Code of Ethics with Explanatory Statements

INTRODUCTION

Certified nurse-midwives (CNMs®) and certified midwives (CMs®) function within 3 ethical mandates to achieve the mission of midwifery to promote the health and well-being of women and newborns within their families and communities. The first mandate is directed toward the individual women and their families for whom the midwives provide care, the second mandate is to a broader audience for the public good for the benefit of all women and their families, and the third mandate is to the profession of midwifery to assure its integrity and in turn its ability to fulfill the mission of midwifery.

The *Code of Ethics* of the American College of Nurse Midwives describes moral obligations that guide the behaviors of midwives and individuals representing the profession of midwifery, including members of the American College of Nurse Midwives (ACNM). These moral obligations reflect universal ethical principles that are traditionally associated with the health care professions. The principles presented herein emphasize midwifery values and standards in the various roles of professional midwifery practice: care for women and their families, education, research, public policy, and the business management and financial organization of health services.

The *Code of Ethics* has 3 sections that correspond with the 3 mandates listed above. The first section is devoted solely to professional relationships that midwives have with all persons. The first moral obligation sets forth the expected behavior of midwives in relation to the moral worth of all persons with whom they interact in any professional context. The second moral obligation takes into account the moral worth of midwives and how they conduct themselves in all professional relationships. In view of the fact that these 2 moral obligations pertain to all relationships, they are foundational to all of the other nine moral obligations in the *Code of Ethics.*

The second section of the *Code of Ethics* includes the moral obligations (#3 through #9) relevant for midwives in their professional practice. These moral obligations represent ideal action to be upheld by midwives. Usually more than 1 moral obligation applies in a particular situation.

In the context of contemporary health care, however, ethical issues and dilemmas frequently occur. New burdens include more work to do in an allotted time, greater numbers of health care professionals and providers with whom to interact, and the pressure of containing the financial costs of health care. The conflict of 2 or more moral obligations in a particular situation necessitates deliberate ethical analysis and decision making, including weighing and balancing principles and preferably involving and achieving consensus among all affected parties to determine ethically justified courses of action. In these conflicts, the moral obligations involved

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may be weighted differently by the affected parties. Therefore, it is not possible to say that the moral obligations herein are absolute all of the time or that 1 has precedence above another in all situations. It is through moral reasoning and decision making that actions may be justified as ethical in a given situation. When ethical conflicts recur, especially with similar contextual circumstances, it becomes necessary to consider what efforts might be taken to reassess the causes of the conflicts, the commitments professionals bring to the situation, and the potential for ethical compromises.

The third section of the *Code of Ethics* focuses on what midwives do to support midwifery as a profession and the functions customarily accomplished through the ACNM to promote the public good and assure the fulfillment of the responsibilities of the profession as described in the ACNM bylaws. In adhering to the moral obligations in the third section, an individual midwife shares with all other midwives a responsibility to the profession. From an ethical perspective, it is expected that all midwives will assume their fair shares of the responsibility and exercise it in light of their various interests and capabilities throughout their professional careers.

In summary, through behaviors consonant with the moral obligations contained in the *Code of Ethics*, midwives support and maintain the integrity of the profession of midwifery and thus contribute to a profession worthy of being considered as a public good by society. Although the *Code of Ethics* is viewed as a document that purposefully is brief and can stand alone, it is supplemented by explanatory statements in this expanded version. Each explanatory statement is written in relation to a specific moral obligation and links ethical principles and concepts to the moral action called for by the moral obligation. The explanatory statements further clarify to whom the moral obligation is directed, specify the conditions and circumstances in which it is relevant, identify the responsibilities of midwives, and identify the ideal moral behavior in a particular context.

This revised *Code of Ethics* can be used by midwives within the profession in several important ways. The code serves as a guide for midwives in their professional practices in whatever roles they assume, provides a framework for peer consultation and review, and orients midwifery students to the moral obligations of the profession into which they are being socialized. The code also informs others about the ethical principles that guide professional midwifery practice.

EXPLANATORY STATEMENTS

Midwives in all aspects of professional relationships will

1. *Respect basic human rights and the dignity of all persons.*

Respect for basic human rights and the dignity of all persons provides the foundation for midwifery practice. Respecting human rights contributes to the maintenance and good of society and originates in the principles of respect for autonomy and justice. Respect for autonomy occurs when individuals are able to determine the courses of action they will take and accept accountability for the outcome of those actions. Justice occurs when individuals are treated fairly and equitably. Human rights are what individuals within a society should be able to

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expect in terms of how they are treated by others and how they acquire the necessities and opportunities for their well-being.

Basic human rights are universal, apply equally to men and women, and include the rights to dignity, safety or security of one's body, food and nutrition, shelter, privacy, freedom from any form of discrimination, information and education, health, and equitable access to quality health services.[1] Reproductive rights were added to these basic human rights in the mid-1990s and are of particular relevance to midwifery practice.[2] However, basic human rights and reproductive rights have not been accorded to young girls and women globally at the same level as for young boys and men.[3]

As midwives work primarily with women, they are in a position to support and promote the rights of women. Midwives also understand the adverse consequences that human rights violations have on the health of women and infants, such as violence, maternal death and disability, and lack of health services. Midwives have a responsibility to work to eliminate these violations on the individual level when they affect the women for whom midwives provide care and on the level of policy development and advocacy (see explanatory statements #9 and #11). These actions reflect basic tenets of midwifery practice and support the ethical principles of beneficence (by doing good while avoiding or preventing harm) and justice (by reducing the inequitable treatment of women).

Respecting human dignity acknowledges the humanity of all people and is the *prima facie* human right that sets the standard for all interactions among people. By respecting human dignity, the midwife upholds the ethical principle of respect for autonomy. This requires midwives to listen to, recognize, and reflect on different points of view to understand any effect these differences may have on the professional relationship and the choices and outcomes of care. Respect does not imply automatic agreement with another's decision or actions, nor does it relieve midwives of the obligation to protect others and themselves when choices may cause harm (see explanatory statements #3 and #8).

This moral obligation applies to all persons with whom midwives have professional relationships, including those who receive midwifery care, members of the health-care team, administrators, policy makers, and students. Trust, integrity, honesty, compassion, caring, and respect form the foundation for positive professional relationships.

Midwives in all aspects of professional relationships will

2. *Respect their own self-worth, dignity, and professional integrity.*

The call for all midwives to respect their own self-worth and dignity stems from the same ethical principles, respect for autonomy, and justice, that require midwives to honor the human rights and dignity of all people. By virtue of their humanity, midwives have worth, per *se* and by virtue of their rationality, that allows them to exercise dignity in professional relationships. To respect their own self-worth and dignity, midwives must understand the value and the limits of their own knowledge, beliefs, and emotions in professional interactions. In decision making, this sense of

self-worth ensures that they safeguard their own dignity, just as they strive to safeguard the dignity of others.

Although *self* is primarily used in this moral obligation to emphasize that midwives have equal status with other human beings, the concept of self-worth reflects how midwives respect their own dignity. The self-worth of midwives is in part based on their ability to respect their own values and competences in interaction with others and to seek alternative solutions to prevent compromise of important professional principles, values, and goals. In negotiating the tension between *self* and *other*, midwives must balance their need for professional autonomy and recognition of their knowledge and skills with the competing needs for autonomy of the *other*, be that a client, administrator, or colleague who maintains a different perspective. Such cases require a delicate balancing act and can often be aided by some reframing of both positions.

Midwives respect their professional integrity by consistently adhering to professional standards. When professional integrity is threatened by any situation that erodes the ability of the midwife to wholly support the values of the profession, the midwife should act responsibly to achieve ethically justifiable solutions. Contemporary practice challenges midwives to reconcile longstanding ideals of the profession with the changing goals and structures of the institutions in which they practice. Perseverance may be required to affect long-term solutions. The midwifery profession, like other health care professions, reassesses its commitments through organizational mechanisms for confirming or altering professional commitments to meet new challenges. Thus, midwives have the responsibility to continuously assess the consistency of their practice with the expectations of the profession and to participate in decision making regarding changes. Exercising such professional integrity maximizes the profession's fit into the contemporary health care system even as it increases the resonance between the practices of midwives and the standards of their profession. Exercising professional integrity is the best way to demonstrate respect for women who place their trust in midwives.

The professional integrity of midwives is not to be confused with personal integrity, which is based on an individual set of values. In the course of providing health care, midwives' personal values may conflict with those of women and their families. Respecting diversity in values preserves the dignity of all parties. Midwives have the responsibility to practice with self-awareness, to understand their values, and to examine their actions for any potential bias. The principle of respect for diversity should not, however, require midwives to diminish their personal or professional integrity by participating in care that sharply conflicts with their own personal values. Such situations are often best resolved through consultation with colleagues, transferring care to another health care provider, or consultation with an organizational or institutional ethics board.

Midwives in all aspects of their professional practice will

3. ***Develop a partnership with the woman in which each shares relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcome of their choices.***

Respect for autonomy is basic to midwifery care and is foundational to a partnership that fosters open communication between a midwife and a woman. Midwives strive to include women in the process of their care and create a partnership that enables each person to maintain respect for the other and for the other's autonomy in the decision-making process. Within this partnership, a woman has the responsibility to share information about herself and her health and the right to determine the extent of her participation in the decision-making process. The midwife is responsible for helping the woman and her family overcome any sense of dependence on the midwife and to achieve as much control within the process as is desired and possible.

Midwives also strive to make clear the expectation of mutual responsibility in the partnership for choosing a course of action and the resulting outcome, including transfer of care. They also are responsible for disclosing any conflict or bias they may have regarding the information provided, options given, and the extent to which they must limit or refuse participation in a particular course of action. The partnership between a woman and a midwife may be ended by either party. Some limits to this partnership include the development of an intimate relationship (as defined by state laws and regulations) or criminal activity.

Midwives and women mutually share relevant information upon which the quality of care provided by midwives depends. This information should be relevant, accurate, truthful, and reflect the uniqueness of the woman and her family. Midwives are responsible for describing the standard of clinical care that is applicable to the situation, explaining the credentials and limitations of the practitioner providing the care, and providing for the seamless continuation of care if the need exceeds their qualifications.

Midwives also obtain consent to an evolving plan of care. This includes but is not limited to written consent for general treatment and any specific invasive procedure. Consent given through participatory behavior may be acceptable for non-invasive forms of treatment. The following are 3 key concepts necessary in obtaining consent for a mutually agreeable plan of care:

1. Disclosure of information including risks, benefits and care options;
2. Clarification that the woman understands that information; and
3. Assurance of the voluntary nature of the consent.

The midwife is responsible for exploring the woman's understanding of and her ability to articulate the information provided and to consider cultural and social influences in the interpretation of information shared. It is also the midwife's responsibility to ensure to the greatest degree possible that a woman's consent is given freely and is not constrained by the undue influence of family members, the midwife, other care-providers, or other aspects of the environment. Factors that can threaten the voluntary nature of consent include problems with funding for care, lack of privacy when the information is disclosed, expectations related to research alternatives (see explanatory statement #8), limitations on access to other practitioners,

and involvement in an abusive relationship. Giving informed and voluntary consent leads a higher degree of ownership of decisions for the woman. Ownership of health care decisions helps women live with and accept the personal realities of their choices. Therefore, midwives work diligently to ensure that women own their decisions to the greatest degree possible.

Midwives and women share responsibility for the outcomes of their choices. The ethical principles of beneficence (to do good) and nonmaleficence (to do no harm) are partners with respect for autonomy. The goal of a professional relationship between a midwife and a woman is to arrive at a plan of care that optimizes the woman's health through informed decision making, is consistent with professional standards of practice, and is acceptable to both. All these conditions are necessary in order for each to accept responsibility for the outcome of clinical decisions. Midwives are responsible professionally to do no harm, and if a woman's choice endangers herself or others, the midwife is obligated to preserve her or his professional integrity and to promote the welfare of the family. This responsibility requires the midwife to explain this limit to the woman at the outset of the partnership and may at times necessitate clinical management that is not the woman's first choice.

Midwives in all aspects of their professional practice will

4. ***Act without discrimination based on factors such as age, gender, race, ethnicity, religion, lifestyle, sexual orientation, socioeconomic status, disability, or nature of the health problem.***

Midwives strive for equality and justice in all aspects of their clinical and professional activity and must respect the rights of all people. They have the responsibility to act without discrimination by avoiding differential and negative treatment of individuals on the basis of their age, gender, race, ethnicity, religion, lifestyle, sexual orientation, socioeconomic status, disability, group membership, or the nature of their health problems. Midwives strive to provide appropriate care regardless of the restrictions or difficulties encountered. Providing appropriate care requires midwives to become familiar with cultural expectations that may affect the quality and expected outcome of heath care. This includes consideration of their own opinions and behaviors and those of others that may inhibit women from exercising autonomy in making health care choices.

Discrimination within federal, state, and institutional systems significantly affects the ability of midwives to provide care. Discrimination can include complicated patient forms, institutional barriers, a lack of availability of culturally acceptable food services, or a lack of access to the operating room and specialized services. Bias within an institution or practice setting can influence the quality of women's health care by causing difficulties in accessing that care. The midwife becomes the woman's advocate when institutional decisions about allocation of resources must be made.

Respect for justice is a crucial ethical principle that can apply at many levels in the health care system. The right to health care is a claim that individuals justly make. Justice requires that midwives promote health and the provision of quality, accessible heath care for all people. This

may mean advocating for change in the political structure (see explanatory statement #9). Acting without discrimination means that midwives perform all aspects of their professional practice without treating women differently because of bias about any special characteristic.

Midwives must respect the rights of all people regardless of the nature of their health problems. Discrimination is inferred to underlie the observed health disparities among different groups related to infant and maternal mortality and morbidity. In the United States, the following populations are the most vulnerable:

- High-risk mothers and infants;
- Individuals with chronic illness, disabilities, AIDS, or mental illness;
- Individuals with alcohol or substance dependence;
- Individuals living with domestic violence; homeless women;
- Women of color; and
- Immigrants, refugees and incarcerated women.[4]

In particular, midwives must be cognizant of their own biases and take appropriate action to assess the equality of health care they provide.

Midwives in all aspects of their professional practice will

5. ***Provide an environment where privacy is protected and in which all pertinent information is shared without bias, coercion, or deception.***

The partnership between the woman and the midwife occurs within an environment that affects the quality of the relationship, whether that environment is influenced by governmental regulation, practice setting, or reimbursement agency. The obligation of members of the profession to set and monitor ethical standards that require midwives to be aware of and change where possible any external factors that adversely affect the privacy or veracity of information provided.

Protecting the privacy and veracity of the woman's medical record is provided for under the Health Insurance Portability and Accountability Act (HIPAA). This law serves to protect the medical information of patients as it is transferred between agencies. Besides being responsible for ensuring that the legal aspects of this act are known and observed, midwives correct other conditions in the environment that may breach the privacy of the medical record. These conditions include but are not limited to open and visible computer screens, identifiable names in public places, e-mails, faxes, and unfiled or unsecured medical records.

Protecting the personal privacy of the woman within the care setting, hospital, office, or home, can often be challenging. The midwife should respect the woman's choice of people who may invade that privacy, including hospital personnel, and her choice of location for disclosing sensitive information. Midwives strive to improve those conditions in which inadequate physical protective barriers affect the woman's privacy.

Sharing of pertinent information with bias, coercion, or deception can threaten a woman's autonomy. The midwife's awareness of the environment in which care is rendered can help to avoid bias, coercion, and deception that may be based on an institution's guiding philosophy, funding sources, or advertising. Since the information provided by a midwife may be influenced by such factors, the midwife should be aware of them, particularly when medications and treatment options are involved. The midwife should clearly communicate with the woman when bias occurs, including any personal bias.

Sharing of pertinent information within the constraints of a language barrier, whether a translator is used or not, deserves careful attention. If a third party is involved in the translation, midwives need to assess the veracity of translation and the understanding of the woman. Particular attention should be given if the translator is a child, as the woman may be reluctant or find it impossible to discuss information of a sexual or reproductive nature in a child's presence.

Midwives in all aspects of their professional practice will

6. *Maintain confidentiality except where disclosure is mandated by law.*

In health care, much attention has been given to confidentiality between patients and providers. Maintaining confidentiality extends beyond women to their families and others with whom midwives interact professionally and socially. This obligation is based on respect for autonomy (because individuals make decisions about how information about them will be used) and is the foundation of fidelity and trust in all patient-provider relationships.

Maintaining confidentiality means that information is exchanged between the woman and midwife with either explicit or implicit understanding that it will not be disclosed to others unless specific permission is given by the woman. Information may be received verbally from the woman, from her physical examination and laboratory tests, or with her consent from a third party. A violation of confidentiality occurs when any information is disclosed without consent, regardless of the benefit or harm. It is the real or perceived harm caused by disclosure that midwives wish to prevent.

Disclosure of confidential information may be necessary when that information has the potential to result in harm to the woman or others. Whenever possible, these circumstances should be discussed with the woman prior to the exchange of information. Such departures are not taken lightly and should be considered in the context of the principles of nonmaleficence and beneficence. Each state has specific requirements for reporting information mandated by law, and midwives need to be familiar with these statutes. Exceptions to the maintenance of confidentiality include but are not limited to suicidal threats or attempts, reportable infectious diseases, gunshot wounds, and child abuse.

Justification for disclosure of information that is not covered by legal statute commonly emerges when women or third parties face serious danger. Under these circumstances, the obligation to protect from harm may override the woman's right to autonomy. When faced with a conflict between a woman's right to autonomy and the responsibility to avoid harm, midwives should

consider consulting with colleagues directly involved in that care and seek others with expertise directly related to the conflict.

The midwife has a responsibility to remain current with ethical debates concerning disclosure of sensitive information to a third party, which may not be explicitly covered by legal statute and for which there is a lack of sufficient evidence or consensus for breaching confidentiality. For example, legal and moral rules for confidentiality are still evolving in response to HIV disease and genetic testing. Midwives are expected to encourage women to share information with those at risk for infection or a genetic condition, but if another person's life is not in imminent danger, there is insufficient evidence to support breaching confidentiality.

Midwives in all aspects of their professional practice will

7. *Maintain the necessary knowledge, skills, and behaviors needed for competence.*

Competence, an important ethical concept, requires the adaptation and integration of knowledge and skills into the behaviors needed in a particular context. The specific nature of a midwife's work determines what constitutes competence and therefore determines the knowledge, skills, and behaviors to be maintained by a midwife. The behaviors indicative of competence differ among midwives because of the diversity of professional work settings. Maintaining competence in all aspects of professional practice includes clinical practice, teaching, administration, research, and consultation, whether these are practiced singly or in combination. Competence is dynamic, not static. Rapid changes in the knowledge and skills of midwifery and related disciplines, changes in society, and changes in available health care resources all force the definition of competence to evolve. By being competent, midwives assure their ability to contribute to the good of others, to prevent harm, and to preserve personal integrity and that of the midwifery profession.

Expectations for the behaviors that compose competence are articulated through standards established by the ACNM and other standard-setting bodies. The necessary knowledge, skills, and behaviors for the practice of midwives are specific to current professional standards and the context in which the midwife practices.

All midwives graduate with beginning competence in midwifery and the expectation that they will engage in self-assessment and lifelong learning to remain current in the knowledge and skills necessary for their particular work. Demonstrating behaviors that represent competence promotes midwives' professional honesty and their trustworthiness to women and their families, their colleagues, and the profession.

Midwives in all aspects of their professional practice will

8. *Protect women, their families and colleagues from harmful, unethical, and incompetent practices by taking appropriate action that may include reporting as mandated by law.*

Effective practice requires that midwives assume responsibility for their own competence and for competence in the broader context of their practice settings. The ethical principles of nonmaleficence and of beneficence underlie this moral obligation, as they do many of the obligations described herein. However, in this context beneficence refers specifically to the prevention of or protection from harm rather than the more general meaning of doing or promoting good.[5] Except in rare instances when causing some harm is necessary to prevent a more severe harm, midwives should avoid causing harm to themselves or others. Harm refers to adverse physical, emotional, psychological, social, or economic effects of practices or behaviors. Incompetent or unethical actions may result in harm and may occur in any area of midwives' professional practice: clinical practice, administration, business practice, education, or research. Midwives are responsible for protecting not only the women and families for whom they provide care, but also those for whom their colleagues provide care. Midwives, in turn, assume responsibility to protect themselves and their colleagues from practices or behaviors that may cause harm. The action taken by the midwife depends on the specific circumstances of the harmful or potentially harmful practice. When an unethical or incompetent practice is likely to cause harm, midwives should try to prevent it from occurring by working through existing systems to support established and current clinical standards. If, however, a harmful practice is in process, midwives must take action to interrupt, terminate, or mitigate the practice. This may require working within different administrative, institutional, or legal systems.

Midwives are responsible to protect women, their families, and colleagues from harmful, unethical, and incompetent behavior in clinical practice settings. The inability to adhere to standards of clinical practice may result from a lack of knowledge and skill; mental, physical, and emotional impairment affecting judgment and application of skills; drug or alcohol abuse; or a deliberate (knowing and willing) decision to violate standards. Impaired midwives must seek assistance and take action to regain the ability to practice safely or withdraw from practice. Colleagues of midwives unable to provide care should facilitate a seamless transfer of care for the women and families affected. Midwives also need to be aware of policies and laws that apply to their practice environments and identify and report any unsafe conditions. Midwives correct unsafe conditions for which they have responsibility and report those for which they do not have immediate responsibility.

Midwives also guard against harmful, unethical, and incompetent behavior in business practices relative to the operation of a clinical practice or with other areas of professional practice and organization. All midwives will have some responsibility related to business practices, but the responsibility is greater for midwives who have oversight for the financial aspects of a service, facility, grant, or contract. It is the responsibility of the midwife to know the statutes, regulations, and business standards that govern practice and avoid breach of contract. Midwives strive to present accurate information about the health care services they provide. Midwives also should not accept financial incentives from payers for the provision of services or monetary or other types of gifts from outside interests.

Midwives should avoid harmful, unethical, and incompetent practices in education. Midwifery faculty have the responsibility to educate midwives to be competent to begin practice in

midwifery. Midwives who engage in teaching students have responsibilities to the students and to the women for whom they care. Midwives and their students must provide safe care to fully informed clients in a manner that is respectful of the boundaries of the relationship between student and faculty. In addition, midwives and their students should promote intellectual honesty in their teaching and learning.

Finally, midwives protect women, their families, and colleagues from harmful, unethical, and incompetent practices in research. Midwives assume various obligations pertaining to research. They may care for women, teach students who are potential subjects of research, conduct their own research, or serve as consultants, peer reviewers, or members of research review boards. Midwives who conduct research or serve as a peer reviewers of research proposals and reports are responsible for assuring that the research is scientifically and ethically sound and may benefit the participants and population from which the research subjects are drawn. Midwives participating in research or providing access to clients are responsible for insuring that research subjects are fully informed about the research and their rights as research subjects. Records of subjects must be maintained so that they can be contacted if untoward effects are later discovered, and any such effects must be reported. Midwives who are part of a research team are responsible for the accuracy and completeness of the data. Midwives who are principal investigators or part of the research team involved in the data analysis are responsible for the integrity of the analysis and reported results. Furthermore, midwives are obligated not to engage in research solely for financial gain or personal reward. In sum, the principles of honesty, trust, fidelity, veracity, and justice that span many of the other moral obligations described in this document also support actions that prevent harm.

Midwives as members of a profession will

9. *Promote, advocate for, and strive to protect the rights, health, and well-being of women, families, and communities.*

Members of the midwifery profession have unique expertise and experience in providing care for women, especially during the childbearing years. In recognition of that expertise, midwives have a responsibility to take actions to promote (by working actively), to advocate for (by speaking and writing in support of), and to strive to protect (by defending) the rights, health and well-being of the women, families, and communities they serve. This responsibility extends beyond women to their families and communities because women's health and well-being are so strongly tied to the people and conditions around them.

This moral obligation requires that midwives go beyond individual actions to represent midwifery within broader political and societal structures at local, regional, national, and international levels. Through their actions, midwives promote and advocate for changes in social structures, programs, regulations, and laws that enhance the rights, health, and well-being of women, families and communities and protect the safeguards that already exist.

The rights identified in this moral obligation are the same human rights defined in the first moral obligation, and the responsibilities of this moral obligation go beyond basic human rights to include health and well-being which are fundamental needs.

Midwives also have an obligation to support ACNM to fulfill the profession's responsibilities in this matter. Midwives can support ACNM through a variety of activities, from providing input into policy and advocacy decisions to responding to requests for comments, participating in forums for discussion, or taking leadership roles within the organization. In such roles, midwives *speak for* midwifery and not as individuals.

The actions and positions that midwives and the professional organization take to fulfill this moral obligation should be focused on enhancing the public good (the rights, health, and well-being of women, families, and communities), not promoting, advocating for, or protecting the profession of midwifery alone. Members take on the additional responsibility to ensure that the actions and positions of ACNM continue to reflect the intent of this obligation. As social, cultural, economic, and political conditions change, midwives and their professional organizations will need to explore, question, reconfirm, and revise position statements.

Midwives as members of a profession will
10. *Promote just distribution of resources and equity in access to quality health services.*

Because of their knowledge of the health care needs of women and their families, promoting the allocation of resources justly and equitably among population groups is a responsibility of midwives. Midwives need to collaborate with others to create the political will and advocacy for just and equitable budget allocations.

While this moral obligation relates to explanatory statements #9 and #11, it commands separate attention because of its unique emphasis on justness and equity in the allocation of resources to population groups, which is often referred to as macro-allocation. This encompasses the development of policies that establish how resources for health care will be distributed. More just and equitable distribution of resources enhances the ability of midwives and others to provide a greater quality of health services.

The concept of quality health care services has broad interest and support. It is predicated on the beliefs that access to health care is a human right, that the health care needs of individuals should be met, and that the dignity and autonomy of individuals should be honored in receiving and providing care. In the United States, the Institute of Medicine identified 6 dimensions of health care services that contribute to their quality: safety, effectiveness, patient centeredness, timeliness, efficiency, and equity.[6] All these dimensions are affected by the characteristics and availability of resources. Policies and funding determine how health care personnel, facilities for health care, and access to affordable health care are defined.

When quality health care services cannot be adequately supported because of scarce resources, justness and equity should guide policy deliberations about macro-allocation. Justness, in terms of fairness, is achieved when health care resources are made available similarly to individuals across public and/or private health care systems. Equity is achieved not when all individuals with particular health-related characteristics are included in health services, but when all individuals with similar characteristics are provided for similarly. Withholding health care because of personal attributes is considered unfair. Examples of equity in women's health care include equal access to comprehensive maternity care for all women of reproductive age and evidence-based diagnostic and treatment services for all women with breast cancer. However, scarce resources might not be allocated for treatment of a condition with an uncertain or low probability of cure.

Attention to the macro-allocation of health care resources is an ongoing process that in the context of economic constraints aims to maximize the availability of resources in proportion to the needs of the populations to be served. The policy decisions made in relation to macro-allocation directly influence the resources available to individual women for whom midwives and others provide direct care. Therefore, all health care providers have a stake in the process of the just and equitable distribution of health care resources

Midwives as members of a profession will

11. *Promote and support the education of midwifery students and peers, standards of practice, research, and policies that enhance the health of women, families, and communities.*

Health in this moral obligation is defined broadly as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. The profession of midwifery plays an important role in enhancing the health of women, families, and communities in 4 interrelated ways: education of midwifery students and peers, setting of standards of practice, conducting and evaluating research, and shaping public, professional, and institutional policy. Standards of practice should be driven by research and form the backbone of education; policies should be consistent with the research findings that shape standards of practice; and education should support standards of care and include skills to understand and to conduct research. The responsibility of this obligation extends beyond women to their families and communities because the health of women is so strongly linked to the people around them and their social, cultural, and economic conditions.

Some midwives support the education of midwifery students by serving as faculty and clinical preceptors for midwifery education programs. All midwives have the responsibility to practice according to recognized standards of care and participate in the process of updating these standards when necessary. Also, all midwives should support their professional organizations and their designated certifying and accrediting bodies.

By virtue of their expertise and positions, some midwives contribute to the scientific knowledge base through research or participate in the development of policies that enhance the health of

women, families, and communities. Midwives may become researchers, participate as subjects in research, encourage the women and families they serve to participate in research, or serve on peer review and policy-making panels and boards. When serving on policy-making panels and boards, midwives address policy issues on behalf of midwifery or the professional organization. In short, they are *speaking for* midwifery and not as individuals.

ACNM supports research and policy development by providing direct funding, soliciting funds to support related activities that the organization cannot support alone, and by supporting (financially and philosophically) the participation of midwives on research peer review panels, governmental policy-making boards, and other policy-making and research related organizations. While all midwives may not directly be involved in research and policy making, all have the responsibility to support the activities of their professional organizations. In addition, all midwives are responsible for bringing issues of relevance to midwifery that may need research and policy reform to the attention of the profession's researchers and policy makers.

While all of these responsibilities related to education, standards, research, and policy involve midwifery as a profession, enhancement of the profession is not their primary purpose. Midwives should engage in activities with candor and independence so that the results of their work enhance the public good, i.e. the rights, health, and well-being of women, families, and communities. Therefore, midwives as members of ACNM and as members of other professional organizations take on the additional responsibility to ensure that the actions and positions of their professional organizations reflect the intent of this obligation.

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