Course Title: Ethics in Midwifery
Credits: 2.0

Course Description: This course explores the theory and practice of informed consent and mutual decision-making. Students answer theoretical and situational dilemmas that practitioners may face when providing care in this way. This course also aims to provide a general understanding of the importance and complexity of ethics in healthcare. Students explore the role of their own ethics and personal opinions in the process of informed consent and how this can affect the care they provide. As these topics are cornerstones of midwifery care, this course aims to set a foundation to guide students in questions that will be a significant part of their midwifery practice.

Learning Activities:

A. Student reads appropriate sections from the Learning Materials/Resources.

B. Student answers the questions listed in the Learning Objectives by researching the Learning Materials/Resources for the course and correctly cites the sources and page numbers for each of their answers.

C. Student presents answers to the questions listed in the Learning Objectives for review by preceptor.

D. Student participates in preceptor elaboration/discussion of Learning Objectives.

E. The student must research, prepare and present a summary of current best midwifery care/practices appropriate to a topic covered in this course from a current journal article/study, less than 5 years old.

Learning Materials / Resources:
Please use textbooks less than 5 years old or most recent edition.

1. Foster, Illysa and Lasser, Jon. Professional ethics in midwifery practice. Jones and Bartlett Publisher. 2011


**Resources for all Courses:**


- Midwives Model of Care®: [http://cfmidwifery.org/mmoc/brochures.aspx](http://cfmidwifery.org/mmoc/brochures.aspx)

Students must find 1 article/study less than 5 years old. Recommended internet links as needed for latest developments in midwifery care: [https://www.midwiferycollege.edu/resources-national-college-of-midwi](https://www.midwiferycollege.edu/resources-national-college-of-midwi)

**Evaluation Tools / Methods:**

*Minimum passing grade for each course is a cumulative 80% / B-*. Students and preceptors are encouraged to work together until the student masters the information.

Final grade for the course is based on preceptor evaluation of the following:

A. Learning Objectives count for 50% of the final grade. The preceptor evaluates each answer based on three elements:

1. Answers should reflect a thorough review of current literature regarding best current practices in midwifery care.
2. Each answer should be formed in the student's own words or paraphrased from the text. The answer should be minimal, not a re-write of the entire text, but enough to show appropriate comprehension of the learning objective.
3. Student identification of sources and page numbers for each of the Learning Objectives. (Preceptor should do a random check to determine that sources cited are correctly identified.)

B. Enrichment Activities, including research essays and summaries of articles: 20%

C. Discussions: 15%
D. Tests and Exams: 15%

Course credit:
One Academic credit equals approximately 15 hours of formal time plus 30 hours of additional study or homework. Formal time is defined as the amount of time taken to answer the Learning Objectives to the level of 80% and to complete any learning activities to the preceptor’s satisfaction, including any time spent face to face with the preceptor. Informal time includes any time spent actively reading relevant sources and textbook/s, researching Learning Objectives, and studying for examinations.

Learning Objectives:

A. The student must research, prepare & present a summary of an aspect of current best midwifery care/practices appropriate a topic from this course from a current journal article/study.

B. Student answers the questions below and cites the sources and page numbers.

1. Give a condensed statement regarding why professional ethics is important for midwives.

2. Briefly describe how ethics plays a role in self-regulation for midwives.

3. Describe the role that ethics plays in creating a professional identity for midwives.

4. Briefly describe how the establishment of proactive ethical guidelines for midwives helps to protect clients.

5. Briefly state how the establishment of ethical guidelines helps to instill greater confidence in a profession.

6. Briefly state how ethical guidelines reflect a level of maturity for a given profession.

7. Briefly state some of the limitations of an ethical code.

8. Define morality.

9. Give an example of a type I moral dilemma.

10. Define a type II moral dilemma.


12. Give a brief definition of ethics.

13. Briefly describe the role that relativism plays in ethical standards.
14. List the four basic principles of ethics.

15. Define *Respect for autonomy*.

16. Define *Nonmaleficence*.

17. Define *Beneficence*.

18. Define *Justice*.

19. Briefly describe the goal of applied professional ethics.

20. Briefly describe why the Midwives Alliance of North America (MANA) initially developed a statement of values and ethics.

21. Briefly describe the way that MANA’s statement of values and ethics acts as a “value-guided approach”.

22. Briefly discuss the purpose of the American College of Nurse-Midwives (ACNM) code of ethics document.

23. Briefly describe how the ACNM code of ethics addresses the issue of balancing the autonomy of the midwife with the needs and rights of others.

24. Briefly describe the International Confederation of Midwives (ICM) code of ethics document.

25. List the Essential documents of the National Association of Certified Professional Midwives (NACPM).

26. What document is referred to by the NACPM document “philosophy and Principles of Practice”?

27. How does the ICM uniquely address the ethical dilemma of potential harmful cultural practices?

Reference the “comparison of codes or value statements of ICM, MANA, ACNM, and NACPM” on pages 29-30 to answer questions 28-32:

28. What statements and values are shared by all four documents?

29. Which statements or values are not included in the ICM document?

30. Which statements or values are not included in the MANA document?

31. Which statements or values are not included in the ACNM document?
32. Which statements or values are not included in the NACPM document?

33. Briefly describe how the ICM document reflects the organization’s priorities.

34. Briefly describe how the MANA document reflects the organization’s priorities.

35. Briefly describe how the ACNM document reflects the organization’s priorities.

36. Briefly describe how privacy is a basic human right.

37. Define Privacy.

38. Define confidentiality.

39. Give an example of the type of client information that a midwife keeps confidential.

40. State the overall value of maintaining confidentiality and privacy in midwifery practice.

41. State the way that storing client records can be done to reflect the importance of confidentiality.

42. What do the HIPPA requirements state about client’s accessing their own records?

43. Discuss issues around information disclosure to family members. State when is permissible.

44. Briefly describe how permission is obtained to share information in a consulting relationship.

45. State the importance of maintaining confidentiality in relationships other than that of client and midwife.

46. Discuss briefly how confidentiality is maintained during peer review.

47. For questions 47-49 read Case Study 1 on pages 42-3. Briefly answer the questions as best you can before reading the analysis section.

48. Reference page 43

49. Reference page 43

50. For questions 50-52 read Case Study 2 on pages 44-5. Briefly answer the questions as best you can before reading the analysis section.

51. Reference page 45

52. Reference Page 45
53. Briefly state if your answers differed greatly from the analysis section.

54. For questions 54-56 read case study 3 on pages 46-7. Briefly answer the questions as best you can before reading the analysis section.

55. Reference page 46.

56. Reference page 46.

57. Briefly state the purpose of obtaining informed consent before initiating services or treatment.

58. List the three essential components of informed consent.

59. Briefly describe the importance of “knowing” in informed consent.

60. List the information that a midwife is ethically bound to inform her clients about.

61. Briefly state the importance of creating a space where question-asking is encouraged when providing informed consent.

62. Discuss age requirements for “competency”.

63. Define the term assent.

64. Discuss how consent is obtained for a person who is developmentally differently-abled and has cognitive barriers to understanding the information provided to them.

65. List some factors that might constrain a person’s ability to voluntarily consent to a treatment or care option.

66. How can midwives promote voluntary consent?

67. Discuss whether a client has the right to withdraw consent.

68. Define blanket consent.

69. Discuss some of the ethical problems with blanket consent.

70. What is meant by “process-oriented” informed consent?

71. Give several examples of situations that might call for additional informed consent.

72. Why is it important to have informed consent in writing?

73. List some general guidelines that are helpful when writing an informed consent document.
74. Discuss the difference between informed consent and informed choice.

75. For questions 75-77 read case study 1 on pages 58-9. Briefly answer the questions as best you can before reading the analysis section.

76. Reference page 59

77. Reference page 59

78. Discuss the acronym BRAND.

79. Discuss the acronym BRAIN.

80. For questions 80-83 read case study 3 on pages 62-3. Briefly answer the questions as best you can before reading the analysis section.

81. Reference page 62.

82. Reference page 62

83. Reference page 62.

84. For questions 84-87 read case study 4 on pages 64-5. Briefly answer the questions as best you can before reading the analysis section.

85. Reference page 64-5.

86. Reference page 64-5.

87. Reference page 64-5.

88. Briefly list the elements included in the North American Registry of Midwives (NARM) guidelines for informed consent.

89. Why is it important to define who the client (or client unit) is?

90. Describe the implications of having primary obligation to a client.

91. What are some of the unique considerations that must be made when a client is a mother-baby unit?

92. Briefly describe how cultural sensitivity is related the principle of respecting autonomy.

93. Discuss the ethical confusion that may arise from the many roles that a midwife may hold throughout care for her client.

94. For questions 94-96 read case study 1 on pages 75-98. Briefly answer the questions as best you can before reading the analysis section.
95. Reference page 76.

96. Reference page 76.

97. For questions 97-99 read case study 3 on pages 79-80. Briefly answer the questions as best you can before reading the analysis section.

98. Reference page 79.

99. Reference page 79.

100. Define multiple or dual relationships.

101. How does the American Psychological Association (APA) treat multiple relationships?

102. List the three dimensions of Gottlieb’s dual relationship decision-making model.

103. Describe when the greatest potential for harm arises based on Gottlieb’s three dimensions.

104. Discuss the importance of maintaining professional boundaries.

105. Describe how following practice protocols helps to enforce professional boundaries.

106. For questions 106-108 read case study 2 on pages 91-92. Briefly answer the questions as best you can before reading the analysis section.

107. Reference page 91.

108. Reference page 91.

109. For questions 109-111 read case study 3 on pages 93-4. Briefly answer the questions as best you can before reading the analysis section.

110. Reference page 94.

111. Reference page 94.

112. Define scope of practice.

113. Define competency as it relates to skill of the midwife.

114. State some of the many factors that contribute to defining a scope of practice.
115. How do competency and scope of practice issues relate to the principles of nonmaleficence and beneficence?

116. What are ways that midwives maintain competency once they complete their education?

117. Briefly describe how peer review is an essential practice for midwives to reflect on competency.

118. For questions 118-22 read case study 1 on pages 103-6. Briefly answer the questions as best you can before reading the analysis section.

119. Reference page 104.

120. Reference page 104.

121. Reference page 104.

122. Reference page 104.

123. For questions 123-26 read case study 2 on pages 106-7. Briefly answer the questions as best you can before reading the analysis section.

124. Reference page 106.

125. Reference page 106.

126. Reference page 106.

127. For questions 127-129 read case study 3 on pages 108-10. Briefly answer the questions as best you can before reading the analysis section.


130. What ethical principles are promoted by positive collaborative relationships between midwives and other care providers?

131. What are some of the barriers to communication that negatively affect working relationships between midwives and physicians?

132. Describe some of the efforts that can be made by midwives in attempting to create positive relationships with physicians.

133. What are some of the difficulties that can occur when midwives prescribe alternative medicines (herbs, homeopathy, etc…) but are not trained in these specialties?
134. What is the midwife’s responsibility when referring clients to an alternative health care practitioner?

135. How can midwives use other midwives to enhance the quality of care provided to their clients?

136. What protections of confidentiality need to be maintained when collaborating with other midwives?

137. How does bullying between midwives violate ethical principles?

138. How can professional organizations reduce bullying through setting professional standards?

139. How is professional collaboration addressed by the ethical codes of the major midwifery organizations (ICM, MANA, ACNM, etc…)?

140. What are some of the inherent risks to the client in collaborative care?

141. Briefly discuss how remuneration in the referral process breaches ethical protocol.

142. For questions 142-144 read case study 1 on pages 126-8. Briefly answer the questions as best you can before reading the analysis section.

143. Reference page 127.

144. Reference page 127.

145. For questions 145-47 read case study 2 on pages 128-20. Briefly answer the questions as best you can before reading the analysis section.

146. Reference page 129.

147. Reference page 129.

148. What is the purpose of documenting refusal of services or treatment?

149. Discuss noncompliance.

150. How is communication style important when dealing with issues of noncompliance or refusal to treat?

151. What is the most common reason for termination of care?

152. What are other reasons that may lead to a termination of care?
153. How is the principle of nonmaleficence important in the termination of care?

154. How is the principle of autonomy challenged in a midwife’s decision to terminate care with a client?

155. Define abandonment.

156. For questions 156-58 read case study 1 on pages 142-3. Briefly answer the questions as best you can before reading the analysis section.

157. Reference page 142.

158. Reference page 142.

159. What are some of the factors that limit access to midwifery care?

160. Briefly define cultural competence in health care provision.

161. How does cultural competency in healthcare relate to the principles of justice and autonomy?

162. Briefly discuss how the concept of pluralism relates to this topic?

163. Discuss the limits of the term cultural competence and some alternative ways of thinking about this topic.

164. Describe briefly how a human rights perspective impacts an ethical analysis of midwifery practice.

165. For questions 165-67 read case study 1 on pages 158-9. Briefly answer the questions as best you can before reading the analysis section.

166. Reference page 158.

167. Reference page 158.

168. For questions 168-70 read case study 2 on pages 160-1. Briefly answer the questions as best you can before reading the analysis section.

169. Reference page 160.

170. Reference page 160.

171. What are some of the reasons that midwives behave unethically?

172. Briefly describe NARM’s grievance mechanism.
173. What are the steps to acknowledging one’s own unethical decisions or behaviors?

174. What is the purpose of using an ethical decision-making model in practice?

175. List the steps in the Thompson and Thompson Bioethical decision-making model.

176. Briefly describe the ecosystem model of ethical thinking in midwifery (MEMET).

177. For questions 177-179 read case study 1 on pages 199. Briefly answer the questions as best you can before reading the analysis section.

178. Reference page 199.

179. Reference page 199.

180. For questions 180-2 read case study 2 on pages 201-2. Briefly answer the questions as best you can before reading the analysis section.
