

A Glance on Ethical Problems in Midwifery

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Abstract:

Islam highlighted the need to embed some merits to achieve the hoped level of nobleness and excellence in nursing profession. Midwife as a responsible and accountable professional person to support, care and advise women during pregnancy, delivery, and postpartum periods, needs to understand ethical principles so she can respond and decide effectively regarding any faced or expected ethical issue. Aim of discussing this topic is to open the door for understanding ethical issues, challenges and moral distresses experienced by midwives from the Islamic perspective. Codes of ethics in midwifery were briefed as Lamaze Certified Childbirth Educators code of ethics, International Code of Ethics for Midwives, Australian College of Midwives and American College of Obstetrics and Gynecology (ACOG) Code of Ethics. In a trial to explore the relationship between ethical standards and ethical dilemma. In addition to, present examples of ethical distresses in prenatal, intranatal and postnatal periods and how to manage properly. Considering that, it is difficult to practice what had been learnt in many instances. Looking on these dilemmas from Islamic perspective hence all ethical values are emphasized through the great guidance of Islam that highlight the best manner, good performance and believing that Allah (SWT) observes all our actions and intentions, as the messenger of Allah (PBUT) said “I was sent to complete the best of manners “. To achieve the stated aim, extensive search for relevant literature using specific key words was done. Subsequently, pertinent data was extracted and organized to logically synthesize sections of this review.

Key Word: Ethics; Dilemma; Midwifery.

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I. Introduction

This review briefs some ethical problems in the midwifery field with some emphasize on Arabic cultures. Issues that have come to the attention of ethical experts and their suggested solutions are examined, without approving taken-for-granted ideas about what is and is not right. Rather, to use the logic, conscience, and own experience to judge and take the appropriate decision. The author’s reasoned point of view about how to deal simply with any of these ethical dilemma or issues is shared. To achieve the stated aim, extensive search for relevant literature using specific key words was done. Subsequently, pertinent data was extracted and organized to logically synthesize the review.

The review speaks more to nurses/midwives considering the distinct feature of nursing care that is meeting various aspects of patient care as medical, social, psychological, environmental, cultural, and economic aspects. It is well known that the midwife is the responsible and accountable professional person to give the necessary support, care, and advice to women during pregnancy, labor and postpartum periods¹. Midwifery care aims at maintaining, restoring, and improving health of women and their infants. Moreover, nurses and midwives represent more than half of the health care system. Though, it is expected that by 2030, shortage in the number of nurses and midwives in African and Eastern Mediterranean Regions will worsen², which in turn will affect the ability of nurses and midwives to act their roles and manage ethical issues effectively.

Indeed, midwife is the health care provider who spends most of the time with women during pregnancy, labor and postpartum. Taking history, conducting physical examination, listening, and responding to complaints, administering medications or intravenous fluids, and supporting. Also, she plays an important role in preserving women’s dignity during childbirth by helping them to maintain a sense of control³. It is also noteworthy that, midwife is an important corner of the health care system caring for women who represent the base of the family. In addition, she cares for the fetus that will be the base for the future. Thus, her role is crucial for the whole community. In preparation for this role ethical wise, the midwife needs to understand common ethical terms as values (Concepts or ideas that give meaning to the life and provide framework for decisions and actions), morals (Standard of right and wrong learned by socialization and based on religious beliefs), ethical code (Written list of profession’s values plus standards of conduct), laws (Rules of social conduct designed to prevent the actions of infringing on the right of others), and rights (Entitlements that one deserves according to

claims or moral law or principles). In addition to, ethical problems or issues arising during their practice and its governing principles to be able respond effectively and take the right decisions that will affect the whole family and in turn the community⁴.

AIM OF DISCUSSING THIS TOPIC IN SPECIFIC

Mainly to through the light on ethical issues, challenges, debates, and moral distresses experienced by midwifery care providers. One of the incentives to open this door is the current debate in midwifery and author's clinical observation as regards the increasing rates of cesarean section, use of epidural analgesia and medicalization of labor and delivery process. Which mandates a careful look at the ethical and moral principles to be considered and understood as the foundation of every midwifery care⁵.

DEFINITION AND CHARACTERISTICS OF ETHICAL DILEMMA

Ethical dilemma is a problem without a satisfactory solution or a situation involving choice between equally unsatisfactory alternatives. Where some questions will arise such as what should be done, what are the harmful or beneficial consequences of this action and what is good and what is right⁶. When midwives especially junior ones are aware with areas of conflicts, debates, ethical distress, they can anticipate ethical dilemma and be prepared to deal with and manage effectively.

HISTORICAL PERSPECTIVE OF CODES OF ETHICS IN MIDWIFERY

Generally, codes of medical ethics were created in the 19th and early 20th centuries and focused on the duties of physicians toward each other⁷. In the late 1960s and early 1970s, an interdisciplinary project called "Bioethics" changed the definition of an ethical problem. Bioethics was concerned about the potential for harm associated with clinical practice and medical research. Also, bioethics helped in resolving the ethical dilemma that arise during the conduct of biomedical and behavioural research involving human subjects. It was guided by a theoretically grounded method of problem solving called "Principlism"^{8,9}. Principlism sets three basic ethical principles: respect for persons' autonomy, beneficence, and justice¹⁰. Concerning the conduction of biomedical research on humans in Islamic Arabic culture, commitment to the relevant laws and regulations are emphasized as respecting the dignity, maintaining the privacy and the confidentiality of the patients involved in the research. Also, having their full consent after explaining all details related to the scientific research including its possible risks¹¹.

Specific to midwifery, the Lamaze Certified Childbirth Educators, International Confederation of Midwives (ICM), Australian College of Midwives, and ACOG codes of ethics nearly share the same ethical principles and values in addition to, offer glorious support and guide for midwives in their practice. Lamaze is an international, non-profit organization, and a trusted global leader. Its mission is to advance safe and healthy pregnancy, birth and early parenting through evidence-based education and advocacy. The Lamaze technique is a psych prophylactic childbirth technique popularized in the 1950s by the French obstetrician Dr. Fernand Lamaze based on his observations in the Soviet Union as an alternative to the use of medical intervention during childbirth. Today, Lamaze has become a popular way to get information about pregnancy, birth, and parenting. The Code of Ethics for Lamaze Certified Childbirth Educators outlines the ethical principles and standards that are derived from childbirth education's core values to assure quality and ethical practice. One of the pivotal values defined by LAMAZE is that the childbirth educator should provide full, accurate, up-to-date information upon which childbearing women are able to make an informed decision, whether it is informed consent or informed refusal¹².

The International Code of Ethics for Midwives was set by the International Confederation of Midwives (ICM) to achieve one of its aims that is improving the standards of care provided to women, infants, and families throughout the world. The code emphasized the following points to guide education, practice, and research of the midwife¹³:

I. Concerning midwifery relationships:

- Support own and others' sense of self-worth.
- Resolve inherent conflicts within their field of practice.
- Being responsible to moral self-respect and the preservation of integrity.

II. Concerning practice of midwifery:

- Respect for cultural diversity while eliminating harmful practices.
- Use up-to-date, evidence-based professional knowledge.
- Respond to the psychological, physical, emotional, and spiritual needs of women.
- Act as effective role models.
- Consult and refer, as necessary.
- Facilitate informed decision making with responsibility for the outcomes.
- Empower the women to speak freely.

- Allocate resources fairly considering priorities and availability.
- III. Concerning the professional responsibilities of midwives:
- Hold in confidence client information except when mandated by law.
 - Responsible for their decisions and actions and are accountable for the related outcomes.
 - Work to eliminate violations on the health of women and their infants.
 - May decide not to participate in activities for which they hold deep moral opposition.
- IV. Concerning advancement of midwifery knowledge and practice:
- Share midwifery knowledge through peer review and research.
 - Contribute to the formal education of midwifery students and ongoing education of midwives.
 - Actively seek personal, intellectual, and professional growth.

The Australian College of Midwives set the code of ethics for midwives to emphasize the midwifery profession's commitment to respect, promote, protect, and uphold the rights of women and their infants, in both the receipt and provision of midwifery care and maternity services. Also, to guide ethical relationships between the childbearing woman and the midwife, and the midwife and others such as colleagues and the woman's partner and family. Additionally, to assist further exploration and consideration of ethical matters in midwifery. The code emphasized the following values¹⁴:

- Midwives value quality midwifery care for each woman and her infant(s): Midwives should refuse to participate in midwifery care they believe on religious or moral grounds to be unacceptable (Conscientious objection). Further, they avoid situations that may impair quality midwifery care. This may involve reporting to an appropriate authority, cases of unsafe, incompetent, unethical, or illegal practice. This includes protecting cultural practices beneficial to each woman, her infant(s), partners, and families, and acting to mitigate harmful cultural practices.
- Midwives value respect and kindness for self and others.
- Midwives value informed decision making: In accordance with ethical and legal requirements, and ensure that decision making is based on contemporary, relevant, and detailed knowledge.
- Midwives value a culture of safety in midwifery care: Midwives support measures designed to reduce the incidence and impact of preventable adverse events in the provision of midwifery care. Also, they value safe working environment, believing that safety is everyone's responsibility and maintenance of competence is contributing to a safe care and practice environment.
- Midwives value ethical management of information: This requires the information being recorded to be accurate, non-judgmental, and relevant to the midwifery care. Also, respecting women's privacy and confidentiality without compromising health or safety including clinical and research data.
- Midwives value a socially, economically, and ecologically sustainable environment, promoting health and wellbeing: Midwives value strategies aimed at preventing, minimizing, and overcoming the harmful effects of economic, social, or ecological factors such as crime, poverty, poor housing, inadequate infrastructure and services, and environmental pollution on the health of each woman, her infant(s), family, and community. In addition to, working cooperatively with colleagues to conserve and efficiently use resources such as energy, water, and fuel, as well as clinical and other materials.

American College of Obstetrics and Gynaecology (ACOG) code of ethics emphasized the importance of practicing informed consent, respecting the patient/client's privacy, respecting diversity, and avoiding discrimination based on race, ethnicity, origin, sex, age, marital status, religion, lifestyle, socioeconomic status, mental or physical disability¹⁵. In addition, warning against using or distributing sponsored materials and participating in commercial promotions or accepting a gift from a pharmaceutical company in order not to be a part of a company's marketing arm¹⁶.

From the Islamic Arabic perspective, all advertising material that has been approved by health care provider should contain correct information in order not to expose public to danger. Additionally, it is not permitted to accept gifts either that are linked to the number of prescriptions being advised or equipment being used. Also, to have relation with a pharmaceutical or medical equipment companies. In conclusion, all the previously mentioned codes nearly share the same principles and values. These ethical values are emphasized through the great guidance of Islam that highlight the best manner, good performance and believing that Allah (SWT) observes all our actions and intentions, as the messenger of Allah (PBUT) said "I was sent to complete the best of manners"¹⁷.

ROLE OF CODES OF ETHICS IN MIDWIFERY PROFESSION

Code of ethics play a key role in midwifery profession by stipulating the values, principles, and ethical responsibilities of the profession that in turn clarify what should be done and what should not¹⁸. Additionally, they can be followed in solving any ethical problem and finding the proper way to go through. Moreover, they offer glorious support and guide for midwives regarding education, practice, and research. In conclusion, they

improve the standards of care provided to women, newborn and families. However, sometimes it is difficult to practice what have been learnt and move from principles to practice¹⁹. As it looks like moving from ideal world to the different real. For this reason, we tracked this door trying to find out the behaviour with the least possible negative consequences.

RELATIONSHIP BETWEEN ETHICAL STANDARDS AND ETHICAL DILEMMA

Sometimes, midwifery care providers experience ethical distress when their values, beliefs and ethical standards conflict with standard midwifery care practices. For example, the must to assist women in making informed decisions either acceptance or refusal may create dilemma for many midwifery care providers¹⁹. As in the situation where a student wants to assess uterine condition after delivery to exclude postpartum hemorrhage and the woman refuse because she feels ok or wants to sleep. Or when the mother refuses to breastfeed her infant even though she had full information about importance and benefits of breast feeding. It can be viewed that, there is a reciprocal relationship between ethical standards and ethical dilemma as the former guides the practice of midwifery care. However, ethical dilemma may be experienced during the application of the later.

EXAMPLES OF ETHICAL DILEMMA/DISTRESSES IN MIDWIFERY AND HOW IT CAN BE MANAGED

From the principle “Respecting person’s autonomy”, the principles “Respecting parent’s choice” and “informed consent” were born. Although, informed consent is overlooked aspect, but it is very important, and it will be emphasized. However, there are circumstances where informed decision making cannot always be fully realized. All the choices associated with childbirth begin with the choice to become a parent, which is available before conception. But, once conception has occurred, no choice is available except the option of being a parent. As the decision now will affect another person that is the fetus, and maternal rights should not overcome fetal rights. However, in case of rape, this opinion may be ignored as there will be two victims (Mother and fetus) both should be considered. Indeed, both will be harmed if pregnancy continued so, termination is the most beneficial option in this case²⁰.

Islam emphasized the preservation of human life and ranked it second after preservation of religion. Additionally, Islam has prohibited killing a human being except for mandated legal circumstances. Allah said “Because of that, we decreed upon the children of Israel that whoever kills a soul unless for a soul or for corruption done in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely.” (Al-Ma’idah, 5:32)¹⁷. But laws in Arabic countries allowed abortion only if pregnancy is less than 4 months and its continuation threatens the mother’s health and this is proven by a medical committee²⁰.

Hereby, the examples are categorized into prenatal, intranatal and postnatal with the focus on the decisions and practices that parent confront after a planned or desired pregnancy has been confirmed.

First: parents’ choices in the prenatal period

Prenatal testing

Within the first months of pregnancy, a woman will face several types of prenatal tests and may or may not be told the reason for doing them or harms that may occur. Indeed, it is important that, pregnant women and their husbands be given the information they need to make an informed choice regarding these options even with ultrasound screening. This information should include the indications for doing the test, implications of the results, characteristics, risks, and accuracy of the test²¹.

Prenatal genetic screening is commonly used to identify pregnancies at high risk for birth defects, including neural tube defects and Down syndrome²². The decision to continue or to end a pregnancy without having knowledge of the severity of the disorder will create an ethical dilemma²³. Additionally, there are several aspects of genetic testing that may lead to ethical dilemma as:

- Limited predictive value of some genetic tests as they predict increased risk, rather than certainty of a disease, thus making decisions about interventions will be more difficult²⁴.
- Limited treatment or intervention of some genetic disorders considering that the fetus should be tested for disorders with no treatment. Another concern is the possibility that the results can be inaccurate²⁵.
- Recommendations for more advanced tests in case of a positive prenatal screening result led to consideration of invasive testing, such as amniocentesis or chorionic villus sampling as they have high accuracy but, with the possibility of pregnancy termination or infection will create additional dilemma for women or couples. Additionally, answering the question of “should amniocentesis be used to test for chromosomal abnormalities in all women, and not only in women considered being at increased risk”?²⁶.
- False positive and false negative results for some genetic tests will increase anxiety regarding the need for further diagnostic testing or having a risk for delivering a newborn with defects²⁷.

- Potential adverse personal or societal consequences: Genetic testing for some conditions for which there are no treatments to date have the potential to cause psychological harm, stigmatization, and discrimination²⁴.
- Termination of pregnancy: If a woman knows that the newborn, she is carrying has problems, should she be allowed to terminate a pregnancy when the diagnosed condition of the fetus is not severe. Who should be allowed to define conditions that are “severe”? What is the criterion to assess which conditions make life not worth living?²⁴. The decision to continue or to end a pregnancy without having knowledge of the severity of the disorder will create an ethical dilemma.
Previously, women often make uninformed decisions regarding prenatal testing²⁸. With ultrasound tests patients may not even be asked to review or sign an informed consent and had no discussion with their care provider about the reasons for undergoing it²⁹. From the author’s own experience in governmental hospitals in some Middle Eastern countries, no information is given, and no choices are permitted. The type of the test is decided by the physician and the reason is because it is important, and woman should undergo it and the needed preparations are instructed through the nurse. Concerning ultrasound screening, neither consent is taken from women nor explanation of the reasons are given. The routine was to recommend this screening for high-risk cases only because of the big flow of women and limited number of available physicians. At the same time, women were asking to have this screening and were unhappy if it is not recommended for them.

***Second: women choice in the intrapartum period
Pain management and obstetrical procedures***

A critical issue in the intrapartum period is the extent to which women have the chance to give consent during labor such as pain management and obstetrical procedures³⁰. A woman's autonomy is violated if her preferences are ignored²⁹. In most of the experienced cases, women had no choices over types of medications or obstetrical procedures and most of health care providers were not keen on her preferences. But, when she refuses to stay and deliver in the setting, health care providers were keen to get her to sign a written consent for her discharge and being responsible for herself.

***Third: patient choice in the postpartum period
Treatment of prematurity or severe illness***

Having a preterm or a seriously ill infant, makes parents feel that they have no control over the fate of their child and that their wishes are ignored³¹. After admission to neonatal intensive care unit, parents continue to feel excluded from decision making regarding their newborn³². Where nurses may feed newborns artificially, and not try to help their mothers to touch, smell or be near them.

The choice to breastfeed

The choice to breastfeed is done among many conflicting cultural attitudes, misinformation, and constraints. But if the woman decided not to breastfeed her newborn, she will be considered as depriving her baby from breastfeeding benefits, so she is harming him. Given this situation, what will be the ethical obligation of the midwife? Respect for autonomy dictates that she should respect women's choices, but what does she do if these choices are harmful to infants? What should she do when she recognizes that these choices are constrained by misinformation and structural barriers? Mothers should be provided with the knowledge they need to choose wisely³³. Islam emphasized the importance of breastfeeding in the first two years of life. In the early decades, there was no artificial milk even if the mother was unable to breastfeed her baby or died, another woman can nurse the newborn. In Islam, this woman is called the nursing mother and some principles were set by Allah to regulate the relationship with her.

Male circumcision

Evidence about the medical justification for male circumcision is conflicting. There was insufficient evidence to support circumcision as a prophylactic procedure and insufficient evidence to conclude that circumcision is child abuse³⁴. In this situation of contradicting evidence, the decision may be left up to the parents. But some disagree with this conclusion, as they consider that parental consent is not enough because the autonomy in question here is the autonomy of the child³⁵. The point is that the neonate is not mature to decide for himself and circumcision has no harms in contrast it has many benefits. In addition to, the Muslim’s Prophet was born circumcised. So that, in Islamic Arabic cultures, it is a tradition to circumcise male newborns. Also, people celebrate this event and congratulate each other for its occurrence.

Non-medically indicated surgical birth

One of the most discussed ethical issues in this period is non-medically indicated surgical birth (NMISB) or cesarean delivery on maternal request (CDMR)³⁶. The question is “should women be allowed to

choose a surgical birth although vaginal birth is safer? According to the ACOG and the International Federation of Gynecologists and Obstetricians (FIGO), cesarean section “is a surgical intervention with potential hazards”³⁷. Many women choose surgical birth for cosmetic or sexual functioning reasons³⁸. So, the dilemma comes here, whether to respect women’s autonomy and use surgery to deliver healthy baby from healthy woman or to decide the safer option. The point of view is to inform the woman about all dangers of surgical birth to help her to make an informed decision and emphasize this attitude with the students. Women preferred cesarean section to bypass labor pains thinking that cesarean section is painless. So, when the whole picture is illustrated to them with focus on the surgery and anesthesia risks and after delivery pain, women may change their minds.

Postpartum procedures

Using embryonic stem cells to find new treatments for incurable illnesses in older children and adults raises several ethical issues. Storage of cord blood as a source of stem cells for long time is highly expensive. At the same time, studies about the consent process for this procedure are still needed³⁹.

HOW TO SOLVE AN ETHICAL ISSUE OR DILEMMA

Steps of problem solving can be followed with ethical dilemma as a problem, starting with assessment of information, values, and conflicts. Then, outlining the options, consequences, benefits, and harms and choosing the most beneficial and least harmful for all sides in addition to being realistic, ethical, and possible. Finally, applying the chosen option and evaluating the whole process to pick up the learned lessons for the future.

II. Conclusion

Ethical distresses or issues are frequently faced by nurses/midwives with some exaggerating factors as being the most health care provider spending time with the patients. In addition to, considering all factors affecting their patients who have different values or culture that might create conflicts or issues. Moreover, the highly advanced technologies in the health care field create a lot of debates. These details need careful investigation and reasonable management taking into consideration all affected personnel and standards of care, in addition to, the relevant codes of ethics.

Further, it is not easy to practice what we have learnt also it is difficult to move from principles to practice. But the nurse/midwife should find out the option with the least negative consequences. Considering the important role played by the midwife in preserving a woman’s dignity and maintaining a sense of control during childbirth.

From the Islamic perspective, some merits are in need to be highlighted to achieve the hoped level of nobleness and excellence in nursing profession. As stated by the Prophet Mohamed (PBUH) “Verify, Allah loves that when anyone of you does a job, he should perfect”⁴⁰. So, good attitude toward patients should be an integral part of the provided nursing care.

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