

# Guidance for Midwives who wish to provide midwifery care or support to friends or family.

## Guideline information

Guideline number: 1481

Classification: Clinical

Supersedes: New guideline

Clinical documents only:

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

N/A

Version number:

Version 1.0

Date of Equality Impact Assessment:

16/03/2026

## Approval information

Approved by:

Maternity Written Document Group

Date of approval:

26/03/2026

Date made active:

07/05/2026

Review date:

26/03/2029

Summary of document:

This guideline is to provide guidance and support for midwives who are asked or choose to provide midwifery care to friends or relatives during pregnancy, birth or postnatally. It ensures that professional, ethical, and legal boundaries are maintained, ensuring safety, confidentiality, and quality of care in line with professional obligations, as defined by the Royal College of Midwives (RCM) and the Nursing and Midwifery Council (NMC), are upheld in all aspects of care provision.

Scope:

This guideline is to support and provide guidance for Hywel Dda midwives who are asked or choose to provide midwifery care to friends or relatives during pregnancy, birth or postnatally.

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves

as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth

To be read in conjunction with:

The Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (The Nursing and Midwifery Council (NMC.org.uk) [The Code](#) -opens in tab

Owning group:

Maternity Guideline, Audit and Research Group  
26/03/2026

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Reviews and updates:

New Guideline

Glossary of terms

NMC - Nursing Midwifery Council

RCM - Royal College of Midwives

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## Scope

This guideline is to support and provide guidance for Hywel Dda midwives who are asked or choose to provide midwifery care to friends or relatives during pregnancy, birth or postnatally.

## Aim

This guideline is to provide guidance and support for midwives who are asked or choose to provide midwifery care or support to friends or relatives during pregnancy, birth or postnatally.

- Midwives, the wider perinatal team, and women are aware of the potential conflict of interest and consequences that can arise. As well as the increased pressures that may be encountered when providing care to friends and close colleagues.
- It ensures that professional, ethical, and legal boundaries are maintained, ensuring safety, confidentiality, and quality of care in line with professional obligations, as defined by the Royal College of Midwives (RCM) and the Nursing and Midwifery Council (NMC), are upheld in all aspects of care provision.
- This guideline is also to ensure that woman choice is supported in order that they receive personalised care in line with their individual needs.

## Introduction

As a practising midwife, you may be asked to provide care or support to a close friend, family member or a work colleague and whilst there may be no legal or regulatory reason why you may not do so, you should consider carefully the risks or benefits before entering into such an agreement.

This is not a matter on which the NMC currently provide any guidance. Refer to the requirements of section 20.6 of the Code, which states that all NMC registrants must stay objective and maintain clear professional boundaries at all times with people in their care (including those who have been in their care in the past), their families and carers.

If you provide care to a close friend or family member whilst employed, it is important you follow local policy, refer appropriately, document care given and seek additional clinical and supervisory support when required.

## Ownership and responsibilities

### Role of the Managers

Line managers are responsible for:

- Understanding and following the process as outlined in this guideline
- Providing support for the midwife, including supporting them in professional judgements during care, but also supporting them to decline a request for care if they feel unable to act impartially.
- Ensuring that any request to provide care or support does not have a detrimental impact on overall needs of the service and staffing levels. For example, in community setting – where clinics are cancelled, or visits postponed due to no one able to run the clinic/ provide cover. In acute settings, staff levels or skill mix is reduced/ affected.

## Role of person completing the discussion

The manager is responsible for:

- Having the discussion with the staff member.
- Completing a record of the conversation and storing it in the staff member's personal folder
- Informing the Labour ward Manager/ Band 7 Coordinator, Team leaders and Manager of requesting Midwife.
- Making contact with the woman by phone to confirm the request and decision made, exploring the potential risks and benefits. The line manager will ensure that the woman has their contact details should they wish to discuss any concerns or request that care is transferred to another midwife. Written documentation of this conversation should be recorded on the woman's electronic record.
- When requested or when appropriate, the line manager/Senior Midwife or Clinical Supervisor of Midwives will meet with the midwife following the episode of care for a reflective session or debrief.

## Role of the Staff Member

All staff members are responsible for:

- Understanding and following the process as outlined in this guideline.
- Working within the remit of the NMC code, national legislation and trust policies when caring for friends or relatives.
- Documenting all care provided in accordance with national, professional or local guidance.
- Reporting any issues or conflicts of interests as they arise to their line manager to receive appropriate guidance and support.
- You must be registered on a shift if you are to provide care in labour – if you are on a rest day, as long as you have had the required rest period, you can be added to the roster.
- Please inform the Band 7 Coordinator or Manager on Call when your friend goes into labour – we can support you with advice, adding hours onto e-roster etc.
- Seek / Accept support and guidance from the co-ordinator/ Senior Midwife should it be required
- If you have been working and are unable to provide care in view of hours/tiredness, you can attend as a support in labour, however, this will be unpaid and you will not be able to provide labour care. It also must not affect your ability to carry out your own clinical commitments.
- Be honest with yourself, your friend and appropriate manager/team leader if you feel uncomfortable providing care at any time. Sometimes things do not go as planned and it can become emotionally or clinically difficult and unsafe to provide care to someone you are close to in this circumstance.

Care should be provided within working hours where possible:

- If care is to be provided outside of working hours, this should be discussed and agreed beforehand with the line manager and the electronic roster updated accordingly. Usual European Working Time Directive rules still apply.
- If a midwife wishes to be 'on call' for a labour, this should be discussed and agreed beforehand with the line manager. On call intrapartum care should only be facilitated if the needs of the service and staffing overall are supportive of this. The woman must be made aware that attendance by the midwife for birth cannot be guaranteed.

The midwife should liaise with the woman, midwives and other relevant health professionals regarding the extent of midwifery care she intends to provide so that all parties understand the boundaries of their professional responsibility.

If a safeguarding concern arises during episode of care, the midwife has a professional obligation to respond accordingly. The concern should be discussed at the earliest opportunity with the line manager/Clinical Supervisors/safeguarding Midwife/team and appropriate referral or action taken

### **Acting in a supportive capacity to a friend, colleague or relative.**

There may be occasions where midwives wish to attend the birth of a family member or friend as support person only. In these instances, the midwife must step out of their professional role. Whilst providing emotional support and advocating for the woman's needs they must NOT become involved in the provision of any clinical care. If there is any requirement for additional support, it must be escalated to the clinical team on duty in the area at the time.

### **Unplanned or unexpected request for care**

If a request for care is unexpected, for example a woman presents in labour at birth setting and asks for a colleague/ friend/midwife to care for her, then the available line manager/co-ordinator/ midwifery manager should first speak alone with the midwife in question and ensure that she is happy to provide care. If appropriate, the line manager/co-ordinator/midwifery manager should then speak alone with the woman to ensure that the risks and benefits are explored, and that the woman understands that they can request an alternative midwife if concerns arise. This conversation should be documented in the woman's electronic record.

### **The Code**

Aspects of The Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (The Nursing and Midwifery Council (NMC.org.uk) [The Code](#) (opens in a new tab) are particularly relevant when a midwife is choosing to provide care or support to friends, family of colleagues and include:

*20.3 Be aware at all times how your behaviour can affect and influence the behaviour of other people.*

*20.6 Stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*2.1 Work in partnership with people to make sure you deliver care effectively*

- 2.2 Recognise and respect the contribution that people can make to their own health and wellbeing
- 2.3 Encourage and empower people to share in decisions about their treatment and care
- 2.4 Respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care
- 2.5 Respect, support and document a person's right to accept or refuse care and treatment

## Stepping outside guidance

If a midwife acts in direct contravention of her line manager's expressed direction, **for example**, attending the woman in a midwifery capacity on a day off without permission/ attending a woman without ensuring that any subsequent clinical commitments are able to be covered ( e.g. clinical shifts) , they could be in breach of their employment contract and could be subject to disciplinary action. In such circumstances, the midwife may not be covered by the Trust by vicarious liability for the care provided.

If acting in an independent capacity, you must hold your own professional indemnity insurance. The indemnity arrangement must provide adequate cover for any practice you undertake as a midwife in the United Kingdom. (NMC, Regulation in Practice, 2017). You remain accountable for any care given or omitted and must continue to practise within NMC The Code: Professional standards for practice and behaviour for nurses and midwives, 2018.

## References

The Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (The Nursing and Midwifery Council (NMC.org.uk) [The Code](#) -opens in tab

The Royal College of Midwives. (2017). RCM Guidance: Facilitating women's choice of midwife: Practical approaches to managing with flexibility. The RCM. Medical malpractice insurance. The Royal College of Midwives London

Nursing and Midwifery Council (NMC) August 2025. *Principles for supporting women's choices in maternity care*.

[Principles for supporting women's choices in maternity care](#) -opens in a new tab

[Quality statement 2: One-to-one care | Intrapartum care | Quality standards | NICE](#) -opens in a new tab