



**Australian College
of Midwives**

Social Media for Midwives and Midwifery Students

Guidance Paper

Endorsed: 25th July 2014
For review: July 2017

Australian College of Midwives
PO Box 965, Civic Square ACT 2608
Telephone: (02) 6230 7333
Email: admin@midwives.org.au

©Australian College of Midwives 2014.
All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No express written permission is required.

Summary: Three golden rules for using social media

1. Use common sense
2. Remember the permanence of cyberspace
3. Consider legal and professional responsibilities

Background

Modern social media is changing the way midwives are networking with friends, families and colleagues across the world. It enables multiple ways of high speed information-sharing, content generation, and connection by anyone with internet access. Social media breaks down barriers to communication and makes it easier for midwives to connect with each other, as well as women and families. However, this ease of communication can provide opportunities for unintended outcomes if boundaries between personal and professional relationships become blurred, or legal and professional obligations aren't met. These guidelines by the Australian College of Midwives (ACM) – along with an extensive range of material published by the Nursing and Midwifery Board of Australia (NMBA) – address responsibilities and potential risk factors, and serve as a reliable guide to using social media effectively and professionally. These guidelines also use case and best practice examples designed to encourage midwives' reflection on how they use social media, not to be prescriptive.

What is social media?

Social media is a collective term for online and mobile tools that allow users to create and share content, and build virtual networks between resources and people. Online interaction occurs consistently via content-sharing websites, such as; YouTube (videos), Slideshare (PowerPoint presentations), Flickr and Pinterest (photos). Examples of social media include Facebook which is undoubtedly one of the most popular social networking sites, allowing people to make 'friends', exchange messages, 'like' comments and professional pages, share information and opinions, and upload photos. Twitter is another prevalent social networking site, in which users can express opinions, ideas and

personal reflections via microblog messages called 'tweets'. Instagram is a photo-sharing site that is growing very quickly in popularity.

The benefits of social media

The ACM recognises the benefits of social media and welcomes the way in which it facilitates worldwide collaboration and promotion of midwifery related research, petitions, education and professional development programs. The ACM also recognises that women and families increasingly want midwives to use social media to engage with them; therefore, midwives are meeting the needs of the community by utilising these modern modes of communication.

The ACM's own experience of social media has been extremely positive, particularly via Facebook

(<https://www.facebook.com/Australian.College.of.Midwives>). It has provided the ACM with a platform to share news and resources with members and the wider community, as well as seek timely feedback regarding projects.

Case example

A midwife filmed a demonstration of how to administer sterile water injections as a method of pain relief in labour, and posted it on YouTube. This film was viewed many times and became a very popular resource for midwives and students who had never heard of this technique.

NB: Case examples and best practice examples in these guidelines are a mix of truth and fiction. Where true stories have been used, names and location have been changed to protect identity.

Professional, regulatory and legal requirements

There are a number of legal and professional responsibilities that impact midwives' behaviour and that includes behaviour in the online space. ACM advises that midwives use the following documents to guide their use of social media:

- For registered health practitioners. Guidelines for advertising regulated health services (AHPRA, 2014)

- FAQ on the revised advertising guidelines (AHPRA, 2014)
- For registered health practitioners. Guidelines for mandatory notifications (AHPRA, 2014)
- For registered health practitioners. Social media policy (AHPRA, 2014)
- Information sheet on social media (NMBA, 2010)
- National competency standards for the midwife (NMBA, 2010)
- A midwife's guide to professional boundaries (NMBA, 2010)
- Code of Ethics for Midwives in Australia (NMBA, 2008)
- Code of Professional Conduct for Midwives in Australia (NMBA, 2008)
- Place of employment policies
- University policies (for students).

What are the golden rules for using social media?

There are three golden rules that are easy to remember and follow:

1. Use common sense

There is an impression that the online world is invisible or private but in fact, the opposite is true. If a comment, image, video or audio clip is not suitable for wider circulation in the 'real' world, then it should not be shared in the online space. If there is any doubt about whether a post is appropriate, or if a post is going to offend an individual or group, do not post it.

Case example

A midwifery student attended a birth and then posted a picture on Facebook of her posing with the placenta in the clear-up room. She was expelled from her midwifery program because her actions were perceived as disrespectful and culturally insensitive. She was only re-instated after much legal wrangling and international media spotlight.

2. Remember the permanence of cyberspace

Technology makes it easy to share information when posted online, but also just as easy to lose control of it. Despite common misconception, erasing

comments, documents or images from cyberspace is not as simple as hitting the 'delete' button. Information posted on the Internet can be stored and accessed for many years, and permanent records can be collected by taking screen shots. This could potentially result in serious ramifications if the information is of an inappropriate nature.

Case example

A midwife posted a story on her blog about a birth that she attended. It soon became evident that there was a lot of interest in the story because of an issue with the midwife's practice, and the midwife very quickly removed it. However, someone found the cache -the information that had been stored on the internet- even after it had been deleted from the midwife's blog. That person went on to report the midwife to the regulatory authority for her actions at the birth.

3. Consider legal and professional responsibilities

As already outlined, midwives are regulated by a number of legal and professional laws, standards and codes. These include policies and regulations set down by employers and educational institutions, in the case of midwifery students. If there is any doubt about what is permissible or not in the online space, midwives should refer back to these regulations and policies.

What are the key principles to remember?

As with any professional activity, midwives are guided by key principles that must be considered when using social media both professionally and personally.

1. Confidentiality

Midwives have a moral, legal and ethical duty to keep information confidential and private about the women and families they work with. Midwives also have a duty to protect the confidentiality of colleagues and employers. This applies equally with online communication. Even when information is de-identified or

shared only within a small or 'closed' group, it is not always confidential and some content may make still make it identifiable.

Case example

A midwife posted a photo of a beautiful country scene on Facebook. She talked about the lovely drive she took to visit a newly-pregnant woman, who she did not name. One of the midwife's followers was a cousin of the pregnant woman, who recognised the scene and worked out that her cousin was now pregnant. This was contrary to the wishes of the pregnant woman, who did not want her family to know her news yet.

Best practice points:

- Permission needs to be obtained to discuss or present any personal information belonging to others). Midwives need to pay particular attention to this when publishing birth stories or photos. When sharing others' information, make it clear that permission has been granted.
- Be mindful that emotional stories elicit emotional responses, which need to be addressed in a thoughtful and sensitive manner. Also, be mindful of the impact of the responses on the person who is identified.
- When talking about clinical practice, talk in generalities rather than specifics. Clinical practice stories can be shared as a reflection or critical exploration of the evidence around the event.

Case example

A midwifery student cared for a woman who has her birth induced. The woman gave birth to a baby boy, and then experienced a post-partum haemorrhage. The student posted a Facebook comment: "OMG! I was working a day shift at St Lovelyheart, and looked after a woman who had her baby and then had a massive haemorrhage! I've never seen so much blood and felt really sick at one point. But Nelly, the midwife I was working with, was so cool...she soon got things under control. I can't wait until I'm as good as she is!"

Best practice example

The student post on Facebook would have read better as follows: "I have been thinking about the connection between induction of labour and post partum haemorrhage. This article xxxx says that induction of labour increases the risk of PPH by xx percent. When I care for a woman who has her labour induced, I am going to make sure I know exactly what to do if a woman has a PPH, which is x, y, and z."

NB: Best practice examples are designed to provide practical hints of how social media can be managed. However, in all instances, midwives should refer to legal and professional codes, standards and regulations for guidance on how to behave in the online space.

2. Professional boundaries

Engaging and connecting in the online world makes separation of professional and personal life increasingly difficult. As professionals, midwives may be recognisable and need to be conscious of this. Becoming a 'friend' with a pregnant woman on Facebook may be a great way to share information and build a relationship, but it can cause professional problems like blurring boundaries and giving women access to personal information that is best kept private. This may impact on professional credibility and interfere with a midwife's ability to provide safe and effective care. Similarly, it is advisable to think carefully about connecting online with work colleagues. Whilst social media may facilitate professional networking, it can also give employers access to detrimental information.

Best practice points:

- Consider two separate accounts: one for personal activity and another for professional activity. However, remember that legislation and professional regulation about privacy, confidentiality etc. is just as applicable to private activity as it is to professional activity.
- It is preferable that midwives are not 'friends' with women and their families, especially when they are in the midwife's care.

- 'Friend' requests are requests only. If the identity of the requester is unknown, investigate and decide whether to accept or not after considering professional implications.
- If a 'friendship' with a person is causing issues either personally or professionally, cease the person's ability (e.g. "unfriend") to access your account.
- Do not give specific clinical advice using social media. It is perfectly reasonable to point women to websites and resources that midwives know provide quality information about issues. Otherwise, women should always be referred to their healthcare provider.
- Document or take screen shots of any communication with women in your care when using social media, in order to demonstrate what you said.

Case example

A midwife who worked in an antenatal clinic made friends' on Facebook with one of the patients she saw regularly in the clinic. This woman constantly left questions and comments on the midwife's page about her health and progress of her pregnancy, and it became clear she had mental health issues. Eventually, the woman found out where the midwife lived and started phoning her at home day and night. Finally, the woman was taken into care by mental health services, but the midwife found the whole process very stressful.

Best practice example

A midwife developed a Facebook page that women could 'like', but they didn't need to become the midwife's 'friend' in order to interact with her. The midwife focused on discussing pregnancy issues, and the evidence for care. The page eventually became a recognised resource for both women and midwives.

3. Online identity

Connecting an individual's public professional and personal profiles is getting easier and easier, which gives a glimpse of the 'real' person behind the professional front, which can be a good thing and help to develop relationships. However, there may be times when people's perceptions of a midwife are adversely coloured by what they see online about that midwife's personal life. Midwives need to be mindful that their online behaviour not only impacts on them, but also reflects on the wider midwifery community, both local, nationally and internationally.

Best practice points:

- Identifying as a midwife in an online profile requires consideration of professional requirements and expectations. Be authentic and consider content carefully. A lack of honesty will be readily apparent in the online medium.
- Post on topics that are familiar or have been researched in order to pass on evidence-based, non-biased information only.
- Allow passion and personality to come through, whilst remaining professional. If mistakes are made, own them and apologise. Regularly check personal online profiles to gauge what information is readily available (Google search).
- If an online profile is created, be proactive and post regularly. This will allow promotion and better control of an online profile.
- Be aware that many employers check out potential and actual employees online.
- Credit for resources must be given appropriately. Resources or artefacts (e.g. photos, posts, words etc.) must always be attributed to those who created them. All copyright laws apply in the online domain.

Case example

A midwife set up his online profile using a combination of a blog, Twitter account, Facebook and Instagram. He used his own name on all of his accounts and identified who he was, where he worked, and what his professional roles were. He was very accessible, promoted midwifery, yet integrated personal stories that gave his followers a sense of who he was as a person. He developed a reputation as a midwifery 'go-to' person, and eventually was invited to be an advisor on a TV drama series about midwifery.

4. Privacy and protection

At all times, privacy of all involved (directly or indirectly) must be protected.

Case example

A midwife re-posted a 'tweet' (a comment on Twitter) from a work mate that proved the workmate was not sick whilst on sick leave. The midwife had forgotten that the Director of Midwifery was following her on Twitter, and thus able to see the workmate's comment. The workmate was disciplined by the DOM.

Best practice points:

- Use unique passwords, change them frequently, and keep them confidential.
- Be strategic about security settings on social media tools.
- To help prevent identity theft, be careful about making personal identifiers/information available online, such as; birthdate, personal address, and phone numbers.
- Politely request removal of tags or identifiers if necessary.
- If a friend or colleague has posted something that may put them at risk, a midwife may consider discreetly advising them to change or remove it.

- Be especially mindful about posting things about children, especially photographs. Not only are children unable give consent, but they may be developing a digital footprint which may be very difficult to erase in years to come.

Best practice example

A midwife kept a Facebook page which she used for professional and personal purposes – she deliberately chose to have just one profile. When someone asked to be her friend, she used her settings to categorise him/her into 'family', 'friends', and 'acquaintances'. For instance, professional connections were placed into the 'acquaintances' category. Every time she made a post, she selected what category the post fitted into, for example; any posts she made about her personal life she posted to 'family' and 'friends' only. However, generic professional posts she made to everyone, including 'acquaintances'.

5. Defamation

Midwives need to ensure online communication is clear, personable and appropriate. It is easy to misunderstand what someone's words online really imply, because there are not the same cues that guide face-to-face communication.

It is surprisingly easy to be seduced into flame wars (hostile and insulting interactions), when it comes to any aspect of birth. Indeed, some people are deliberately contentious in order to attract more people to their sites, or just to stir up trouble. Such social media users are referred to as 'trolls'. Furthermore, there are a number of so-called 'humorous' or parody sites representing health professionals that claim the black humour they use is to blow off steam with colleagues. Interacting on such public pages does encourage health professionals to expose their personal identities, and reinforces negative attitudes. Inappropriate online comments and behaviour can offend and upset people, damage reputations, and breach professional codes of practice. They can also lead to charges of defamation, which are civil claims against people for making statements that damage the reputation of others.

Best practice points:

- Do not post or respond to material that is obscene, offensive, defamatory, demeaning, threatening, harassing, bullying, discriminatory, racist, sexist or otherwise unlawful.
- Do not be derogatory toward employers, workplaces, and other health professionals.
- Always post and respond respectfully, even when disagreeing with what someone else has said.
- Do not post online comments when feeling angry or upset, or after drinking alcohol because of heightened risk of communicating inappropriately.
- Give people the benefit of the doubt, unless their behaviour is consistently negative or defamatory, in which case the midwife should avoid them.
- Do not visit or comment on sites that deliberately incite unprofessional behaviour.
- Ensure sensitivity to diversity and be respectful of other cultures and beliefs.
- Midwifery students should not post unprofessional content about lecturers, fellow students, university, or clinical placements.
- Be aware that the media regularly monitors online activities of health professionals; anything stated is treated as public property and may be quoted in the press.

Advice to midwives who experience offensive online behaviour, harassment, or cyber-bullying includes:

- Ignore it – responding feeds the behaviour.
- Keep a diary and record the behaviour by taking screen shots, or using technologies such as Storify (<https://www.storify.com>).

- Delete comments or ban/block people whose behaviour is offensive.
- Notify administrators of social media platforms about any unacceptable behaviour.
- Midwives experiencing online harassment can reporting the person to their employer, educational institution, regulatory and/or professional body, or in extreme cases, the police.

Case example

A closed Facebook page was set up for a group of midwifery students to discuss and reflect on their experiences. One student wrote some very disparaging comments about her lecturer, who was also a private practising midwife. These comments were sent outside the group by another student and circulated widely on Facebook to the local midwifery community and beyond. The lecturer was extremely upset about the attack on her professional reputation which impacted on her not only in the virtual space, but also the 'real' world.

Best practice example

A group of midwifery students set up a Facebook page to help them support each other. Several students gossiped about another student and said some very hurtful things about that student. Other students stepped in and spoke to the gossiping students and explained to them how their behaviour was being perceived. The students apologised and the group grew to be a very positive place for all the students' learning.

6. Advertising and testimonials

The National Law states that midwives must not use testimonials to advertise their services. A testimonial is a statement that says something positive about, or recommends a midwife's qualification, care/service/business, character or conduct. Midwives are not allowed to use testimonials to advertise their services because the testimonial may unduly influence the public, mis-

represent the service, business or midwife, or prevent consumers from making informed choices about their care.

In the '*Guidelines for Advertising Regulated Health Services*' (2014), AHPRA states that midwives "cannot use or quote testimonials on a site or in social media that is advertising a regulated health service, including patients posting comments about a practitioner on the practitioner's business website." Therefore, the difference between a compliment and a testimonial appears to be where the comment is posted. If the favourable comment is posted on a business site that promotes a midwifery service, the comment will be perceived as advertising. If the comment is posted on the midwife's personal site, it will be seen as a compliment, and not a testimonial.

Best practice points:

- If social media is used to advertise midwifery practice/business, the midwife should always publish full name and contact details, as well as professional qualifications.
- Do not publish solicited or unsolicited endorsements, testimonials or materials that could be perceived as recommendations in any online space that is used to promote a midwifery service.
- If a woman would like to provide a favourable comment or review of a midwifery service, request that she do this in her own online space.
- Do not "re-tweet", forward or share a favourable comment that was originally posted elsewhere to advertise a midwifery service.
- Do not publish a woman's birth story if it describes or comments on quality of the midwifery care provided, as this may be perceived as advertising.
- For further direction visit 'Health of the Net (HON) Code of Conduct' (<http://www.hon.ch/home1.html>); an internationally recognised standard for health professionals on how to provide online health information to women and families.

Best practice example

A new mother wrote a long comment on her midwife's blog thanking her for the excellent care she received from the midwife. The midwife thanked the mother very much for her lovely compliment, but explained that she had to remove the comment because it could be perceived as an testimonial. Before the midwife deleted the comment, she took a screen shot and saved it as evidence of her practice for the next time she had her Midwifery Practice Review.

Finally....

Don't be afraid to have fun with social media, but always be mindful of your professional responsibilities, in both your personal and public online spaces.

Bibliography

Adcorp. 2013. *Social media statistics 2013, Australia and New Zealand*.

Available: <http://www.adcorp.com.au/Social-Media-Statistics-January-2013-Aust-NZ>

Australian Government, The Office of the Australian Information Commissioner. No date. , *Protecting Information Rights – Advancing Information Policy: Social Networking*. Available:

http://www.privacy.gov.au/faq/individuals#social_networking

Australian Medical Association Council of Doctors-in-Training etc al. No date. *Social media and the medical profession*. Available:

<https://ama.com.au/social-media-and-medical-profession>

Hastie, C. 2011. Midwives and social media. *Midwifery News*. Autumn, 23-25.

Lee, K., & Bacon, L. 2010. Social networking: confidentiality and professional issues. *British Journal of Midwifery*, 8(8):533-534.

Mccarthy R. 2011. Social networking through Facebook: Are we asking for friends or foes?' *British Journal of Midwifery*, 19 (7):452-453.

Royal College of Nursing Australia. 2011. *RCNA Social media guidelines for nurses*. Available:

http://www.rcna.org.au/WCM/Images/RCNA_website/Files%20for%20upload%20and%20link/rcna_social_media_guidelines_for_nurses.pdf

Stewart, S. 2010. Staying out of trouble online. *The Practising Midwife*, 13(7): 24-25.

Stewart, S., Sidebotham, M., & Davis, D. 2012. International networking: connecting midwives through social media. *International Nursing Review*, 59(3), 431-434.

Stewart, S. 2013. Making practice transparent through e-portfolio. *Women and Birth*. DOI 10.1016/j.wombi.2013.02.005 Available:

<http://www.womenandbirth.org/article/S1871-5192%2813%2900036-X/abstract>

Victorian Department of Human Services. 2011. *DHS Social Media Policy For Employees*. Available: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/social-media-policy-for-employees>