

# Midwives' Association of Washington State (MAWS)

## POSITION STATEMENT ON SHARED DECISION-MAKING

### POSITION:

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It is the position of MAWS that licensed midwives have an ethical obligation to engage in a process of shared decision-making with the individuals in their care. The concept of shared decision-making differs from both the concept of informed consent and informed choice. Informed consent suggests a one-way flow of information and implies compliance with practitioner recommendations. Informed choice can convey the misleading sense that decisions are being made independent of any practitioner input. The term shared decision-making, however, captures the inherently relational quality of the exchange that ought to take place in discussions regarding all healthcare decisions.

### RATIONALE:

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Respecting a pregnant person's right to bodily integrity and self-determination is one of the stated principles of every major midwifery and medical association involved in the provision of maternity care. Participatory decision-making is a widely held ethical ideal as well. Indeed, evidence strongly suggests that greater patient involvement in care results in better health outcomes and higher levels of patient satisfaction. Yet, pregnant individuals in the United States are finding their options increasingly circumscribed because of practitioner and institutional concerns about liability. How, in this highly charged medical-legal climate, should a licensed midwife proceed?

Licensed midwives work in partnership with each client they serve. Licensed midwives honor their clients as centrally important knowers, who bring to the decision-making process their own values, beliefs, intuition, experience, and knowledge. At the same time, licensed midwives have a responsibility to provide their clients with information on which to base decisions about their care. In this dialogue, licensed midwives draw upon the best available evidence and their professional expertise as well as their own values, beliefs, intuition, and experience. When the issue is a controversial one, licensed midwives should invite their clients to participate in a process of critical inquiry in order to help them understand the political, social, and medical-legal context in which they are making their decisions.

Key to this discussion of shared decision-making is the concept of agency. Pregnant people have the right to determine their own relationship to risk. Likewise, licensed midwives have the right to determine their own professional boundaries, and they have an obligation to adhere to their scope of practice. What may be an acceptable level of risk to one person might be unacceptable to another. Given that providing individually responsive care is one of the hallmarks of midwifery, how can licensed midwives accommodate clients who choose to conceptualize their relationship with risk differently than they do? How should the negotiation proceed if the client is truly willing to accept the possibility of a less-than-optimal outcome? Where do the licensed midwife's own professional and personal limits enter into the negotiation?

In most cases, the interests of pregnant individuals and their babies converge rather than diverge. Licensed midwives, therefore, ought to be able to honor the decisions of clients in their care as long as the following conditions are met:

1. The midwife and the client have participated in a thorough process of shared decision-making
2. The decision does not require the midwife to break the law or to compromise personal or professional integrity, which could put the midwife in a position of negligence
3. The client is willing to accept full responsibility for the results of the decision

For further guidance on the process of shared decision-making, see Appendix.

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APPENDIX:

[NACPM Standards of Practice](#), approved 2004

[MANA Statement of Values and Ethics](#), revised and approved October 1997

[ACNM Code of Ethics with Explanatory Statements](#), approved June 2015

[ACOG Committee Opinion Number 819](#), Informed Consent and Shared Decision Making in Obstetrics and Gynecology, February 2021

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