

Ethical Considerations in Pre- and Perinatal Psychology Education

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Abstract: Prenatal and perinatal psychology as a field of practice an emerging discipline in the healing arts. The development of a code of ethics is a marker of this maturity. This paper was developed for the Association for Prenatal and Perinatal Psychology and Health as part of its certification program for educators. It identifies specific concerns for these educators and for the field of practice as a whole, specifically the acknowledgement that education about early imprints can be an intervention in itself, and that there is a continuum with the prenatal and perinatal psychology and health profession from educator to practitioner. Educators need to be clear that they are disseminating information only and be able to recognize where information crosses over into practice and, thus, when to refer learners. A unique set of Principles developed by Ray Castellino is offered as a structure for ethical conduct, along with codes of ethics from childbirth educators, and education in general. Conclusions invite readers and professionals in this unique field to develop a code of ethics for practice.

Key words: Pre and perinatal psychology; ethics, childbirth, education, consciousness.

Professionally, pre- and perinatal psychology (PPN) as a field of practice is just emerging from adolescence. The establishment of professional ethics is a marker of maturity, and is often a response to patterns of problems within the discipline, especially to consumer demand and confidence (Foster & Lasser, 2011). Ethics also establishes a container for professionals to self-confront, self-reflect, and get support. This paper outlines practices that will give the educator a scaffold for specialized experiences, a place to hang them for sorting and resources for integration. It will:

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- Name the issues at stake, identifying possible pitfalls and places in the educational experience for supervision and discussion in the PPN community;
- Outline the ethical issues common to most if not all helping professions; and
- Present avenues for support for the PPN education professional (PPNE).

It will also call the leaders of the field to task to continue on in the creation of a code of ethics in pre- and perinatal psychology.

Ethics for Pre- and Perinatal Psychology Educators

Ethics in the professions has several functions. First, ethics provides a moral compass for professionals to steer by. In medical practice, the most common and popular edict is "First do no harm." This moral rule, often called beneficence, is the strongest guiding factor in the healing professions and is important to pre- and perinatal psychology education. The difficulty in this field of practice is that the educator may unknowingly trigger the listener while imparting the information that babies are always recording experiences in the womb. For example, stating that a mother's thoughts and feelings may leave an imprint on the developing baby might trigger a mother in the audience who had a particularly stressful pregnancy. Such information may trigger the listener because many early overwhelming experiences in their own prenatal environment may be unknown to the listener cognitively, but remembered implicitly. Therefore a level of anxiety can emerge in the listener that has unknown origins in the moment. This makes it important for educators to adhere to a code of ethics.

Educators in the field of PPN are bound by ethics that govern education, childbirth, and the helping professions. Additionally, the code of ethics of educators includes pillars of moral character, such as trust, worthiness, respect, responsibility, fairness, caring, and citizenship, that facilitate and direct professional behavior. Ethics in pre- and perinatal psychology education are collaborative in nature and include integrity, dignity, empathy, good boundaries, and knowledge of ethics in the helping professions.

Ethical aspects of PPNE touch on legal issues that are associated with a professional scope of practice. Legal issues surrounding breach of scope of practice will not be addressed in this paper, however, professions (especially helping fields such as psychology, social work, nursing, bodywork, and more) are monitored by state legislation. Pre

and perinatal psychology educators can refer to the state statutes for their particular discipline for more information on the legal boundaries that affect their area.

Several broad biomedical ethical principles as outlined in Beauchamp and Childress (2013) begin an ethical discussion with regard to healthcare and education:

- Respect for autonomy (a norm of respecting and supporting autonomous decisions.)
- Nonmaleficence (a norm of avoiding the causation of harm)
- Beneficence (a group of norms relieving, lessening or preventing harm and providing benefits against risks and costs)
- Justice (a group of norms for fairly distributing benefits, risks, costs)

(pp 101-301)

Please consider the following definitions of the mentioned biomedical ethics and their ramifications for the pre- and perinatal psychology educator:

1. Respect for autonomy: Everyone has the right to choose their own path. This principle of choice is within the container for some pre- and perinatal practices (White, 2013). In an interview on the Principles in his practice, pre- and perinatal pioneer Ray Caastellino states he developed the "Principle of Choice" because he saw that trauma was overwhelming, and that when he slowed down the pace and offered the baby, family, or adult the space to choose, often the trauma symptoms diminished. He states, "What counts is their [the client's, baby's, student's] right, . . . to say yes or no whatever the reason." (White, 2013, p. 270). For the adult with any preverbal difficulty still in the body, this ethic is an important concept.
2. Nonmaleficence: This notion is connected with another ethic, beneficence, first do no harm (Beauchamp & Childress, 2013), but deserves more emphasis in the pre- and perinatal psychology realm. This ethic goes deeper than beneficence; it means do not intend to harm and even take steps to prevent harm. The PPNE program encourages students to prepare their audiences for what they are about to hear as a form of informed consent. Foster & Lasser (2011) distinguish nonmaleficence in their approach to ethical midwifery practice, and the model fits here.

As an educator, you will not know all the early patterns in the room. Surely there will be as many early prenatal, birth, and bonding experiences as there are people in the classroom. The curriculum presented will stir these preverbal patterns of everyone. Educators can prepare their learners by stating this at the outset.

3. **Beneficence:** This is the moral obligation to act for the benefit of others. It is distinct from nonmaleficence because of its proactive focus: Act for the good of all. Beneficence is the promotion of benefit, whereas the previous ethic focuses on prevention of harm.
4. **Justice:** This is the most complex of the four major ethical principles that govern biomedical action. It is the moral obligation to treat everyone fairly, equally and justly. The challenge is noticing that what is just and equal to some people may not resonate with or not even be available to others.

As stated before, ethical considerations in the helping professions may come into play. In this regard, educators need to understand transference and countertransference, and, more importantly, realize that it is their responsibility to have referral resources available for students who may have reactions to the educational material.

Overview of Ethics for the Practitioner: Awareness Practice for the Educator

A great resource for understanding the ethics of practice in any healing art, most especially practices where the clients enter into altered states of consciousness, is *The Ethics of Caring* by Kylea Taylor (1992). The author addresses ethical dimensions as a spiritual process, and examines core values in life and relationship, especially how they are mapped internally, can be an illuminating and expansive exercise. While the pre- and perinatal psychology educator is not a practitioner, the ethics of caring illuminate possible perspectives and pitfalls that might rise up in the education process. They pertain to issues in:

Relationship

Taylor (1992) couches her discussion of relationship in spiritual terms, first edifying readers with the term "right relationship," which basically means that each person relates to another with integrity and in

such a way that supports the other's well-being and spiritual growth. Taylor also refers to right relationship as stewardship, defining this as the use of energy and resources for the greater good. In this context, professional ethical behavior can be seen as authentic caring, a willingness to examine self and actions connected to motivation, a willingness to be honest, and a willingness to be open and asking for help (consultation) (p. 184). Her specific approach utilizes the human energy centers as an organizational principle. For the PPN educator, relationship starts with self-knowledge about limits and levels of expertise and expands to relationships with other professionals and listeners. Educators must ask themselves if the information they impart is in alignment with integrity to self and others; right relationship.

Money

For the educator, ethical questions that can be asked include, am I giving my education away for too little? Am I demanding too much? Also, a dichotomy can arise within this principle in educational practice: Often teachers allow students in the room who don't have the internal resources to absorb the information, but have the material means. Sometimes, instructors place the money aspect before the aspect of integrity. In education, money is exchanged for knowledge. Many educators feel uncomfortable asking for payment and often undervalue their experience. Beginning PPN educators are especially susceptible to not charging enough, or not seeing what they have to offer as valuable or feel entitled to charge for it. Ethical themes in this context can arise with regard to change, lack, security, and fulfillment.

Sex

Educators need to reflect on their relationship to sex and reproduction to preclude the influence of internal attitudes in their teaching. Transference and countertransference regarding sexual feelings between educators and their students have long been documented. Presenting information about primal patterns may provide a missing piece for the listener, especially one who has been searching for relief. Serious longing, desire, and more may be unleashed by finally feeling "met" by a teacher. This is when the child within the adult finally feels seen, or the mother/father finally feels support. Days or decades of searching for and finally feeling accurately reflected may evoke an intense perception of a need for union and connection with the person who provides it. Educators can diffuse this energy by naming the pattern for the listener. Ethical themes that can flavor decisions in this realm include transformation, sexuality, physical touch, and relationship to

change. Prenatal and perinatal experiences are directly involved with procreation.

Managing boundaries and relationships

One of the safest practices in any field is to have good boundaries and communication skills about one's own needs. Educators are not bound by the same vows that many practitioners are, such as not working with friends, not allowing dual relationships, or receiving gifts, but a pre- and perinatal theme deserves mentioning. Educational boundaries include not having close relationships outside of the classroom and not confusing professional and social contexts. To prevent misunderstandings and misinterpretations on both sides, Pre- and perinatal educators are encouraged to be friendly but not develop close friendships with their students. It is easy to have misinterpretations when working with early imprints. If an implicit pattern of boundary violation from the pre- and perinatal period is present in the student, boundary issues may arise in the process of education. For instance, unclear money exchanges and bartering for services for educational programs may break down healthy boundaries in the professional relationship. Educators and practitioners alike need to be aware that dual relationships in this field might create havoc within an unexplored and unhealed nervous system. Pre- and perinatal educators will need to monitor their relationships with people just as in any other profession.

Power

Knowledge is power. Ethical issues in this category include control, misuse of power, efficacy, the use of the label "healer," status seeking, and misuse of student energy. Prenatal and perinatal experiences are often not straightforward. Birth and its sequences involve a deep and mysterious process connected with life. In addition, part of the PPNE platform is naming that the experiences during the primal period lay down imprints and patterns that can affect a person all their life. This is powerful knowledge and can influence the listener who may not have any knowledge of these patterns within themselves. There is a tendency within the field to hold to early trauma patterns too strongly, to see behavior and interaction through the pre- and perinatal lens only. Some educators have a saying, "we are not a cult," but many mistakes have been made from teacher to student (and therapist to client) of only seeing the person as their early patterns (M. Martin, personal communication, 2009; 2013). In so doing, they "miss" the whole person and the subtlety and/or the power of the present. Pre- and perinatal educators can prepare listeners by stating that, while the early period

has powerful influence on the presence, this is important but not definitive. Educators can provide boundaries for experimentation, research, and student empowerment. Listeners can be met where they are in their own self-knowledge and, if necessary, supported by the educator to seek more information from a trained practitioner.

Love

The PPN field addresses the earliest moments of human development and is imbued with mystical and transcendental hues. Ethical themes in the love category include issues around intimacy, separation, jealousy, deep spiritual connectedness, compassion, and specialness. The spiritual themes around incarnation and relationship to energetic realms may evoke not only expansion, but also, fear. As mentioned previously, working with pre- and perinatal psychology information may evoke a feeling of recognition with such ferocity that the listener falls in love with the educator. Crushes as well as vilification and blame may develop in the context of pre- and perinatal education. When someone understands this previously unknown and powerful place, it is natural to desire to connect and stay with those feelings. The educator must create boundaries while also being authentic about the power of the information being presented.

Truth

Many of the traps that educators fall into have to do with feeling all-knowing. Having the knowledge about pre- and perinatal patterns and how they impact life can be seductive, like knowing something of which many others are not yet aware. Educators might be criticized, vilified, challenged, or adored for the information they impart. Ethical aspects related to truth are like issues related to responsibility and credibility. Sometimes simply saying "I don't know" adds to credibility and paves the way to truth. Ethically, the PPNE's role is to present information and allow students to discover and form their own truths.

Insight

Insight, like knowledge, is powerful and often confused with intuition. Pre and perinatal psychology educators convey information, and give students and listeners insights through the information they impart. Ethical questions about intuition versus insight have to do with recognizing when to use intuition and when to share from insight. Ethical considerations for PPNE include concern about misusing the power of insight or intuition, or longing for this power. It is easy for PPNEs to make the mistake of using the insights they have gained in

the program as a diagnostic tool, when that is not their role. Educators might be tempted to venture into therapeutic realms and need to be clear about where that boundary is and when to refer a listener to a qualified practitioner.

Oneness and Connection to Spirit

The pre- and perinatal paradigm often addresses deep spiritual issues and longings. The patterns associated with it describe how consciousness flows on a continuum from a place where we "come from," a divine place where human spirits are unified with a sacred, everlasting energy. William Emerson called the feelings about leaving that place and becoming embodied as "divine homesickness" (Linn, Emerson, Linn, & Linn, 1999). This place of "oneness" and separation from it can evoke ethical themes in relationship to identity, religion, and a deep connectedness that transcends the mortal realm. In order to help students stay in balance, the PPNE may address issues in the spiritual and experiential realms while continually referring to the human embodied state. In part, the physical experiences during the prenatal and perinatal stages of life are what PPN educators are addressing.

Taylor (1995) completes her book on non-ordinary states of consciousness and caring by naming vulnerabilities to unethical behavior that deserve mentioning:

- Disregard to the client
- Caregiver burnout
- Ignorance of pitfalls
- Underestimation of the power of non-ordinary states of consciousness (possible transference) that affect us.
- Our own unexamined personal issues (countertransference)
- Our unacknowledged longings (countertransference) for love and spiritual connection

(p. 156)

Ultimately, one must remember that educators in the pre- and perinatal psychology field are not practitioners offering treatment but instead offer information that may be transformational in nature. The presentation of this information often evokes emotional responses from audiences and students. Educators can seek support through peer review, mentoring, and supervision that is more fully discussed at the end of this paper.

Values and the Primal Period

Optimally, educators in pre- and perinatal psychology are aware of their own patterns, predispositions, judgments, experiences, and opinions regarding experiences in the pre- and perinatal realm: conception, contraception, pregnancy, in-vitro fertilization, infertility, abortion, miscarriage, stillbirth, births of all kinds (homebirth, hospital birth, cesarean sections, all interventions), intensive care experiences, bonding, breastfeeding, parenting, and attachment. Early imprints arise out of these experiences.

Ethics in Childbirth. Birth patterns are part of the pre- and perinatal psychology practice and can also be evocative for educators and listeners alike. The following broad ethical principles are based on childbirth education's core values and are the foundation of their unique purpose and perspective. They are applicable to pre- and perinatal psychology educators (Lamaze, 2006; ICEA, 2013):

1. Dignity and worth of the person. Pre- and perinatal psychology educators respect the inherent dignity and worth of the person.

The PPNE professional treats each person in a caring and respectful fashion, mindful of individual differences, and cultural and ethnic diversity. They avoid unwarranted negative criticism of colleagues in communications with audiences, learners, or other professionals.

2. Respect for the normal, natural processes of preconception, conception, pregnancy, birth, and breastfeeding, and women's inherent ability to give birth. Respect for the baby's perspective, that babies are sentient and aware of the outside world through the mother's experience and through their own experience. Pre- and perinatal psychology educators embrace pre- and perinatal psychology principles of consciousness, prenatal sentience of babies, the mother-baby connection, conception, pregnancy, birth, breastfeeding, and parenting.

Educators in this field promote, protect, and provide optimal support for moms, babies, families, and adults seeking to learn more about the paradigm.

3. Integrity. Pre- and perinatal educators behave in a trustworthy manner.

Pre- and perinatal psychology educators are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. They act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

4. Competence. Pre- and perinatal educators practice within their areas of competence, and develop and enhance their professional expertise.

Pre- and perinatal psychology educators continually strive to increase their professional knowledge and skills and to apply them in practice. They are dedicated to doing their own personal work through peer review and supervision. The PPNE professional should aspire to contribute to the knowledge base of the profession.

5. Responsibility. Pre- and perinatal psychology educators make a commitment to being responsible for what they say in the context of their work, being especially sensitive to listener's needs for pacing, resources, awareness, and connection. They are also responsible for knowing references to help ground and support listeners.

Pre- and perinatal psychology educators are not responsible for the regressions, abreaction, and triggers in audiences, but should know the signs and symptoms of overwhelm in their audiences and be prepared to address them through containment, attunement, and resources.

Ethics in Education

Ethics in education include the desire to create a learning experience that nurtures the potential of each student. There are a set of principles here that apply, including:

1. Equality in the treatment of students.
2. Maintenance of confidentiality concerning students unless there are conditions that require legal or medical attention.
3. Educational content is presented without bias or personal prejudice.
4. Self-care.
5. Support through continuing education and professional growth.

6. Maintenance of ethical relations with colleagues.
7. Knowledge of the limits of the educational paradigm and discernment regarding the line between education and therapeutic intervention.

Association of American Educators, 2013)

Education versus Intervention versus Treatment: A Continuum. The line between the pre- and perinatal psychology educator and practitioner is very important and may be confusing. There is a continuum in pre- and perinatal psychology that starts with education or the dissemination of information, such as that which is being offered in the APPPAH certification program. It ends with advanced skills connected to a practice or a medical intervention, with the purpose of healing, curing, or ameliorating a condition. Pre- and perinatal education is an important aspect of treatment, but treatment is not part of this training course. The PPN educator has a responsibility to understand the difference between information given for education versus therapeutic treatment and should know about resources for referral of their students for therapy. The PPN educator is not a therapist.

Signs and symptoms of overwhelm. The PPNE will encounter students and listeners whose early history might inadvertently be triggered by the information offered about the primal paradigm. Some signs that listeners are activated by the material fall into several categories: fight, flight, and freeze (and occasionally all three). These signs might include: agitation, irritation, anger, getting up and leaving, change in skin color, open stares, frightened looks, frozen features, sped up body movements, tears, falling asleep and more. Working with these symptoms is not the educator's role per se, however, the PPNE must learn to recognize them and strive to normalize them. The PPN pioneer Ray Castellino, RPP, RPE, RCST® calls "a pause" (explained in the next section) that slows down the process and often calms reactions, helping to create a safe container for listeners.

Supportive Ethical Structures for the Educator. Ray Castellino's integrated approach combines awareness of early imprints from the pre and perinatal period through sensations in the body with sophisticated verbal facilitation and observational skills. Over time, he has created a set of principles that serve as a foundational guide. These seven principles provide a supportive structure for the professional

educator, and can also be a way to introduce the pre- and perinatal material. They are:

1. *Mutual support and cooperation.* This is the capacity of an individual to recognize that they are part of a system. One human developmental aspect is a person's capacity to cooperate with the full measure of their being for themselves and for another person at the same time. In a mutually supportive situation, everyone's perspective is important, and an individual approaches others with a felt sense that is respectful of another's wellbeing. Ethically, this principle serves to provide the overall container for the educator. Professionals of all kinds can survey the listeners and make sure that everyone is respected and supported.

2. *Choice.* This Principle supports the notion that we have the ability, at all times, to show preference. Most often, this Principle supports people in Castellino's process to say "no" if they don't want something to happen. It means that the tempo of what is happening needs to be slow enough for people to have the ability to discern that they have a choice. Educators who embody this slow tempo, allowing for rising and settling of the nervous system in their presentation set the pace for the listeners. Ethically, it provides the space for listeners to say yes or no to the material being presented, and for the educator to say that their preference is appropriate. To be able to say "no" is a boundary, and also, it can be a healing moment for listeners, whose boundaries have been constantly overridden, especially as babies and children.

3. *Self-regulation or "the Pause."* This Principle is about the way information and relationships come together. Learners have many ways they take information in, and most especially at different levels of comprehension and tempos. The pace at which the PPN educator delivers information can be a key to the learning process. When Castellino developed this Principle, he explains that he needed to slow the tempo down or even stop the information flow so that he could assimilate it and regulate his nervous system, hence the "pause." The information pre- and perinatal professionals impart speaks to experiences of the people listening and can be triggering, settling or both at the same time. Ethically, this Principle gives educators and listeners tools to create safety. Educators have permission to slow down and stop to allow the room of listeners to digest information. Listeners are given permission to call a "pause"

to allow their nervous system to be with the materials taught and self-regulate with whatever tools they have at their disposal (breath, contact, body scan, and more).

4. *Self-care, (eat/hydrate, sleep/rest, elimination, movement, recreation)*. This Principle makes sure that participants and educators stay in balance. For the pre- and perinatal psychology educator, stating this Principle may seem obvious, but for many, it can enhance the felt sense of safety and boundaries. Everyone has needs. In the context of education about the early primal paradigm, this Principle supports people who had to sacrifice their needs for the sake of others. Once again, it is about balance and therefore, ethics. In a recent interview about these Principles, Castellino says, "Self-care is a natural outgrowth of self-regulation. In fact, self-care is part of self-regulation." (White, 2013). He further states that by supporting the mother in a family to stay regulated, the whole family benefits. In thinking about the pre- and perinatal psychology education effort, if PPNE professionals embody these Principles, the energetics of the classroom are an intervention.

5. *Brief frequent eye contact*. Castellino explains that this Principle is about maintaining connection between individuals in a group so that the focus is not all on one person or process (White, 2013). For the PPNE professional, it is up to the individual to develop a way for group connection when educating that is mutually supportive. The story behind this Principle is that through observation, Castellino discovered how parents' connection to each other through eye contact helped the nervous system of their children. Castellino then introduced brief and frequent eye contact when working with small groups. Then, researchers discovered that eye contact between people who care about each other stimulated an oxytocin release (Porges, 2011). While this Principle may not promote ethics, it does promote human health and understanding.

6. *Touch and attention*. Our relationship to touch varies from person to person. In the context of education, touch can be tricky. Educators would do well to advise the learner if they are going to touch them in the context of pre- and perinatal psychology. After working with thousands of adults and families, Castellino found that preparing the listener or participant for touch and attention, both coming toward them and moving away from them is important. As PPN educators move into teaching information about the paradigm,

they may want to embody Castellino's measured way of being with people, especially when addressing questions and responses to lesson plans and talks. Castellino found that "looking" and "attention" were profoundly felt by babies. As the primal material is contacted in the context of education, educators may become aware that where they place their attention becomes important. Again, while not ethical, this awareness tightens the container and helps learners feel safe.

7. Confidentiality. Keeping stories confidential is an ethical issue. Educators should proclaim when they tell stories that they have permission to use the materials they have. Many families and individuals have let professionals tell their experiences so that people might learn about the paradigm. While confidentiality is a straightforward issue in ethics, it behooves the PPN educator to talk about it and adhere to it, seeking permission to tell stories of the people they encounter. Professional educators will discover that as they impart primal material, people will open up about their own experiences, especially if they feel safe.

Mentoring and Supervision

The Association for Pre- and Perinatal Psychology and Health is providing mentorship for this program. For educators (and therapists), finding a mentor to ask questions and seek therapy when transference and countertransference issues arise is an ethical act. There is a saying within the PPN discipline that everyone needs two layers of support. For the child, this is the mother and father. For the mother, this support is the father and either an extended family member, community member, or professional help. For the father, the support is the mother and so on. Concentric rings of support around the family are needed for complete health. When working with families who have overwhelming situations, educators may be the second layer of support needed.

Educators need similar support. As a professional, a community of like-minded professionals can support your questions, concerns, transference and counter transference. Professional supervision and mentorship will secure the educator's success through providing opportunities for self-reflection and personal growth. There are several other ways support can manifest. They include peer review and professional development.

Peer Review

Peer review is the evaluation of work by one or more people of similar competence to the field of practice. It constitutes a form of self-regulation by qualified members of a profession and is employed to provide self-reflection and support for the professional, maintain standards of quality, improve performance, and provide credibility. Peer review is employed in many fields: Medicine (nursing, medical doctors, midwives, dentistry), academia, accounting, law, and many more. Typically, peer review of professional conduct is required of practices like midwifery and nursing. A set of colleagues reviews a case of the practicing professional four to six times a year. Within education, peer review of performance is common, especially within academia where performance ratings can equal job security. Peer review for PPNE is highly recommended to support professional educators and their colleagues to improve practice and performance. The North American Registry of Midwives recommends a certain format can serve as a blue print for the PPNE community

Professional Development

Many professions ensure quality and growth by requiring continuing education to maintain a license. The professional education in pre- and perinatal psychology can also improve their performance through ongoing classes and education. Continuing education supports ethical behaviors by connecting the professional with the standards of practice in the field. Seminars to support the PPNE will be offered yearly by APPPAH, its mentors and partners.

Conclusions: Towards a Code of Ethics for Educators and Practitioners

To date, no formal code of ethics has been developed by the field of pre- and perinatal psychology. Because it deals with a very important period of development that has, within its scope of practice, challenges to the listener, therapist, and educator. Subjects like baby sentience and abortion are highly contentious in our culture, with courses of action and legalities within each state governing a woman's right to choose how she will carry and birth her baby, or not. Governing bodies, educational institutions, and member organizations like APPPAH can consider adopting a code of ethics for the pre- and perinatal practitioner as well as the educator. Until then, the list of values, ethical considerations, and

possible actions for support listed in this paper can be carried out. Because there is no law governing educators in the PPN field, APPPAH is supporting communities to establish a peer-review process, but is not required at this time.

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