

Providing Maternity Care to Friends and Family

Key Points

- If a Midwife or Obstetrician is asked to provide midwifery or obstetric care to a friend or close colleague, the risks, and benefits of such an arrangement should be carefully considered.
- Midwifery and obstetric care can only be provided to a friend following discussion with a Head of Midwifery (HoM) or Chief of Service (CoS) and agreement from the Director of Midwifery (DoM) or Chief of Service. The channel for such communication will be dependent on whether it is a midwifery or obstetric request. A clear understanding and risk assessment should take place to identify any potential conflict of interest.
- At no point should a clinician be providing routine care to a relative, as this is a known conflict of interest.
- Providing care to a colleague will be dependent on the personal relationship between the colleague and the Midwife or Obstetrician. If there is a close relationship with the colleague or the request is outside contracted hours, a discussion/risk assessment should be completed. This would also be the case if a request to care for a friend is made. This is to ensure that other contracted duties are not disrupted.

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Abbreviations

HoM	Head of Midwifery
DoM	Director of Midwifery

HoM	Head of Midwifery
CoS	Chief of Service

Summary

The aim of this guideline is to ensure that:

Safe and effective care is provided to all women receiving care in Frimley Health NHS Foundation Trust Maternity Services.

Midwives and Obstetricians are supported to facilitate maternal choice.

Midwives, Obstetricians, 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.

Risks associated with providing care to friends and close colleagues are mitigated against.

Professional integrity and GMC/NMC standards are upheld

Introduction

It is widely noted that midwives are often asked to provide care for friends and relatives - they should carefully consider the risks and benefits of providing care in this way.

Providing routine care to a relative is not supported within FHFT.

Where possible, a woman's choice of Midwife should be facilitated as per Royal College of Midwives (RCM) guidance on making an informed decision (2022). Available at [informed-decision-making](#)

Midwives are accountable for their practice and the [Nursing and Midwifery Council \(NMC\) \(2018\) \(20.6\)](#) states that midwives should '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.

This is also outlined within the General Medical Council Guidance where it states: 'Wherever possible avoid providing medical care to yourself or anyone with whom you have a close personal relationship'. <https://www.good-medical-practice-2024---english-102607294.pdf>

The process has been split for obstetrics and midwifery for ease of read.

Midwifery Request

A written request from the woman and a supporting written statement from the Midwife is sent to the appropriate line manager or Professional Midwifery Advocate (PMA) prior to care commencing and at the earliest opportunity.

The line manager/PMA will inform the Head of Midwifery and an appointment will then be arranged between the Head of Midwifery and requested Midwife. This meeting will discuss the support and guidance that may be required, and a copy of the meeting report will be given to the staff member providing care and a copy will be forwarded to the line manager for a record of the risk assessment. This will be stored electronically in a secure staff folder by the line manager.

A discussion about the reasons and possible implications with the woman should be held.

For midwifery requests, the Head of Midwifery will discuss with the DoM who will inform the woman and requested Midwife whether or not FHFT is in a position to support the request.

The DoM considers the request and responds with a decision via the Head of Midwifery.

All Consultant Midwives, Line Managers, the DoM and Chief of Service (where applicable) should be made aware of the plan.

The plan should be clearly documented in the woman's maternity notes and on EPR.

Obstetric Request

There are several situations where an Obstetrician may be asked to provide care to a friend or colleague or relative of a colleague. It can feel gratifying and an honor that such a request has been made. However, they should be aware that this can be challenging and can risk the Obstetrician intentionally or non-intentionally deviating from normal clinical practice and Trust guidelines. If complications arise this can compromise friendship or working relationships.

This document is intended as guidance and support for the Obstetrician. It allows for Trust support if an Obstetrician does feel that care may be best given by another Obstetrician to avoid such conflicts arising.

A written request from the woman and a supporting written statement from the Obstetrician should be sent to the Chief of Service (CoS) or Deputy prior to care commencing and at the earliest opportunity.

An appointment will then be arranged between the CoS and requesting Obstetrician. This meeting will discuss the support and guidance that may be required. A copy of the meeting report will be given to the staff member providing care and a copy will be stored for a record of the risk assessment. The CoS will decide whether or not FHFT is in a position to support the request and ensure the governance around the care planned.

The plan should be clearly documented in the woman's maternity notes and on EPR.

Both Midwives and Obstetricians providing care to friends or close colleagues should:

- Retain a high level of professionalism and commitment to a Multi-Disciplinary Team (MDT) approach in the care of the woman.
- Respect the working environment and not take liberties (for example, letting relatives into the ward outside visiting times).
- Ensure good documentation in clinical records particularly where care or discussions about care take place off FHFT premises or in an ad-hoc manner e.g., in the corridor or while working together in the Trust
- Ensure professional boundaries are respected.
- If the woman is under the care of another professional, ensure that all caregivers are aware in what capacity you are interacting with the woman.

Intrapartum care

Intrapartum care provided to a friend, or close colleague should be within the Midwife's/Obstetrician's rostered hours and if out of contracted hours, this would require previous sign off and should not impact on other service requirements. This is inclusive of any managerial responsibilities or on-call requirements, as these should take priority. Staff should not have worked over their Working Time Directive (WTD) hours.

The Midwife/Obstetrician should liaise with other members of the team regarding the extent of midwifery/obstetric care that they intend to provide. This is to ensure all parties understand the boundaries of their responsibilities.

The Delivery Suite Coordinator and Manager on-call should also be made aware of the prior agreed arrangements and the relationship between the woman and the Midwife or Obstetrician.

If the Trust is unable to support flexible working in this way the decision must be clearly communicated to both the woman and clinical member of staff, with a clear rationale as to why this cannot be facilitated.

If a Midwife or Obstetrician acts in contravention of any decision that has been made, they may be in breach of their contract and could be subject to disciplinary action.

A post-birth reflective session is encouraged. Written reflective statements are beneficial for revalidation purposes or incident considerations.

This guideline only applies to Midwives and Obstetricians employed by FHFT and who are wishing to provide any element of midwifery or obstetric care to a woman or birth partner that they may have a close relationship with.

If any element of midwifery/obstetric care is requested for women who are booked under another Trust, an agreement from the Head/Director of Midwifery of the Trust concerned as well as the HOM/DoM at FHFT would need to be sought. This is to ensure that an honorary contract is obtained, and appropriate liability cover is ensured.

If agreed care is additional to routine job role, this should not impact on wider service requirements, including on-calls.

Appendix 1: Risk Assessment To be completed electronically and then signed by relevant parties Copy to be held in professionals HR file	>
References	>
Full version control record	>