

Position Statement

Shared Decision-Making in Midwifery Care

The purpose of this Position Statement is to offer guidance in shared decision-making that is consistent with American College of Nurse-Midwives' (ACNM) philosophy¹ and core values² of self-determination and active participation in health care decisions. ACNM affirms that:

- Shared decision-making is a partnership whereby the patient and provider share information and values in order to make the best decisions regarding a plan of care.
- Shared decision-making is a foundational, integral part of patient-centered midwifery care and for the provision of quality, evidence-based healthcare.³ The woman and family collaborate with the midwife in making healthcare decisions to increase quality care and safe outcomes.
- Effective communication is central to shared decision-making. The midwife provides anticipatory guidance to women and their families within an environment of openness, objectivity, and cultural sensitivity.
- The midwife provides care within the framework of the ACNM Code of Ethics⁴ recognizing that the woman is the primary decision maker for herself and her baby.
- Patients maintain the right to informed refusal of the recommended care plan. When their decisions are in conflict with the clinical recommendation, the midwife is not obligated to compromise professional scope of practice in order to accommodate patients' preferences. When there is a serious conflict between the midwife's professional duty and a patient's plan for care, the midwife may seek ethical or obstetrical consultation or refer patients to another provider. Coercion or abandonment of patients is not ethical. 6,7

Background

Shared decision-making is a collaborative process that acknowledges patients' authority in their health care decisions. Shared decision-making offers the opportunity for patients to receive complete and accurate information, to clarify values, and to receive decisional support. Through the course of care, the midwife communicates evidence-based information, engages the patient in an exploration of their respective values, knowledge, and experience, and elicits a preference based on the results of that exploration.

Maternity care in the United States has become increasingly complex and procedure-intensive, and patients often have inadequate knowledge to make informed decisions. ¹⁰ For example, in the Listening to Mothers III survey, the majority of women answered "not sure" regarding questions about adverse events related to cesarean birth and induction of labor. ¹¹ As with all patient-centered care, shared decision-making should be: "respectful of, and responsive to, patients' preferences, needs, and values." ¹²

Shared decision-making is more than presenting patients with choices and explaining the potential advantages and disadvantages of each. It is a process that requires involvement of both the midwife and the patient from beginning to end, as the midwife informs and guides the patient to make the best decision for her circumstances. Especially when decisions are difficult or the right choice is not clear, it is paramount that the midwife be involved throughout the decision-making process.

Additionally, many decisions in current maternity care involve conditions where the evidence for or against an intervention is unclear or uncertain. Midwives recognize and respect the individual's unique perception of health promotion and threshold of risk tolerance. In these circumstances, the midwife assists patients' exploration of their knowledge and opinions about health promotion and risk reduction as part of individualizing care. 14

The following elements relate to the implementation of shared decision-making:

- The patient's clinical history is consistent with care recommendations and alternatives.
- Multiple options for care are conveyed when the probable outcomes are beneficial.
- Principles of informed consent, informed refusal, and respect for autonomy guide communication.
- Decision aids are preferred to facilitate communication and decision-making by providing
 a systematic focus on options and outcomes, as well as values clarification. Decision aids
 increase patient satisfaction, decrease decisional conflict, improve knowledge, and result
 in decisions more consistent with patients' values and culture.¹⁵
- The process of shared decision-making is documented within the patient's medical records.
- Health care decisions made within the shared decision-making process are reevaluated as the plan of care evolves.
- The midwife and patient accept mutual responsibility for the outcomes of their choices.⁴

The shared decision-making process is vulnerable to a number of biases and barriers to effective implementation. ¹⁶ Best practices of communication, the use and effectiveness of decision aids, and the evaluation of risk perception and tolerance of both provider and patient are potential areas of further research. In addition, research is needed that examines the most effective application of the shared decision-making process within the complex maternity care environment.

Midwives are uniquely poised to lead the maternity care community in implementing a more meaningful shared decision-making process. As patient-centered care is the heart and foundation of midwifery care, midwives have the skill to work in therapeutic partnership with women to navigate the uncertain evidence in maternity care. Through shared exploration of values and goals, midwives and patients develop a plan of care that balances the ethical obligations of beneficence and non-maleficence with respect for autonomy.

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Source: Board of Directors & Clinical Practice & Documents Section of the DOSP Approved: ACNM Board of Directors December 2016

^{*}Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).