

Australian College of Midwives Incorporated



CODE OF ETHICS

September 2001

**This Australian Code of Ethics
has been adapted from the
International Confederation of Midwives (ICM)
Code of Ethics, September 1995**

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INTRODUCTION

The aim of the Australian College of Midwives Incorporated (ACMI) is to maintain and improve the standard of care provided to women, babies and families throughout Australia through development, education and utilisation of appropriate knowledge and skills of the professional midwife. In keeping with its aims of women's health and focus on the midwife, this code acknowledges women as persons, seeks justice for all people, equity in access to health care, and is based on mutual relationships of respect, trust, and the dignity of all members of society.

THE CODE

I. THE PROFESSIONAL RESPONSIBILITIES OF MIDWIVES

- A. Midwives in their professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.
- B. Midwives respect and maintain confidentiality of client information in order to protect the client's right to privacy, and use professional judgement when sharing information necessary to achieve health care goals.
- C. Midwives are accountable for their decisions and actions related to outcomes of their care of women.
- D. Midwives may refuse to participate in activities for which they hold deep moral opposition: however the emphasis on individual conscience should not deprive women of essential health services or respect for her culture.
- E. Midwives participate in the development and implementation of health policies that promote the health of women and childbearing families.
- F. Midwives are accountable for the dissemination of unbiased, current information to promote informed choice by women.

II. PRACTICE OF MIDWIFERY

- A. Midwives provide care in partnership for women and childbearing families with respect for cultural diversity.
- B. Midwives encourage realistic expectations of childbirth by women within their own society.

- C. Midwives use their professional knowledge in collaboration with women ensuring that women are not harmed by conception, childbearing or birthing practises in all environments and cultures.
- D. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances.
- E. Midwives actively seek spiritual, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

III. MIDWIFERY RELATIONSHIPS

- A. Midwives respect a woman's right to make an informed choice and acknowledge her choice and support her in that choice.
- B. Midwives encourage and support women in their right to participate actively in decisions about their care. Midwives empower women to speak for themselves on issues affecting the health and welfare of women and their families in their culture/society.
- C. Midwives, in partnership with women, work with policy and funding agencies to define women's needs for health services and to ensure that resources are allocated equitably considering priorities and availability.
- D. Midwives support and sustain each other in their professional roles, and actively nurture their own and others' sense of self worth.
- E. Midwives liaise with other health professionals as necessary to ensure that women's needs for care are met.
- F. Midwives recognise the human interdependence within their field of practice and actively promote co-operation and mutual understanding.

IV. ADVANCEMENT OF MIDWIFERY KNOWLEDGE AND PRACTICE

- A. Professional development encompasses a range of activities related to advancement of midwifery knowledge, is based on skills, evidence based practice and inquiry that protects the rights of women.
- B. Midwives are responsible for maintaining a core of professional knowledge, through reflection on current practices and the initiation of new research.
- C. Midwives implement quality standards of practice through processes such as peer review, continuous quality improvement and research.
- D. Midwives support and actively participate in the education of midwifery students and each other.

ETHICAL ANALYSIS OF THE CODE OF ETHICS FOR MIDWIVES

Introduction: Ethics codes are often a mix of universal principles and strongly held values specific to the “professional” group and its culture. The following is a brief analysis of the principles and concepts that form the basis for each of the statements of the ACMI Code of Ethics for Midwives:

I The Professional Responsibilities of Midwives

- A. Professional responsibility and accountability
- B. Confidentiality
- C. Midwife accountability
- D. Midwife conscience clause, autonomy of midwife, compassion for women
- E. Health policy development; to ensure justice and equity
- F. Promotes informed choice

II Practice of Midwifery

- A. Respect for others; promote best practice and equity
- B. Truth-telling, autonomy
- C. Safety, not harming, doing good
- D. Respect for human dignity, working in partnership with women, respecting cultural activities
- E. Health promotion; attain/maintain autonomy, doing good not harming, allocation of resources, professional development

III Midwifery Relationships

- A. Autonomy, acceptance and compassion for women
- B. Accountability, advocacy, autonomy
- C. Justice, equity
- D. Respect for human dignity and culture
- E. Competence, interdependence, safety not harming
- F. Respect for one another

IV Advancement of Midwifery Knowledge and Practice

- A. Protecting rights of women
- B. Accountability, safety, competence
- C. Accountability, competence
- D. Professional responsibility; enhancing competence of all professionals, doing good not harming

GLOSSARY OF TERMS FOR CODE OF ETHICS

Equity in access to Health Care (Introduction):

This implies fairness in the allocation of limited resources according to need. For example, vulnerable populations/groups could receive more attention to their health needs and availability of services than those who can access such services elsewhere.

Human interdependence (III.F.):

Since midwives work in relationships with women and others, and may not always agree, it is imperative that midwives seek to understand the reasons for the disagreements with clients or colleagues and work to resolve those conflicts that need to be resolved with mutual respect in order for ethical care to continue.

Individual conscience (I.D):

Thoughtful reflection and analysis of deeply held moral positions; in this context, the midwife can refuse to provide care only if someone else appropriate is available to provide the needed care.

Informed right of choice (III.A.):

“Informed” implies that complete information is given and understood by the woman, regarding the risks, benefits and probable outcomes of each choice available to her. “Partnership”: The relationship between the woman and midwife in which there is mutual recognition of the individual and shared responsibilities, open interactive communication, and sharing of all relevant information.

Professional (Introduction):

This term is used to recognise the concept that to be ethical is to be professional, to be unethical is to be unprofessional.

Professional knowledge (II.C):

This implies midwifery knowledge gained from research and formal and informal educational opportunities for competence of practice.

Professional responsibilities (I):

This refers to the broad ethical duties/obligations of the midwife that are not practice, education or research specific.

Related outcomes (I.C):

Midwives are responsible for the results of their own decisions and actions; they cannot be held responsible for outcomes over which they have no control (e.g. genetics). There may be situations in which the midwife is ordered by someone in power to practice in an unethical manner. The difficulty of this is appreciated, but the action remains unethical if the midwife chooses to follow such an order. The midwife must be aware of the risks in choosing not to follow such an order.

Rights of women (IV.A):

Human rights related to any research involvement includes privacy, respect, truth-telling, doing good and not harming, autonomy and informed consent.

Women as persons (Introduction):

This concept implies that women will be treated with respect for human dignity (not as objects), and that the ethical principles of truth-telling, privacy, autonomy and informed consent, doing good and not harming will direct any interaction between women and midwives.

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