



Code of ethics for midwives in Australia

Nursing and Midwifery
Board of
Australia

Developed under the auspices of Australian Nursing and Midwifery Council, Australian College of Nursing, Australian Nursing Federation

Definition of the midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with each woman to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and

the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to each woman's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane, Australia; supersedes the ICM Definition of the Midwife 1972 and its amendments of 1990.

Introduction

This *Code of ethics for midwives in Australia* has been developed for the midwifery profession in Australia. It is relevant to all midwives in all areas of maternity services including those encompassing the midwifery practice, management, education and research domains.¹ Midwives have a responsibility to promote this Code in midwifery and maternity services, participating in policy at all levels of governance, and developing their knowledge and understanding of ethics and midwifery in order to respond effectively to issues arising from their practice.

In considering this Code and its companion the *Code of professional conduct for midwives in Australia*, it should be borne in mind that they are designed for multiple audiences: midwives; midwifery students; women receiving midwifery care and their families; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code reflects the Australian College of Midwives *Philosophy Statement* (2004) and the midwifery profession's commitment to respect, promote, protect and uphold the rights of women and their infants, in both the receipt and provision of midwifery care and maternity services. It is also framed in part by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights*, *International Covenant of Economic, Social and Cultural Rights* and *International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.²

This Code is also complementary to the International Confederation of Midwives *Code of ethics* (2005) and is intended to be interpreted in conjunction with that code, as well as other ethical standards and guidelines developed by Australian state and territory professional midwifery organisations and nursing and midwifery regulatory authorities. The Code is supported by the *Code of professional conduct for midwives in Australia*. The *National competency standards for the midwife in Australia* (2006) flow from these Codes and have strong linkages and identifiable common subject matter. Whereas this Code sets out certain values for guiding the ethical orientation and behaviour of midwives in practice domains, the *Code of professional conduct for midwives in Australia* sets out certain practice requirements.

Code of ethics for midwives

1. Midwives value quality midwifery care for each woman and her infant(s).
2. Midwives value respect and kindness for self and others.
3. Midwives value the diversity of people.

4. Midwives value access to quality midwifery care for each woman and her infant(s).
5. Midwives value informed decision making.
6. Midwives value a culture of safety in midwifery care.
7. Midwives value ethical management of information.
8. Midwives value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

Purpose

The purpose of the Code is to:

- identify the fundamental ethical standards and values to which the midwifery profession is committed, and that are incorporated in other professional midwifery codes and standards for woman-centred midwifery practice
- provide midwives with a reference point from which to reflect on the conduct of themselves and others
- indicate to each woman receiving midwifery care and her family, colleagues from other professions, and the Australian community generally the human rights standards and ethical values they can expect midwives to uphold
- guide ethical decision making and midwifery practice.

Women-centred midwifery and human rights

The midwife's primary professional responsibility is toward each woman and her infant(s) requiring or receiving midwifery care, in particular the individual woman-midwife partnership, while recognising and respecting the role of partners, family and friends in the woman's life. Midwives assist women in pregnancy, childbirth and early parenting, and support them to maintain, restore or improve their health and that of their infants.

The midwifery profession recognises the universal human rights of people, and in particular of each woman and her infant(s); and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.³ This includes recognising, respecting, actively promoting and safeguarding the right of each woman and her infant(s) to the highest attainable standard of midwifery care as a fundamental human right, and that 'violations or lack of attention to human rights can have serious health consequences'.⁴

In recognising the linkages and operational relationships that exist between childbirth and human rights, the midwifery profession respects the human rights of Australia's Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of, and live a distinct and

viable culture that shapes their world view and influences their daily decision making. Midwives recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.⁵

The midwifery profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of midwives to provide just, compassionate, culturally competent and culturally responsive midwifery care to each childbearing woman and her infant(s).

Guiding framework

The guiding framework of this Code is woman-centred midwifery. While the Code speaks to individuals, it signals the standards and values of the profession (not of individuals) that midwives are expected to uphold whether in direct midwifery care or managerial, educational or research practice.⁶

This Code contains eight value statements. The explanations accompanying the value statements are organised into five categories: self, the woman and her infant(s), partner and family, colleagues and community.

- **Self:** refers to a midwife, registered or endorsed, who is employed in that capacity. It also refers to students of midwifery.
- **The woman and her infant(s):** refers to the child-bearing woman, during pregnancy, labour, birth, early parenting and at any other stage when she seeks and receives maternity services; infant(s) includes the unborn baby and newborn baby, alive or dead, and in the event of multiple births refers to each infant.
- **Partner and family:** refers to a woman's partner and immediate family as defined or described by the woman. Note that this term is used for the sake of simplicity. It is to be read to include the full range of forms the contemporary Australian family takes, and may include fathers (of the infants), husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others associated with the woman. It may include some family members who are not in Australia.
- **Colleagues:** includes other midwives, midwifery and other students, health care providers and others legitimately involved in the care of the woman and her infant(s).
- **Community:** refers to Australian society as a whole regardless of geographic location and any specific group the woman defines as her community, including those

identifying as culturally connected through ethnicity, shared history, religion, gender, age and other ways.

This Code and the explanations are not intended to provide a formula for the resolution of ethical problems, nor can they adequately address the definitions and exploration of terms, concepts and practical issues that are part of the broader study of midwifery and ethics.

It is intended that this Code and the explanations:

- guide ethical relationships between the childbearing woman and the midwife, and the midwife and others such as colleagues and the woman's partner and family
- assist further exploration and consideration of ethical matters in midwifery.

In addition to the social context in which it takes place, midwifery care may be affected by government policies, laws, resource constraints, institutional policies, management decisions, Aboriginal and Torres Strait Islander community protocols and practices and the practice of other health care providers.

Code of ethics

Value statement 1

Midwives value quality midwifery care for each woman and her infant(s)

Explanation

At the heart of valuing quality midwifery care is valuing each woman, the process of childbirth, the woman-midwife partnership, and the motherbaby relationship. This involves midwives assisting each woman during pregnancy, birth and the early postnatal period, providing support, advice and care according to individual needs. The woman-midwife partnership focuses on the health and midwifery needs of the woman, her infant(s) and her partner and family. Midwives have a responsibility not to interfere with the normal process of pregnancy and childbirth⁷ unless it is necessary for the safety of the women and infant(s).⁸ Quality midwifery care also necessitates midwives being accountable for the standard of care they provide; helping to raise the standard; and taking action when they consider, on reasonable grounds,⁹ the standard to be unacceptable. This includes a responsibility to question and report unethical behaviour or treatment.¹⁰

1. **Self:** Self-care involves acknowledging one's own strengths and limitations and developing personal qualities that promote professional practices. This includes midwives improving their knowledge, skills and attitudes in order to provide evidence-based, safe, quality support, advice and care in their midwifery practice and maximising the woman's capacity to enjoy and be in

control of their pregnancy, birth and parenting. Midwives are entitled to conscientiously refuse to participate in midwifery care they believe on religious or moral grounds to be unacceptable ('conscientious objection'). Midwives account for their midwifery decisions, accept their moral and legal responsibilities, and practise within the boundaries of their professional role, avoiding situations that may impair quality midwifery care.

2. **The woman and her infant(s):** A midwife's primary responsibility is to the woman and her infant(s).¹¹ Midwives strive to secure for each woman and her infant(s) the best available support during pregnancy, labour, birth, the postnatal period and at any other time they require midwifery care. To achieve this, midwives recognise the validity of the woman's knowledge of self during pregnancy, labour, birth and early parenting; and the need for each woman to have freedom to make choices about her care, informed decision making, and a trusting, supportive and protective environment. Midwives also strive to ensure that the infant's health needs are met, including promoting a safe birth and the establishment of breastfeeding.
3. **Partner and family:** Midwives value the importance of the supportive role of the woman's partner and family in her life, from the time of the infant's conception, development and birth into the existing family and social network. This involves knowing the woman, her partner and family, and respecting individuality and difference within families.
4. **Colleagues:** Midwives collaborate with colleagues working in partnership with the woman, advocating for her needs while supporting and sustaining each other in their professional roles. Midwives acknowledge the role and expertise of other health professionals providing care and support for each childbearing woman. Midwives take steps to ensure that not only they, but also their colleagues, provide quality maternity care. This may involve reporting to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Midwives support colleagues whom they reasonably consider are complying with this expectation.
5. **Community:** Midwives value their role in providing health counselling and education in the broader community as well as for the woman and within the family. Midwives individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for each childbearing woman. This includes protecting cultural practices beneficial to each woman, her infant(s), partners and families, and acting to mitigate harmful cultural practices.¹²

Value statement 2

Midwives value respect and kindness for self and others

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of midwifery care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to midwifery care reduces the power imbalance between a midwife and the woman and her infant(s) receiving care, by placing the midwife at the service of the woman and her infant(s), which is the appropriate relationship.

- 1. Self:** Respecting oneself recognises one's own intrinsic worth as a person, and is reflected in personal identity and kindness toward oneself. Self-respect enables midwives to foster their sense of personal wellbeing, and act in ways that increase their own sense of self-worth. This involves midwives maintaining their own health, acknowledging their physical and psychological strengths and limitations and developing personal qualities that promote effective professional relationships and practices.
- 2. The woman and her infant(s):** Midwives work in partnership with the woman in childbearing and parenting, and help others including the woman and her infant(s), in order to promote a healthy experience and prevent or reduce possible harm. Midwives actively preserve the dignity of the woman and her infant(s) through practised kindness and by recognising the potential for vulnerability and powerlessness of women in their care. The power relativities between a woman and a midwife may be significant, where the woman may have limited knowledge, experiences pain and fear, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a consequential power differential in the relationship between midwife and the woman in their care that must be recognised and managed.¹³
- 3. Partner and family:** Respecting the woman's partner and family recognises the need they may have for support and protection in maintaining their active involvement during pregnancy, childbirth and early parenting, while recognising the woman's right to self-determination.
- 4. Colleagues:** Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting a collaborative approach to maternity services; and taking into account their opinions, feelings, preferences and attitudes. Dismissiveness, indifference, manipulateness and bullying are intrinsically disrespectful and ethically unacceptable. Qualified

midwives supporting and mentoring students provide positive role models for future midwifery practice.

- 5. Community:** Respect for the community requires midwives to recognise the moral claims of society, their impact on childbirth and midwifery practice, and the fundamental human rights underpinning them. Midwives respond to community needs and concerns, promote health, participate in community affairs and political life, and respond to the diversity of Australian society. Midwives, individually and collectively, create and maintain equitable and culturally and socially responsive maternity services for each woman and her infant(s) living in Australia.

Value statement 3

Midwives value the diversity of people

Explanation

Valuing the diversity of people requires midwives to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of midwifery care.¹⁴

- 1. Self:** Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves midwives recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.
- 2. The woman and her infant(s):** Valuing the diversity of each woman involves acknowledging and responding to each woman as a unique individual and to her culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken¹⁵ enabling them to better understand and respond effectively to the cultural and communication needs of each woman during midwifery care.
- 3. Partner and family:** Valuing the diversity of families involves acknowledging and responding to them as unique individuals and to their culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken so that they can better understand and respond effectively to the cultural and communication needs of partners and families.
- 4. Colleagues:** Midwives value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.
- 5. Community:** Midwives recognise and accept the diversity of people constituting Australian society, and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Midwives seek to eliminate disparities and inequities in midwifery care, especially among population groups in society that are considered most vulnerable, including

Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Midwives do this by ensuring each woman and her infant(s) are not disadvantaged or harmed because of their appearance, language, culture,¹⁶ religion, thinking, beliefs, values, perceptions, sex and gender roles, sexual orientation, national or social origin, economic or political status, physical or mental disability, health status,¹⁷ or any other characteristics that may be used by others to nullify or impair the equal enjoyment or exercise of the right to midwifery care.

Value statement 4

Midwives value access to quality midwifery care for each woman and her infant(s)

Explanation

Valuing midwifery care for each woman and her infant(s) requires midwives to uphold the principles and standards of the right to midwifery care as measured by its availability, accessibility, acceptability, quality and safety.¹⁸ Specifically, access refers to the extent to which a woman and her infant(s) or a community can obtain midwifery services. This includes knowledge of when it is appropriate to seek midwifery care, and the ability to travel to and the means to pay for midwifery care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, sexuality or level of income.

- 1. Self:** Midwives value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes midwives maintaining and improving their knowledge, skills and attitudes so that they can perform their professional roles effectively in the respective domains in which they may work. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial, or clinical domain¹⁹), midwives act in accordance with the statements contained in this Code concerning conscientious objection.
- 2. The woman and her infant(s):** Midwives promote and practise nonharmful, non-discriminatory midwifery care for each woman and her infant(s). They seek to eliminate prejudicial attitudes regarding race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. Midwives promote effective communication and value the decisions and

contributions made by each woman, including those women whose decision making is restricted because of incapacity, language or legal circumstances.

- 3. Partner and family:** The commitment of midwives to the woman and her infant(s) extends to the woman's partner and family members and other members of her nominated social network.
- 4. Colleagues:** Midwives foster supportive and constructive relationships with colleagues, recognising their strengths and limitations and respecting their need for self-care.
- 5. Community:** Midwives promote quality midwifery care for each woman and her infant(s), opposing stigma and harmful discrimination. This requires midwives to be informed about culturally appropriate and competent care. Midwives uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of women and their infants as health consumers and in matters of maternity care.

Value statement 5

Midwives value informed decision making

Explanation

Midwives value people's interests in making free and informed decisions. This includes each woman having the opportunity to verify the meaning and implication of information being given to her when making decisions about her maternity care and childbirth experience. Midwives also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.²⁰

- 1. Self:** Midwives make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Midwives ensure their decision making is based on contemporary, relevant and well-founded knowledge and practice, which includes the woman's knowledge of herself and her infant(s).
- 2. The woman and her infant(s):** Midwives value the woman's legal and moral right (in all but exceptional circumstances)²¹ to self-determination during pregnancy, labour, birth and early parenting on the basis of informed decision making. Midwives promote effective communication and value the decisions and contributions made by each woman including those women whose decision making is restricted because of incapacity, language or legal circumstances.
- 3. Partner and family:** Midwives recognise the important supportive role partners and families can fulfil during childbearing and early parenting, and the role of partners,

family members, friends and others in contributing to decision making. Midwives facilitate partner and family members supporting the woman's legal and moral right to self-determination during pregnancy, labour, birth and early parenting on the basis of informed choice.

4. **Colleagues:** Midwives respect the rights of colleagues and members of other disciplines to participate in informed decision making, in making well-founded decisions including those using the woman's knowledge of herself and infant(s). This involves making decisions without being subject to coercion of any kind.
5. **Community:** Midwives value the contribution made by the community to decision making in relation to maternity services and midwifery care through a range of activities, including consumer groups, advocacy and membership of health-related committees. Midwives assist in keeping the community accurately informed about midwifery-related issues.

Value statement 6

Midwives value a culture of safety in midwifery care

Explanation

Valuing a culture of safety involves midwives actively engaging in the development of shared knowledge and understanding of the importance of safety – physical, emotional, social and spiritual – as a crucial component of contemporary midwifery care. Midwives who value a culture of safety support reasonable measures, processes and reporting systems designed to reduce the incidence and impact of preventable adverse events in the provision of midwifery care. They also support the open disclosure to women of any adverse events affecting them or their infants during the course of their care.²²

1. **Self:** Midwives value safe practice and a safe working environment, practising within the limitations of their knowledge and skills and appreciating that safety is everyone's responsibility. Midwives have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Midwives value the maintenance of competence in contributing to a safe care and practice environment.
2. **The woman and her infant(s):** Every woman and midwife is entitled to question the care, behaviour and decisions made by others that they regard as potentially unethical, unsafe or illegal, and to object and refuse to participate in those they consider, on reasonable grounds, are unethical or illegal. Midwives take action when they identify a woman and her infant(s) are at risk, reporting this to relevant authorities.

3. **Partner and family:** Midwives recognise and respect the important supportive role partners and families can fulfil during childbearing and early parenting, as negotiated by the woman herself, while striving to ensure the environment is safe for all.
4. **Colleagues:** Midwives value interpersonal competencies such as trustful communication, teamwork and situation awareness, and support non-punitive management processes aligned with a systems approach to reducing the incidence and impact of preventable adverse events and human error.
5. **Community:** Midwives, individually and collectively, participate in developing and improving equitable, culturally and socially responsive and economically sustainable midwifery care and maternity services for each woman living in Australia.

Value statement 7

Midwives value ethical management of information

Explanation

The generation and management of information (including midwifery care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the midwifery care of the woman and her infant(s). All midwifery documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for midwifery care communication can have a powerful positive or negative impact on the quality of care received by a woman and her infant(s). These effects can be long-lasting, either through ensuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in maternity care decision making and maternity care provision experienced by a woman and her infant(s).²³

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.²⁴ Personal information may only be shared with the consent of the individual or with lawful authorisation.

1. **Self:** Midwives are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.²⁵ They have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.
2. **The woman and her infant(s):** Midwives respect the conditions under which information about the woman

and her infant(s) may or may not be shared with others. Midwives also respect the woman's preferences regarding herself and her infant(s). Maintaining confidentiality of information involves preserving each woman's privacy to the extent that it does not compromise the health or safety of the woman, her infant(s) or others. Midwives comply with mandated reporting requirements, and conform to relevant privacy and other legislation. Ethical information management also requires midwives to maintain information and records needed in order to provide quality midwifery care. They do not divulge information about any particular person to anyone not authorised to have that information.²⁶

- 3. Partner and family:** Midwives respect the conditions under which information about the woman's partner or family may or may not be shared with others. This involves preserving their privacy to the extent that it does not significantly compromise the health or safety of the woman, her infant(s) or others.
- 4. Colleagues:** Midwives recognise that their colleagues enjoy the same protections as other people with regard to personal information.²⁷ This does not override the responsibility midwives may have in reporting aspects of a colleague's professional practice giving cause for concern. Midwives ensure colleagues are given reliable information about any risks posed by a woman or her infant(s) to whom they are providing, or planning to provide, midwifery care, subject to approved policies and relevant privacy and other legislation.
- 5. Community:** Midwives comply with systems of information management meeting the standards and expectations of Australian society. Midwives respect the privacy and confidentiality rights relating to childbearing and early parenting for each woman and her infant(s) living in or entering Australia regardless of their visa status.

- 2. The woman and her infant(s):** Midwives are sensitive to, and informed about, the social and environmental factors that may contribute to the health and wellbeing of each woman and her infant(s) and that may play a part in their midwifery care. Midwives take into account the economic and domestic circumstances of each woman and her infant(s) where these impact, positively or adversely, upon their maternity care needs and health.
- 3. Partner and family:** Midwives support alerting partners and families to environmental factors and economic and domestic conditions that may impact on the health and wellbeing of the woman and her infant(s).
- 4. Colleagues:** Midwives support alerting colleagues and employers to the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in maternity settings. This includes working cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.
- 5. Community:** Midwives value, contribute to and support strategies preventing or minimising the harmful effects of economic, social and ecological factors such as crime, poverty, poor housing, inadequate infrastructure and services, and environmental pollution and degradation that may lead to problems in childbearing and ill health in the community.

Value statement 8

Midwives value a socially, economically and ecologically sustainable environment, promoting health and wellbeing

Explanation

Midwives value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of each woman, her infant(s), family and community. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.²⁸

- 1. Self:** Midwives use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their work. They may also contribute to the development, implementation and monitoring of relevant policies and procedures.

Acknowledgments and background

The commission to develop a code of ethics that defines the moral context of midwifery care in meeting the needs of each woman and her infant(s), and provides a national approach to the regulation of the midwifery profession, came from the Australian Nursing and Midwifery Council (ANMC), the Australian College of Midwives (ACM) and the Australian Nursing Federation (ANF).

ANMC was a peak national and midwifery organisation established in 1992 to develop a national approach to nursing and midwifery regulation. The ANMC officially became the Australian Nursing and Midwifery Accreditation Council (ANMAC) on 24 November 2010. The name change reflected ANMC's appointment as the independent accrediting authority for the nursing and midwifery professions under the new National Registration and Accreditation Scheme (the National Scheme) that came into effect on 1 July 2010 (18 October 2010 in Western Australia).

The development of the *Code of ethics for midwives in Australia* and a review of the *code of ethics for nurses in Australia* were undertaken concurrently and separately and while a similar format was adopted for both codes, the orientation and content of the separate codes maintain the professional integrity of the respective disciplines.

A brief history of the process of development of the *Code of ethics for midwives in Australia* may help the reader to understand more fully why specific values and concepts were included while others were not.

The Code was drafted in consultation with midwives, consumers, midwifery organisations and nursing organisations, using written submissions, electronically administered questionnaires and public discussion forums, between March and October 2006. The first draft of the Code was reviewed by a selected panel of professionals with expertise in ethics, midwifery, professional codes, rural and remote area practice, childbirth and midwifery in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006.

The final draft was submitted to the ANMC, the ACM and the ANF in November 2006 for presentation to their reference panel and a selected panel of international professionals with expertise in ethics, midwifery, professional codes and/or health care. This was followed by further consultation during 2007 through focus groups and web-based opportunities to comment on the draft prepared in 2006.

Code development began with a review of contemporary literature on ethics and a review of code development in midwifery and nursing. This was followed by an analysis of the values inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Ethics* (2001);

the ANMC *National Competency Standards for the Midwife* (2006); the ACM *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia* (2006); ethical codes and standards developed by Australian state and territory professional midwifery organisations; and codes from other countries such as the New Zealand College of Midwives (Inc.) *Code of Ethics* (2002) and UK Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics* (2004).

Concern for clarity, use of plain English language, culturally informed wording and inclusion, and the national nature of a *Code of ethics for midwives in Australia* guided both its format and focus. It was also considered important that the Code speak to individuals and provide guidance on moral character and virtues, ethical values, and professional and moral obligations: that is, when we enter a profession we take on the values of that profession. It is also vital that the Code meet the needs of other audiences who need to be informed of the moral standards of midwifery care including the community, regulators, educators, students and researchers.

The *Code of ethics for midwives in Australia* is intended to be a contemporary document, and therefore your comments and suggestions for enhancing the understanding and usefulness of this document over the years are welcomed.

With the onset of the National Scheme, the Nursing and Midwifery Board of Australia (National Board) took responsibility for the regulation of nurses and midwives in Australia, and this publication became a document of the National Board. Except to update the design and names of relevant organisations, the content of the original document has not been changed unless indicated otherwise.

References

Australian College of Midwives (c. 1998) *Code of Practice for Midwives*, ACM, Canberra.

Australian College of Midwives (2001) *Code of Ethics*, ACM, Canberra.

Australian College of Midwives (2004) *Philosophy Statement*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 19 March 2008.

Australian College of Midwives (2006) *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 19 March 2008.

Australian Council for Safety and Quality in Health Care and Standards Australia (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals, following an adverse event in health care*, Commonwealth of Australia, Canberra.

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Midwife*, 1st edition, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.

Department of Health and Family Services (1997) *Quality and Outcome Indicators for Acute Health Services*, Commonwealth of Australia, Canberra.

Fukuda-Parr S (ed) (2004) *Human Development Report 2004: Cultural liberty in today's diverse world*, United Nations Development Programme, New York. Available at: <http://hdr.undp.org>. Accessed: 19 March 2008.

Gilliland K and Pairman S (1995) *The Midwifery Partnership: A model for practice*, Victoria University of Wellington, New Zealand.

International Confederation of Midwives (1999) *Code of Ethics*, ICM, Geneva. Available at: www.internationalmidwives.org. Accessed: 19 March 2008.

International Confederation of Midwives (1999–2002) *Position Statements*, ICM, Geneva. Available at: www.internationalmidwives.org. Accessed: 19 March 2008.

International Confederation of Midwives (2005) *Definition of the Midwife*, adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane. Available at: www.internationalmidwives.org. Accessed: 19 March 2008.

Johnstone M (in press) *Bioethics: A nursing perspective*, 5th edition, Elsevier Australia, Sydney.

Kai J, Spencer J, Wilkes M and Gill P (1999) 'Learning to value ethnic diversity – what, why, and how?' *Medical Education*, 33, pp. 616–23.

National Health and Medical Research Council (2006) *Cultural Competency in Health: A guide for policy, partnerships and participation*, Commonwealth of Australia, Canberra. Available at: www.nhmrc.gov.au/publications. Accessed: 19 March 2008.

National Health and Medical Research Council, Australian Research Council and Australian Vice-Chancellors' Committee (2007) *National Statement on Ethical Conduct in Human Research*, Australian Government, Canberra. Available at: www.nhmrc.gov.au/publications/synopses/_files/e72.pdf. Accessed: 19 March 2008.

NSW Department of Health (1999) *A Framework for Managing the Quality of Health Services in NSW*, NSW Department of Health, Sydney. Available at: www.health.nsw.gov.au/policies/pd/2005/PD2005_585.html. Accessed: 19 March 2008.

New Zealand College of Midwives (Inc.) (2002) *Code of Ethics*, NZCM, Christchurch. Available at: www.midwife.org.nz/index.cfm/Ethics. Accessed: 19 March 2008.

Nursing and Midwifery Council, UK (2004) *The NMC Code of Professional Conduct: Standards for conduct, performance and ethics*, NMC, London. Available at: www.nmc-uk.org. Accessed: 19 March 2008.

Thompson F E (2004) *Mothers and Midwives: The ethical journey*, Books for Midwives Series, Elsevier, Oxford.

United Nations (1978) *The International Bill of Human Rights (incorporating the Universal Declaration of Human Rights; International Covenant of Economic, Social and Cultural Rights; International Covenant of Civil and Political Rights; and two Optional Protocols)*, United Nations, New York. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (2000) *United Nations Millennium Development Goals*. Available at: www.un.org. Accessed: 19 March 2008.

World Health Organization (1948) *Constitution of the World Health Organization*, WHO, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2001a) *Health and Human Rights Publication Series: WHO's contribution to the world conference against racism, racial discrimination, xenophobia and related intolerance*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2001b) *Health and Human Rights Publication Series: 25 Questions and answers on health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2003) *Health and Human Rights Publication Series: International migration, health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2005) *Health and Human Rights Publication Series: Human rights, health and poverty reduction strategies*, WHO Press: Geneva. Available at: www.who.int. Accessed: 19 March 2008.

Endnotes

1. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
2. United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.
3. United Nations 1978.
4. World Health Organization 2001b.
5. Advice provided by a Torres Strait Islander academic and midwife.
6. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
7. New Zealand College of Midwives 1999.
8. Informed by legal advice.
9. Informed by legal advice.
10. International Confederation of Midwives 1999 and 1999–2002 (Position statements: The Professional Accountability of a Midwife (1999), Basic and Ongoing Education for Midwives
11. Gilliland and Pairman 1995; Thompson 2004.
12. According to Johnstone (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' – otherwise referred to as 'cultural rights' (Fukuda-Parr 2004) Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefi ne their values and practices to changing realities and exchanges of ideas' (Fukuda-Parr 2004, 4).
13. This part of the explanatory statement also appears in the Code of Professional Conduct for Midwives in Australia and as it goes to the ethical conduct of midwives it has been included in this Code of Ethics as well. The power of midwives comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from midwives where they feel themselves required to plead, express gratitude or feel at the mercy of a midwife caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the Council's view that kindness is irrefutably a professional quality required of midwives. It is their view that the demonstration of kindness diminishes the discrepancy in power between a midwife and a woman in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to midwives on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about midwifery conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by midwives who are able to demonstrate simple acts of kindness and consideration.
14. International Confederation of Midwives 1999 and 1999–2002 (Position statements; Ethical Recruitment of Midwives (2002); Protecting the Heritage of Indigenous People (Cultural Safety) (1999); Women, Children and Midwives in Situations of War and Civil Unrest (1999); Female Genital Mutilation (1999); Kai., Spencer, Wilkes and Gill 1999; National Health and Medical Research Council 2006.
15. There is a need for midwives to develop skills and capacity to respond to people speaking languages other than English, especially when they are working with women and their partners and families in communities where particular cultural groups speaking other languages are a substantial proportion of the local population.
16. Johnstone M in press.
17. Health status includes living with conditions such as HIV/AIDS and mental disorders.
18. International Confederation of Midwives 1999 and 1999–2002 (Position statement: Development of and Resource Allocation for Midwifery and Reproductive Health (1999).
19. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
20. World Health Organization health and human rights publication series (available at www.who.int).
21. Informed by legal advice.
22. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
23. Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for women and their infant(s) from unprofessional notations in midwifery records. Midwives must be aware

that an attempt to convey an impression about a woman and her infant(s) to fellow workers during midwifery care can have ramifications for them for many years to follow. Women can now access their records and can read and interpret the notes written about them. Women may integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.

24. This includes oral, written, statistical, digital and computerised data and other information.
25. Including information kept in personnel files.
26. Midwives should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and health related matters.
27. Including information kept in personnel files.
28. International Confederation of Midwives 1999 and 1999–2002 (Position statements: Positive Action to Reduce Smoking and Passive Smoking in Pregnancy (2002), Breastfeeding (1999))
29. Thompson F 2004.

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The *Code of ethics for midwives in Australia* was first published in 2008.

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