AMERICAN COLLEGE of NURSE-MIDWIVES

POSITION STATEMENT

Shared Decision-Making in Midwifery Care

Based on the philosophy[1] and core values[2] 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 midwife and individual share choices, health information, values, and priorities to make a patient-centered decision regarding a plan of care related to gynecology, prenatal, intrapartum, postpartum, or newborn care.
- Shared decision-making is a foundational and integral part of patient-centered midwifery care and is necessary for the provision of quality, evidence-based health care.[3] The individual and family collaborate with the midwife to make health care decisions that promote quality and safe outcomes.
- Effective communication is central to shared decision-making. The midwife provides anticipatory guidance to the individual and their families in an open, objective, and culturally sensitive manner.
- The midwife recognizes that their own values, biases, and priorities may differ from those of the individual seeking care.
- The midwife provides care within the framework of ACNM's Code of Ethics[4] and recognizes that the individual is the primary decision maker for their health, their pregnancy, and/or their fetus or newborn.
- The midwife recognizes that individuals from marginalized backgrounds may have more barriers to shared decision-making. In accordance with ACNM core values, the midwife understands the importance of equity, antiracism, and social justice in supporting people to build trust over time, contextualize health care decisions, and create a safe, inclusive environment for shared decision-making.[5]
- The individual maintains the right to decline the recommended plan of care. When an individual's decisions conflict with clinical recommendations, the midwife is not obligated to compromise professional scope of practice to accommodate the individual's preferences.[4] In the event of a serious conflict, the midwife may seek ethical or obstetric-gynecologic consultation or refer the individual to another provider.[6] Coercion or abandonment of patients is not ethical.[7,8]

Background

Shared decision-making is a collaborative process between the midwife and an individual to support health care decisions based on scientific evidence and the individual's preferences.[9] Shared decision-making is founded in an ethical framework that acknowledges that the individual has their own values and priorities that direct their decisions.[10] Through the course of care, the midwife effectively communicates evidence-based, accurate information; engages the individual in an exploration of their values, knowledge, and experience; and supports the individual in making a decision based on the results of that exploration.[9]Maternity care in the United States has become increasingly complex and procedure intensive, and pregnant people often have inadequate knowledge with which to make informed decisions.[11] In a national maternity care survey, most respondents answered "not sure" to questions regarding adverse events related to cesarean birth and induction of labor.[12] As with all patient-centered care, the process of shared decision-making should

involve "respectful communication that is based upon the best available evidence and the woman's preferences, values, and goals.[13]

Shared decision-making means more than presenting choices, obtaining informed consent, and explaining the potential advantages and disadvantages of each. It is a process that requires the involvement of the midwife and individual from beginning to end. During the process of shared decision-making, the midwife engages the person seeking care; presents appropriate care choices; examines the person's values and preferences; and then evaluates the individual's decision with them and, when appropriate, their family members.[13] It is paramount that the midwife is involved at all stages, especially when decisions are difficult, or the best choice is not clear.

In current maternity care, conditions and interventions exist for which there is competing evidence, making decision-making more complex.[14] Midwives recognize and respect the individual's unique perception of health promotion and their risk tolerance threshold. Under these circumstances, the midwife helps the individual explore their current knowledge and opinions about health promotion and risk reduction as part of an individualized plan of care.[15]

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

- The individual's clinical history is consistent with care recommendations and alternatives.
- Multiple options for care are conveyed when the probable outcomes are beneficial.
- Shared decision-making may be used when there are decisions with 2 equally viable options, or when there are decisions in which one option is preferred.
- Communication is guided by principles of informed consent, informed declination, and respect for autonomy and justice.
- The individual's values and preferences are respected and incorporated into the decision-making process.
- Decision aids are used to provide a systematic focus on options, outcomes, and clarification of values. These aids increase patient satisfaction, decrease decisional conflict, improve knowledge, and facilitate decisions that are more consistent with the values and culture of the individual.[16,17]
- The process of shared decision-making is documented in the medical record.
- Health care decisions made within the shared decision-making process are reevaluated as the plan of care evolves.
- The midwife and individual 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.[9] Individuals from vulnerable backgrounds may have more barriers to shared decision-making, including not feeling safe engaging in decision-making or taking control of health care decisions.[5] Potential areas of additional research include best practices for communication, the use and integration of decision aids in practice, and an evaluation of risk perception and tolerance of the provider and patient.[9,16,17] In addition, research is needed on the most effective application of the shared decision-making process within the complex maternity-care environment.[9] Last, shared decision-making is a hallmark of midwifery practice; steps to ensure shared decision-making in midwifery education are critical for its application in practice and to reduce potential biases.[18]

Midwives are uniquely poised to lead the health 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 pregnant people, other individuals, and families to navigate uncertain research evidence. Through shared exploration of values and goals, midwives and individuals who seek care develop plans of care that balance the

ethical obligations of beneficence and nonmaleficence with respect for autonomy and justice.

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Note: Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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