Privacy and Dignity – Guideline for Management in Maternity	University Hospitals of Leicester NHS Trust **Trust ref: C5/2008**

1. Introduction & who this guideline applies to:

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. Respect, dignity, compassion and care should be at the core of how patients and staff are treated. Care should be coordinated around and tailored to, the needs and preferences of patients, 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 women and their families.

Currently UHL utilises the terms 'woman' and 'women' within their obstetric and maternity guidelines but these recommendations will also apply to people who do not identify as women but are pregnant or have given birth.

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 January 2021) and the Nursing & Midwifery Council 2015 (updated 2018) Professional standards of practice and behaviour for nurses, midwives and nursing associates.

What's new?

- Added gender identity statement.
- Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin.
- Added to explore ways to improve communication.
- Respect and support the patient in their choice of treatment – incl – refusal, second opinion, complaints etc.
- Added consideration of use of pro nouns.
- 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.

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UHL Related documents:

Data Protection and Confidentiality UHL Policy
Consent to Examination or Treatment UHL Policy
Transgender and Non Binary Patients – Supporting UHL Policy
Personal Information UHL Policy
Interpreting and Translation UHL Policy
Information Governance UHL Policy

2. Guideline standards

2.1 Attitudes and behaviours

- All staff aim to foster a pleasant, friendly environment in which care may be more effectively enhanced and where clinical care and risk is managed with consideration of privacy, dignity & modesty.

- Staff aim to develop partnerships between the women and their families that promotes positive care provision by being consistently approachable, courteous, trustworthy, friendly, responsive to the woman's needs and supportive of their rights.

- Women 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.

- 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.

- All staff must 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.

- Establish the most effective way of communicating with each woman 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.

- Use Trust-provided interpreters wherever possible (see Interpreting and Translation UHL Policy).

- Cultural and religious issues will be taken into consideration wherever possible.

- Acknowledge a woman'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 woman may have different views from healthcare professionals about the balance of risks, benefits and consequences of treatments. Accept that the woman 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 patient 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 patient to give feedback about their care. Respond to any feedback given.

- If necessary, provide patients with information about complaints procedures and help them to access these.

- When unattended, all women must be provided with a call bell that is accessible and whose use has been demonstrated.

2.2 Personal identity

- Always consider a person holistically.

- 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.

- Verbal and non-verbal communication between staff, women and their families, including body language, takes place in a manner, which respects their individuality.

- Diversity should be valued and specific needs accommodated. Individual choices are ascertained and continuously reviewed, avoiding stereotypical assumptions.

- Individual needs and preferences should be ascertained

- Personal relationships should be respected

2.3 Personal space

- Staff will always make a reasonable effort to alert women of their presence before entering their room or personal area.

- Strategies are in place and understood by all staff members to prevent unwelcome or unnecessary disturbances.

- Individuals personal space is actively promoted by all staff

- All staff are aware that an intrusion into a woman's 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.

- Clinical risk is handled in relation to privacy. This includes care during urgent or emergency situations.

- The acceptability of personal contact (touch) is identified with individuals and respected.

2.4 Privacy, modesty & dignity

- Women's care providers actively promote their privacy and dignity, and protect their modesty, especially when the presence of others is required.

- Privacy is effectively maintained using available practical resources i.e. curtains, screens, red dignity pegs, appropriate choice of rooms, blankets and clothing.

- Privacy and modesty is achieved at times when the presence of others is required, bearing in mind the woman's position and that of other attendees.

- 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 moving between different care environments.

2.5 Areas for privacy

- When possible, a private area will be available for the women, families and their carers on request, taking into account the availability of resources and in line with infection prevention policies.

- Women are aware of the availability of a private place and how this can be achieved.

- Women will have the opportunity to hold a private telephone conversation if requested.

- A private area is created in the woman's' home if requested.

- Where complete privacy is requested by the women 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.

- All opportunities should be taken for maintaining privacy and dignity during observations and monitoring.

- Clinical risk is handled in relation to complete privacy. This includes care during urgent or emergency situations.

2.6 Patient confidentiality

- Consent will be gained from the woman 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

- There are appropriate disciplinary procedures in place in the event of staff breaches of patient confidentiality

2.7 Disclosure of individuals possibly at risk of harm

- 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.
- Staff must treat patient information confidentially.
- Patient information is only shared, with their explicit or expressed consent except where authorised by legislation to the contrary.

2.8 Protecting patient 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.

3. Education and Training

Annual mandatory data protection training for all members of staff 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 breeches	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 (accessed 22/12/21)

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 22/12/21)

NICE 2012 (updated June 2021) Patient experience in adult NHS services cg138
https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance (accessed 23/12/21)

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 2021
https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england (accessed 22/12/21)

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 22/12/21)

6. Key Words

Confidentiality, Modesty, Personal

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.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Author: D Luker Reviewed by: L Taylor – Clinical risk & quality standards Midwife	**Executive Lead** Chief Nurse
Details of Changes made during review:	

Date	Issue Number	Reviewed By	Description Of Changes (If Any)
2008	**1**		
June 2016	**2**	L Taylor	Review of latest guidance and general update to guideline.
January 2019	**3**	Maternity guidelines group	
January 2022	**4**	L Taylor	• Updated intro • Added gender identity statement • Updated references • Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin • Added to explore ways to improve communication. • Respect and support the patient in their choice of treatment – incl – refusal, second opinion, complaints etc. • Added consider pro nouns • 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