

Caring for Friends and Relatives

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Authors Division:	Women & Children’s Health		
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Guideline to be followed by (target staff):			
To be read in conjunction with the following documents:			
General Medical Council (2019) <i>Good medical practice</i> . [Online]. Available from: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice [Accessed 29 September 2020]			
Nursing and Midwifery Council (2018) <i>The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates</i> . [Online]. Available from: https://www.nmc.org.uk/standards/code/ [Accessed 29 September 2020]			
All MKUH Trust guidance, operational procedures and policy documents.			
Are there any eCARE implications? NO			
CQC Fundamental standards:			
Regulation 9 – person centered care			
Regulation 10 – dignity and respect			
Regulation 11 – Need for consent			
Regulation 12 – Safe care and treatment			
Regulation 13 – Safeguarding service users from abuse and improper treatment			
Regulation 16 – Receiving and acting on complaints			
Regulation 17 – Good governance			
Regulation 18 – Staffing			
Regulation 19 – Fit and proper			

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Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

UK maternity strategies have as a focus the need for personalized maternity care, based around women's needs which maximize opportunities for continuity of carer (RCM 2017). There are many occasions when women have existing relationships with a particular midwife or doctor and healthcare professionals may be asked to provide care for a close friend or family member.

Medical staff are advised by the General Medical Council not to provide care to friends or relatives. Whilst there may be no legal or regulatory reason why a midwife may not do so, the risks or benefits should be carefully considered. Unless an emergency arises, agreement in writing should be obtained from the Head of Midwifery or nominated deputy prior to the provision of any care.

All midwives and doctors are accountable for their practice and must work within their relevant codes of professional conduct (GMC 2019, NMC 2018).

Executive Summary

To give guidance and support to midwifery staff who have been approached by friends or family to provide care in pregnancy, labour or during the postnatal period and who are agreeable to the provision of this request. This includes the provision of care to another member of staff who is pregnant when this request falls outside the usual provision of maternity care for the individual woman.

1.0 Roles and Responsibilities:

Midwives – Responsibility to provide care for women in pregnancy, labour and during the postnatal period. To adhere to the requirements of the NMC Code (NMC 2018).

Line Managers – Responsibility for ensuring skill mix, quality of care and safety in the workplace.

Head of Midwifery – Responsibility for the provision of a fair and equitable service to all women.

Professional Midwife Advocates – Responsibility to provide guidance only for midwives in working within the NMC Code (2018).

2.0 Implementation and dissemination of document

This document will be disseminated across the maternity unit, through team meetings, and circulation to all colleagues. The document can be located via the hospital intranet and has followed the full guideline review process prior to publication.

There are no additional training or implementation costs.

3.0 Processes and procedures

Royal College of Midwives (RCM 2017) have released advice for caring for close relatives and friends. They acknowledge that whilst there may be no legal or regulatory reason why midwives may not care for relatives or friends during pregnancy, childbirth or the postnatal period, they should consider carefully if this benefits the mother or causes additional anxiety and stress.

The Trust and Division recognizes the potential for increased stress and emotional involvement, which may hinder objective decision making. Therefore, should a midwife wish to pursue a wish to care for a relative or friend the following process must be implemented.

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 or friend.

3.1 Process

When a woman who is a friend or relative makes a request for a particular midwife to provide care the following process should be followed:

- The woman's desires and choices should be clearly documented in a care plan and discussed amongst the team involved in her care as early as possible. There must be clear evidence of discussion and informed consent by the friend, relative or colleague. This should outline the possible implications of this arrangement detailing the risks and benefits.
- In agreeing to the request of her/his friend or relative, the midwife concerned must be willing to make every endeavor, including working flexibly with colleagues around shifts and other commitments to try and give the woman her choice of care giver. The woman concerned should be aware that there can be no absolute guarantee of carer availability.
- The midwife concerned, if agreeable to providing care, must first discuss the request with their direct line manager to ensure that the professional and ethical implications of providing care to someone with whom she/he has a personal relationship have been thoroughly considered. This discussion should clarify the issue of vicarious liability. The following should be discussed:
 - Implications for personal relationship with woman concerned.
 - Adherence to Trust guidelines, policies and protocols & NMC Code
 - Managing existing work commitments
 - Professional relationships with colleagues
 - Importance of objectivity
- The midwife may also wish to seek professional advice and support from her/his named Professional Midwifery Advocate.
- **A formal request to care for the woman concerned should be made in writing to the Head of Midwifery (HOM) or in her absence, her nominated deputy. The HOM or nominated deputy must agree to the request and respond in writing prior to the provision of care (Appendix 1).**
- A clear plan should be implemented to determine how best to support this woman's choice and how best to manage other workload and commitments. This may involve adjustments to working patterns in line with UK working time regulations on the part of the midwife and may involve working (with agreement) on a day off. The plan should include a clear arrangement for time in lieu or where appropriate agreed remuneration for hours worked outside normal working hours. The NHS Litigation Authority makes no distinction between providing care for women generally or friends/relatives during a normal shift. In terms of other arrangements, it expects this to be done with the specific agreement of management to either change shifts or attend as a supernumerary.
- The midwife must continue to deliver NHS care within the bounds of her employment contract, regardless of whether she is technically working on a day off. The midwife should not be doing

anything that her employers and managers are not aware of in terms of working hours. In these circumstances, the employing Trust/Board can remain vicariously liable for the care provided by the midwife.

- The midwife, HOM and midwife managers must ensure they are familiar with and make use of Trust/ Board and any other professional guidelines relating to caring for friends/relatives.
- Teams to have regular conversations between themselves and with their managers about how to support each other in working flexibly when required.
- If the HOM or midwife manager is unable to support flexible working and adjustments within the team to provide cover for this situation, this decision must be clearly communicated both to the woman and the midwife concerned as soon as possible. Due to operational reasons, guarantees cannot be given, but all steps should be taken to achieve a solution wherever possible.
- A midwife acting in direct contravention to her employer's expressed direction, for example, attending the woman on a day off without permission could be in breach of contract and could be subject to disciplinary action.

3.2 Midwives

- Must be aware of the potential for increased stress in providing caring for relatives, friends or a colleague.
- If midwives feel unable to give impartial advice, the request from their friend, relative or colleague should be declined.
- Trust guidance and the NMC Code should be followed. There should be a continued awareness of the importance of remaining within the midwife's usual scope of professional practice and of the necessity to refer to an obstetrician or appropriately qualified healthcare practitioner when clinical circumstances indicate.
- Once responsibility for care is accepted the midwife must continue to provide care until a replacement can be found.
- Where it is felt that objectivity and practice could be in question the midwife must be prepared to accept support in making professional judgements and in delivering care.
- Be aware that you must not divulge confidential information obtained in your midwifery practice this includes social media such as Facebook etc. (NMC 2018).
- All equipment used (E.G: Hand held dopplers) must belong to and have been quality checked by the relevant hospital department, and we cannot recommend the use of any midwife owned property.

3.3 Medical Staff

- Medical staff are advised by the General Medical Council not to provide care to friends and relatives.

4.0 Statement of evidence/references

Statement of evidence:

References:

General Medical Council (2019) *Good medical practice*. [Online]. Available from: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice> [Accessed 29 September 2020]

Nursing and Midwifery Council (2019) *Guidance on using social media responsibly*. [Online]. Available from: <https://www.nmc.org.uk/standards/guidance/social-media-guidance/> [Accessed 29 September 2020]

Nursing and Midwifery Council (2018) *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. [Online]. Available from: <https://www.nmc.org.uk/standards/code/> [Accessed 29 September 2020]

Royal College of Midwives (2017) *Facilitating women's choice of midwife*. RCM Guidance: *Practical approaches to managing with flexibility*. [Online]. Available from: <https://www.rcm.org.uk/publications/?query=facilitating+women%E2%80%99s+choice+of+midwife> [Accessed 29 September 2020]
N.B. You must log into the RCM website to view the full text.

The Working Time Regulations 1998. SI 1998/1833. [Online]. Available from: <https://www.legislation.gov.uk/uksi/1998/1833/contents/made> [Accessed 29 September 2020]
This links to the text of the original statutory instruments so check for subsequent amendments on the legislation.gov.uk website.

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1	March 2003	Susan Cole Head of Midwifery	New guideline
1	September 2005	Susan Cole Head of Midwifery	Review of guideline – no change
2	June 2008	Debbie Bandey Practice Development Midwife	Reviewed and updated
3	April 2011	Merja Thomas	Reviewed and updated
4	August 2014	Lorraine Hawkins Supervisor of Midwives	Reviewed and updated
5	September 2017	Carolyn Rooth	Reviewed and major change
6	January 2021	Rebecca Daniels (Consultant Midwife) & Jodie Halliwell (Rotational Midwife)	Reviewed and minor changes

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	14.9.2017	19.10.2017	Comments made	Yes
Elaine Patton	Midwife	14.9.2017	18.10.18	Do we think it may be necessary to mention in the fetal monitoring guideline that the use of shop brought hand held Doppler's is not recommended at home by use of the patient.	Yes
Consultants		16.9.2017			
Women's guideline group	maternity	05/02/2021		Comments endorsed	Yes
Women's health clinical improvement group(CIG)	maternity	03/03/2021		No comments	Yes

5.3 Audit and monitoring

As per relevant clinical guidelines.

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women and Children	Department	Maternity
Person completing the EqlA	Rebecca Daniels	Contact No.	
Others involved:	Jodie Halliwell	Date of assessment:	03/21
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?			
		All staff	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
Emails, meetings			
How are the changes/amendments to the policies/services communicated?			
Emails, meetings			
What future actions need to be taken to overcome any barriers or discrimination?			

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What?	Who will lead this?	Date of completion	Resources needed
Review date of EqlA	03/2024		

Appendix 1: Request to provide care



Our ref:
Date

Standing Way
Eaglestone
Milton Keynes
MK6 5LD
01908 660033
www.mkhospital.nhs.uk

For people who have hearing loss
Minicom 01908 243924

Private and Confidential

Name
Address

Dear

Thank you for meeting with me as your line manager to discuss your request to provide care for:

Name:
MRN:
Date of Birth:

During our discussion we talked about the following points:

- ☐ Implications for personal relationship with woman concerned.
- ☐ Adherence to Trust guidelines, policies and protocols & NMC Code
- ☐ Managing existing work commitments
- ☐ Working time directives
- ☐ Professional relationships with colleagues
- ☐ Importance of objectivity

Please insert either of the following paragraphs:

1. As your line manager, I am able to support your request. The next step is to contact the Head of Midwifery or in her absence her nominated deputy with a formal written request to care for the woman above.
2. As your line manager, I am unfortunately unable to support your request for the following reasons:

Should you wish to contact me to discuss further please do not hesitate to contact me.

Yours sincerely

Name
Title

c.c. Head of Midwifery