



POSITION STATEMENT

Shared Decision Making in Midwifery Care

Based on the philosophy¹ and core values² of self-determination and active participation in health care decisions, the American College of Nurse-Midwives (ACNM) affirms the following:

- Shared decision making is a partnership in which the woman and provider share information and values to make the best decisions regarding a plan of care.
- Shared decision making is a foundational, integral part of patient-centered midwifery care and is necessary for the provision of quality, evidence-based health care.³ The woman and family collaborate with the midwife to make health care decisions that promote quality and promote safe outcomes.
- Effective communication is central to shared decision making. The midwife provides anticipatory guidance to women and their families in an open, objective, and culturally-sensitive manner.
- The midwife provides care within the framework of the ACNM Code of Ethics⁴ and recognizes that the woman is the primary decision maker for herself and her fetus or newborn.
- The woman maintains the right to informed refusal of the recommended plan of care. When a woman's decisions are in conflict with clinical recommendations, the midwife is not obligated to compromise professional scope of practice to accommodate the woman's preferences.⁴ In the event of a serious conflict, the midwife may seek ethical or obstetric consultation or refer the woman to another provider.⁵ Coercion or abandonment of patients is not ethical.^{6,7}

Background

Shared decision making is a collaborative process in which a woman's authority in health care decisions is acknowledged and actively solicited.⁸ Shared decision making offers the opportunity for women to receive complete and accurate information, to clarify values, and to receive support in making decisions.⁹ Through the course of care, the midwife communicates evidence-based information; engages the woman 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 women often have inadequate knowledge with which to make informed decisions.¹⁰ In a recent, national survey, most respondents answered *not sure* to questions regarding adverse events related to cesarean birth and induction of labor.¹¹ As with all patient-centered care, the process of shared decision making should be "respectful of, and responsive to, patients' preferences, needs, and values."¹²

Shared decision making means more than presenting women with choices and explaining the potential advantages and disadvantages of each. It is a process that requires involvement of the midwife and woman from beginning to end; during the process, the midwife informs and guides the woman to make the best decision for her circumstances. Especially when decisions are difficult or the best choice is not clear, it is paramount that the midwife is involved at all stages.

In current maternity care, conditions and interventions exist for which the evidence is unclear or uncertain.¹³ Midwives recognize and respect the individual's unique perception of health promotion and threshold of risk tolerance. In these circumstances, the midwife assists women to explore their knowledge and opinions about health promotion and risk reduction as part of an individualized plan of care.¹⁴

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

- The woman'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 used to provide a systematic focus on options, outcomes, and clarification of values. Decision aids increase patient satisfaction, decrease decisional conflict, improve knowledge, and facilitate decisions that are more consistent with the values and culture of the individual.¹⁵
- The process of shared decision making is documented in the woman's medical record.
- Health care decisions made within the shared decision-making process are reevaluated as the plan of care evolves.
- The midwife and woman accept mutual responsibility for the outcomes of their choices.⁴

The effective implementation of shared decision making is vulnerable to a number of biases and barriers.¹⁶ Potential areas of further research include best practices for communication, use and effectiveness of decision aids, and evaluation of risk perception and tolerance of provider and patient. In addition, research is needed on 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. Patient-centered care is the foundation of midwifery care, and midwives have the skill to work in therapeutic partnership with women to navigate uncertain research evidence. Through shared exploration of values and goals, midwives and women develop plans of care that balance the ethical obligations of beneficence and non-maleficence with respect for autonomy.

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Note. 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).

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