

ETHICS STANDARD

Midwives: Boundaries in the Midwife-client Relationship

Introduction

The midwife-client relationship develops in a safe, comfortable environment of trust and mutual respect. It is that trust that gives midwives the power of their professional position and access to private knowledge. Establishing boundaries allows a safe connection for midwives to meet the needs of clients.

This ethics standard sets the expectations midwives must meet when establishing, maintaining and ending the midwife-client relationship.

Standards

1. Midwives treat all clients professionally.
2. Midwives act in clients' best interests.
3. Midwives respect clients' dignity and promote their autonomy.
4. Midwives must refrain from inappropriate involvement in clients' personal relationships.
5. Midwives avoid, as much as possible, any professional relationships with clients where the midwives' objectivity or competence could reasonably be expected to be impaired because of the professional's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or with another relevant person associated with or related to the client.
6. Midwives are restricted from providing midwifery care to **family and/or household members**. When it is unavoidable and a midwife must provide midwifery care to family or household members (e.g., emergencies or in small communities), midwives should:
 - a. document the specific circumstances, an account of why the dualities or conflicts were unavoidable,
 - b. document the informed consent of the clients for all services, and
 - c. whenever possible, transfer overall responsibility for care to another health care provider.
7. Midwives decline to enter into a midwife-client relationship where a **conflict of interest** or potential conflict of interest exists.
8. Midwives do not enter into a sexual relationship with any client.
 - a. If one year has passed since the last professional contact with the client, the former client will no longer be considered a client and a sexual relationship with the former client may be permitted.

- b. If there has been a previous sexual or romantic relationship, at least one year must have passed since the relationship ended before the midwife may accept the person into care.
 - c. In the event that a former client requires midwifery care while engaged in a sexual relationship with a midwife, the midwife is not authorized to provide any midwifery services to the former client.
9. Midwives are expected to:
 - a. Ensure that informed consent is an ongoing process, rather than a single discussion.
 - b. Maintain appropriate and culturally sensitive eye contact.
 - c. Respect clients' personal sense of space.
 - d. Employ appropriate vocabulary for body parts and procedures while respecting clients' gender identity and preferred vocabulary.
 - e. Be sensitive to words that could cause misunderstanding.
 - f. Know when to recommend a translation service, and speak directly with clients when working with interpreters and members of the clients' support networks.
 - g. Avoid inappropriate discussion of their personal life to clients, in a manner that seems to create an uncomfortable or inappropriate intimacy with clients.
 - h. Acknowledge clients' fear and embarrassment which are natural emotions during pregnancy and childbirth.
 - i. Avoid making comments that might be interpreted as inappropriate about clients' bodies or clothing.
 - j. Provide clients with an opportunity to ask questions.
 - k. Avoid inappropriately affectionate words and behaviour.
 - l. Be sensitive to clients when discussing intimate issues or probing for personal or private information.
 - m. Remain non-judgemental if clients discuss boundary violations.
10. Midwives avoid causing unnecessary distress or embarrassment to clients by inappropriate touching.
11. When doing vaginal examinations, midwives wear a glove on the opposite hand if that hand is touching the labia.
12. Midwives communicate appropriately with their clients when using physical touch by:
 - a. obtaining their clients' consent;
 - b. providing explanations throughout a procedure; and
 - c. checking the level of understanding and consent of clients.
13. To ensure privacy, midwives:
 - a. Discuss draping with clients and allow a choice of coverings for clinical procedures such as Pap tests and physical assessment;
 - b. Allow clients enough time and privacy while disrobing; and
 - c. Request clients' permission for students or others to observe procedures.
14. Midwives do not initiate or accept an invitation to become personal online friends with clients or clients' family members at any time during the period when a client is under their care.

15. Midwives refrain from exchanging gifts, hospitality or other benefits to avoid creating expectations for the type of care clients will receive and prevent the perception that the midwife's integrity may be compromised.
16. Midwives in clinical practice or in charitable or publicly funded settings do not accept or give commissions, rebates, fees, other benefits or anything of value for receiving or making a referral of a client to or from another person.
17. Midwives avoid selling or promoting products to clients, particularly if the products or similar substitutes are not medically required and readily available elsewhere for purchase.
18. Gifts are never solicited from clients. It may be acceptable on some occasions to accept a modest gift from clients.
19. If a gift must be refused, midwives explain why in a sensitive manner.
20. When deciding whether or not to accept a gift, midwives consider:
 - a. whether the gift will change the nature of the relationship,
 - b. the context in which the gift is offered, including the monetary value and appropriateness of the gift,
 - c. the client's intent in offering the gift, and
 - d. whether the client will expect a different level or nature of care.

Glossary

Conflict of interest: arises where a reasonable person could form the view that a midwife's ability and obligation to act in the client's best interests may be affected or influenced by other competing interests. Such conflicts of interest can be real, potential or perceived. Conflicts of interest occur in a variety of circumstances including financial, non-financial, direct and indirect transactions with clients and others.

Family and/or household members: spouse, common-law partner, child (stepchild), parent (step-parent or parent-in-law), grandparent, grandchild, sibling or spouses of any of these, or any person who is a member of the midwife's household.

Professional misconduct: includes **sexual abuse** or **sexual misconduct**, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession.

Sexual abuse or sexual misconduct: sexual intercourse or other forms of physical sexual relations between a registrant and a client, touching, of a sexual nature, of a client by a registrant, or behaviour or remarks of a sexual nature by a registrant towards a client, but does not include touching, behaviour and remarks by a registrant towards a client that are of a clinical nature appropriate to the service being provided.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this ethics standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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