

<b>Caring for a friend or relative in Maternity SOP</b>	
<b>Summary statement: How does the document support patient care?</b>	To improve the safety of pregnant women and people being cared for by midwives who are relatives or friends.
<b>Staff/stakeholders involved in development:</b>	Consultant Midwife, HOMs and Midwifery Clinical Governance Managers for UH Sussex
<b>Division:</b>	Women and Children's
<b>Department:</b>	Maternity
<b>Responsible Person:</b>	Chief of Service
<b>Author:</b>	Consultant Midwife
<b>For use by:</b>	All midwives intending to care for a friend or relative during the antenatal, intrapartum or postpartum stages of pregnancy
<b>Purpose:</b>	This SOP is to ensure that midwives caring for friends and relatives follow an agreed framework for supervision.
<b>This document supports:</b>	<a href="https://www.nmc.org.uk/standards/code/">https://www.nmc.org.uk/standards/code/</a>
<b>Key related documents:</b>	UH Sussex Maternity Guidelines for provision of antenatal, intrapartum and postnatal care.
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1.0	January 2023	Katie Christie, Consultant Midwife UH Sussex	LIVE	Original new Trust wide guideline

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.  
If in doubt contact a senior colleague or expert.**

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## Caring for a friend or relative SOP

### 1.0 Key principles

A standard operating procedure (SOP) is a set of step by step instructions ensuring that a potentially complex process can be undertaken in a timely way. Professional judgement may be used in the application of a SOP.

### 2.0 Scope

This SOP applies to:

- All midwives intending to care for a friend or relative during the antenatal, intrapartum or postpartum stages of pregnancy.

### 3.0 Responsibilities

It is the responsibility of all midwives to:

- Access, read, understand, and apply this guidance.

It is the responsibility of the division to:

- Ensure the SOP is accessible to all midwives.
- Monitor outcomes of the SOP.

### 4.0 Abbreviations used within this SOP

<b>SOP</b> Standard Operating Procedure	<b>PMA's</b> Professional Midwifery Advocates
<b>NMC</b> Nursing & Midwifery Council	

### 5.0 Background

Professional Midwifery Advocates (PMA's) have an important contribution to make by ensuring that midwives fully understand the implications and that appropriate support and guidance is provided. This guidance is not intended to limit the sphere of practice of the midwife or to be an obstacle to the midwife's ability to provide midwifery care to a relative, friend, or colleague.

Ultimately a midwife is a professional, is personally accountable for actions and omissions in their practice and must always be able to justify their decisions. If a midwife is asked to deliver care they consider unsafe or harmful to a person in their care, they should carefully consider their actions and raise their concerns to the appropriate person in order to act in the best interest of the person in their care at all times (NMC 2018).

Midwives who care for their relatives or friends, including colleagues, may be subject to increased emotional involvement, which can influence decision-making. It is appropriate to ask for a written request from the pregnant woman/person and a supporting written statement from the midwife. Evidence of the PMA's contribution to the decision-making is vital.

## **6.0 Aim**

The aim of this guideline is to allow the midwife to fully understand the implications of the request and acknowledge the potential conflict and possible pressures that may be encountered.

## **7.0 Responsibilities**

### **7.1 Midwife**

The Trust recognises there will be times when a midwife may want to provide midwifery care to a colleague, friend, or family member. However, it is important for staff to maintain appropriate personal and professional boundaries.

The midwife should carefully consider potential conflicts of interest and ensure their professional judgement is not impaired or compromised. Any potential conflicts of interest that may arise, the midwife should seek advice from the Midwife in Charge/ Manager on duty or on call.

The midwife needs to complete a 'Requests from midwives to care for relatives or friends agreement form' ([Appendix A](#)) meet with and discuss the implications with a member of the management team and their PMA, all three must sign the form.

### **7.2 PMA and Manager**

The PMA/Manager should provide support to the Midwife to ensure guidance is provided. PMA/Managers should be involved at the earliest stage and should have an appointment with the midwife to discuss the support and guidance required.

The PMA/Manager should ascertain whether the Midwife is happy with this request and that they are providing the care of their own volition.

The PMA/Manager should explore whether the midwife has given any thought to the emotional involvement which may increase stress. This would include the short and long term implications of caring for a family member or friend – particularly in the event of an adverse or unwanted outcome.

The PMA/Manager should ensure that the midwife is familiar with practising in the chosen environment such as the hospital, community or different Trust and whether the midwife is able to allocate time for the pregnant woman or person whilst continuing with their present workload. This should take into account off duty and leave arrangements and the consideration of EU Working Time Directive.

## **8.0 Care being provided**

### **8.1 Antepartum care**

If providing Antenatal Care, this must be performed during work hours. The midwife should request a senior midwife (Band 6 above) to fresh eyes and carry out the 28/40 and 36/40 gestation appointment as a minimum. This appointment can be facilitated by contacting the named team leader in the area the pregnant woman or person resides and can be point of contact during the pregnancy.

### **8.2 Intrapartum care**

The midwife should ensure they are skilled to work in the area they are providing care in. This may be achieved by shadowing a midwife in the area of the intended area of birth. Up-skilling would need to be arranged and completed in their own time. Following this, a discussion should be had with the midwife's named PMA around confidence and competence in said work area.

When providing care in labour, the midwife needs to have a discussion with the delivery suite midwife in charge every four hours as a minimum. At any point if the midwife in charge or midwife feels the care is compromised in any way, the midwife will step down and take on the role of a birth partner.

A maximum time of providing midwifery care should be a normal shift pattern (12 hours), a discussion can be had with a matron / manager on duty / manager on call if there needs to be any flexibility with this.

The running and the safety of the service is paramount and therefore the midwife's normal rostered hours should not be compromised.

### 8.3 Postpartum care

If providing postnatal care and this is not your normal area of expertise, you must seek advice from the relevant community senior sister.

### 9.0 Implications of not following procedure

- Adverse maternal or neonatal outcomes.
- Negative impact on the wellbeing of the midwife.

### 10.0 References

Nursing and Midwifery Council (2018) *The code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. Available at: <https://www.nmc.org.uk/standards/code/> (Accessed: 11 January 2023).

### 11.0 Monitoring

Compliance with this SOP will reviewed at the midwife's annual appraisal and/or annual PMA restorative clinical supervision check in.

## Appendix 1: Requests from midwives to care for relatives or friends agreement form

- Please make an appointment to meet/speak with your Midwifery/Community manager/Professional Midwifery Advocate (PMA).
- Please discuss issues raised as per guidance.

If, after discussion, you plan to care for a relative or friend please ensure that in the event you are added to the off duty to be covered by the Trust's vicarious liability.

I	(insert midwife name)
Intend to care for	(insert client name)
Whose EDD is	(insert EDD by scan)
I intend to provide	<input type="checkbox"/> Antenatal care <input type="checkbox"/> Intrapartum care <input type="checkbox"/> Postnatal care

In undertaking this I understand that:

- If I am off duty, I will need to be rostered on duty, which might result in my having to participate in other duties. I will be able to take time off in lieu when it suits both the midwifery service and myself.
- If I am on duty, the feasibility of my caring for my relative or friend will depend upon the other needs of the service and the flexibility of my colleagues.
- Any work I do must not jeopardise my contractual shifts. It would not be reasonable to work more than 13 hours in any 24 hour period, and should ensure I have at least 11 hours rest between shifts. This would abide by the European Working Time Directive.
- That to protect me it has been agreed that I should not look after more than 3 friends or relatives in a year.
- I will debrief with my Midwifery/Community Manager or PMA afterwards.

Signed (Midwife)		Date:	
Signed (PMA/Manager)		Date:	

Copy x 3 and distribute 1 copy each to:

- Midwifery/Community Manager
- Woman/persons notes (Scan and upload to Maternity information system)
- Home birth file (if appropriate)