Walking the path

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The central aim of this thesis is to contribute to the optimization of ethics education in midwifery programs and to offer an evidence-based curricular framework that can then guide ethics education in midwifery programs. The framework is based on the systematically collected input of stakeholders. We explored the current state of ethics education and identified potential gaps through surveys, focus groups, and interviews with midwifery educators, midwives, and student midwives. In addition, given the emphasis placed upon the process of shared decision-making and its role in the promotion of respectful and person-centered midwifery care, we explored shared decision-making in further detail.

We found that ethics education should be integrated into clinical learning and that the involvement of midwifery preceptors is essential to successful ethics learning. Improved integration of non-academic midwifery preceptors is needed, as well as providing formal preparation for their role in ethics education and role-modelling. We also found that shared decision-making is seen as the embodiment of respectful, person-centered reproductive care, and as such is an essential component of ethics education. Intentional midwifery ethics education is critical to the provision of safe, effective, and respectful reproductive care.

In 2010, U.S. policy makers issued a vision for high-quality maternity care that included the promotion of normal physiologic birth and the integration of midwives into the maternity care system. In 2014, The Lancet published a series that further highlighted midwifery care as essential to attaining the goals of improved perinatal outcomes and maternal satisfaction. However, data from 2017 (the latest national statistics data) shows that midwives in the U.S. still attend fewer than 10% of births.

An understanding of the potential of midwifery care to effect change in perinatal outcomes includes not only an emphasis on the clinical skills of midwifery care (the clinical decisions that support normal physiologic birth) but also consideration of the ethical precepts that provide the foundation for those clinical decisions. It is, in effect, the midwifery philosophy of care that gives value to midwifery clinical care and to its potential to achieve optimal reproductive health outcomes and improved satisfaction. Just as midwifery educational programs are expected to provide the opportunities for students to develop the clinical skills needed to provide appropriate reproductive care, so too should they expose and guide students to an understanding of ethical concepts in order to develop awareness, knowledge, and critical thinking skills in ethics. Purposeful, evidence-based ethics education can contribute to fulfilling the goals of achieving optimal perinatal care.
As of the writing of this thesis, over 300,000 people in the United States, and over 1.6 million people worldwide, have died from the global COVID-19 pandemic. Concurrent with the extraordinary events related to the pandemic (for example, financial crises, economic depression, and politization of healthcare recommendations such as mask-wearing), the U.S. has experienced a reckoning regarding racial justice and its history of racial discrimination, resulting in civil unrest, demonstrations, protests, and threats of violence. In addition, during the course of this project, disparities in maternal mortality rates have gained attention, reports of the mistreatment of women receiving obstetric care continue to be written, and legal assaults on reproductive rights have continued. With these events, ethical questions arise. Who should be tested for COVID-19 first and why? How do we approach individuals who decline to wear a facemask? How do we account for and correct the racial and ethnic disparities in morbidity and mortality? How do we protect women’s autonomy in birth during a global pandemic? Should pregnant women be included in clinical trials of vaccines?

The confluence of these events and the responses to these questions has had a tremendous impact on maternity care, the consequences of which are as yet undetermined. For example, in the early days of the pandemic, as a response to the concern about the infectiousness of COVID-19 and lack of personal protection equipment for healthcare personnel, pregnant women were forced to labor alone, their partners, families, and professional support people (e.g. doulas) banned from entry. Maternity care providers were faced with an either/or proposition: possibly risking their own health through increased exposure to individuals who may be infectious or risking the health and wellbeing of laboring women through denial of evidence-based measures shown to decrease maternal morbidity. While on the surface this may have seemed to be an issue of clinical concern, the regulation of childbirth is an ethical choice, and in this case person-centered care was seemingly set aside. At the same time, maternity care providers were also asked to rely upon the practice of shared decision-making to negotiate the uncertainty resulting from gaps in medical knowledge about COVID-19, for example the potential transmission of COVID-19 through breastfeeding. And most recently, maternity care providers are being asked to both “highly recommend” and “engage in shared decision-making” regarding the receipt of the COVID-19 vaccine by pregnant and breastfeeding individuals, negotiating the potential increased risks associated with COVID-19 infection in pregnancy and the lack of concrete safety data of the vaccine, where pregnant women were excluded from participating in vaccine trials. The ethical dilemmas borne from these situations demand much of the providers in terms of knowledge of ethics, skill in ethical and shared decision-making, acceptance of the discomfort of uncertainty, and resilience in the face of unprecedented challenges.

Our project and results offer a framework for a curriculum in ethics education, and therefore our primary audience is midwifery educators, including midwifery academic faculty and clinical preceptors. In addition, we deliberately sought the input of midwifery students. All learning is a compact between a teacher and a learner, and as educators we are stewards of student learning. It is important to examine the intersection of the goals of midwifery ethics education and the expectations of students.
As we stated, one of the limitations of our project was the absence of women’s voices in the discussion of ethics education. This represents an opportunity for further research and can contribute to the research that is being done on the identification of women’s expectations of, and desire for, midwifery care.

There are multiple opportunities to present the results of our work, and we have presented at national and international midwifery conferences (for example, the ACNM Annual Meeting & Exhibition and the ICM Triennial Congress), meetings for midwifery educators (for example, the Directors of Midwifery Education biannual meeting), and workshops for all midwives on ethics in midwifery. In addition, we have participated in webinars and presentations that specifically discuss the process of shared decision-making as a contributor to reducing primary cesarean births and improving maternal satisfaction. The next phase of this project is to create and evaluate a detailed ethics curriculum for midwifery programs that is based on our framework.
References


