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Ethical Issues in Childbirth: the Need for Relational Ethics

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Abstract

In modern times establishing a clear difference between right and wrong actions in midwifery is increasingly becoming difficult because of the overwhelming addition of constant evidence. The explosion and availability of information and civilization has increased individual's awareness of their rights and options when it comes to childbirth. Increasing demand for midwives to make decisions based on their professional expertise on one hand, and the desires and wishes of their clients, on the other hand, requires a strong understanding of ethics. Midwifery is considered a relationship - based profession due to the intimate nature of the care provided. The handling of personal information, physical contact, and psychological and educational care that characterizes midwifery practice has the potential to generate ethical issues. Several ways of improving ethics in midwifery has been proposed in literature including the use of ethical theories, principles and codes of ethics among other strategies. The focus of this paper is to examine some of the sources of conflict in childbirth and analyze the role of codes, principles and theories in childbirth ethics. The author, from a personal point of view, provides arguments to support the need to approach ethical issues in childbirth from a relational ethics perspective.

Key words: Ethical issues, Childbirth, Relational ethics

Introduction

The author's understanding and knowledge of ethics for a greater part of her career has been limited to ethical principles, code of ethics and a few ethical theories. She recalls how sitting week after week in the ethics class during her postgraduate programme, she began to understand more deeply, not only the importance of ethics in healthcare but also the broadness of the scope of ethics in healthcare and its effect on both the caregiver and the patient. It was a time of learning and also a period of reflection. Reflection on how she has discharged her duties as a nurse/midwife and also the level of awareness created through her teaching and preparation of student midwives for practice as an educator. And became even more aware of how attention to ethics and the relationships midwives build with their clients/patients and colleagues will enhance the care they provide.

The writer's interest in ethics in general and relational ethics in childbirth specifically has its root from her interaction with women when they shared their stories of their experience with childbirth pain as participants of a study. As a midwife and an educator, her primary interest has been how to improve the midwife-mother relationship in midwifery practice.

The role of ethics is identified as very vital in achieving this interest. As broad as midwifery practice may seem, the focus of this paper is on childbirth. Interest in the childbirth experience for both the mother and the caregiver became more grounded from the author's experience with using the narrative inquiry as a methodology to understand women's experiences with labour pain. Some of the narratives of women's experience with childbirth pain highlighted examples of ethical issues that can arise during childbirth.

Addressing Ethical Issues in Childbirth

Childbirth, a fundamental human experience not limited to culture, race or social status has undergone many changes. The difference, however, lies in the experience of the process of birth rather than the phenomenon of childbirth. The experience to a large extent is influenced by culture, religion, and level of civilization among others. The evidence of midwifery practice in ancient times is shrouded in myths, oral tradition and text, with culture and the level of civilization at each period of time greatly influencing the practice.

The socio-cultural aspect of childbirth has been and continues to be a major factor in the development of midwifery. Barnawi, Richter & Habib examining the historical transition of midwifery, noted that the power of organisation, consistency of civilizations and productivity of industrialization are social factors that changed the image of midwifery from social practice to be a more regulated and institutionalized profession.[1]

Midwifery and childbirth for that matter is a relationship-based practice that results in the creation of several types of relationship between the midwife and her client in the course of their interaction.

The midwife wears many hats as she journeys alongside the expectant mother in her walk to motherhood. In this relationship, the midwife assumes the role of an educator with the client as her student and she educates the client on various important topics such as nutrition, personal hygiene and preparation for labour among others. The midwife also plays the role of an advocate as she speaks on behalf of the client to ensure that the woman has access to the best care without infringing on her autonomy as an individual.

Due to the intimate nature of midwifery care, the midwife is often privy to client's personal information that she gathers through physical, psychological, and social interaction with the client. In some instances the depth of information made available to the midwife makes her (midwife) a confidant of the client and requires a relationship based on friendship, trust and mutual respect that can best be created on a foundation of ethics.

The midwife as an expert in her field has a responsibility to assist the client to make informed decisions; based on the information she provides and is expected to respect the client's choices. Thompson's assertion that the midwife – mother relationship (knowing each other) is key in midwifery practice[2] is undisputable.

The effectiveness of care provided and received depends largely on the quality of relationship that is built between the midwife and her client. As expected of every meaningful relationship the midwife-client relationship must be built on trust, mutual respect and attention to interdependency. To establish a meaningful relationship, careful thought must be given to ethics in general and more specifically, relational ethics.

Ethics sets the boundaries for the midwife-client relationship. This is particularly important in order to maintain professionalism and provide appropriate care for clients. Ethics is also important to protect the rights of patients as well as to keep the integrity of the midwife and the midwifery profession. Bergum & Dossetor noted that the connection created between patient and caregiver shapes the moral space inhabited by patients and caregivers.[3]

The creation and sustainability of this space sets the stage for the provision of care that is ethically coherent and fulfilling to both client and the care provider (midwife). A workable relationship reduces the tendency of inhumanness that has characterized healthcare in contemporary times as a result of technological advancements and medicalization of childbirth.

It also has a strong potential to reduce ethical conflicts and enhances the decision-making process during childbirth. The midwife then relates to the client as a person with emotions as well as social and cultural affiliations rather than a subject that needs to be worked on.

The absence of ethics destroys the invisible yet vital boundaries that regulate how the key players in this relationship ought to conduct themselves. Looking back at how childbirth was assisted in the past provides a deeper understanding. Women during labour, had fellow women usually relatives or other older and respectable women in their communities to assist in childbirth.[4,5] This clearly depicts the relational nature that characterized the process of birth. The term 'midwife' which means "being with woman" is also highly suggestive of a relationship but not always a guarantee of one in many cases. It is possible to be with someone physically yet so far detached from the person emotionally and culturally and not pay attention to what is important to each other. The disconnect in the mother/ caregiver relationship is fertile grounds for ethical conflicts.

Another important role of ethics in midwifery practice is to enhance decision - making. Establishing a dichotomy between right and wrong action in midwifery has always been one of the many difficulties midwives are constantly confronted with.[6] This is because in determining what is right or wrong, several considerations have to be made.

Some of the key considerations are the influence of culture, the environment or setting in which the practice is taking place, the circumstance under which the decision is being taken as well as the code of ethics of the profession.[7,8]

The issue of ethics has been explored in many ways in literature. Jones posited that ethics are the basic principles and concepts that guide human being in thought and action.[7] Others have proposed that to understand ethics there is the need to examine the philosophical framework and underlining theories in ethics.[9, 6].

Riddick - Thomas examines the four levels of ethical framework proposed by Edward[9,] using these levels which comprise of Judgements at level one, Rules at level 2, level 3 as Principles and Ethical theories at the fourth level, Riddick- Thomas proposed that the use of a combination of these four levels will help solve ethical dilemmas.[6] According to her, Judgments are usually based on information gained through experience, Rules define a set of course of action or line to be followed which include code of ethics, Principles such as respect for autonomy, non – maleficence, beneficence and justice as well as theories that form the foundation of decision making notably Utilitarian theory and Deontology provide some form of solution to ethical dilemmas. Although the author recognizes the importance of the proposed framework and its potential to solve ethical dilemmas she is of the view that it needs more strengthening in order to reduce some of the potential sources of conflict.

Sources of Ethical Conflicts in Childbirth

Several situations can generate ethical conflict within the childbirth process. This paper, however, discusses the seemingly simple or even trivial ones in some sense but yet very significant to the childbirth experience. The explosion and availability of information and the constant addition of evidence has made decision - making in midwifery increasingly difficult. Potential mothers have access to information via the Internet some of which cannot be authenticated but yet influence the decision and choices of some clients.

The writer's intention is to draw attention to the day-to-day issues and to emphasis the importance of an understanding and application of ethics by caregivers to enhance the care they provide for women during childbirth.

Nursing associations in many countries have developed code of ethics. The International Council of Nurses, as well as the International Confederation of Midwives have both developed codes of ethics that guide the practice of both professions. Thompson posits that codes offer very little, if any, guidance for transforming principles into practice.

Acknowledging the importance of code of ethics for any profession and for midwifery in particular, it is not enough to solve ethical problems.[10] The preamble of the International Code of Ethics for Midwives indicates that "The code addresses the midwife's ethical mandates in achieving the aims and objectives of the ICM concerned with how midwives relate to others; how they practice midwifery; how they uphold professional responsibilities and duties; and how they are to work to assure the integrity of the professional midwifery".[11]

In as much as the aims for the code of ethics seeks to address midwifery relationships it does not provide a prescriptive way of how the midwife is to practically enforce these codes. Whereas the "what is expected is clear", the "how to do it" is left to the discretion and judgment of the individual midwife. The code of ethics for midwives has also been viewed to be a spill over from codes for medicine and nursing.

healthcare in the Western world has directed, not only the skill, techniques and philosophical It has been further argued that the medicalization and institutionalization of orientation of practitioners but also the ethics of their practice. The argument against the appropriate fit of codes with midwifery stems from the back drop that medicine and nursing usually deal with people with infirmity or disability of which usually they (patient) do not have the knowledge and the skill to manage their condition, leading to greater reliance on the primary caregivers in decision making. Midwifery and childbirth for that matter is to a large extent a normal process and women usually expect to be in control and have a stronger voice in the kind of care they wish to receive. Codes, as Gadow argues have no authority to command engagement. Relying on code of ethics for the day-to-day practice of midwifery can be paternalistic; denying women a certain degree of control during childbirth can be considered an infringement on their autonomy.[12]

The midwife is also expected to use her judgment and her knowledge of ethical principles and theories to make decisions and provide care. Judgments are usually based on ones experience with similar encounters of personal inclination. Riddick-Thomas argues that what informs judgment is usually linked to personal values and belief, societal expectations as well as experience of past similar events.[6]

It must also be noted that judgments are usually made under conditions that often demand immediate or expedite action. If midwives are to make quick decisions based on their personal values, beliefs and past experiences, then where lies the choice or preference of the client as an individual capable of making an informed choice provided the right information is communicated to her.

On the other hand, the midwife as an expert in her field is also confronted with making decisions based on her expertise in the best interest of the client and not necessarily what the client wishes as an individual. The autonomy of the client and the authority of the midwife (care provider) under such instances become a major source of ethical conflict or dilemma. The application of judgment and code of ethics may not be enough to address the ethics involved. The dilemma of honouring or dishonouring client's autonomy can be challenging for midwives in their day-to-day practice. In such instances, the midwife will have to look beyond her judgment and codes to consider principles and theories in ethics. The principles of non-maleficence and beneficence and theories like utilitarianism may provide some direction on how ethical decisions are made. This does not take away the possibility of conflicts between client's wishes and midwives responsibility.

There are instances where the opinion or input of the client was totally not solicited before decisions were taken. It is worth noting however that in most of these instances, if not all, the midwife and the client did not have any previous interaction prior to the onset of labour. Respect for autonomy is one of the key ethical principles that have strong influence in the childbirth relationship. The difference between the wishes of the clients and what the care provider considers the best option based on his/her expertise can be a source of conflict.

Acknowledging how childbirth and society has changed overtime, the cultural complexities that characterize health as well as the explosion of knowledge and information, the call for a more collaborative effort in childbirth care is not out of place. This consented effort of ethical care in my opinion can be achieved with the addition of relational ethics as the foundation for any ethical framework.

The Need for a Relational Ethics Foundation.

A look at the benefits relational ethics adds to the ethics of the midwife/client relationship is needful for the argument. Relational ethics is a contemporary approach to ethics that situates ethical action explicitly in relationship.[13] It is thus concerned with ethical action in healthcare from the perspective of relationship and responsibility rather than autonomy.

Sally Gadow has also noted the relational ethics also reflects a complex and comprehensive arrangements of ethical thought with a foundation of ethical theories, principles, virtues and care.[12] In her writing Gadow proposed a move beyond rational objectivity in ethics. She discussed the necessity of the postmodern turn noting that relational ethics provides that shift from objectivity to a more subjective form of ethics.

Considering the subjective nature of pain which is an inevitable characteristics of the normal process of birth, the paper submits that the push for relational ethics during childbirth is appropriate and even lends more credit to a more subjective form of care and hence a more subjective form of ethics rather than a universal prescription of what is to be done during childbirth.

To understand who our individual clients are, midwives need to engage their clients in a relational way. Dillon refers to this as care respect, where the valuing of person requires perceiving each individual as a unique entity.[14]This kind of perception cannot be created at the moment when crucial decisions are to be made. It comes through engagement. It is through this engagement that the midwife and the client come to understand each other and nurture a relationship that lays a foundation for making ethically sound decisions based on negotiations and mutual respect.

Mutual respect, for the autonomy of the client as an individual on one hand and the professional authority of the midwife, on the other hand, Hallgern, Kihlgren&Olsson also indicated that how midwives relate to the expectant parents during the childbirth process greatly influences the parent's childbirth experiences for a long time.[15]

The International Confederation of Midwives has clearly stated in its code that midwives have the responsibility to develop a partnership with women in which both share relevant information that leads to informed decision- making, consent to a plan of care and acceptance of responsibility for the outcome of their choices.[11]

This, however, can best be achieved when the midwife understands how to create and foster an ethical relationship. And also when the midwives have the opportunity to meet with women and families prior to the onset of labour. We, therefore, find meaning and resonance between current thinking and the writings of Gadow where she notes that engagement cannot be regulated by principles, since principles would remove the relational from its grounding in actual person towards external authority.[12]

In other words, relying on codes and principles predominantly inhibits the engagement between the midwife and the client. It sets the rules without consideration of the "person" (unique individual). The codes and principles fall short of the true meaning of 'being with woman'. Attention to ethical care based on relationship will enhance a woman's ability to make the right choices during labour as stipulated by the code of ethics. The absence of relationship and ethical care for that matter cultivates the grounds for conflict and wrong choices. An action that results in treating someone without respect must be seen as a wrong action.[16]

In the absence of relational ethics, many women may be forced to undergo different procedures against their wishes and also many midwives will be charged with various offences because they were too concerned about satisfying the wishes of their clients or protecting their professional integrity.

Relational ethics fosters a relationship that enhances care that is more subjective and contextual rather that generalizable, a relationship that models the interdependency between the client and the midwife necessary for practice. As noted by Bergum & Dossetor, relationships as ethical moments are not only about the big issues such as euthanasia or abortions but also about the qualities found in those moments such as how we talk to patient, the attitudes we hold and how we use power.[3]

To expatiate this statement one can argue that the appropriateness of what goes on during these ethical moments depends on an understanding of who we are as midwives and individuals, our competencies, our beliefs and values and the system within which we (midwives) work or operate. As well as knowing who our clients are, their expectations, fears, experiences and cultural inclinations. Without a good understanding of self, the midwife may not be fully aware of how her personal values may be the focus of care rather than the negotiated autonomy of the client.

Relational ethics thus promotes interdependency rather than paternalism that is not a core of midwifery practice. Interdependency as noted by Bergum & Dosset or does not release one from self-determinacy and autonomy; yet within interdependency, autonomy is active and changing.

Challenges of building relationships

The complexities of the nature of ethics in midwifery go beyond the midwife and the client to encompass institutional ethics, protocols and structure.

In as much as we, acknowledge the potential barriers to improving ethics in childbirth from a relational point of view, we concentrate on only the barriers created by institutions where midwifery is practised.

The medicalization and compartmentalization of midwifery practice in some parts of the world does not promote the ideals of relational ethics. Compartmentalization is how we choose to describe the midwifery practice where women are seen during pregnancy by different or particular midwife (as in the case of focused antenatal care) but during labour and puerperium is usually attended to by a completely new midwife she is meeting for the first time.

In our practice as a midwife in several parts of Ghana, we have seen women reporting in active labour, to labour wards where they have not been before and to midwives who know nothing about the woman except for the formation provided on the antenatal card that is usually limited to foster a relationship. In some cases, the number of labouring women far exceeds the number of midwives present, leaving no room for the establishing of a trusting relationship and consideration for what is ethically right for each woman. This situation as we observed often promotes paternalism where the midwife assumes that she knows what is best for the client rather than engaging the client in the care.

It is worth mentioning that there are no simple or easy ways to address this situation considering the high midwife-client ratio that exists in most developing countries making care more mechanical. The United Nations Population Fund (UNFPA) in 2011 reporting on the state of the world's midwifery noted that midwives are in short supply in many developing countries and that the World Health Organization had estimated that some 350, 000 midwives were urgently needed worldwide.

The 2014 edition of the report indicates that there is still more shortage despite steady progress.[17]This is one major challenge that inhibits the relational nature of childbirth.

Conclusion

There are several ethical issues surrounding reproductive health which has attracted the attention of many authors and people with interest in ethics. Issues concerning abortion, foetal rights versus rights of mothers, and in-vitro fertilization to mention a few have been debated andare still being debated. There are, however, other ethical issues that directly affect the practice of midwifery on a client-midwife level. The midwife is constantly faced with making choices in the best interest of her client without compromising the autonomy of the client or her own professional integrity.

To enable midwives discharge their duties in a professionally acceptable way and ensure that their clients have a satisfying childbirth experience, a foundation of relational ethics must be laid. Thus we strongly suggest that the study of ethics should have prominence in the training and education of midwives at the basic level and should run through the period of training.

The importance of relationship building in midwifery should be imbibed at an early stage in midwifery education and run through ones entire career. Institutions where midwifery care is provided must make conscious efforts to create an environment that promotes relational ethics.

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