



Code of professional conduct 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

The *Code of professional conduct for midwives in Australia* is a set of expected national standards of professional conduct for midwives in Australia. It is supported by, and should be read in conjunction with its companion code, the *Code of ethics for midwives in Australia* and the Nursing and Midwifery Board of Australia (National Board) *National competency standards for the midwife*.

These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible midwifery practice in all clinical, management, education and research domains.¹

The support and assistance of the Australian College of Midwives and the Australian Nursing Federation in developing this edition of the *Code of professional conduct for midwives in Australia* is acknowledged.

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.²

In considering this Code and the *Code of ethics 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; other health care workers; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies.

This Code contains 10 conduct statements providing guidance in relation to the minimum standards of conduct. These statements have been developed under the following three broad principles:

1. Midwives practise competently in accordance with legislation, standards and professional practice.
2. Midwives practise within a woman-centred framework.
3. Midwives practise midwifery reflectively and ethically.

There is some overlap and some repetition in the concepts and subject matter in the conduct statements, reflecting the reality that the issues are not distinct and discrete. Nor are these concepts and the information static. The *Code of professional conduct for midwives in Australia* is intended to be a contemporary document, and therefore, comments and suggestions for enhancing the understanding and usefulness of this document are welcomed.

Code of professional conduct for midwives

Midwives practise competently in accordance with legislation, standards and professional practice

1. Midwives practise in a safe and competent manner.
2. Midwives practise in accordance with the standards of the profession and broader health system.
3. Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery.
4. Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care and the woman's partner and family, and of colleagues.
5. Midwives treat personal information obtained in a professional capacity as private and confidential.
6. Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products.

Midwives practise within a woman-centred framework

7. Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman.
8. Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s).
9. Midwives maintain and build on the community's trust and confidence in the midwifery profession.

Midwives practise midwifery reflectively and ethically

10. Midwives practise midwifery reflectively and ethically.

Purpose

The purpose of the *Code of professional conduct for midwives in Australia* is to:

- outline a set of minimum national standards of conduct for midwives
- inform the community of the standards of professional conduct it can expect midwives in Australia to uphold (as supported by the National Board Competency standards for the midwife, and stated in the International Confederation of Midwives *Definition of the Midwife*)
- provide each woman, their families, and regulatory, employing and professional bodies, with a basis for evaluating the professional conduct of midwives.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. Rather, it identifies the minimum requirements for conduct in the midwifery profession. In keeping with national competency standards, midwives have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for midwives to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for midwives practising midwifery.

A breach of the Code may constitute either professional misconduct or unprofessional conduct. For the purposes of this Code these terms are defined similarly to those for nurses. Professional misconduct refers to 'the wrong, bad or erroneous conduct of a (midwife) outside of the domain of his or her practice; conduct unbecoming a (midwife)'³ (eg sexual assault, theft or drunk and disorderly conduct in a public place). Unprofessional conduct refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession'⁴ (eg violating confidentiality in the woman-midwife relationship).

The midwifery profession expects midwives will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Midwives have a responsibility to the individual woman, her infant(s) and family, colleagues, society and the profession, to provide safe and competent midwifery care responsive to individual, group and community needs and the profession.

Conduct statement 1

Midwives practise in a safe and competent manner

Explanation

1. Midwives are personally accountable to the woman and her infant(s); their employer and their profession for the provision of safe and competent midwifery care. It is the responsibility of each midwife to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.⁵
2. Midwives practise in a manner that recognises the woman's right to receive accurate information; be protected against foreseeable risk of harm to themselves and their infant(s); and have freedom to make choices in relation to their care.
3. Midwives practise within the scope of midwifery, according to the International Confederation of Midwives *Definition of the Midwife* (2005).

4. When an aspect of care is delegated, midwives ensure the delegation does not compromise the safety or quality of care of the woman and her infant(s).⁶
5. If midwives are unable or unwilling to attend a labour or birth (eg because of a strongly held personal belief or professional judgement), they take all reasonable steps to ensure each woman is attended by an appropriate professional.
6. Midwives make known to an appropriate person or authority any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, and intervene to safeguard the individual if the concern is unresolved.
7. Midwives practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a midwife's capacity to practise safely at all times. Midwives whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to address their health needs. This may include making a confidential report to an appropriate authority.

Conduct statement 2

Midwives practise in accordance with the standards of the profession and broader health system

Explanation

1. Midwives practise in partnership with the woman, and in accordance with the standards of the profession (e.g. the Board-approved *National competency standards for the midwife*), to provide safe and effective midwifery care.
2. Midwives practise in accordance with wider standards relating to safety and quality in midwifery care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.⁷
3. Midwives make midwifery judgements based on the woman's capacity and with regard to her sense of security and physical, social, emotional and mental safety.
4. Midwives are guided by the profession's guidelines for consultation, referral and transfer – the National Midwifery Guidelines for Consultation and Referral.⁸
5. Midwives recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing their influence or favour.⁹

Conduct statement 3

Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery

Explanation

1. Midwives are familiar with relevant laws¹⁰ and ensure they do not engage in practices prohibited by such laws or delegate to others activities prohibited by those laws.
2. Midwives practise in accordance with laws relevant to the midwife's area of practice.
3. Midwives witnessing the unlawful conduct of colleagues and other co-workers, whether in midwifery practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and take other action as necessary to safeguard people and the public interest.
4. Where midwives who are employees make a report of unlawful or otherwise unacceptable conduct to their employers and that report fails to produce an appropriate response from the employers, midwives may take the matter to an appropriate external authority.¹¹
5. Midwives respect both the person and property of the childbearing woman; her infant(s), partner and family. This responsibility also applies to the colleagues of midwives.
6. Midwives who are employees support the responsible use of the resources of their employing organisations.

Conduct statement 4

Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care, and the woman's partner and family, and of colleagues

Explanation

1. Midwives respect both the person and capacity of each woman and her infant(s), and defend the right to dignity and culture of each woman, her infant(s), and any other person who is significant in their life.
2. Midwives interact with colleagues in an honest and respectful manner.
3. Midwives practise in a non-discriminatory way. This includes taking appropriate action to ensure the safety and quality of their midwifery care is not compromised because of harmful prejudicial attitudes about culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle, or other human factors.

4. In planning and providing effective midwifery care, midwives uphold the standards of culturally safe and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of each woman and her infant(s), including partners and their family. Midwives acknowledge the changing nature of families and recognise that families can be constituted in a variety of ways.
5. Midwives refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward each woman and her infant(s) in their care, partners and families and colleagues. Midwives take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours.
6. In making professional judgements in relation to a person's interests and rights, midwives do not contravene law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

Conduct statement 5

Midwives treat personal information obtained in a professional capacity as private and confidential

Explanation

The treatment of personal information should be considered in conjunction with the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Cwth).¹² Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including midwifery care records.

1. Midwives have ethical and legal obligations to treat personal information obtained in a professional capacity as confidential. Midwives protect the privacy of each woman, her infant(s) and family by treating the information gained in the relationship as confidential, restricting its use to professional purposes only.
2. Midwives where relevant, inform a woman that in order to provide competent midwifery care, it is necessary for the midwife to disclose to collaborating colleagues information that may be important to their professional decision making.
3. Midwives where practicable, seek consent from each woman or her representatives before disclosing information. In the absence of consent, midwives use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests,

wellbeing, health and safety of each woman and her infant(s). Midwives recognise they may be required by law to disclose certain information for professional purposes.

Conduct statement 6

Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products

Explanation

1. When midwives provide advice about any care or product, they fully explain the advantages and disadvantages of alternative products or care so individuals can make informed choices. Midwives refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and midwifery care.
2. Midwives accurately represent the nature of the midwifery care they intend to provide.
3. Where specific care or a specific product is advised, midwives ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Midwives refrain from the deceptive endorsement of services or products.¹³

Conduct statement 7

Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman

Explanation

1. Midwives ensure the mother and her infant(s) are the primary focus of midwifery care.
2. Midwives support the health and wellbeing of each woman and her infant(s), promoting and preserving practices that contribute to the woman's self-confidence and the wellbeing of the woman and her infant(s).
3. Midwives communicate in a way the woman and her family can understand so they may fully participate in the childbearing experience.
4. Midwives support informed decision making by advising the woman and, where the woman wishes, her partner, family, friends or health interpreter, of the nature and purpose of the midwifery care, and assist the woman to make informed decisions about that care.
5. In situations where a woman is unable or unwilling to decide or speak independently, midwives endeavour to ensure the perspective of the woman is represented by an appropriate advocate, preferably of the woman's choice.

6. Midwives advocate for the protection of the rights of each woman, her infant(s), partner, family and community in relation to midwifery care.

Conduct statement 8

Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s)

Explanation

1. Midwives promote and preserve the trust inherent in the woman-midwife partnership.
2. An inherent power imbalance exists within the relationship between each woman and midwives that may make the woman and her infant(s) in their care vulnerable and open to exploitation. Midwives actively preserve the dignity of people through practised kindness and by recognising the potential vulnerability and powerlessness of each woman being cared for by midwives. The power relationships between a woman and a midwife can be significant, particularly where the woman has limited knowledge, experiences fear or pain, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between midwives and each woman in their care that must be recognised and managed.¹⁴
3. Midwives take reasonable measures to establish a sense of trust to protect the physical, psychological, emotional, social and cultural wellbeing of each woman and her infant(s) in the course of midwifery care. Midwives protect women who are vulnerable, including but not limited to women with disabilities and women with mental illness, from exploitation and physical harm.
4. Midwives have a responsibility to maintain professional boundaries between themselves and each woman and her infant(s) being cared for, and between themselves and other persons, such as fathers (of the infant(s)), partners, family and friends, nominated by the woman to be involved in her care.
5. Midwives fulfil roles outside the professional role, including those as family members, friends and community members. Midwives are aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

6. Sexual relationships between a midwife and a woman, her partner or members of the woman's family with whom they have entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to midwives exploiting the vulnerability of a woman who is or who has been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within professional relationships.
7. Midwives should not be required to provide midwifery care to a woman with whom they have a pre-existing non-professional relationship. Reassignment of the woman to other midwives for care should be sought where appropriate.
8. Midwives take all reasonable steps to ensure the safety and security of the possessions and property of each woman in their care and those of her family.

Conduct statement 9

Midwives maintain and build on the community's trust and confidence in the midwifery profession

Explanation

1. The conduct of midwives maintains and builds public trust and confidence in the profession at all times.
2. The unlawful and unethical actions of midwives in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual midwives or the profession were to diminish, this might jeopardise the inherent trust between the midwifery profession and women, as well as the community more generally, necessary for effective relationships and the effective delivery of midwifery care.
3. Midwives consider the ethical interests of the midwifery profession when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

Conduct statement 10

Midwives practise midwifery reflectively and ethically

Explanation

1. Midwives practise midwifery reflectively and ethically, practising in accordance with the *Code of ethics for midwives in Australia*, in order to learn from experience and contribute to personal development and professional practice.

2. Midwives develop and maintain appropriate and current midwifery advice, support and care for each woman in their care and her infant(s) and family.
3. Midwives evaluate their conduct and competency according to the standards of the midwifery profession.
4. Midwives contribute to the professional development of students and colleagues.
5. Midwives participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to the woman and her infant(s).
6. Midwives advise each woman in their care and employers (if relevant) of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of addressing the problem.

Glossary of terms

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).

Ethics and morality – the concepts of ‘ethics’ and ‘morality’ are substantially the same and have been used interchangeably throughout this Code.

Nominated family, partner, friends – refers to the woman’s immediate partner and family as defined or described by the woman and is used in this Code 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 infant(s)), 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. It includes people in a consensual relationship with each woman and her infant(s) receiving midwifery care, and who play an important role in their lives.

Midwife – is a legally protected title in Australia and means a registered midwife who is authorised to practise in Australia. For the purposes of this Code, it also refers to students of midwifery.

Professional boundaries – are the limits of a relationship between a midwife and the woman and her infant(s) and any of the woman’s significant other persons. These limits facilitate safe and appropriate practice and result in safe and effective midwifery care. Limits of a relationship may include under- or over-involvement in the provision of midwifery care.

Representative of a woman or her infant(s) receiving midwifery care – is a person legitimately entitled to act on behalf of the woman or her infant(s).

Unsatisfactory professional conduct – is professional conduct below the standard reasonably expected of a midwife with an equivalent level of training or experience. This includes conduct that demonstrates incompetence, compromises care and/or discredits the midwifery profession.

Professional standards include:

- this *Code of professional conduct for midwives in Australia*,
- the *Code of ethics for midwives in Australia*,
- the NMBA *National competency standards for the midwife*,
- the NMBA *National framework for the development of decision-making tools for nursing and midwifery practice*,
- other endorsed standards or guidelines published by the National Board,
- standards developed by professional midwifery organisations.

Acknowledgements and background

The commission to develop a code of professional conduct that sets an expected minimum standard of conduct for midwives; protects the welfare of each woman and her infant(s), individual midwives and the integrity of the profession; 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). Development of the ANMC *Code of professional conduct for midwives in Australia* and a review of the ANMC *Code of professional conduct 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 maintains the professional integrity of the respective disciplines.

A brief history of the process of development of the ANMC *Code of professional conduct for midwives in Australia* may help the reader to understand more fully why specific practice requirements were included while others were not.

Code development began with a review of contemporary literature on professional conduct and a review of code development in midwifery and nursing. This was followed by an analysis of the practice requirements inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Practice* (1999); 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); codes of professional 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).

The first draft of the Code was produced in consultation with midwives, consumers, midwifery and nursing organisations. The consultation process called for written submissions from consumer groups and midwifery and nursing organisations between March and July 2006. In-depth focus group discussions were conducted with invited midwives, consumers and representatives from ACM, ANF and nursing and midwifery regulatory authorities, in each state and territory of Australia between May and July 2006. A framework for the code was based on these discussions and, during August 2006, midwives were invited to respond to a questionnaire on the completeness and relevancy of the proposed framework. All this information, together with current literature and comments from midwives who attended open public discussion forums in each state and territory of Australia between August and September 2006, was considered when drafting the Code.

The first draft of the newly developed *Code of professional conduct for midwives in Australia* was reviewed by a selected panel of professionals with expertise in midwifery, professional codes, the law and policy, rural and remote area practice, childbirth and midwifery practice in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006. A second draft was submitted to the ANMC in November 2006, for review by its reference panel and a selected panel of international professionals with expertise in midwifery, professional codes, the law and policy, and/or health care.

Failure to reach agreement on the Code led to a subsequent round of consultation which raised questions about whether the Code was adequately robust and explicit to meet the needs of all audiences. Concern for clarity, accessibility, culturally sensitive wording and inclusion, and the national nature of professional conduct for midwives in Australia guided both the Code's format and focus. It was also considered important that while the Code speaks to individuals it also notes the responsibility of institutions and organisations to provide an environment in which the midwife's conduct can meet the requirements in this Code.

References

- Australian College of Midwives (c. 1999) *Code of Practice*, ACM, Canberra.
- Australian College of Midwives (2004) *Philosophy Statement*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 18 March 2008.
- Australian College of Midwives (2006) *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to Initial Registration as a Midwife in Australia*, ACM, Canberra. Available at: www.midwives.org.au.
- Australian College of Midwives (2004) *National Midwifery Guidelines for Consultation and Referral*, ACM, Canberra. Available at: www.midwives.org.au. Accessed: 18 March 2008.
- Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) (2000) *Fair Treatment? Guide to the Trade Practices Act for the advertising or promotion of medical and health services*, Commonwealth of Australia, Canberra. Available at: www.accc.gov.au/content/index.phtml/itemId/309070/fromItemId/654313. Accessed: 18 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.midwives.org.au. Accessed: 18 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: 18 March 2008.
- Johnstone M and Kanitsaki O (2001) *Professional Conduct: A report to the Nurses Board of Victoria*, RMIT University, Melbourne.
- Kerridge I, Lowe M, et al. (2005) *Ethics and Law for the Health Professions*, 2nd edition, The Federation Press, Annandale, NSW.
- National Nursing Organisations (2006) *Governance Standards for Specialist Nursing and Midwifery Organisations: A report by NNO for the National Nursing and Nursing Education Taskforce (N3ET)*, NNO, Melbourne. Available at: www.conno.org.au. Accessed: 18 March 2008.
- New Zealand College of Midwives (Inc.) (2002) *Code of Ethics*, NZCM, Christchurch. Available at: www.midwife.org.nz. Accessed: 18 March 2008.
- Nurses Registration Board of New South Wales (2001) *Professional Conduct: A case book of disciplinary decisions relating to professional conduct matters*, NRBNSW, Surry Hills. Available at: www.nmb.nsw.gov.au/Publications1/default.aspx. Accessed: 18 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: 18 March 2008.
- Queensland Nursing Council (2005) *Scope of Practice Framework for Nurses and Midwives*. Available at: www.qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.
- Queensland Nursing Council (2005) *Statement on Sexual Relationships between Health Practitioners and Their Patients*. Available at: www.qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.
- Queensland Nursing Council (2006) *Professional Practice Policy*. Available at: www.qnc.qld.gov.au/publications/publications.aspx. Accessed: 18 March 2008.
- Staunton P and Chiarella M (2008) *Nursing and the Law*, 6th edition, Elsevier, Marrickville, NSW.
- World Alliance for Patient Safety (2005) *WHO Draft Guidelines for Adverse Event Reporting and Learning Systems: From information to action*, World Health Organization, Geneva. Available at: www.who.int/patientsafety/events/05/Reporting_Guidelines.pdf. Accessed: 18 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. Johnstone M and Kanitsaki 2001.
3. Ibid.
4. Ibid.
5. This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
6. See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at: www.anmc.org.au/professional_standards/
7. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
8. Australian College of Midwives 2004.
9. Midwives do not allow the offer of any gift or benefits to change the way they work or the decisions they make, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
 - Midwives may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice. Nurses in employment report the acceptance of the gift to their supervisors and seek their agreement to retain the gift.
 - Midwives take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing their influence or favour.
 - Further specific guidance may be obtained from the Codes of Conduct of the relevant government agencies in their jurisdiction responsible for the conduct of health services and employees of health services, ethical and fair trading, anti-corruption; as well as private health service providers; and professional associations.
10. "Relevant laws" include the legislation and common law specific to midwifery and the health system such as those regulating the conduct of midwives and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
11. See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.
12. Under review by the Australian Law Reform Commission at the time of writing.
13. Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).
14. This statement has been included in the Code of Professional Conduct in that the power of midwives comes from their capacity to ration or withhold care 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. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council 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.

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