



**Guideline for Midwives who wish to Care for Friends or Relatives during  
 Pregnancy, Labour or the Postnatal Period**

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## **1.0 Introduction**

Any midwife can provide support for friends and family members during pregnancy, labour and the postnatal period **in a non-midwifery capacity** and should be treated as any other relative, friend or birth partner.

However, a midwife may offer or be asked by family and friends to provide care during pregnancy, birth and in the postnatal period. There is no legal or regulatory reason why this should not occur. However, consideration should be given as to whether this request benefits the woman; and whether the request will potentially cause additional anxiety and stress to the midwife.

## **2.0 Objective**

To provide support and clear parameters regarding professional responsibilities to midwifery staff wishing to provide individual care to friends or family members during pregnancy, birth or the postnatal period.

## **3.0 Scope**

Barnsley midwives who wish to provide care for friends or family within Barnsley maternity services.

## **4.0 Main body of the document**

### **4.1 Background Information**

If a midwife wishes to care for a family member or friend in their professional capacity they must understand and acknowledge the potential conflicts that can occur and ensure they continue to work within the remit of the NMC code and any Trust guidelines and policies.

The NMC code states that a midwife must 'stay objective and have clear professional boundaries at all times with people in your care'.

The following guidance has been developed to support the woman and the midwife in these circumstances.

### **4.2 Request for permission to care for a family member or friend**

An initial request for permission to care for a friend, family member or colleague must be made in writing to the midwife's Line Manager who will inform the Head of Midwifery.

If the midwife wishes to care for someone who is booked at another hospital they should write to both their own Head of Midwifery and the Head of Midwifery at the Trust where the friend or family member is receiving care.



Any written requests to care for friends or family members by a midwife should be kept in the midwife's personal file along with any documentation regarding inclusion criteria and limitations to care delivery.

### **4.3 Assurance of fitness to practice**

The midwife must have a current registration with the NMC and have completed appropriate revalidation.

The midwife must have evidence of training in Obstetric Emergencies and be up to date with any Trust training requirements.

### **4.4 Liability**

Barnsley Hospital NHS Foundation Trust as an employer is liable for the wrongful acts of its employees if the act took place in the course of their employment. It is indemnified for these losses under the Clinical Negligence Scheme for Trusts (CNST) or Liability to Third Party Scheme (LTPS).

If a midwife is employed by Barnsley Hospital NHS Foundation Trust and they provide care or treatment not in the course of their employment i.e. not within their designated work or shift period, to a friend or to a relative then they will **not** attract vicarious liability cover from Barnsley Hospital NHS Foundation Trust. These midwives will be personally liable and must hold their own insurance for the advice/care/management that they provide to that friend or family member.

For midwives who are employed by NHS Professionals (NHSP), they are likely to attract vicarious liability from NHSP and/or Barnsley Hospital NHS Foundation Trust.

If the midwife providing care is from any other agency then they will need to ensure that they hold their own personal indemnity insurance as they will not attract vicarious liability from Barnsley Hospital NHS Foundation Trust. They will have to make their own enquiries with their agency and insurers/indemnifiers to see if they are covered by their vicarious liability.

### **4.5 Time Management**

The midwife must discuss their intentions with their Line Manager and a plan should be devised which outlines the parameters for safe care delivery, considering the impact on the woman, the midwife and the wider maternity service.

It remains the responsibility of the midwife to fulfil their contractual working hours and these contracted hours take priority over any other care provision.



Midwives must adhere to the legal requirements enshrined in the working time directive.

If the woman presents for care during the midwife's rostered working hours, consideration must be given to the midwife's existing workload and the impact of their absence on the women in their care, staffing levels and the safety of the work environment.

The possibility of the midwife not being released to provide care must be considered.

The impact of caring for a friend or relative on the midwife's existing work commitments should be considered if the woman presents for care outside of their rostered hours.

The midwife should take into consideration the length of time they will be caring for the woman which should not exceed 12 hours. They must arrange to hand over responsibility of care to another midwife should this time limit be exceeded or when they need to take a break.

Community staff on call will not be able to commit to providing care unless arrangements have been made for another midwife to undertake the on call on their behalf.

#### **4.6 Remuneration**

The midwife will not receive any additional remuneration from BHNFT for any work time taken to care for a friend or relative outside of their normal working hours.

#### **5.0 Roles and responsibilities**

##### **5.1 Midwives**

Have a responsibility to work within the remit of the NMC code, national legislation and Trust policies when caring for friends or family members.

The midwife will adhere to any national, professional or local guidelines pertaining to record keeping and documentation of care delivery.

#### **6.0 Associated documents and references**

NMC: Professional indemnity arrangement [online] [www.nmc.org.uk](http://www.nmc.org.uk)

NMC: The code: Professional Standards of Practice and behaviour for nurses and midwives and nursing associates (2018) [online] [www.nmc.org.uk](http://www.nmc.org.uk)



## **7.0 Training and resources**

The intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.

## **8.0 Monitoring and audit**

Any adverse incidents relating to the guideline for Midwives who wish to care for friends or relatives will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for Midwives who wish to care for friends or relatives will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

## **9.0 Equality and Diversity**

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.



### 9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



**Appendix 1**

**Equality Impact Assessment – required for policy only**

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

**Appendix 2**

**Glossary of terms**

List all terms/acronyms used within the document and provide a summary of what they mean.

**Appendix 3 (must always be the last appendix)**

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	
Reviewed at Women’s Business and Governance meeting	
Approved by CBU 3 Overarching Governance Meeting	
Approved at Trust Clinical Guidelines Group	
Approved at Medicines Management Committee (if document relates to medicines)	N/A





**Trust Approved Documents (policies, clinical guidelines and procedures)**

**Approval Form**

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

<b>Document type (policy, clinical guideline or procedure)</b>	Guideline
<b>Document title</b>	Guideline for Midwives who wish to Care for Friends or Relatives during Pregnancy Labour or the Postnatal Period
<b>Document author</b> (Job title and team)	Pastoral Midwife
<b>New or reviewed document</b>	New
<b>List staff groups/departments consulted with during document development</b>	Legal services
<b>Approval recommended by (meeting and dates):</b>	<b>WB&amp;G 18/11/22</b> <b>CBU3 21/12/22</b>
<b>Date of next review (maximum 3 years)</b>	21/12/25
<b>Key words for search criteria on intranet (max 10 words)</b>	
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>	
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	<b>Name: Molly Claydon</b> <b>Designation: Governance Support Co-ordinator</b>

**FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM**

<b>Approved by (group/committee): CBU3 Business and Governance</b>  <b>Date approved: 21/12/22</b>  <b>Date Clinical Governance Administrator informed of approval: 22/12/22</b>  <b>Date uploaded to Trust Approved Documents page: 22/12/22</b>
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