



Risk management standards in midwifery are no substitute for personal knowledge and accountability

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A B S T R A C T

Keywords:
Midwifery
Maternity care
Complementary therapies
Pregnancy
Integration
Safety
Knowledge
Risk management

Integration of complementary therapies in maternity practice is an ever growing field. Midwives have burgeoning interest in and are increasingly using complementary therapies within their practice. Issues regarding knowledge and safety remain essential within midwifery care. It is possible that the use of complementary therapies during pregnancy is not always based on a foundation of adequate knowledge and therefore may not be completely safe. Risk management is essential, both within conventional maternity care and where there is integration of new practices, to ensure that client safety is paramount. In order for integration of complementary therapies into maternity care to be safe and effective policies must be developed based on a sound evidence base, parameters of practice must be clear institutionally and for individual practitioners, and education and training needs must be met.

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1. Introduction

Identifying potential risk factors and adapting care provision to guard against risk is key to ensuring safe outcomes for both mothers and their babies.¹⁴ This is the case with complementary and alternative medicine (CAM) provision as much as it is in any other area of healthcare practice, but personal experience suggests that risk identification or perception does not always occur with CAM practice within maternity care. With increasing focus on choice and control for childbearing women, the consumer-led demand for CAM in pregnancy and childbirth continues to grow; moreover, it has fuelled a tremendous interest and enthusiasm amongst midwives, with ever increasing numbers of practitioners using CAM in their daily practice.⁸

Recent reports have revealed that examples of poor practice such as poor cardiotocograph interpretation and drug administration errors persist within generic midwifery practice.^{11,74} Furthermore there is evidence that pregnant women are also being inadequately advised regarding use of CAM, for example in the use of herbal remedies such as Raspberry Leaf tea, suggesting that despite a growing evidence base, incorrect and therefore unsafe information continues to be given to pregnant women about use of complementary and alternative therapies. This is often done unknowingly and is in part due to lack of appropriate training, up-to date knowledge and ability to apply generic therapy theory to

midwifery practice. This is not however a one sided issue and it is imperative to consider the safety not only of the pregnant woman and her fetus from an obstetric point of view, but also from that of a client receiving CAM. In just the same way as midwives need to have an adequate understanding of therapies to ensure safety of the woman and her fetus, generic therapists treating pregnant women must also have sufficient understanding of the physiology of pregnancy to ensure that their treatment is both safe and effective. An example of this would be the use of recognised acupressure points in ripening for labour, whilst use of these acupressure points in some instances may be safe and promote the normal mechanisms to encourage fetal descent, it is only with adequate knowledge of how the fetus should present in the pelvis that a therapist or midwife can determine whether the use of those acupressure points is appropriate and indeed safe. Incorrect use of these points when a fetus is presenting sub optimally can cause complications and lead to the need for emergency surgery with the inherent heightened risk to both mother and baby associated with surgery. In short, one has to be aware of all factors which may effect upon the client and her pregnancy in order to be able to adequately undertake a risk assessment to determine the safety and possible effects of care which they provide.

There is an increasing awareness of the benefits of CAM when integrated with conventional midwifery care and whilst great moves have been made in increasing the provision of education of CAM use with maternity clients, there remains much work to be done in ensuring that CAM is not used inappropriately or in ignorance of the potential associated risk factors. Midwives' enthusiasm for CAM presents its own dangers in terms of over-stepping the

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boundaries of professional midwifery accountability. Despite the increase in the number of midwives who are appropriately trained to provide safe and effective complementary therapy treatment, it is difficult at present to undo the incorrect advice given by some midwives with little interest in CAM but who offer advice in an attempt to be the mothers' advocate, basing their knowledge solely on the anecdotal. Even staff who admit that they feel unqualified to give specific information regarding the use of CAM admit to answering questions on CAM use such as administration of Raspberry Leaf tea which they imply are now an integral component of normal maternity care. Anecdotal evidence from both qualified and student practitioners also suggests that a few midwives take it upon themselves to "throw a few (aromatherapy) oils into the birthing pool", when they have had no training and have insufficient understanding of the potential harm they may be doing. These midwives would not dream of just "throwing some Syntocinon" into a pharmaceutical blend – and there is no difference in the principles for practice. Inappropriate advice in CAM usage presents not only a risk to client safety, but also to the safety of the practitioner and this risk may present on a number of levels, not least being lack of compliance with aspects of hospital policy and therefore invalidation of vicarious liability insurance, but also, and more importantly lack of regard for safety in the practitioners' personal accountability.

2. Risk assessment in maternity care

Assessment of risk and care management to reduce risk within all healthcare services is paramount. It is a continuous and vital component of midwifery and obstetric care aimed at facilitating assessment, prediction and prevention of adverse outcomes.¹ Risk assessment and management feature so highly on the maternity service agenda because of the heightened dangers associated with caring for labouring women and the litigious nature of the twenty-first century society, in which the only reprisal for negligence is via the courts in pursuit of some financial recompense. Although it cannot be eliminated entirely, risk must be assessed, acknowledged and addressed in order for it to be minimised for both clients and staff.⁵ Kennedy⁶ argued that the risk management frameworks which are now in place within UK hospitals make us a world leader in terms of client safety.

There has been a major boost towards on-going development of evidence based policies and protocols with the implementation of the Clinical Negligence Scheme for Trusts (CNST) standards, and there is much to be proud of within the UK maternity services. The NHS Litigation Authority (NHSLA) was established in 1995 to administer the CNST and thereby provide a means for NHS organisations to fund the cost of clinical negligence claims costs.⁹ The standards aim to provide structure; to focus on specific risk management activities; to increase awareness and implementation of the national midwifery agenda to encourage a proactive approach to improving and empowering maternity services in managing their risks. The standards aim to embed risk management into the maternity service culture, to reduce the number of adverse incidents and claims for compensation and to provide assurance, most importantly to service users.⁹ Policies and protocols are aimed at upholding high standards of care for service users. Moreover, adherence on the part of practitioners to the policies within the institutes in which they work offers a safety net of vicarious liability in those cases where, even with the highest quality care, things go wrong. In 2004 the Royal College of Nursing offered guidance in which they reiterate the importance of CAM integration policy development, necessary to ensure that care offered is both safe and effective.

3. Professional accountability

Notwithstanding institutional policies and the safety net of vicarious liability the Nursing and Midwifery Council,¹⁰ nursing and midwifery's governing body, in their Code of Practice places professional accountability firmly with the individual practitioner, regardless of any institutional policies, to ensure that the care which an individual practitioner gives is of the finest quality and takes consideration of potential risk which may be caused by either act or omission on their part. Berry² suggests that risk perception is the relationship between probability and the hazardous result that an event might have on individuals involved. Midwives must use not only the experientially-learned but also logical and analytical knowledge in daily risk assessments which they undertake.³ Knowledge passed from one generation to the next such as with Raspberry Leaf tea use will not suffice. Placing the patient's best interests at the centre of decision making about their care is the key to helping both health professionals and therapists alike to clarify their duty of care and scope of intended practice.¹² However, where practitioners have lack of knowledge regarding treatment such clarity is blurred.

4. Trust policies and guidelines

Unfortunately, local trust policies and protocols governing the use of complementary therapies are generally only found in units where midwives have been specifically trained to use therapies such as aromatherapy, reflexology or hypnosis. These policies give implicit permission of the trust for midwives to use complementary therapies in their practice, and thus midwives are protected by the trust's vicarious liability insurance cover. Trust guidelines do not exist to help midwives practising in units where there are currently no complementary therapies on offer – and for some midwives this appears to translate into a lack of governance on the use of CAM therapies in maternity care which permeates across the profession.

Policies, protocols and guidelines for practice cannot and do not provide a stand-alone solution to minimising risk within maternity care. While some have argued that strict adherence to policy may deprive midwives of autonomy within their care provision,¹³ it may also reduce individual clinical judgement. They cannot be a substitute for the knowledge, judgement and responsibility required of individual practitioners who follow such guidance in the course of their work.

So what systems come into play to ensure that individual judgement and practice meets an acceptable standard? Clearly, the well-structured supervision routes unique to the midwifery profession are in place for this purpose. But what if the situations in which innovative practices such as complementary therapies are introduced, with the intention of enhancing client care and promoting normality within midwifery practice? Policies written under the guidance of nationally agreed standards, and robust supervision of midwifery mechanisms do not replace the need for individual learning, knowledge and accountability, but they can seek to enhance and strengthen it. Integration of CAM within midwifery practice must be treated with the same respect, integrity and the quest for advancement of knowledge that other areas of practice have demanded with the aid of nationally agreed standards. Essential to the advancement of CAM use in healthcare practice is collaboration, not only between practitioners within the conventional health systems, but also between and with CAM therapists. In this way education can be both relevant and holistic, ensuring that client safety remains paramount.

Identifying potential risk factors and adapting care provision to manage risk is key to ensuring safe outcomes for both mothers and

their babies and such assessment should be an on-going process in care provision throughout the childbearing year. This process also has to encompass recognition of the actions which carers undertake which could lead to harm and increase or cause risk for a mother and her baby and must take place in all that we do as midwives or therapists. It must take into account the individual accountability inherent within practice as designated by professional codes of practice. Midwives and therapists alike need to be equipped with strategies for enhanced risk perception outside the remit of guiding policies and protocols and they must be willing to accept responsibility for the knowledge which they share and use in practice so as to minimise the risks caused to women through the use of innovative additions to the wealth of pre-existing knowledge within maternity practice.

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