

# Privacy and Dignity – Guideline for Management in Maternity

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Every person, whether service user, their families or carers or staff must be valued as an individual, respecting their aspirations, seeking to understand their priorities, needs, abilities and limits. Everyone has the right to be treated with dignity and respect, in accordance with their human rights. To uphold these values, health professionals working within UHL maternity services must; .....	2
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## 1. Introduction & who this guideline applies to:

Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported. (NHS Constitution for England. gov.uk 2023)

Maternity services at UHL has a duty to each and every individual that it serves and must respect their human rights irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Acknowledge the potential for a history of trauma for those accessing maternity care, their companions and your colleagues. Aim to universally conduct individualised trauma-informed practice in every interaction, whether or not trauma has been disclosed, and contribute to a trauma-informed culture.

Care should be coordinated and tailored to, the needs and preferences of service users, their families and their carers.

This guideline is intended for the use of all obstetric, anaesthetic, midwifery, support staff and pharmacy staff involved in the antenatal, intrapartum, postpartum care of service users and their families.

This guideline has been developed using recommendations from the Department of Health document, 'Essence of Care', 2010 based on Benchmarking for Privacy and Dignity, the NHS Constitution for England (updated August 2023) and the Nursing & Midwifery Council 2015 (updated 2018) Professional standards of practice and behaviour for nurses, midwives and nursing associates.

### What's new?

- New nutrition, pain management & personal needs section
- Trauma informed practice incorporated throughout

### UHL Related documents:

- [Data protection & confidentiality policy](#)
- [Consent to Examination or Treatment UHL Policy.pdf](#)
- [Transgender & non-binary patients - supporting UHL policy](#)
- [Personal Information UHL Policy](#)
- [Interpreting and Translation UHL Policy.pdf](#)
- [Information Governance UHL policy](#)
- [Perinatal Care for Trans and Non-Binary Birthing People UHL Obstetrics Guideline.pdf](#)

## 2. Respect and dignity

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Every person, whether service user, their families or carers or staff must be valued as an individual, respecting their aspirations, seeking to understand their priorities, needs, abilities and limits. Everyone has the right to be treated with dignity and respect, in accordance with their human rights. To uphold these values, health professionals working within UHL maternity services must;

- Aim to foster a comfortable, friendly environment in which care may be more effectively enhanced and where clinical care and risk is managed with consideration of privacy, dignity & modesty.
- Aim to develop partnerships between the service user and their families that promotes positive care provision by being consistently approachable, courteous, trustworthy, professional, responsive to the service users needs and supportive of their rights.

- Ensure that service users and their families are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
- Ensure that service users are informed of who their named carer is at any given time.
- Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin, and let the individuals decide if they want them to stay.
- Be aware of using suitable language by use of appropriate attitudes and behaviour, taking into account different faiths, cultures, genders, age, physical and mental disabilities.
- Take reasonable steps to meet people's language and communication needs.
- Establish the most effective way of communicating with each service user and family and explore ways to improve communication. Examples include using pictures, symbols, large print, Braille, different languages, sign language or communications aids, or involving an interpreter.
- Omit words and phrases, where possible, that the service user has identified to avoid, instead adopting their preferred alternative terms. Utilise the 'Perinatal body map' tool (see 'My maternity journey' booklet).
- Use Trust-provided interpreters wherever possible (see [Interpreting and Translation UHL Policy](#)).
- Ensure cultural, religious and spiritual values will be taken into consideration wherever possible.
- Listen to and address any health beliefs, concerns and preferences held and demonstrate awareness of how this may affect how they engage with treatment. Respect their views and offer support to help them engage effectively with healthcare services and participate in self-care if appropriate.
- Acknowledge an individual's right to make informed decisions regarding their care, and negotiate the care received at all stages of pregnancy, labour and the puerperium.
- Accept that the service user may have different views from healthcare professionals about the balance of risks, benefits and consequences of treatments. Accept that the individual has the right to decide not to have a treatment, even if you do not agree with their decision, as long as they have the capacity to make an informed decision (see [Consent to Examination or Treatment UHL Policy](#)) and have been given and understand the information needed to do this.
- Respect and support the patient in their choice of treatment, or if they decide to decline treatment.

- Ensure that the service user knows that they can ask for a second opinion from a different healthcare professional, and if necessary how they would go about this.
- Encourage the service user to give feedback about their care. Respond to any feedback given.
- Provide service users with easily accessible information about complaints procedures, support them to access these if requested.
- Ensure that when unattended, all service users must be provided with a call bell that is accessible and whose use has been demonstrated.

## 2.1 Personal identity

Care should be provided in such a way that assumptions are not made and care providers recognise diversity and individual choice. Health professional working within UHL maternity services must;

- Always consider a person holistically.
- Be aware that the name a person prefers to be called by staff and/or family may vary, however, staff should take into account their social, spiritual and emotional preferences at any given time.
- Confirm the pronoun that is preferred and ensure that this is used at all times, including when not in the presence of the individual e.g. during MDT discussions.
- Ensure that verbal and non-verbal communication between staff, service users and their families, including body language, takes place in a manner, which respects their individuality.
- Respect that diversity should be valued and specific needs accommodated. Individual needs, choices and preferences are ascertained and continuously reviewed with the service user, avoiding stereotypical assumptions.
- Ensure that personal relationships are respected

## 2.2 Personal space

Personal space within the hospital setting can differ dependent on where the care is being provided. Whilst it is acknowledged that in some situations, it may prove difficult to provide adequate personal space to meet an individual's preferences, staff must;

- Always make a reasonable effort to alert service users of their presence, and where possible gain their consent, before entering their room or personal area.
- Ensure strategies are in place and understood by all staff members to prevent unwelcome or unnecessary disturbances.

- Ensure all conversations and actions are relevant to the clinical situation taking into account the service users presence.
- Ensure individuals personal space is actively promoted by all staff. Acknowledge perspectives on personal space will vary between individuals and contexts.
- Ensure informed consent is gained prior to every instance of personal contact (touch).
- Ensure all staff are aware that an intrusion into a service users personal space may indirectly disregard their personal boundaries, individual social, emotional and cultural beliefs and desires already agreed in the care plan with the primary carer.
- Recognise such invasion may contribute to negative and traumatic care experiences and offer debriefing and support to individuals where this is identified to have occurred.
- Ensure clinical risk is handled in relation to privacy. This includes care during urgent or emergency situations.

### **2.3 Privacy, modesty & dignity**

Childbirth can be unpredictable. Babies can birth in any setting both in and outside of designated birthing areas. An attending health professional must try to ensure to their best ability;

- To actively promote privacy and dignity, and protect modesty, in line with the service user's perspective, especially when the presence of others is required in the immediate care setting, bearing in mind the service users physical position and that of other attendees.
- Privacy is effectively maintained using available practical resources i.e. curtains, screens, red dignity pegs, appropriate choice of rooms, blankets and clothing.
- Maintain the highest standard of hygiene, reasonably practical, in all aspects of care, e.g. adhering to UHL Trust Infection Prevention and Control, Hand Hygiene and Disposal of Waste guidelines.
- Modesty is maintained for those transferring to or moving between different care environments.
- Clinical risk is handled in relation to complete privacy. This includes care during urgent or emergency situations.
- All opportunities should be taken for maintaining privacy and dignity during observations and monitoring.

## Areas for privacy

- When possible, a private area will be available for the service users, families and their carers on request, taking into account the availability of resources and in line with infection prevention policies.
- Service users are aware of the availability of a private place and how this can be achieved, both with and without companions present.
- Service users will have the opportunity to hold a private telephone conversation if requested.
- A private area is created in the service users home if requested.
- Where complete privacy is requested by the service user and carers and where there is the potential for safety to be compromised, these cases should be supported as far as possible. Clinical risk should be managed and escalated as appropriate. Seek advice from relevant sources (e.g. Matron, maternity bleep holder, Consultant midwife/obstetrician, UHL legal team) as per individual case dictates.

## 2.4 Service user confidentiality

As health professionals we owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately. (NMC Code 2018)

- Consent will be gained from the service user before passing on information to 'next of kin', carers, family and friends.
- All staff work to the Caldicott (confidentiality) principles and participate in regular Caldicott assessments around confidentiality and patient information. See [Information Governance UHL Policy](#) for details.
- Training is provided for clinical and non-clinical staff to ensure that they are aware of their responsibilities and obligations to respect patient confidentiality, and attendance at training is monitored.
- Staff are aware of legal requirements, including the [Human Rights Act](#), regarding the use and disclosure of confidential patient information.
- If an individual reveals something which indicates that they or others may be at risk of harm they will be advised that staff have an obligation to pass on the information. See [UHL Information governance policy](#) for details.
- There are appropriate disciplinary procedures in place in the event of staff breaches of patient confidentiality.

## Protecting service user confidentiality

- Precautions are taken to prevent information being shared inappropriately

- E.g. telephone conversations being overheard, computer screens being viewed and unsuitable information on white boards being read
- Procedures are in place for sending and receiving patient information
  - E.g. hand over procedures, consultant or teaching rounds, admission procedures, telephone calls, calling patients in out-patients and breaking bad news.

## 2.5 Nutrition, pain management and personal needs

Although many of the service users in maternity are independent and self-caring, all health care professionals should receive education and training relevant to their post on the importance of;

- Ensuring nutrition and hydration requirements are adequate at all times
- Provide appropriate support if required such as modified eating or drinking aids
- Listening to individuals and to not assume pain relief is adequate
- Pain relief should be provided and tailored to individual needs and preferences
- Ensure service users are provided with all the information regarding pain relief options to support informed decision making on the most suitable option available for them.
- Provide support to enable service users to maintain their independence as far as possible

## 3. Education and Training

Annual mandatory training for trauma informed care (from April 2025 onwards) and data protection training for all members of the MDT must be completed.

## 4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Patient confidentiality breaches	Review of datix reports	Patient safety team	As occurs	CMG Q&S board
Complaints pertaining to privacy, dignity & respect	Review of complaints received	Patient safety team	As occurs	CMG Q&S board

## 5. Supporting References

Department of Health document, 'Essence of Care', 2010 based on Benchmarking for Privacy and Dignity

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216702/dh\\_119966.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216702/dh_119966.pdf) (accessed 23/01/25)

Department of Health 2010. The essence of care: patient-focussed benchmarking for health care practitioners - London

<https://www.gov.uk/government/publications/essence-of-care-2010> (accessed 23/01/25)

NICE 2012 (updated June 2021) Patient experience in adult NHS services cg138

<https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance> (accessed 23/01/25)

NICE 2012 (updated July 2019) Patient experience in adult NHS services qs15

<https://www.nice.org.uk/guidance/qs15/resources/patient-experience-in-adult-nhs-services-pdf-2098486990789> (accessed 23/12/21)

NHS Constitution for England 2024-3

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> (accessed 23/01/25)

Nursing & Midwifery Council 2015 (updated 2018) Professional standards of practice and behaviour for nurses, midwives and nursing associates

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> (accessed 23/01/25)

Thomas K. 2024. Listen to Mums: Ending the Postcode Lottery on Perinatal Care A report by The All-Party Parliamentary Group on Birth Trauma. [https://www.theo-clarke.org.uk/files/2024-](https://www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf)

[05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication\\_May13\\_2024.pdf](https://www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf)

## **6. Key Words**

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Confidentiality, Human rights, Modesty, Personal

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**The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.**

**As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.**

## **EDI Statement**

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender



reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

<b>CONTACT AND REVIEW DETAILS</b>			
<b>Guideline Lead (Name and Title)</b> Author: D Luker Reviewed by: L Taylor – Clinical risk & quality standards Midwife			<b>Executive Lead</b> Chief Nurse
<b>Details of Changes made during review:</b>			
<b>Date</b>	<b>Issue Number</b>	<b>Reviewed By</b>	<b>Description Of Changes (If Any)</b>
<b>2008</b>	<b>1</b>		
<b>June 2016</b>	<b>2</b>	L Taylor	Review of latest guidance and general update to guideline.
<b>January 2019</b>	<b>3</b>	Maternity guidelines group	
<b>January 2022</b>	<b>4</b>	L Taylor	<ul style="list-style-type: none"> <li>• Updated intro</li> <li>• Added gender identity statement</li> <li>• Updated references</li> <li>• Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin</li> <li>• Added to explore ways to improve communication.</li> <li>• Respect and support the patient in their choice of treatment – incl – refusal, second opinion, complaints etc.</li> <li>• Added consider pro nouns</li> <li>• Areas for privacy - taking into account the availability of resources and in line with infection prevention policies. Clinical risk should be managed and escalated as appropriate. Seek advice from relevant sources</li> </ul>
<b>January 2025</b>	<b>5</b>	L Taylor Clinical Risk & Quality Standards Midwife  Jasmine Jelfs Midwife	Added brief introductions to each section Added nutrition, pain management & personal needs section  Added guidance and updated terminology based on trauma informed care