

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POLICY ON APPROPRIATE CLIENT RELATIONS

Statement of Philosophy

The Health Professions Act requires all Colleges to establish a Client (Patient) Relations Committee. The Client Relations Committee has responsibility for developing guidelines and for establishing procedures to deal with complaints of professional misconduct of a sexual nature. The College of Midwives of British Columbia views the task of defining professional standards of behaviour in a broader context of clear communication and respect for the integrity, independence, and individual needs of each woman in midwifery care.

The College of Midwives of British Columbia supports zero tolerance of all forms of abuse. The College of Midwives, however, stresses that zero tolerance does not preclude professional supportive behaviour that may include physical contact that is nurturing or helpful and therefore, acceptable to the client.

The midwife-client relationship is based on mutual trust and respect; any act of abuse is a betrayal of that trust. The College will investigate and act upon all complaints or reports of inappropriate behaviour received by the College in writing.

The College of Midwives of British Columbia maintains that sexual abuse or misconduct¹ within a client-midwife relationship is unacceptable and will not be tolerated. The College of Midwives is committed to prevention of such behaviour through education of its members and establishing deterrents through administration of processes that reflects the seriousness of the violation. The College of Midwives acknowledges the potential vulnerability of clients and strives to provide a reporting process that is accessible and sensitive to their needs.

Should the complainant wish to meet with a representative of the College, a private meeting will be arranged with the Registrar who will offer to find assistance for the complainant in drafting any written submissions required by the Inquiry or Discipline Committee.

¹ Sexual abuse or misconduct of a sexual nature is defined as:

- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client, or
 - (b) touching, of a sexual nature, of the client by the registrant, or
 - (c) behaviour or remarks of a sexual nature by the registrant towards the client,
- but does not include touching, behaviour and remarks by the registrant towards the client that are of a clinical nature appropriate to the service being provided.

A MIDWIFE'S GUIDE TO APPROPRIATE PROFESSIONAL BEHAVIOUR WITH CLIENTS

It is the nature of midwifery practice in a publicly funded system that midwives will encounter clients from a wide range of backgrounds where cultural expectations, personal concerns, and, in some cases, a history of childhood or adult sexual abuse may lead to a client's perception of inappropriate behaviour of a sexual nature that was never intended by the midwife. It is the midwife's responsibility to the client, and to her own professional safety to be aware of such issues and respond sensitively to the individual needs of clients in this regard.

PRINCIPLES

As a health care professional who provides midwifery services, the midwife needs to treat all clients professionally. Clients can expect the midwife to act in their best interests and respect their dignity. It should be noted that midwifery has traditionally provided intimate care where communication is sensitive and clear. The midwife/client relationship develops in a safe comfortable environment that engenders trust and mutual respect. It is that trust that gives the midwife the power of her professional position and access to private knowledge. Establishing boundaries allows a safe connection for the midwife to meet the client's needs. This means that the midwife must refrain from inappropriate involvement in the client's personal relationships and must abstain from obtaining personal gain at the client's expense. The midwife should promote the client's independence.

Boundary violations can result when there is any confusion between the needs of the midwife and those of the client. Such violations are characterised by excessive personal disclosure by the midwife, secrecy or even a reversal of roles. Boundary violations can cause delayed distress which may not be recognized or felt by the client until harmful consequences occur. Personal boundary violations can be subtle intrusions and are often unintentional. In a publicly funded system the midwife will face many challenges in dealing with clients from diverse cultural backgrounds. A client's perception of a boundary violation will depend on her likes, dislikes, culture, past history and temperament, among other factors. In a client/midwife relationship the client trusts her midwife and may not feel free to express herself in defence against such violations.

A midwife should:

1. maintain appropriate and culturally sensitive eye contact.
2. respect the client's personal sense of space.
3. employ correct vocabulary for body parts and procedures.
4. be sensitive to words that could cause misunderstanding.
5. know when to call an interpreter. Talk directly with the client when working with interpreters and members of the client's support network.
6. avoid inappropriate discussion of her personal life to clients, in a manner that seems to create an uncomfortable or inappropriate intimacy with the client.
7. acknowledge the client's fear and embarrassment which are natural emotions during pregnancy and childbirth.
8. avoid making comments that might be interpreted as sexual about a client's body or underclothing.
9. provide the client with an opportunity to ask questions.
10. avoid inappropriately affectionate words and behaviour.

11. be sensitive to the client when discussing intimate issues or probing for personal or private information.
12. remain non-judgemental if a client discusses a boundary violation.

PHYSICAL TOUCH

Physical touch can be open to misinterpretation. Midwives should avoid causing unnecessary distress or embarrassment to clients by inappropriate touching.

Appropriate communication related to touching:

- obtain client consent;
- provide reassurance and explanations throughout a procedure;
- check the level of understanding and consent of the client.

Understand when to use gloves for reasons relating to universal precautions. The use of gloves when touching sexual areas decreases intimacy that might be interpreted as sexual. A glove should also be worn on the opposite hand if touching the labia when doing vaginal examinations.

It is important that clients understand at all times what is being done.

1. The client is entitled to know why, where and when she is to be touched.
2. Consent may be withdrawn at any time during a procedure.
3. Agreement acquired verbally or non-verbally is required before a client may be touched.

Client concerns can never be ignored.

PROTECTION OF MODESTY

Midwives should:

1. discuss draping with clients and allow a choice of coverings for clinical procedures such as Pap tests and physical assessment.
2. allow clients' enough time and privacy while disrobing.
3. request clients' permission for students or others to observe procedures.

BEHAVIOURS WHICH ARE CONSIDERED INAPPROPRIATE

1. Criticism of a client's sexual orientation or sexual history.
2. Initiation of conversation regarding sexual preferences or fantasies.
3. Behaviour, gestures or expressions that are seductive or sexually demeaning to the clients.