and honest in communicating with the woman, to review what happened, and to report the event in a timely manner and in accordance with local policy. When something goes wrong, midwives must:

- a. recognise and reflect on what happened and report the incident
- b. act immediately to rectify the problem if possible, and intervene directly if it is needed to protect the woman's safety. This responsibility includes escalating concerns if needed
- c. abide by the principles of open disclosure and non-punitive approaches to incident management
- d. identify the most appropriate healthcare team member to provide an apology and an explanation to the woman, as promptly and completely as possible, that supports open disclosure principles
- e. listen to the woman, acknowledge any distress she experienced and provide support. In some cases it may be advisable to refer the woman to another midwife or health professional
- f. ensure women have access to information about how to make a complaint, and that in doing so, not allow a complaint or notification to negatively affect the care they provide, and
- g. seek advice from their employer, AHPRA, their professional indemnity insurer, or other relevant bodies, if they are unsure about their obligations.

See also the Australian Commission on Safety and Quality in Health Care's publication: [Australian Open Disclosure Framework](#).



Principle 3: Cultural practice and respectful relationships

Value

Midwives engage with women as individuals in a culturally safe and respectful way, foster open, honest and compassionate professional relationships and adhere to their obligations about privacy and confidentiality.

3.1 Aboriginal and/or Torres Strait Islander peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, midwives must:

- a. provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples
- b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and
- c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.

See the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#).

See also [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives](#).

3.2 Culturally safe and respectful practice

Culturally safe and respectful practice requires having knowledge of how a midwife's own culture, values, attitudes, assumptions and beliefs influence their interactions with women and families, the community and colleagues. To ensure culturally safe and respectful practice, midwives must:

- a. understand that only the woman and/or her family can determine whether or not care is culturally safe and respectful
- b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of women and others, including among team members
- c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
- d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
- e. support an inclusive environment for the safety and security of the individual woman and her family and/or significant others, and
- f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including women and colleagues.

3.3 Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, midwives must:

- a. be aware of health literacy issues, and take health literacy into account when communicating with women
- b. make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of women and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding
- c. endeavour to confirm the woman understands any information communicated to her
- d. clearly and accurately communicate relevant and timely information about the woman to colleagues, within the bounds of relevant privacy requirements, and
- e. be non-judgemental and not refer to women in a non-professional manner verbally or in correspondence/ records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

3.4 Bullying and harassment

When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks their wellbeing. Midwives understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and that where it is affecting public safety, may have implications for their registration. Midwives must:

- a. never engage in, ignore or excuse such behaviour
- b. recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues
- c. understand social media is sometimes used as a mechanism to bully or harass, and that midwives should not engage in, ignore or excuse such behaviour
- d. act to eliminate bullying and harassment, in all its forms, in the workplace, and
- e. escalate their concerns if an appropriate response does not occur.

For additional guidance see the Australian Human Rights Commission's [Fact sheet on workplace bullying](#)

See also [Nurse & Midwife Support](#), the national health support service for nurses, midwives and students.

3.5 Confidentiality and privacy

Midwives have ethical and legal obligations to protect the privacy of women. Women have a right to expect that midwives will hold information about them in confidence, unless the release of information is needed by law, legally justifiable under public interest considerations or is required to facilitate emergency care. To protect privacy and confidentiality, midwives must:

- a. respect the confidentiality and privacy of the woman by seeking informed consent before disclosing information, including formally documenting such consent where possible
- b. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple women at the same time, or in a shared space
- c. abide by the NMBA [Social media policy](#) and relevant [Standards for practice](#), to ensure use of social media is consistent with the midwife's ethical and legal obligations to protect privacy
- d. access records only when professionally involved in the care of the woman and authorised to do so
- e. not transmit, share, reproduce or post any woman's information or images, even if the woman is not directly named or identified, without having first gained written and informed consent. See also the NMBA [Social media policy](#) and [Guidelines for advertising regulated health services](#)
- f. recognise the woman's right to access information contained in her health records, facilitate that access and promptly facilitate the transfer of health information when requested by the woman in accordance with local policy, and
- g. when closing or relocating a practice, facilitating arrangements for the transfer or management of all health records in accordance with the legislation governing privacy and health records.

3.6 End-of-life care

Midwives may have a role in helping the community to deal with the reality of death and its consequences. In providing culturally appropriate end-of-life care, midwives must:

- a. understand the limits of healthcare in prolonging life, and recognise when efforts to prolong life may not be in the best interest of the woman
- b. accept that the woman, has the right to refuse treatment, or to request withdrawal of treatment, while ensuring the woman receives relief from distress
- c. respect diverse cultural practices and beliefs related to death and dying
- d. facilitate advance care planning and provision of end-of-life care where relevant and in accordance with local policy and legislation, and
- e. take reasonable steps to ensure support is provided to the woman and her family, even when it is not possible to deliver the outcome they desire.

See also the [Australian Commission on Safety and Quality in Health Care - End-of-Life Care](#).

Principle 4: Professional behaviour

Value

Midwives embody integrity, honesty, respect and compassion.

4.1 Professional boundaries

Professional boundaries allow midwives, the woman and the woman's nominated partners, family and friends to engage safely and effectively in professional relationships, including where care involves personal and/or intimate contact. In order to maintain professional boundaries, there is a start and end point to the professional relationship and it is integral to the midwife-woman professional relationship. Adhering to professional boundaries promotes woman-centred practice and protects both parties. To maintain professional boundaries, midwives must:

- a. recognise the inherent power imbalance that exists between midwives, women in their care and significant others and establish and maintain professional boundaries
- b. actively manage the woman's expectations, and be clear about professional boundaries that must exist in professional relationships for objectivity in care and prepare the woman for when the episode of care ends
- c. avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship, and ensure that such relationships do not impair their judgement. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is long-term professional, social and/or family engagement
- d. avoid sexual relationships with the woman, her partner and/or members of the woman's family, with whom they have currently or had previously entered into a professional relationship. These relationships are inappropriate in most circumstances and could be considered unprofessional conduct or professional misconduct
- e. recognise when over-involvement has occurred, and disclose this concern to an appropriate person, whether this is the person involved or a colleague
- f. reflect on the circumstances surrounding any occurrence of over-involvement, document and report it and engage in management to rectify or manage the situation
- g. in cases where the professional relationship has become compromised or ineffective and ongoing care is needed, facilitate arrangements for the continuing care of the woman to another health practitioner, including passing on relevant clinical information (see also 3.3 Effective communication)
- h. actively address indifference, omission, disengagement/lack of care and disrespect to women that may reflect under-involvement, including escalating the issue to ensure the safety of the woman if necessary
- i. avoid expressing personal beliefs to the woman in ways that exploit the woman's vulnerability, are likely to cause her unnecessary distress, or may negatively influence her autonomy in decision-making (see the [NMBA Standards for practice](#)), and
- j. not participate in physical assault such as striking, unauthorised restraining and/or applying unnecessary force.

4.2 Advertising and professional representation

Midwives must be honest and transparent when describing their education, qualifications, previous occupations and registration status. This includes, but is not limited to, when midwives are involved in job applications, self-promotion, publishing of documents or web content, public appearances, or advertising or promoting goods or services. To honestly represent products and regulated health services, and themselves, midwives must:

- a. comply with legal requirements about advertising outlined in the National Law (explained in the [NMBA Guidelines for advertising regulated health services](#)), as well as other relevant Australian state and territory legislation
- b. provide only accurate, honest and verifiable information about their registration, experience and qualifications, including any conditions that apply to their registration (see also Principle 1: Legal compliance)
- c. only use the title of midwife if they hold valid registration (see the [NMBA Fact sheet: The use of health practitioner protected titles](#)), and
- d. never misrepresent, by either a false statement or an omission, their registration, experience, qualifications or position.

4.3 Legal, insurance and other assessments

Midwives may be contracted by a third party to provide an assessment of a woman who is not in their care, such as for legal, insurance or other administrative purposes. When this occurs, the usual midwife-woman professional relationship does not exist. In this situation, midwives must:

- a. explain to the woman their professional area of practice, role, and the purpose, nature and extent of the assessment to be performed
- b. anticipate and seek to correct any misunderstandings the woman may have about the nature and purpose of the assessment and report, and
- c. inform the woman and/or her referring health professional of any unrecognised, serious problems that are discovered during the assessment, as a matter of duty-of-care.

4.4 Conflicts of interest

Women rely on the independence and trustworthiness of midwives who provide them with advice or treatment. In midwifery practice, a conflict of interest arises when a midwife has financial, professional or personal interests or relationships and/or personal beliefs that may affect the care they provide or result in personal gain.

Such conflicts may mean the midwife does not prioritise the interests of the woman as they should, and may be viewed as unprofessional conduct. To prevent conflicts of interest from compromising care, midwives must:

- a. act with integrity and in the best interests of women when making referrals, and when providing or arranging treatment or care
- b. responsibly use their right to not provide, or participate directly in, treatments to which they have a conscientious objection. In such a situation, midwives must respectfully inform the woman, their employer and other relevant colleagues, of their objection and ensure the woman has alternative care options
- c. proactively and openly inform the woman if a midwife, or the midwife's immediate family, have a financial or commercial interest that could be perceived as influencing the care they provide
- d. not offer financial, material or other rewards (inducements) to encourage others to act in ways that personally benefit the midwife, nor do anything that could be perceived as providing inducements, and
- e. not allow any financial or commercial interest in any entity providing healthcare services or products to negatively affect the way the woman is treated.

4.5 Financial arrangements and gifts

It is necessary to be honest and transparent with women. To ensure there is no perception of actual or personal gain for the midwife, midwives must:

- a. when providing or recommending services, discuss with the woman all fees and charges expected to result from a course of treatment in a manner appropriate to the professional relationship, and not exploit the woman's vulnerability or lack of knowledge
- b. only accept token gifts of minimal value that are freely offered, and report the gift in accordance with local policy
- c. not accept, encourage or manipulate the woman to give, lend, or bequeath money or gifts that will benefit a midwife directly or indirectly
- d. not become financially involved with a woman who has or who will be in receipt of their care, for example through bequests, powers of attorney, loans and investment schemes, and
- e. not influence the woman or her family to make donations and where the woman seeks to make a donation refer to the local policy.

Principle 5: Teaching, supervising and assessing

Value

Midwives commit to teaching, supervising and assessing students and other midwives in order to develop the midwifery workforce across all contexts of practice.

5.1 Teaching and supervising

It is the responsibility of all midwives to create opportunities for midwifery students and midwives under supervision to learn, as well as benefit from oversight and feedback. In their teaching and supervisor roles, midwives must:

- a. seek to develop the skills, attitudes and practices of an effective teacher and/or supervisor
- b. reflect on the ability, competence and learning needs of each student or midwife who they teach or supervise and plan teaching and supervision activities accordingly, and
- c. avoid, where possible, any potential conflicts of interest in teaching or supervision relationships that may impair objectivity or interfere with the supervised person's learning outcomes or experience. This includes, for example, not supervising somebody with whom they have a pre-existing non-professional relationship.

5.2 Assessing colleagues and students

Assessing colleagues and students is an important part of making sure that the highest standard of practice is achieved across the profession. In assessing the competence and performance of colleagues or students, midwives must:

- a. be honest, objective, fair, without bias and constructive, and not put women at risk of harm by inaccurate and inadequate assessment, and
- b. provide accurate and justifiable information promptly, and include all relevant information when giving references or writing reports about colleagues.

See also the NMBA [Supervision guidelines for nursing and midwifery](#).

Principle 6: Research in health

Value

Midwives recognise the vital role of research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of women who participate in research.

6.1 Rights and responsibilities

Midwives involved in design, organisation, conduct or reporting of health research have additional responsibilities. Midwives involved in research must:

- a. recognise and carry out the responsibilities associated with involvement in health research
- b. in research that involves human participants, respect the decision-making of women to not participate and/or withdraw from a study, ensuring their decision does not compromise their care or any midwife-woman professional relationship(s), and
- c. be aware of the values and ethical considerations for Aboriginal and/or Torres Strait Islander communities when undertaking research.

See also the National Health and Medical Research Council publication: [Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#).

See also Principle 2 on the application of evidence-based decision-making for delivery of safe and quality care.



Principle 7: Health and wellbeing

Value

Midwives promote health and wellbeing for women and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

7.1 Your and your colleagues' health

Midwives have a responsibility to maintain their physical and mental health to practise safely and effectively. To promote health for midwifery practice, midwives must:

- a. understand and promote the principles of public health, such as health promotion activities and vaccination
- b. act to reduce the effect of fatigue and stress on their health, and on their ability to provide safe care
- c. encourage and support colleagues to seek help if they are concerned that their colleague's health may be affecting their ability to practise safely, utilising services such as [Nurse & Midwife Support](#), the national health support service for nurses, midwives and students
- d. seek expert, independent and objective help and advice if they are ill or impaired in their ability to practise safely. Midwives must remain aware of the risks of self-diagnosis and self-treatment, and act to reduce these, and
- e. take action, including a mandatory or voluntary notification to AHPRA, if a midwife knows or reasonably suspects that they or a colleague have a health condition or impairment that could adversely affect their ability to practise safely, or put women at risk (see also Principle 1: Legal compliance).

7.2 Health advocacy

There are significant disparities in the health status of various groups in the Australian community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. In advocating for community and population health, midwives must:

- a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
- b. understand and apply the principles of primary and public health, including health education, health promotion, disease prevention and control and health screening using the best available evidence in making practice decisions, and
- c. participate in efforts to promote the health of communities and meet their obligations with respect to disease prevention including vaccination, health screening and reporting notifiable diseases.

See also the NMBA [Position statement on nurses, midwives and vaccination](#).

Glossary

These meanings relate to the use of terms in the *Code of conduct for midwives*.

Advance care planning is an on-going process of shared planning for current and future healthcare. It allows an individual to make known their values, beliefs and preferences to guide decision-making, even after when the individual cannot make or communicate their preferences and decisions (See [Advance Care Planning Australia](#)).

Bullying and harassment is 'when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless'.³

Competence is the possession of required skills, knowledge, education and capacity.

Cultural safety concept was developed in a First Nations' context and is the preferred term for nursing and midwifery. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the "presence or absence of cultural safety is determined by the recipient of care; it is not defined by the caregiver" (CATSINaM, 2014, p. 9⁴). Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care. In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a de-colonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017b, p. 11⁵). In focusing on clinical interactions, particularly power inequity between patient and

health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare. Cultural safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (CATSINaM, 2017a⁶).

Delegation is the relationship that exists when a midwife devolves aspects of midwifery practice to another person. Delegations are made to meet the woman and her baby's health needs. The midwife who is delegating retains accountability for the decision to delegate. The midwife is also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the competence and risks. For further details see the [NMBA National framework for the development of decision-making tools for nursing and midwifery practice](#).

Discrimination is the unjust treatment of one or more person/s based on factors such as race, religion, sex, disability or other grounds specified in anti-discrimination legislation⁷.

Handover is the process of transferring all responsibility for the care of the woman to another health practitioner or person.

Health literacy 'is about how people understand information about health and healthcare, how they apply that information to their lives, use it to make decisions and act on it'.⁸

Local policy refers to the policies that apply to decision-making, relevant to the specific location and/or organisation where practice is being undertaken.

Mandatory notification is the requirement under the National Law for registered health practitioners, employers and education providers to report certain conduct (see [Guidelines for mandatory notifications](#)).

Mandatory reporting is a state and territory legislative requirement imposed to protect at risk groups such as the aged, children and young people.

Midwife is a person with prescribed educational preparation and competence for practice who is registered by the NMBA. The NMBA has endorsed the International Confederation of Midwives definition of a midwife and applied it to the Australian context.

3 Australian Human Rights Commission, 'What is bullying?' www.humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet

4 CATSINaM, 2014, *Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*, CATSINaM, Canberra.

5 CATSINaM, 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra.

6 CATSINaM, 2017a, *Position statement: Embedding cultural safety across Australian nursing and midwifery*, CATSINaM, Canberra.

7 Australian Human Rights Commission, 'Discrimination' www.humanrights.gov.au/quick-guide/12030

8 Australian Commission on Safety and Quality in Health Care, *Health literacy*: www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy

National law means the Health Practitioner Regulation National Law that is in force in each state and territory in Australia and applies to those professions regulated under that law (see [Australian Health Practitioner Regulation Agency](#)).

Nominated partners, family and friends include people in consensual relationships with the woman as identified by the woman.

Open disclosure is an open and honest discussion with a person about any incident (s) that caused harm while receiving healthcare. It includes an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to describe their experience, and an explanation of the steps being taken to manage the event and prevent recurrence⁹ ([Australian Commission on Safety and Quality in Health Care](#)).

Over-involvement is when the midwife confuses their needs with the needs of the woman in their care and crosses the boundary of a professional relationship. Behaviour may include favouritism, gifts, intimacy or inappropriate relationships with the partner or family member of a woman in the midwife's care.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a midwife. Practice is not restricted to the provision of direct clinical care. It also includes working in a non-clinical relationship with women, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional boundaries allow a midwife and a woman and her baby, and any of the woman's significant other persons, to engage safely and effectively in a therapeutic and/or professional relationship. Professional boundaries refers to the clear separation that should exist between professional conduct aimed at meeting the health needs of the woman, and behaviour which serves a midwife's own personal views, feelings and relationships that are not relevant to the professional relationship.

Professional misconduct includes conduct by a health practitioner that is substantially below the expected standard and which, whether connected to practice or not, is inconsistent with being a fit and proper person to be registered in the profession.

Professional relationship is an ongoing interaction that observes a set of established boundaries or limits that is deemed appropriate under governing standards. The midwife is sensitive to a woman's situation and purposefully engages with her using knowledge and skills with respect, compassion and kindness. In the relationship, the woman's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Referral involves a midwife sending the woman to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the woman, usually for a defined time and for a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips. It includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local, microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Substitute decision-maker is a general term for a person who is either a legally appointed decision-maker for the woman, or has been nominated to make healthcare decisions on behalf of a woman whose decision-making capacity is impaired.

Supervision includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. For details see the NMBA [Supervision guidelines for nursing and midwifery](#).

Therapeutic relationships are different to personal relationships. In a therapeutic relationship the midwife is sensitive to a woman's situation and purposefully engages with her using knowledge and skills in respect, compassion and kindness. In the relationship the woman's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Unprofessional conduct includes conduct of a lesser standard that might reasonably be expected by the public or professional peers.

Woman or women is used to refer to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. The word woman in midwifery is generally understood to be inclusive of the woman's baby, partner and family. Therefore, the words woman or women include all the women, babies, newborn, infants, children, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice. Baby in this document refers to the newborn/s, infant/s and child/children as relevant to the midwife's scope of practice.

Woman-centred practice is a collaborative and respectful partnership built on mutual trust and understanding through good communication. Each woman is treated as an individual with the aim of respecting women's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Woman-centred practice recognises the role of family and community with respect to cultural and religious diversity.

9 Australian Commission on Safety and Quality in Health Care, *Australian Open Disclosure Framework*: <https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>

Bibliography

The Australian Commission on Safety and Quality in Health Care website www.safetyandquality.gov.au provides relevant guidance on a range of safety and quality issues. Information of particular relevance to midwives includes:

- end-of-life care
- hand hygiene
- healthcare rights
- health literacy
- medication administration, and
- open disclosure and incident management.

The Australian Health Practitioner Regulation Agency (www.ahpra.gov.au) works in partnership with the NMBA to regulate nurses and midwives in Australia.

The Australian Human Rights Commission also provides resources that promote and protect human rights. Resources on workplace bullying include a fact sheet and a 'get help' section at www.humanrights.gov.au.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) website (catsinam.org.au) promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives and to close the gap in health for Aboriginal and Torres Strait Islander peoples.

The National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 provides an evidence-based framework for a coordinated approach to improving Aboriginal and/or Torres Strait Islander people's health. For additional information go to www.health.gov.au/NATSIHP.

The National Health and Medical Research Council website www.nhmrc.gov.au provides relevant information on informed consent and research issues.

The national Nurse & Midwife Support service www.nmsupport.org.au provides 24 hour access to health support anywhere in Australia.

The Therapeutic Goods Administration website www.tga.gov.au provides relevant information on therapeutic goods.



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