



ETHIOPIAN MIDWIVES
ASSOCIATION

CODE OF ETHICS FOR MIDWIVES



By Ethiopian Midwives Association

AUGUST 2021

Envisions Midwifery to be valued and autonomous profession where every families has access to equitable and high quality Midwifery Services

Vision

Striving for the autonomy and excellence of Midwifery care practice to provide quality care for women, Newborn, Children, Adolescent and youth through strengthening self-reliance and influencing for change

Mission

Contribute for the reduction of maternal and newborn Morbidity and Mortality in Ethiopia through strengthening Midwifery led Continuum of Care

Goal

Enhance Membership Management System

Objectives

Improving the number of members, membership management system

Protection of Midwives' Rights and Benefits

Serving the Community

Objectives

Improve quality of Midwifery care & services delivery

Enhance the capacity of midwifery teaching institution

Amplify Policy and Practice change

Objectives

Generate & disseminate evidence

Improve advocacy and lobbying

Improve EMWA's information management system

Partnership, Networking and Representation

Objectives

Improving & diversify collaboration with partners

Improving volunteers' engagement & management

Enhance Regulation and Governance

Objectives

Strengthening CPD

Strengthening Midwifery regulation

Strengthening midwifery management structure

Self-reliance for better and Sustainable EMWA

Objectives

Strengthen Resource mobilization for Self-reliance and sustainability

Ensure good governance and build organizational capacity

Strategic Directions

Core Values

Member first, Trustworthiness, Accountability, Professionalism, equity, Continuous learning, Excellence, Transparency, Innovation, Evidence-Based community service, Gender sensitive and Volunteerism

TABLE OF CONTENTS

ACKNOWLEDGMENT	2
FOREWARD	3
INTRODUCTION	4
SCOPE	6
PURPOSE	6
DEFINITION OF THE MIDWIFE:	6
PHILOSOPHY OF MIDWIFERY CARE	7
THE SEVEN UNIVERSAL RIGHTS OF CHILD BEARING WOMAN	9
FUNDAMENTAL PRINCIPLES OF ETHICS	10
Autonomy	10
Nonmaleficence	10
Beneficence	10
Justice	11
PREAMBLE	11
SECTION I- MIDWIVES AND THEIR PROFESSION	13
SECTION II- MIDWIVES AND THEIR CLIENTS/ PATIENTS	15
SECTION III: COMMUNICATION AND DOCUMENTATION	18
SECTION IV: MIDWIVES AND EDUCATION	18
SECTION V: MIDWIVES AND RESEARCH	20
SECTION VI: MIDWIVES AND LEADERSHIP	22
SECTION VII: MIDWIVES AND COMMUNITY HEALTH CARE	23
SECTION VIII: MIDWIVES RESPONSES FOR CONTAGIOUS AND COMMUNICABLE DISEASE	24
SECTION IX: MIDWIVES AND EMERGING ISSUES	25
SECTION X: MIDWIVES AND END OF LIFE CARE	26
SECTION XI: MIDWIVES AND COMMERCIAL SECTOR	27
SECTION XII: MISCONDUCT AND LIABILITY	30
REFERENCES	34
ANNEX 1: GLOSSERY	35

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FOREWARD

This midwifery code of ethics is aimed to improve the standard of care provided to women, babies and families in Ethiopia through the development, education and appropriate utilization of the professional Midwife. In keeping with this aim, the EMwA sets forth the following code to guide the education, practice and research of the Midwife. This code acknowledges women as persons with human rights, seeks justice for all women and equity in access to health care, and is based on mutual relationships of respect and trust, and the dignity of all members of society.

This midwifery code of ethics will improve the quality of care given to mothers, children, and the general public by following guiding principles by which the Midwife is morally and ethically bound to serve the best interests of the clients. The Ethiopian Midwives' ethical code and conduct manual play a crucial role in restoring public confidence. When the general public and other health care practitioners recognize that Ethiopian Midwives take ethics seriously, have spent time and effort in developing a professional ethical code, and work to uphold ethical behavior, they would have a more favorable view of Midwifery.

We hope that Ethiopian Midwives, educators, students, scholars, and managers can learn from and make effective use of this manual in their careers. The midwifery code of ethics is a vital document that can make a significant difference in terms of delivering high-quality care to mothers and their newborns.



Zenebe Akale

President, Ethiopian Midwives Association

INTRODUCTION

Ethiopian Midwives Association (EMwA) is a legally registered, autonomous, and not-for-profit professional association established in 1992 and re-registered under the new civil society proclamation. EMwA operates in all regions of Ethiopia; it works for the quality of Midwifery education and care. EMwA has been a member of the International Confederation of Midwives (ICM) since 1993.

Midwifery practice, after formal trainings, has a history of more than 60 years in Ethiopia. The first formal Midwifery training began in 1954 with post-basic training for nurses in Midwifery at Gondar Hospital. Following this, a Midwifery school was opened at Princess Tsehay Hospital by Dr Catherine Hamlin and Dr Reginald Hamlin in 1959 which has unfortunately ceased functioning in 1962. The Gondar Hospital followed suit in 1964 and the Addis Ababa Midwifery School was also opened in 1986 with the support of the Swedish International Development Agency.

In 2000, the University of Gondar became the first institute to offer a Bachelor of Science Degree in Midwifery. Meanwhile it also became the first university in Ethiopia to offer master's degree in clinical Midwifery program and PhD program. Then Addis Ababa, Mekelle and other universities also started the training.

Currently, there are 16,925 Midwives in the country and two-third (67.3%) of them were female. Majority 15642 (92.4%) of the Midwives have working in health facilities from which 10,545 (67.4%) are in the health centers. Only 3% of the Midwives were involved in leadership positions from health facility to MOH level.

There are about 46 Midwifery training institutions: 33 of these providing bachelor levels training, 6 providing Masters Programs and one providing PhD program. While the rest are giving training at diploma level.

The work of Midwives around the world is based on human connection. The relationship between Midwives, families and communities is both a powerful and a privileged connection that is ideal for furthering social justice.

This Code of Ethics describes moral obligations that guide the behavior of Midwives and individuals representing the profession of Midwifery, including those in clinical practice, education, leadership, and research. The moral obligations reflect universal ethical principles that are traditionally associated with the health-care professions but have been written to emphasize midwifery values and standards in the various roles of professional midwifery practice.

Each Midwife shall act, at all times, in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, to serve the interest of the society, and above all to safeguard the interests of individual clients and their family.

In summary, through behavior consonant with the moral obligations contained in the professional Code of Ethics, Midwives support and maintain the integrity of the profession of Midwifery and thus contribute to a profession worthy of being considered by society as a public good.

This Code of Ethics is therefore revised to update newly emerging professional code of acts, improve the midwifery professional practice, to protect the community and the profession from medico legal issues at large. This document was developed by considering the international and national relevant code of ethics

Therefore, this Code of Ethics is designed to have several important uses for Midwives within the profession. The code serves as a guide for Midwives in their professional practice in whatever role they assume, provides a framework for peer consultation and review and orients midwifery students to the moral obligations of the profession into which they are being socialized. The Midwifery code of Ethics includes 12 focus areas and 111 articles.

SCOPE

This code of Ethics will be applicable for all Midwives licensed to practice in Ethiopia.

PURPOSE

The purpose of this Code of Ethics for Midwives in Ethiopia is:

- *To set out the principles, standards and code of conduct that foster high quality, safe and ethical Midwifery care service.*
- *To assure Midwives fulfill their professional duties ethically, timely, effectively, and safely.*
- *To assist Midwives practice in public protection through the provision of best practice in accordance with the guidelines, standards and ethical values they expect Midwives to uphold.*
- *To provide Midwives with a reference point to reflect on their own and others professional conduct, and to set out a framework to guide professional judgment and/or disciplinary action.*
- *Guide ethical decision-making and quality of care in Midwifery practices.*
- *Indicate to the public receiving Midwifery care the human rights standards and ethical values they can expect Midwives to uphold*
- *To indicate Midwives acknowledges women as persons with human rights, seeks justice for all people and equity in access to health care, and is based on mutual relationships of respect, trust and the dignity of all members of society.*

DEFINITION OF THE MIDWIFE:

As accepted by the International Confederation of Midwives (ICM) membership and Joint Study Group on Maternity Care, the ICM/WHO/FIGO (1992) and ICM (February, 2011) Revised:

“A Midwife is a person who has successfully completed a midwifery education program that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global

Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'Midwife'; and who demonstrates competency in the practice of midwifery.

PHILOSOPHY OF MIDWIFERY CARE

Quality Midwifery care incorporates values and philosophy that arise from a human rights perspective, a perspective that takes account of social determinants of health and their contribution to health; Philosophy of Midwifery care includes the following:

- ✔ Midwives are the most appropriate care providers to attend childbearing women
- ✔ Midwifery care is based on respect for pregnancy as a state of health and childbirth as a normal physiologic process and a profound event in a woman's life.
- ✔ Midwifery care respects the diversity of women's needs and the variety of personal and cultural meanings which women, families and communities bring to the pregnancy, birth, and early parenting experience.
- ✔ The maintenance and promotion of health throughout the child-bearing life cycle of the woman are central to midwifery care. Midwives focus on preventive care and the appropriate use of technology.
- ✔ Midwifery care is continuous, personalized, and non-authoritarian. It responds to a woman's and other clients' social, emotional, and cultural as well as physical needs.
- ✔ Midwives respect the woman's and other clients right to choice of caregiver and place of birth in accordance with the Standards of Practice. Midwives are willing to attend birth in a variety of settings, including birth at home

- ✔ Midwives encourage the woman to actively participate in her care throughout pregnancy, birth and postpartum period and make choices about the manner in which her care is provided.
- ✔ Midwifery care includes education and counselling, enabling a woman to make informed choices.
- ✔ Midwifery care is holistic and continuous in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women.
- ✔ Midwives promote decision-making as a shared responsibility, between the woman, her family, and her caregivers. The mother is recognized as the primary decision maker.
- ✔ Midwives regard the interests of the woman and the foetus as compatible. They focus their care on the mother to obtain the best outcomes for the woman and her newborn.
- ✔ Fundamental to midwifery care is the understanding that a woman's caregivers respect and support her so that she may give birth safely, with power and dignity.

THE SEVEN UNIVERSAL RIGHTS OF CHILD BEARING WOMAN

Universal Childbearing woman Rights	Corresponding Category of Disrespect and Abuse
1. Freedom from harm and ill treatment	1. Physical Abuse: Slapping , pinching, kicking, slapping, pushing, beating
2. Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care	2. Non-consented care: Absence of informed consent or patient communication , forced procedures
3. Confidentiality, privacy	3. Non-confidential care: Lack of privacy (e.g. Laboring in public or disclosure of patient information
4. Dignity, respect	4. Non-dignified care: Intentional humiliation, rough treatment shouting, blaming, treating to withhold services laughed at patients, provider did not introduce themselves, patients not called by their names throughout the interaction.
5. Equality, freedom from discrimination, equitable care	5. Discrimination based on specific attributes: Discrimination based on ethnicity, age, language, economic status, education level, etc.
6. Right to timely healthcare and to the highest attainable level of health	6. Abandonment/denial of care: left alone the women during labor and birth , failure of providers to monitor patients and intervene when needed
7. Liberty, autonomy, self-determination, and freedom from coercion	7. Detention in facilities: Detention of patients/family in facility after delivery, usually due to failure to pay

In addition to the above

- ▶ Every woman has a right to security of her body
- ▶ Every woman has a right to up-to-date health information
- ▶ Every woman has a right to participate actively in decisions about her health care

Midwives' Rights: Every Midwife has the right to

1. A Midwifery-specific education that will enable his/her to develop and maintain competency as a Midwife
2. practice on his/her own responsibility within the ICM definition and scope of practice
3. Be recognized, respected and supported as a health Professional.
4. Access a strong Midwifery association that can contribute to midwifery and maternity policy and services at a national level

FUNDAMENTAL PRINCIPLES OF ETHICS

AUTONOMY

Autonomy is the promotion of independent choice, self-determination and freedom of action, independence and ability to be self-directed in healthcare and the basis for the client's right to self-determination. It means clients are entitled to make decision about what will happen to their body.

Autonomy obligates the Midwife professionals to grant others the freedom of will, and the freedom of action. This principle allows patients the personal liberty to participate in their own course of treatment, and make choices regarding their treatment plans.

NONMALEFICENCE

Nonmaleficence means to avoid doing harm. Nonmaleficence obligates the midwife professionals to prevent and avoid harming the patient. The pros and cons must be weighed and balanced to decide on the best course of care in each situation.

BENEFICENCE

It is doing good, positive and rightful things. Beneficence obligates the Midwifery care provider to actively promote and contribute to the health and wellbeing of the client/patient. Many quality of life issues arise while adhering to this principle. The client's/patient's quality of life during and after an illness is an important consideration in these situations.

JUSTICE

The principle of justice entails a fair and balanced distribution of healthcare services. Justice is fair, equitable and appropriate treatment. It is the basis for the obligation to treat all clients/patients in an equal and fair way. Just decision is based on client/patient need and fair distribution resources. It would be unjust to make such decision based on how much he or she likes each client/patient.

PREAMBLE

Ethiopian Midwives Association (EMWA) is making galvanize efforts to improve the standard of care provided to the public and families throughout Ethiopia through the development, education and regulation of the professional Midwives.

In keeping with this aim, EMWA sets forth the following code to guide the education, practice, leadership, community service and research activities of the Midwife.

This code acknowledges the universal principles of human rights, Ethiopian civic and professional laws, seeks justice for all people and equity in access to health care, and is based on mutual relationships of respect and trust, and the dignity of all members of association. One of the hallmarks of a profession is the commitment by its members to high standards of ethical practice. Midwives, like other health professionals, are confronted with ethical issues on a daily basis and acting ethically is a core competence within professional conduct. Thus, acting ethically is required at all times and is not restricted to moral dilemmas. Ethiopian Midwives Code of Ethics is a set of standards that members of a midwifery profession use to guide their practice at all level.

The Professional Code of Ethics for Midwives in Ethiopia identifies core values for the Midwifery profession and establishes the standards of conduct that are reasonably expected of all Midwives in the education, Leadership, research, and clinical practice.

Midwives should at all times maintain standards of conduct worthy of Midwife professionals. By doing so, they will enhance their personal stature as professionals and help maintain the credibility and prestige of the midwifery profession. They will also secure the continuing acknowledgment of their professional merits by the community as a whole.

The Code serves as a guide to assist the ethical decisions faced by Midwives at all area of activity and provides a framework for the self-regulation of midwifery practice in Ethiopia. It also acts as the basis for continuing education, self-evaluation and peer review. The Code comprises core value statements that have been elaborated into ethical practice points for reference and action.

The Code is divided into the following 12 Ethical Obligation areas: These are: Midwives and their Profession, their clients, Communication and Documentation, education, research, leadership, and Community health care, Midwives responses for contagious/communicable disease, Emerging issues, Midwives and end of life care, Midwives and commercial sector Misconduct and liability.

Midwives are responsible for providing the highest standards of midwifery care and ethical practice possible within any given situation; they should be familiar with the profession's ethical stance. They are responsible for their decisions and actions, and are accountable for the related outcomes in their care of they are providing.

All Midwives are responsible for maintaining and enhancing the reputation of the profession. Midwives should act at all times in accordance with ethical healthcare practices, actively promote professional ethics, and foster public trust and confidence in the midwifery profession.

This Code requires every Midwife to uphold the values outlined and elaborated in this document. It calls upon them to practice self-regulation, exercise professional accountability and respect the ethics of midwifery practice. This document also provides examples of professional misconduct which may be subject to disciplinary action by the regulatory authorities. The Code supplements the requirements of the Federal Ministry of Health professional's code of conduct and regulations. It will be reviewed every 5 years by the Ethiopian Midwifery Association/Board.

SECTION I- MIDWIVES AND THEIR PROFESSION

In provision of health service good client/patient care is the essence of the job; and specific attitudes and behaviors are identified which constitute professional competence that embraces: the knowledge, attitude and skills that enable to do the job, following the right procedures and protocols, putting the client's/patient's interests first, and maintaining standards of care at all times. Good practice is linked to an awareness of limitations of one's knowledge, skills and attitude so as to take an appropriate action. Privacy and confidentiality are fundamental principles of health ethics and are central to the trust between clients/patients and health professionals. Clients/ Patients are entitled to expect that information about them will be held in confidence. Midwives should refrain from disclosing confidential information obtained in the course of professional practice without the consent of the client or a person entitled to act on his/her behalf, except where disclosure is required by law or by the order of the court.

Ethical Practice Points

The Midwife Shall:

Article 1.1. At all times behave in such a way that she/he may gain the respect and the confidence of her/his fellow human and maintain the dignity of her/his profession and protect her/his professional freedom at all times.

Article 1.2. Be personally responsible strictly for his/her own actions pertinent to his/her defined duty

Article 1.3. Maintain competence in one's own profession and involve in continuing professional development in order to improve his/her knowledge, skill and attitude to use evidence based midwifery practices and methods.

Article 1.4. Maintain her/his professional secrecy in respect for all matters

Article 1.5. Not participate in the practice of torture or other cruel, inhuman or degrading procedures; and not provide premises, instruments, substances or knowledge to facilitate the practice of torture.

Article 1.6. Not accept any direct and indirect gain based on a principle of dichotomy or undisclosed division of professional fees for a medical care.

Article 1.7. Maintain altruism and empathy throughout the care process

Article 1.8. At all-time devote to professional obligations and personal integrity (eg. Professional dressing code) 1 as stipulated under Ethiopian and ICM standard of practice and act as effective role models in health promotion.

Article 1.9. Be honest and loyal to their professional oath

Article 1.10. Be aware, adhere and promote the principles of compassionate and respectful care⁷

Article 1.11. Clearly inform and educate clients and the clients' family as to the role, function, standards and philosophy of midwifery practice^{5, 10}

Article 1.12. Uphold full responsibility for the care they provide to their clients

Article 1.13. Act as effective role models in health promotion for women, families, and other health professionals.

Article 1.14 Keep pace with advances and innovations in midwifery by participating in continuing education activities (CPD) and make sure that, you are compliant with relicensing regulations.

SECTION II- MIDWIVES AND THEIR CLIENTS/ PATIENTS

The health of the client/patient is constantly in the hands of the health care professionals. The principal objective of Midwives is to provide services for the wellbeing of Women, families and communities with full respect for life and dignity of human beings and aspire reproductive rights. Good client/ patient care requires a range of clinical, interpersonal and leadership skills. The nature of the midwifery- client /patient relationship is critical to good quality of care and to better outcome of reproductive, maternal, neonatal, child, adolescent and youth health (RMNCAYH) care interventions. Hence, Midwives should implement respectful maternity care principles at all times of the care process. Midwives should pay attention to all aspects of this relationship.

Ethical Practice Points

The Midwife Shall:

Article 2.1. Attend her/his client /patient with maximum dignified and respectful care with devotion and empathetically and, friendly.

Article 2.2. Practice her/his profession without discrimination of any sort. Consider the client/ patient's demands regardless of their age, sex, race, economic status, lifestyle, culture, religion, political beliefs and physical abilities.

Article 2.3. Provide to her/his client /patient, the family and the whole community with the promotion of health, prevention of disease or injury, maintenance of good health and rehabilitative services.

Article 2.12. Actively involve their clients in the planning and delivery of care.

Article 2.13. Assist clients to express their individual needs and values and take these into consideration when determining the optimal plan of care.

Article 2.14. Respect the informed decision of a client having the necessary ability to accept or refuse care. While, avoiding any action, even in client's request, that requires ethical, legal or religious violation.

Article 2.15. Respect the privacy and confidentiality of the client/patient in the use of any medium such as: film, videotapes, or recordings

Article 2.16. Reveal her/his professional secret to the client's /patient's relatives when such a revelation would serve any useful purpose for the care of the client/patient or when her/his condition otherwise so requires, in case of client with diminished autonomy (minors and unconscious client/patients or client/patients of unsound mind),

Article 2.17. Inform the client/patient about the health care intervention (including obstetric and surgical procedures), In the case of minors or persons who are unconscious or of unsound mind, the necessary consent should be obtained from parents or legal guardians, if there is no other legal provision.

Article 2.18. In case of mistake in midwifery interventions, explain honestly to the client/patient, and proceed with truthfulness and fairness in any circumstances.

Article 2.19. Withhold information about serious diagnoses and/or prognosis unless the client/patient demands it or there is legitimate ground to do so, which is left to the discretion of the health professional. However, it is, desirable to inform the nearest relative when the outcome is likely to be unfavorable.

Article 2.20. Not use the relationship with his client as a means of developing intimacy..

Article 2.21. Avoid any professional negligence such as infection prevention and universal precaution

SECTION III: COMMUNICATION AND DOCUMENTATION

Proper documentation of assessments, treatment and care decisions, informed choice discussions, and compliance with midwifery standards of practice also demonstrates professional accountability. As records represent the care that was delivered, it may also become relevant in investigations and may become the basis for evidence of care in regulatory, civil, criminal or administrative matters when care is called into question.

Ethical Practice Points

The Midwife Shall:

Article 3.1. Record every intervention complete (provider's name, signature, date and time), with respect, honest, timely and eligible, if necessary strikethrough and put signature. Finally, all the documented work should be reported and handover to the next shift.

Article 3.2. Ensure health records are stored securely and only accessed or removed by authorized persons

Article 3.3. The provider shall communicate with client both verbal and nonverbal in a way that attract the client/patient trust on the care provided

SECTION IV: MIDWIVES AND EDUCATION

Midwife education/training in all institutions of teaching/learning takes place in classrooms, procedure rooms, laboratory setup, simulation facilities, clinical rounds and/or community settings; as well as during further specialization and fellowship programs. The Midwife professionals whether an educator or a learner should comply with ethical manners and etiquette in all settings during activities related with participating patients/clients, colleagues and/or relevant others.

Ethical Practice Points

The Midwifery Teaching Institution Shall:

Article 4.1. Include the core principles of Midwifery code of ethics in the curriculum

Article 4.2. Produce Ethical, motivated, competent, Compassionate, Respectful and caring Midwifery professionals and should include ethics in the internal Comprehensive Examination

Article 4.3. Follow the student dressing code of Ethics (see the dressing code of Ethics)

Ethical Practice Points

Academic staff /Midwife educator shall:

Article 4.4. Demonstrate the required, knowledge, skill, competency and qualification

Article 4.5. Be a role model in practicing quality of care in a way to teach the students with passion, respect, honesty and using dressing code of conduct

Article 4.6. Ensure students to respect the patients/client's rights, dignity, privacy and confidentiality during clinical practice

Article 4.7. Student and academic staff relationship should only be in academic relationship with mutual respect and appreciations;

- ◆ Avoid actions such as exploitation, and discrimination that detract student from development or lead to actual or perceived favoritism on the part of the teacher
- ◆ Avoid any form of sexual or close personal relationships with current student.
- ◆ Avoid creating network to punish students
- ◆ Avoid Excessive socializing with students outside of class, either individually or as a group. Examples of dual Relationship

Midwife student shall:

Article 4.8. Attend in class room/skill lab learning

Article 4.9. Provide clinical care/educational practice under direct supervision

Article 4.10 punctual, respectful to patients/clients, attendants, their colleagues, other students, and facility members

Article 4.11 Maintain confidentiality, patient/ clients' safety, and dress code

Article 4.12 Obtain consent from patients before any patient/ clients contact

SECTION V: MIDWIVES AND RESEARCH

Research helps to guide practice and improve the health and wellbeing of Clients/patients through the application of evidence-based practice. This document stipulates that Midwives have a commitment to research through article 8.1, whereby evidence based practice is elicited. Midwives must ensure that the following ethical obligations are adhered to prior to conducting the research.

Midwife student shall:

The Midwife Shall:

Article 5.1. Lead or involve in research with honesty and integrity, from the initial grant application, to publication of results; and ensure that no fabrication, falsification, and plagiarism is applied in proposing, conducting and reporting research.

Article 5.2. Conform to the generally accepted current scientific principles, be based on a thorough knowledge of the scientific literature, and supported with other relevant sources of information, while engaging in research involving human subjects.

Article 5.3. Ensure/ keep a state of clinical equipoise exists at the inception of the trial, regarding the advantage and risks of the regimens to be tested, when conducting a clinical trial.

Article 5.4. Ensure that benefits and risks of research be distributed fairly, and particular care be taken to avoid exploitation of vulnerable populations (follow the National /Institutional/regional, EMWA research ethics committee/research ethics).

Article 5.5. Ascertain that, all proposed research, should be approved by the research ethics committee/review board (National /Institutional/regional, EMWA) and follow the guideline before initiation of any study

Article 5.6. Secure informed consent from the research participant or from an authorized representative or guardians for those with diminished capacity or incapable to consent (follow the National /Institutional/regional, EMWA research ethical guideline).

Article 5.7. Document consent, by use of a consent form that has been approved by the ethics committee, dated and signed by the study participant or legally authorized representative (follow the National /Institutional/regional, EMWA research ethical guideline).

Article 5.8. Obtain consent from participants by another independent individual who is very familiar with the study to avoid coercion, in a situation where the research participant is in a relationship with the researcher.

Article 5.9. Not have financial and other personal rewards that can influence research outcomes.

Article 5.10. Explain in the research protocol the rationale and details for inclusion of vulnerable people in research (children, pregnant women, prisoners, mentally disabled etc.).

Article 5.11. Put in place special safeguards when involving pregnant women in research. Pregnant women should not be included in non-therapeutic research that carries any possibility of risk to the fetus or neonate, unless this is intended to elucidate problems of pregnancy or lactation.

Article 5.12. Acknowledge that plagiarism is unethical and avoid incorporating the words and ideas of others or one's own published words, either verbatim or by paraphrasing without appropriate attribution.

SECTION VI: MIDWIVES AND LEADERSHIP

Leadership in Midwifery is crucial to foster a positive, collaborative and ethical workplace culture. Effective approaches to instilling ethics and integrity, and using codes of conduct, are key elements of ensuring sound professional governance, management and control. Promoting the leadership role by maintaining ethical standards and keeping public interest in health profession is paramount.

Ethical Practice Points

The Midwife Shall:

Article 6.1. Ensure ethical culture in the organization and safe working environment

Article 6.2. Follow the development of professionals to continuously learn and stay in their field to serve the community in equitable manner

Article 6.3. Follow midwives to comply with the national re-licensing requirements that helps to keep the highest ethical standards of care and core values in everyday practice

Article 6.4. Address ethical concerns in an effective and timely manner

Article 6.5. Convey information to Midwives with respect, dignity and in a timely manner

SECTION VII: MIDWIVES AND COMMUNITY HEALTH CARE

In community/ health with initiative of the professional not the patient/ client from dealing with only individuals to address issues that affects population groups, be it in residential or work settings. It often involves change of individual and small group behavior and is related to building good relationship to promote health with focus on social determinants of health and implementing community health policy& practice, necessitating a different set of ethical concerns.

The community has to engaged in decision making in identification, planning and mitigation of common Adolescent, Youth, Maternal, Neonatal , Child health Nutrition (AYMNCH-N) as interventions are aimed at populations (often in community setting), and the benefits for any individual may be negligible.

Ethical practice points

The Midwife Shall:

Article 7.1. Obligated to make good rapport/communication, engagement and close working relationship with community leaders, relevant institutions, community groups and influential others (formal & informal); giving careful consideration to cultural, linguistic and other sociopolitical dynamics.

Article 7.2. Stand for equity of positive (AYMNCH-N) actions and benefits to reach all vulnerable groups.

Article 7.3. Committed to respect expectations about the reliability, competence, and honesty of a program that benefits its communities

Article 7.4. Not exercise personal value for professional practice: denounce Child marriage, Female genital mutilation, Gender based violence and biased health information.

Article 7.5. Uphold high coverage and proper use of health insurance to benefit the community; ensuring that the basic resources and necessary conditions for health care is accessible to AYMNC if and when needed.

Article 7.6. Not the culture, diversity and moral claims of society and their impact on AYMNCH-N

Article 7.7. Don't attempt an intervention in areas in which you're not trained and/or competent. This goes along with "do no harm"

Article 7.8. Bear an obligation to behave in such a way as to maintain community trust and confidence in midwives and the profession.

SECTION VIII: MIDWIVES RESPONSES FOR CONTAGIOUS AND COMMUNICABLE DISEASE

Due attention needs to be provided for the identification of patients with contagious communicable disease and take appropriate measures on timely basis to contain it and avoid further spread, including providing guidance on tracing contacts. Midwives are also susceptible to get infected with a serious communicable disease in the line of duty. In such circumstances he/she must seek appropriate medical advice without delay and ensure that her/his condition does not pose any risk to family, friends, patients/clients or others who may come in contact with them.

Ethical Practice Points

The Midwife Shall:

Article 8.1. Encourage clients /patients to have testing for HIV and other contagious communicable diseases voluntarily to enhance early diagnosis and treatment

Article 8.2. Ensure that testing for serious communicable disease is conducted in a way that respects client/patient autonomy and assures client/patient confidentiality.

Article 8.3. Advise the client/patient to get tested for HIV and other contagious infections, when the Midwife is at risk of the infection due to puncture injury or mucosal contact with potentially infected bodily fluids.

Article 8.4 Not disclose verbally or in writing information regarding a client/patient unless believed that there is

- ◆ A prominent health risk to the public demanding to do so,
- ◆ It is ordered by a court,
- ◆ He/she gets written consent from a client/patient or the client/patient's guardian or is demanded by relevant rules and regulations; and
- ◆ If so only to the appropriate authority/officer in charge.

Article 8.5. Encourage a client/patient with communicable diseases to disclose her/his status to individuals with potential exposure to the infection.

Article 8.6. Not refuse to provide health care to a client/patient whose condition is within the Midwives current scope of competence solely because the client/patient has HIV/AIDS and other serious communicable infections.

Article 8.7. Provide the highest standard of care for clients with HIV or other communicable disease without discrimination, and maintaining appropriate infection prevention protocols

Article 8.8. Not engage in any activity that creates a significant risk of transmission of the disease to others, if she/he is infected with serious contagious disease, she/he should consult colleagues as to which activities she/he can pursue without creating a risk to patients/clients.

SECTION IX: MIDWIVES AND EMERGING ISSUES

Globally and in developing countries, there are numerous health challenges. These health problems range from outbreaks of vaccine-preventable diseases like measles, newly emerging outbreaks like COVID-19, increasing reports of drug-resistant pathogens, growing rates of obesity and physical inactivity to the health impacts of environmental pollution and climate change and multiple humanitarian crises.

In developing countries in particular there are still public health challenges like poor water quality, unavailability, of sanitation; services, vector-borne diseases; poor ambient and indoor air quality; increased toxic substances in agriculture and food production, increased mental illnesses and global environmental changes.

In addition to these, emerging health services like genetic screening, artificial insemination, in vitro fertilization, use of surrogate motherhood selection for organ transplantations, and other new medical developments are becoming important for clients.

Ethical obligation points

The Midwife Shall:

Article.9.1. Be responsive in humanitarian crises and natural disasters.

Article.9.2. Be responsive to legally accepted new medical developments and contribute his/her expertise.

Article.9.3. Abide and follow national rules and regulation for newly emerging health practice.

SECTION X: MIDWIVES AND END OF LIFE CARE

End-of-life decision making and care are critical components of the delivery of Client/patient-centered healthcare. Medical interventions have shaped the dying process, giving us options that can impact when, where and how we die. Intervening during the dying process with medical care can sustain lives, even when there is little or no hope for recovery or a meaningful existence. Such actions, however may be inconsistent with patient preferences and foster unjustified variations in end-of-life practice patterns.

In response, patients and/or their surrogate (proxy) should have control over decisions regarding use of medical interventions that may prolong existence rather than allow the natural progression of the dying process. The traditional value of preserving life by all possible means is now being weighed against patient-centered, quality-of-life considerations based on evidence-based care and a shared decision-making process.

The Midwife is expected to be dedicated to provide compassionate and competent care to dying patients, including addressing the ethical dilemmas surrounding death and dying. Moreover, public dialogue should be encouraged to increase the awareness and understanding of end-of-life issues and policies

Ethical obligation points

The Midwife Shall:

Article.10.1. Communicate with due care to diversities and compassion to the dying person (maternal, neonatal death as appropriate) and those close to him/her.

Article.10.2. Provide care for patients who are terminally ill or dying must ensure comfort, alleviation of suffering, advocate for adequate pain control, and support a dignified and peaceful death.

Article.10.3. Collaborate with other medical expertise and relevant bodies in end of life care.

Article.10.4. Assist the patients who spend the last days of their life for accepting the reality and to appropriately planning of their demands, including performing the religious practices or recording their wills.

Article.10.5. Notify the death of the person /patient to the authorized body according to the institutional protocol.

SECTION XI: MIDWIVES AND COMMERCIAL SECTOR

In health care system, customers, suppliers and employees will not support a company that is involved in fraudulent, dishonest or unethical practices. In the pursuit of business success, it must be borne in mind that optimal patient/client care is more than a market commodity. It must be remembered that patients' /clients' will rely upon midwives to protect their welfare. Trust is therefore an essential component of the midwives patient/client relationship that midwives will regard patient/clients' welfare to be their primary concern. A conflict of interest exists when a Midwife's judgment concerning a patient's/client's welfare might be, or might be seen to be, influenced by a secondary interest, such as financial gain. The secondary interest itself may be legitimate, but its relative weight in professional decisions must always be subsidiary to the interests of patient/clients.

Ethical Practice Points

The Midwife Shall:

Article 11.1. Neither encourages nor receives inducements from a patient/client (Including gifts or hospitality) which may affect or be seen to affect their judgment/ benefit them directly or indirectly.

Article 11.2. Be cautious when giving personal endorsement of new techniques or therapeutic goods.

Article 11.3. Provide information in advance about fees and charges for identified services before asking for their consent to medical care.

Article 11.4. Not exploit patient's/client's vulnerability or lack of medical knowledge when making charges for medical care or services.

Article 11.5. Not put pressure on patients/clients or their families to make donations to other people or organizations.

Article 11.6. Avoid participating in deceptive or fraudulent business practices.

Article 11.7. Not put inappropriate pressure on patients/clients to accept private medical care.

Article 11.8. Not agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a Midwife.

Article 11.9. Not accept commission or fees/pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patient/client or their professional status is not used in the promotion of commercial products.

Article 11.10. Not represent the AYMNCH services being rendered to their patients/clients in a false or misleading manner.

Article 11.11. Not increase a fee to patients/clients solely because the patient/client is covered under third party health benefits plan like insurance, institution, donors etc.

Article 11.12. Not recommend or perform unnecessary health services or procedures in order to receive a greater payment

Article 11.13. Not announce to the public that he or she is certified in an area of specialty which is not recognized as a specialty area by the relevant legal authority.

Article 11.14. Have an ethical obligation to ensure that their health facility's websites, are truthful and do not present information in a manner that is false and misleading (refrain from publicizing fake news about AYMNCH).

Article 11.15. Carry a professional indemnity insurance to ensure that in the event of a justified claim the patient can be adequately compensated

Article 11.16. Abide economical effectiveness and appropriate management of health care resources

Article 11.17. Not own the property and resources belonging to patients, colleagues and organizations and formally handover to responsible body

Article 11.18. Make best use of available resources to improve efficiency, effectiveness and reduce waste.

Article 11.19. Not detain client/patients dead body as guarantee for financial settlement

Article 11.20. Not use legally accepted new medical development for personal and others elicit benefit

SECTION XII: MISCONDUCT AND LIABILITY

Professional misconduct is defined as any act of commission or omission that contravenes acceptable standards for professional and ethical midwifery practice.

Midwives are responsible for any conduct that:

- Causes harm to the client;
- Abuses the professional relationship with the client;
- Brings the midwifery profession into disrepute; may face disciplinary action by the concerned regulatory body/ organization. Professional misconduct includes, but is not limited to, the following:
 1. Any breach of professional values and standards as spelt out in the Midwifery Code of Ethics and Professional Conduct and the Standards for Midwifery Practice.
 2. Any failure to uphold personal and professional integrity in one's practice, such as:
 - A. Falsifying Records;
 - B. Abusing Clients Verbally, Physically, or Emotionally;
 - C. Abusing the Woman-Midwife Relationship;
 - D. Signing or Issuing a Document Containing False and Misleading Information in One's record
 - E. Professional Capacity;
 - F. Practicing While Impaired by or Suffering from Substance Abuse;
 - G. Misappropriating Property from Clients or Workplace;
 - H. Indulging in Inappropriate Relationships with Clients;
 - I. Indulging in Inappropriate Business Practices;
 - J. Committing an Act Regarded by the Midwifery Profession as Dishonorable or unprofessional.
 3. Any contravention of statutory requirements, such as:
 - a. Practicing without any Valid Midwifery Registration and/or Licenses;
 - b. False Assumptions of Titles or Designations to Deceive Clients;

Article.12.1.5. Alert the appropriate authority of any situations which endanger the health or safety of clients or colleagues.

Article.12.1.6. Not accept any direct and indirect gain based on a principle of dichotomy or undisclosed division of professional fees for a medical act such as for prescriptions of drugs, diagnostic investigations, appliance, etc. with a medical partnership publicly known to exist.

Article.12.1.7 Not promote legally prohibited substances.

12.2. Civil liability: Ethical obligation points

The Midwife Shall:

Article.12.2.1. Not discloses the identification of her/his patient/client in her/his scientific publications or lectures/presentations unless there is a written consent of the patient/client.

Article.12.2.2. Not allows a patient/client to obtain illegal or unjustified benefit.

12.3. Criminal liability Ethical obligation points

The Midwife Shall:

Article.12.3.1. Not participate in the practice of torture or other cruel, inhuman or degrading procedures; and not provide premises, instruments, substances or knowledge to facilitate the practice of torture.

Article.12.3.2. Not Endanger the Lives of Pregnant Women and Children through Harmful Traditional practices.

Article. 12.3.2. Not promote/participate in female genital mutilation practices.

Article.12.3.3. Not Substitute an Infant for Another and Taking Away of an Infant is belonging to another.

12.4. Institutional Administrative liability

12.4. Institutional Administrative liability

Ethical obligation points

The Midwife Shall:

Article.12.4.1. Respect rule and regulation of the institution.

REFERENCES

1. FMoH Health professional dressing code 2019
2. FMoH Obstetric protocol for hospitals 2020
3. FMoH Obstetric protocol for health centers 2020
4. ICM-Code of ethics for Midwives CD2008_001v2014
5. ICM-Essential Competencies for Midwifery practice 2018
6. FMoH code of ethics for health professionals 2020
7. FMoH CRC training manual 2017
8. EMwA RMNC training manual 2020
9. FMHACA regulation299/2013
10. EMwA Standard of practice for Midwives 2013
11. Criminal code of Ethiopia
12. Civil law of Ethiopia

ANNEX 1: GLOSSARY

- **Accountability:** Being answerable and responsible for the outcome of one's professional actions (includes any judgment, decision, or action taken or omitted in midwifery practice). Midwives are accountable to the client, the employer, and their profession.
- **Advocacy:** Speaking up in favor or support of the client's interests and wishes.
- **Autonomy:** The right of individuals to determine their own actions and destinies.
- **Client(s):** An individual or group who seeks or receives professional midwifery care or advice from a midwife.
- **Competence:** Adequately qualified and skilled in performing midwifery duties to at least the minimum standard required.
- **Confidentiality:** Ethical obligation to protect the privacy of client's personal information.
- **Consent:** Permission given by clients for a procedure or action to be carried out upon them by their attending midwife.
- **Dignity:** Treating the client with respect and consideration for his rights as an individual.
- **Evidence-Based Midwifery:** Refers to the process of
 - a. Reviewing current research findings (evidence) published in relevant scientific journals and other data sources
 - b. Evaluating the relevance of this evidence to the current midwifery practice
 - c. Modifying existing practice where indicated
 - d. Evaluating the impact of the modified practice
- **Responsibility:** Obligation to properly carry out duties which are expected of a Midwife and for which they can be held accountable
- **Significant Others:** Persons who play an influential role in the client's life and well-being (e.g. guardian, caregiver, and partner).



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