

Informed Choice: Concept and Practice

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Informed Choice

Supporting client decision making to be based on relevant information and evidence, consistent with client

— values, supported and implemented by provider and clients

How do we
interact with the
concept of
informed choice in
midwifery?

Informed Choice

Bodily Autonomy

To be in midwifery care at all

To do certain tests, ultrasounds,
procedure, medications, etc.

To make decisions about emergency
management and out-of-scope care

To make decisions for other people
who cannot communicate (babies)

Elements of Informed Choice Discussions

- Benefits, risks, and alternatives to the option at hand
- Community standards (with other parents, midwives, other providers)
- Hospital or Consultant standard
- Relevant research evidence (including gaps in research!)
- Any limits around midwife scope of practice
- Midwife personal bias acknowledged
- What would happen if they declined / potential ramifications
- Who else may be an expert on this topic
- Consideration of personal, familial, cultural practices and values



B - BENEFITS
R - RISKS
A - ALTERNATIVES
I - INTUITION
N - NOTHING

Informed

Client has all the information they want/need to make a decision

— Choice

There is more than one understood option

Consent

When the provider is making a decision and simply asking permission...

The provider has already decided what's right for you, you just have to agree

Power dynamics are weighted towards the provider, it can be difficult to decline

Happens when care becomes routine/one-size-fits-all

Why this is not informed choice...

- Typically, the client is not well informed
- Information is held solely with the practitioner, who can dole out the morsels that support their argument and withhold the inconvenient morsels

Coercion

When the provider is giving no true choice or alternative...

Being told this is “required” or “standard of care” without any information given about alternatives or declining

Alternatives are presented as clearly dangerous and negligent or clear threats are made of consequences

Alternatives will lose you access to other important values, providers, care plans

Why this is not informed choice...

- Typically, the client is not presented with true choice
- Clients feel disempowered to make choices they want to with concern for consequences or continued care provision

Does informed
choice include the
provider's
opinion?

How can we protect
informed choice,
while holding
professional
boundaries?

How important is it
to have written &
signed “consent”
documents in
practice?

Can we bank on
the value and
expectation of
informed choice to
protect us legally?

Personal Disclosure Document

NARM requirement

NMI graduation requirement

— Can be adapted for Informed Choice for
Midwifery Care