



With Woman: Midwifery Care of Women With Unintended Pregnancies

Issues related to reproductive choices are often controversial, but midwives have never been afraid of controversy when the protection of women's health was at stake. This issue of the *Journal of Midwifery & Women's Health* includes a commentary and patient handout on abortion. The commentary addresses the inclusion of aspiration and medication abortion within the scope of practice of certified nurse-midwives (CNMs), nurse practitioners, and physician assistants.¹ The Share with Women column provides information on early termination of pregnancy that can be used during the essential clinician-patient options counseling for a woman with an unintended pregnancy who is considering abortion or preabortion counseling for a woman who has chosen that option.² The publication of these articles is an opportune time to reflect upon midwifery care of the woman experiencing unintended pregnancy.

Midwives frequently encounter women experiencing unintended pregnancy and choosing abortion. In the United States, 49% of pregnancies are unintended, and 22% of pregnancies (excluding those ending in miscarriage) end in induced abortion.^{3,4} About one-third of US women will have had an abortion by 45 years of age.⁵ Worldwide, 20% of pregnancies end in induced abortion, and 48% of these abortions are performed under unsafe conditions, meaning they are "done either by people lacking the necessary skills or in an environment that does not conform to minimum medical standards, or both."⁶ Each year, between 65,000 and 70,000 women die worldwide from complications of unsafe abortion, which is the cause of approximately 13% of all maternal deaths.⁷

Regardless of personal beliefs, midwives must be cognizant of the profession's international and national standards and competencies when caring for women experiencing unintended pregnancies. The International Confederation of Midwives' (ICM) *Essential Competencies for Basic Midwifery Practice* include knowledge of factors involved in decisions relating to unplanned or unwanted pregnancies, and care and counseling needs during and after abortion.⁸ During the ICM Council meeting in 2008, the Council approved a new position statement that recognizes the important role of midwives in providing abortion-related services in countries where abortions are legal. The ICM Council also gave direction to the

Board to add a section on abortion-related services to the ICM *Essential Competencies for Basic Midwifery Practice* (B. Lynch, RM, written communication, September 2008).

Standard III of the American College of Nurse-Midwives (ACNM) *Standards for the Practice of Midwifery*⁹ states that midwifery care supports individual rights and self-determination within boundaries of safety. Several of the hallmarks of midwifery are an essential component of the options counseling process, including the following: empowerment of women as partners in health care; advocacy for informed choice, shared decision-making, and the right to self-determination; and skillful communication, guidance, and counseling.¹⁰ In addition, the ACNM *Core Competencies for Basic Midwifery Practice*, which specify the competencies required of graduates of midwifery programs, include the required skill of counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies.¹⁰ A survey of nurse-midwifery education programs found that 100% of programs included pregnancy options counseling in didactic education. Most education programs also included didactic instruction on surgical abortion (89%), manual vacuum aspiration (89%), medication abortion (93%), and postabortion care (96%).¹¹

ACNM has also specifically addressed abortion and reproductive rights in position statements. In 1971, the ACNM Board of Directors (BOD) approved a statement prohibiting CNMs from performing abortions. This statement was reworded without substantive change in 1990, and then was rescinded in 1992.¹² In 1991, the ACNM BOD approved a Position Statement on Reproductive Choices, which was updated in 1997 to include certified midwives, that reads as follows:

Certified nurse-midwives (CNMs) and certified midwives (CMs) believe that every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations. We support each person's right to self-determination, to complete information, and to active participation in all aspects of care. We acknowledge that the cultural, religious, and ethnic diversity of CNMs and CMs and their clients allow for a variety of personal and professional choices.

Therefore, the American College of Nurse-Midwives holds the following positions:

- That every woman has the right to make reproductive choices;
- That every woman has the right to access factual, unbiased information about reproductive choices, in order to make an informed decision;
- That women with limited means should have access to financial resources for their reproductive choices.¹³

The Position Statement on Reproductive Choices recognizes the wide variety of beliefs held and decisions made by midwives and women. Abortion is a complex decision that does not adequately fit into the commonly used categories of pro-life and pro-choice. There are individuals who consider themselves pro-life and opposed to abortion, yet they approve of termination of pregnancy in selected circumstances, such as rape or incest. There are individuals who identify as pro-choice who would not personally have an abortion or be willing to provide abortions as a health care provider. One can be morally conflicted about or even opposed to abortion, yet legally supportive of each woman's right to make that difficult decision for herself.

None of the options available to a woman experiencing an unintended pregnancy is easy: parenting, adoption, or abortion. A woman chooses one of these options within the context of the many facets of her life.¹⁴ The decision a woman makes at one point in time in one set of circumstances might not be the same one that same woman would make at a different stage and place in life. Abortion is portrayed in black and white, but in reality there are countless shades of gray.

These complexities necessitate that women's health care providers engage in values clarification to clarify their personal beliefs about pregnancy options and to examine the intersection of these beliefs with their responsibilities as professionals. Clinicians must strive to provide women experiencing unintended pregnancies with options counseling that is free from bias, without judgment, and nondirective.^{15,16} Clinicians who identify irreconcilable conflicts between their personal beliefs and professional responsibilities must refer women for comprehensive options counseling in a seamless manner, so that women do not feel judged. We each make the choice to treat women facing the life-altering decision of an unintended pregnancy with respect and empathy or with condescension and condemnation.¹⁷

It would be remiss to discuss unintended pregnancy and not include information about contraception. Most midwives have daily opportunities to help prevent unintended pregnancies. We must take seriously our responsibility to help each woman choose the contraceptive method that best meets her needs and to provide her

with the education to use her chosen method correctly and consistently. Contraception can truly alter the course of a woman's life. Indeed, the Centers for Disease Control and Prevention have identified family planning as one of the major public health achievements of the twentieth century contributing to the health of women, children, and families.¹⁸

Midwives may find themselves at many points along the spectrum of caring for women with unintended pregnancies. Each of us is obligated to provide factual and unbiased information about reproductive choices. Some will choose to provide abortion counseling, abortion procedures, and/or postabortion care. Regardless of which services we provide, dialogue is needed about the complex issues that women and clinicians face when confronted with unintended pregnancy. It is our hope that the two pieces on abortion in this issue will help open that conversation.

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