



# Ethical Issues in Maternal and Child Health Nursing: Challenges Faced By Maternal and Child Health Nurses and Strategies for Decision Making

Aderemi R.A

Department of Nursing, Faculty of Clinical sciences, University of Ibadan, Ibadan, Oyo State, Nigeria

Corresponding author: rahmataderemi@yahoo.com

Received: 29.02.16; Accepted: 23.06.16; Published: 28.06.16

## ABSTRACT

**Background:** Health care givers, particularly midwives, perinatal and neonatal nurses, face ethical issues possibly because of their interactions with patients and clients in the reproductive age groups. These issues are multiple and quite complex. **Aim:** To identify the ethical issues related to maternal and child care, the challenges faced by the nurses and to profer strategies for decision making. **Methods:** This is a literature review on ethical issues in maternal and child health nursing, challenges faced by maternal and child health nurses and strategies for decision making. Literatures related to the topic was gathered from pertinent literature, completed research works and published articles retrieved from searches of computerized databases and their findings were discussed. **Findings:** It was observed that maternal and child health nurses are usually faced with the problems of decision making in dealing with ethical issues in practice. It is either they make a wrong decision, delay decision making or fall in a state of dilemma when dealing with such issues. **Conclusion:** This review revealed that ethical issues remain a challenge. Maternal and child health nurses need to be aware of the steps in decision making, and be conversant with their professional ethics.

**Key words:** Ethical issues, decision making, maternity nursing, ethical principles, maternal and child health, child bearing age

## INTRODUCTION

Maternity nursing is an exciting and dynamic area of nursing practice. With that excitement come issues related to ethical challenges, high rates of litigation in obstetrics, and the challenge of practicing safe and evidence-based nursing care that is responsive to the needs of women and

families.<sup>[1]</sup> Ethics involves determining what is good, right and fair.<sup>[1]</sup> Ethical issues arise everyday in healthcare and everyone has a role to play in ensuring the ethical delivery of care.<sup>[2]</sup> Health care givers, particularly midwives, perinatal and neonatal nurses, face ethical issues possibly because of their interactions with patients and clients in the reproductive age groups.



Ethical issues across the child bearing ages are multiple and complex.<sup>[3]</sup> Nursing is a process that involves judgement and action with the aim of maintaining, promoting and restoring balance in human system.<sup>[4]</sup> The need for judgement and action brought about the moral questions of right or wrong of duty. The end purpose of nursing is the welfare of other human beings.<sup>[4]</sup>

## LITERATURE REVIEW

### Concept of ethics

Ethics is a philosophical concept, derived from the greek word '**ethos**' meaning custom or character.<sup>[4]</sup> Ethics is a branch of philosophy that examines what our behaviour ought to be in relation to ourselves, other human being and the environment.<sup>[5]</sup> It include the study of theories, principles and values that are used to explore beliefs and behaviours.<sup>[6]</sup> Ethics claims to be a discipline of systematic reflection and analysis designed to enable people to resolve questions about what ought to be done in some sort of consistent and coherent manner.<sup>[6]</sup>

Professional code of ethics are largely designed to protect clients and to ensure that the inherent in inequality in the client caregiver relationship is not abused. Lingren defines ethics as rules or principles which govern correct conduct, and personal and social values.<sup>[7]</sup> Each practitioner upon entering a profession is also vested with the responsibility to adhere with the standards of ethical practice and conduct set by that profession.<sup>[8]</sup>

### Ethical principles and frameworks

Ethical principles are a set of rules that can be applied to all situations.<sup>[9]</sup> They provide a framework for helping nurses and others evaluate ethical issues.<sup>[10]</sup> Ethical and social issues affecting the health of pregnant women and their fetus are increasingly complex. Some of the complexity arises from technological advances in reproductive technology,maternity care,and neonatal care.<sup>[1]</sup> Nurses are autonomous professionals who are required to provide ethically competent care.

Some ethical principles related to patient care include:<sup>[11]</sup>

- Autonomy: The right to self determination
- Respect for others: Principle that all persons are equally valued

- Beneficence: Obligation to do good
- Nonmaleficence: Obligation to do no harm
- Justice: Principle of equal treatment of others or that others be treated fairly
- Fidelity: Faithfulness or obligation to keep promises
- Veracity: Obligation to tell the truth
- Utility: The greatest good for the individual or an action that is valued.

Ethical principles that guide ethical action include four primary moral principles: respect for beneficence, non-maleficence, justice, and autonomy, which upholds the rights of individuals and families.<sup>[10]</sup> A key way for nurses to respect autonomy is through support of childbearing women, including adolescent women.<sup>[12]</sup>

Beneficence is the obligation to do good, as compared to nonmaleficence, which is the obligation to do no harm.<sup>[13]</sup> These two principles should be considered in relationship to healthcare technology that has the ability to sustain life without accurate predictions of long-term outcomes.<sup>[13]</sup> Justice is the principle of treating everyone fairly through providing comparative and equitable treatment.<sup>[13]</sup> Other principles important in interactions with women and children and their families as well as healthcare professionals include fidelity, veracity, confidentiality, and privacy.<sup>[4]</sup> Fidelity is the obligation to keep commitments.<sup>[4]</sup> Veracity is the obligation to demonstrate integrity and truth-telling, disclosing to women and their families accurate information regarding the relative risks and benefits of health management.<sup>[4]</sup>

### Ethical dilemmas

An ethical dilemma is a choice that has the potential to violate ethical principles.<sup>[11]</sup> In nursing, it is often based on the nurse's commitment to advocacy. Action taken in response to our ethical responsibility to intervene on behalf of those in our care is patient advocacy. Advocacy also involves accountability for nurses' responses to patients' needs.<sup>[11]</sup> A unique aspect of maternity nursing is that the nurse advocates for two individuals, the woman and the fetus. The maternity nurse's advocacy role is more clearly assigned for the pregnant woman than for the fetus, yet the needs of the mother and fetus are interdependent.

### **Clinical examples of perinatal ethical dilemmas**

- Court-ordered treatment
- Withdrawal of life support
- Harvesting of fetal organs or tissue
- In vitro fertilization and decisions for disposal of remaining fertilized ova
- Allocation of resources in pregnancy care during the pre-viable period
- Foetal surgery
- Treatment of genetic disorders or fetal abnormalities found on prenatal screening
- Equal access to prenatal care
- Maternal rights versus foetal rights
- Extraordinary medical treatment for pregnancy complications
- Using organs from an anencephalic infant
- Genetic engineering
- Cloning
- Surrogacy
- Drug testing in pregnancy
- Sanctity of life versus quality of life for extremely premature or severely disabled infants
- Substance abuse in pregnancy
- Borderline viability: to resuscitate or not
- Foetal reduction
- Preconception gender selection

Ethical dilemma refers to when there is difficulty in deciding which action takes precedence over the other.<sup>[14]</sup> A dilemma has been described as a situation requiring a choice between what appears to be equally desirable and or undesirable alternatives.<sup>[15]</sup> It can also be described as a situation in which the patient's rights and the professional's obligations conflict.<sup>[16]</sup> Ethical dilemmas occur in maternal and child health nursing, as they do in other areas of nursing.<sup>[17]</sup> Such situations are common in perinatal and neonatal care because the wellbeing of mother and her neonate must be considered.<sup>[17]</sup> Rapid technologic and scientific advancement are presenting difficult questions.<sup>[17]</sup> What treatment is in the best interest of a client? Who decides? What is the role of the nurse as client advocate? What is the legal liability of the hospital ethical committee regarding the decision.<sup>[18]</sup>

### **Ethical approaches**

Clinical situations arise where ethical principals conflict with each other. For example, the patient's right to self-determination, autonomy, includes the right to refuse treatment that may be beneficial to the pregnancy outcome for the foetus.<sup>[19]</sup>

Consideration of ethical approaches can help nurses as they encounter ethical dilemmas.<sup>[20]</sup> There are a variety of ethical approaches. Two key approaches are:

**The Rights Approach:** The focus is on the individual's right to choose, and the rights include the right to privacy, to know the truth and to be free from injury or harm.<sup>[19,20]</sup>

**The Utilitarian Approach:** This approach posits that ethical actions are those that provide the greatest balance of good over evil and provides for the greatest good for the greatest number.<sup>[19,20]</sup>

### **Ethical issues and challenges in maternal and child health nursing**

Maternal and child health issues often involve conflicts in which a woman behaves in a way that may cause harm to her foetus or is disapproved of by some or most members of society.<sup>[16]</sup> Conflicts between a mother and fetus occur when the mother's needs, behavior, or wishes may injure the foetus.<sup>[15]</sup> The most obvious instances involve abortion, assisted reproduction (artificial insemination, invitro fertilization and embryo transfer, and surrogate parenthood), selective reduction in multifetal pregnancy, intrauterine treatment of foetal conditions, substance abuse, and refusal to follow the advice of caregivers.<sup>[21]</sup> Health care workers and society may respond to such a woman with anger rather than support. However, the rights of both mother and fetus must be examined. Several areas are of particular importance to the health care of women and children.

### **Abortion**

Abortion was a volatile, legal, social, and political issue even before Roe v. Wade, the 1973 Supreme Court decision that legalized abortion.<sup>[22]</sup> Forty-nine percent of pregnancies in American women are unintended, and 40% of them are terminated by abortion.<sup>[22]</sup> Abortion is one of the most common procedures performed in the United States. It has become a hotly debated political issue that separates people into two camps: pro-choice and pro-life. The pro-choice group supports the right of any woman to make decisions about her reproductive functions based on her own moral and ethical beliefs.<sup>[22]</sup> The pro-life group feels strongly that abortion is murder and deprives the fetus of the basic right to life. Both sides will continue to debate this very emotional issue for years to come. Medical and surgical modalities are available to terminate a

pregnancy, depending on how far the pregnancy has developed.<sup>[22]</sup> A surgical intervention can be performed up to 14 weeks' gestation; a medical intervention can be performed up to 9 weeks' gestation.<sup>[23]</sup> All women undergoing abortion need emotional support, a stable environment in which to recover, and non judgmental care throughout.<sup>[22]</sup> Abortion is a complex issue, and the controversy is not only in the public arena: many nurses struggle with the conflict between their personal convictions and their professional duty.<sup>[23]</sup> Nurses are taught to be supportive client advocates and to interact with a non judgmental attitude under all circumstances. However, nurses have their own personal and political views, which may be very different from those of their clients.<sup>[23]</sup> Nurses need to clarify their personal values and beliefs on this issue and must be able to provide non biased care before assuming responsibility for clients who might be in a position to consider abortion. Their decision to care for or refuse to care for such clients affects staff unity, influences staffing decisions, and challenges the ethical concept of duty.<sup>[24]</sup> The ANA's Code of Ethics for Nurses upholds the nurse's right to refuse to care for a client undergoing an abortion if the nurse ethically opposes the procedure.<sup>[25]</sup> Nurses need to make their values and beliefs known to their managers before the situation occurs so that alternative staffing arrangements can be made.<sup>[25]</sup> Open communication and acceptance of the personal beliefs of others can promote a comfortable working environment. Nurses need to understand abortion laws and the conflicting beliefs that divide society on this issue.<sup>[26]</sup>

### **Conflicting beliefs about abortion**

Some people believe abortion should be illegal at any time because it deprives the foetus of life. In contrast, others believe that women have the right to control their reproductive functions and that political discussion of reproductive rights is an invasion of a woman's most private decisions.<sup>[26]</sup>

Central to political action to keep abortion legal is the conviction that women have the right to make decisions about their reproductive functions on the basis of their own ethical and moral beliefs and that the government has no place in these decisions.<sup>[26]</sup> Many women who support this view state that they would not choose abortion for themselves. Still, they support the right of each woman to make her own decision and view government action as interference in a very private part of women's lives.<sup>[26]</sup> Many people who

support the legality of abortion prefer to call themselves pro-choice rather than pro-abortion because they believe that choice more accurately expresses their philosophic and political position.<sup>[26]</sup>

### **Implications for nurses**

Nurses have several responsibilities that cannot be ignored in the conflict about abortion.

- They must be informed about the complexity of the abortion issue from a legal and an ethical standpoint and know the regulations and laws in their state.
- They must realize that for many people, abortion is an ethical dilemma that results in confusion, ambivalence, and personal distress.
- They must also recognize that for many others, the issue is not a dilemma but a fundamental violation of the personal or religious views that give meaning to their lives.
- Finally, nurses must acknowledge the sincere convictions and strong emotions of those on all sides of the issue.

### **Substance abuse**

Substance abuse for any person is a problem, but when it involves a pregnant woman, substance abuse can cause fetal injury and thus has legal and ethical implications.<sup>[27]</sup> In some instances, courts have issued jail sentences to pregnant women who caused harm to their fetuses. Many state laws require reporting evidence of prenatal drug exposure, which may lead to charges of negligence and child endangerment against the pregnant woman.<sup>[26]</sup> This punitive approach to fetal injury raises ethical and legal questions about the degree of governmental control that is appropriate in the interests of child safety.<sup>[27]</sup>

### **Foetal therapy**

Foetal therapy is becoming more common as techniques improve and knowledge grows. Although intrauterine blood transfusions are relatively standard practice in some areas, foetal surgery is still relatively uncommon.<sup>[27]</sup> Intrauterine foetal surgery is a procedure that involves opening the uterus during pregnancy, performing a surgery, and replacing the foetus in the uterus.<sup>[28]</sup> Although the risks to the foetus and the mother are both great, foetal therapy may be used to correct anatomic lesions.<sup>[28]</sup> Some argue that medical technology should not interfere with nature, and thus this intervention should not take place.<sup>[26]</sup> Others would argue that the surgical

intervention improves the child's quality of life. For many people, these are the subjects of debates and intellectual discussions, but for nurses, these procedures may be part of their daily routine.<sup>[28]</sup> Nurses play an important supportive role in caring and advocating for clients and their families.<sup>[28]</sup> As the use of technology grows, situations will surface more frequently that test a nurse's belief system.<sup>[26]</sup> Encouraging open discussions to address emotional issues and differences of opinion among staff members is healthy and increases tolerance for differing points of view.<sup>[28]</sup>

The risks and benefits of surgery for major fetal anomalies must be considered in every case. Even when surgery is successful, the fetus may not survive, may have other serious problems, or may be born preterm.<sup>[27]</sup> The mother may require weeks of bed rest and a cesarean birth. Yet despite the risks, successful fetal surgery may result in birth of an infant who could not otherwise have survived.<sup>[29]</sup>

Parents need help to balance the potential risks to the mother and the best interests of the fetus. They might feel pressured to have surgery or other fetal treatment they do not understand.<sup>[27]</sup> As with any situation involving informed consent, women need adequate information before making a decision. They should understand whether procedures are still experimental, what the chances of success are, and what alternatives are available.<sup>[27]</sup>

### **Informed consent**

Informed consent has four key components: disclosure, comprehension, competency, and voluntariness.<sup>[30]</sup> It occurs prior to initiation of the procedure or specific care and addresses the legal and ethical requirement of informing the client about the procedure. The physician or advanced practice nurse is responsible for informing the client about the procedure and obtaining consent by providing a detailed description of the procedure or treatment, its potential risks and benefits, and alternative methods available.<sup>[30]</sup> If the client is a child, typically this information is provided to the parents or legal guardian.<sup>[30]</sup> The nurse's responsibility related to informed consent includes:

- Ensuring that the consent form is completed with signatures from the client (or parents or legal guardians if the client is a child)

- Serving as a witness to the signature process

- Determining whether the client or parents or legal guardians understand what they are signing by asking them pertinent questions. Although laws vary from state to state, certain key elements are associated with informed consent.

Nurses need to be familiar with their specific state laws as well as the policies and procedures of the health care agency.<sup>[30]</sup> Treating clients without obtaining proper consent may result in charges of assault, and the health care provider and/or facility may be held liable for any damages. Generally, only people over the age of majority (18 years of age) can legally provide consent for health care.<sup>[29]</sup> Since children are minors, when care is rendered to them, the process involves obtaining written permission from a parent or legal guardian. In cases requiring a signature for consent, usually the parent provides consent for care for children less than 18 years of age, except in certain situations.<sup>[29]</sup> Most care rendered in a health care setting is covered by the initial consent for treatment signed when the individual becomes a client at that office or clinic or by the consent to treatment signed upon admission to the hospital or other inpatient facility.<sup>[29]</sup> Certain procedures, however, require a specific process of informed consent: major and minor surgery; invasive procedures such as amniocentesis, internal foetal monitoring, lumbar puncture (LP), or bone marrow aspiration; treatments placing the client at higher risk, such as chemotherapy or radiation therapy; procedures or treatments involving research.<sup>[29]</sup> Applying restraints to children now requires consent. If the client cannot provide consent or, in the case of a child, the parent is not available, then the person closest to the client or in charge of the child (relative, babysitter, or teacher) may give consent for emergency treatment if he or she has a signed form from the parent or legal guardian allowing him or her to do so. During an emergency situation, a verbal consent, via the telephone, may be obtained.<sup>[29]</sup> Two witnesses must also be listening simultaneously and must sign the consent form, indicating that consent was received via telephone. Health care providers can provide emergency treatment to a child without consent if they have made reasonable attempts to contact the child's parent or legal guardian.<sup>[31]</sup>

### **Refusal of medical treatment**

All clients have the right to refuse medical treatment, based on the American Hospital



Association's Bill of Rights. In the case of a child, parental autonomy (the right to decide for or against medical treatment) is a constitutionally protected right.<sup>[24]</sup> Ideally, medical care without informed consent should be used only when the life of a client is in danger. Refusal of treatment may occur when the treatment conflicts with religious or cultural beliefs.<sup>[24]</sup> In these cases, it is important to educate the client and family about the importance of the recommended treatment without coercing or forcing the client to agree. Sometimes common ground may be reached between the family's religious or cultural beliefs and the health care team's recommendations.<sup>[24]</sup> Communication and education are the keys in this situation. If providing medical treatment may save a child's life, health care providers and the judicial system strive to advocate for the child. The state has an overriding interest in the health and welfare of the child and can order that medical treatment proceed without a signed informed consent.<sup>[24]</sup> This is referred to as *parens patriae* (the state has a right and a duty to protect children). Parents may refuse treatment if they perceive that their child's quality of life will be significantly impaired by the medical care that is offered. If the parents refuse treatment but the health care team feels the treatment is reasonable and warranted, the case should be referred to the institution's ethics committee. If the issue remains unresolved, then the judicial system becomes involved.<sup>[32]</sup>

### **Confidentiality**

With the establishment of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the confidentiality of health care information is now mandated by law.<sup>[33]</sup> The primary intent of the law is to protect health insurance coverage for workers and their families when they change or lose jobs. Another aspect of the law requires the Department of Health and Human Services to establish national standards for electronic transmission of health information.<sup>[33]</sup> The plan also addresses the security and privacy of health information. In maternal and child health care, information is shared only with the client, legal partner, parents, legal guardians, or individuals as established in writing by the client or the child's parents.<sup>[33]</sup> This law promotes the security and privacy of health care and health information for all clients. Client information should always be kept confidential in the context of the state law, as well as the institution's policies. Exceptions to confidentiality exist. There must be a balance

between confidentiality and required disclosure. If health care information must be disclosed by law, the client must be informed that this will occur.<sup>[33]</sup>

### **Selective reduction**

Induced ovulation and invitro fertilization sometimes results in multifetal pregnancies. If the number of exceeds the woman's ability to carry them to the point where they can survive outside the uterus, physician may recommend selectively terminating one or more fetuses.<sup>[34]</sup> In these situations, the ethical dilemmas are much the same as they are for abortion. Further complicating the issue is that these are long awaited, desired children.<sup>[35]</sup>

### **Intrauterine treatment of foetal conditions**

Advances in intrauterine diagnosis of foetal malformations have led to new, albeit still experimental, development in intrauterine fetal surgery aimed at improving foetal outcomes. These new treatments raised ethical and legal questions about maternal vs fetal rights.<sup>[35]</sup> Who has the right to give consent? Can a court of law overrides the mother's wish if she says "no"? Similar ethical dilemma arise during labour if a mother refuses ceasarian section although it is clearly (in the judgement of the health care provider) in the best interest of her foetus.<sup>[7]</sup>

### **Mandated contraception**

The availability of contraception that does not require taking a regular oral dose, such as using a hormone-releasing patch or having hormone injections, has led to speculation about whether certain women should be forced to use this method of birth control.<sup>[3]</sup> Requiring contraception has been used as a condition of probation, allowing women accused of child abuse to avoid jail terms.

Some people believe that mandated contraception is a reasonable way to prevent additional births to women who are considered unsuitable parents and decrease government expenses for dependent children. A punitive approach to social problems does not provide long-term solutions.<sup>[29]</sup> Requiring poor women to use contraception to limit the money spent supporting them is legally and ethically questionable and does not address the obligations of the children's father.<sup>[29]</sup> Such a practice interferes with a woman's constitutional rights to privacy, reproduction, refusal of medical treatment, and freedom from cruel and unusual

punishment. In addition, medication may pose health risks to the woman.

Surgical sterilization (tubal ligation) also carries risks and must be considered permanent. Access to free or low-cost information on family planning would be more appropriate and ethical.<sup>[3]</sup>

### **Foetal injury**

If a mother's actions cause injury to her foetus, the question of whether she should be restrained or prosecuted has legal and ethical implications. In some instances courts have issued jail sentences to women who have caused or who may cause injury to the foetus.<sup>[29]</sup> This response punishes the woman and places her in a situation in which she cannot further harm the fetus. In other cases, women have been forced to undergo cesarean births against their will when physicians have testified that such a procedure was necessary to prevent injury to the foetus.<sup>[29]</sup> The state has an interest in protecting children, and the Supreme Court has ruled that a child has the right to begin life with a sound mind and body. Many state laws require that evidence of prenatal drug exposure be reported.<sup>[29]</sup> Women have been charged with negligence, involuntary manslaughter, delivery of drugs to a minor, and child endangerment. However, forcing a woman to behave in a certain way because she is pregnant violates the principles of autonomy, self-determination of competent adults, bodily integrity, and personal freedom. Because of fear of prosecution, this practice could impede, not advance, health care during pregnancy.<sup>[27]</sup>

The punitive approach to fetal injury also raises the question of how much control the government should have over a pregnant woman.<sup>[27]</sup> Laws could be passed to mandate maternal human immunodeficiency virus (HIV) testing, fetal testing, intrauterine surgery, or even the foods the woman eats during pregnancy. The decision of just how much control should be allowed in the interests of fetal safety is difficult.<sup>[27]</sup>

### **Infertility treatment**

Perinatal technology has found ways for some previously infertile couples to bear children. Many techniques are more successful, but ethical concerns include the high cost and overall low success of some infertility treatments.<sup>[27]</sup> Because many of these costs are not covered by insurance, their use is limited to the affluent. Techniques may

benefit only a small percentage of infertile couples. Despite treatment, many couples never give birth, regardless of the costs or invasiveness of therapy. Successful treatment may lead to multiple gestations, usually twins, and complications related to maternal age.<sup>[27]</sup>

Other ethical concerns focus on the fate of unused embryos.<sup>[37]</sup> Should they be frozen for later use by the woman or someone else or used in genetic research? What if the parents divorce or die? Who should make these decisions? In multiple pregnancies with more fetuses than can be expected to survive intact, reduction surgery may be used to destroy one or more fetuses for the benefit of those remaining.<sup>[37]</sup>

### **Strategies for making ethical decisions**

#### **Ethical decision making process**

Ethical decision making is a step to step process of analytical and intellectual reasoning that is used in making a choice in situations of ethical problem.<sup>[38]</sup> Thus responsible ethical reasoning is rational and systematic. It is an application of problem solving process guided by ethical principles and codes. The best ethical decision is one that protect the best interest of the client and also reserve the integrity of all concerned.<sup>[38]</sup>

An ethical dilemma is a difficult moral problem that involves two or more mutually exclusive, morally correct causes of action.<sup>[39]</sup> A nurses may not be sure of what action to take when in a dilemma. The following steps can help to guide a nurse in decision making.

#### **Steps in ethical decision-making in nursing**

##### **Identify the process or clarify the ethical dilemma:**

This is described as identifying the problem.<sup>[38]</sup> The questions posed may include: whose problem is it? what is the goal? who should make the decision? who is affected by the decision? what ethical and moral principles are related to the problem?

##### **Gather additional data:**

To analyse the causes and consequences of the problem, get as much detailed information about the situation as possible to enable you make an informed decision.<sup>[38]</sup> Describe the situation that gave rise to the problem, main people involved, their views and interests, client's overall nursing, medical and

social situation, relevance legal and administrative staff consideration.<sup>[38]</sup>

**Explore optional solutions to the problem:**

Identify options. Identify all the possible courses of action open to you and weigh the outcome of each when considering immediate consequences to the people involved as well as long term consequences to the institution and society.<sup>[38]</sup>

**Make a decision:** Think through options identified. Some will be more feasible than others. Determine which option is most acceptable to you.<sup>[38]</sup> The best decision is regarded as one , which is consistent with one's values and does not involve risking one's life or violating the law. In relation to professional ethics, a good decision is one that is in the client's best interests and at same time preserves the integrity of all involved. These decision must be guided by ethical principle and code of the profession. Rely on those principles, which you judge to be most important and of which you feel most sure.<sup>[38]</sup>

**Act:** Implement the selected solution. Carry out decision. You may collaborate with others to implement the decision just as you did to identify the options.<sup>[38]</sup>

**Evaluate the result:** After acting on decision, evaluate its impact, compare the actual with the anticipated outcome. Was your choice of action the best or would an alternative would have been better. Through feedback mechanism, ethical decision making become primarily an educational process. Responsible ethical reassessing is rational and systematic, based on ethical principles and codes rather than emotion, intuition, fixed policies or precedent.<sup>[38]</sup>

**Helpful strategies in making ethical choices**

- Know your values and professional values and do not compromise either.
- Recognise your accountabilities. Your professional role as client advocate will help you to prioritize your responsibilities and accountabilities.
- Recognise the accountability of others, collaborate and negotiate with these to sort through the challenges of care.
- Ethical judgement relies on rational thought not emotion, from a sound knowledge base, argue the case do not personalize issues.

- Do not feel dissapointed that not everyone meet your standard, neither force your personal values on others.

**Role of nurse in ethical decision making**

These can be summarized as right to:

- Identify ethical issues in practice
- Advocate on behalf of patients and families.
- Inform and involve patients in ethical decisions
- Participate in formal and informal processes that address ethical issues
- Evaluate processes

**The roles of the nurse in clinical ethical decision making**

Recognizing that nurses have both responsibilities and rights to care for the whole person, we believe that nurses have a responsibility to:

- Be aware of personal values and how they relate to professional practice.
- Develop a basic knowledge of ethical principles and concepts.
- Understand processes and resources available to assist them in ethical decision making.
- Be aware of the changing legal and health care policy issues to be considered during ethical decision making.

By fulfilling these roles and responsibilities, nurses integrate ethics into their practice.<sup>[40]</sup>

Summaringly, an ethical dilemma is a condition of no clear "right" or "wrong" resolution.

**CONCLUSION**

Conclusively, maternal and child health nurses are faced with complex ethical issues. Moral courage and advocacy for women and children are necessary tools to help manage the associated distress. Nurses should adhere to standard professional ethics in health care decision making.

**RECOMMENDATION**

It is thus recommended that nurses should:

- familiarize themselves with professional ethics and avoid conflicts with their personal ethics
- demonstrate the knowledge of the process of proper decision making in practice



- render health care services to patients and clients with respect
- should be aware of and show respect to patients'/clients' rights
- appreciate the differs socio-cultural background of their patients and clients

## REFERENCES

1. Linda and Robert. Ethical issues relating to midwifery: Challenges in practice(2nd ed) 2010. New york: McGraw-Hill
2. Jonsen A, Siegler M and Winslade W. Clinical ethics: A practical approach to ethical decisions in clinical medicine(6th ed.) 2006.New York: McGraw-Hill.
3. Kapiri L, Norheim O and Martin D. Fairness and accountability for reasonableness. Do the views of priority setting decision makers differ across health systems and levels of decision making? *Social Science and Medicine* 2009;68:766-773.
4. Beauchamp T and Childress J. Principles of biomedical ethics, 6th ed. 2008 New York: Oxford University Press.
5. Burkhardt M and Nathaniel A. Ethics and issues in contemporary nursing (3rd ed) 2008. Clifton park, NY: Centage Learning.
6. Lucas V.A. The business of women's health care. In: E.T. Breslin and V.A. Lucas (Eds.) 2003, *Women's health nursing: Toward evidence-based practice*; Philadelphia: Saunders. Pp. 761-795.
7. Lindgren K. Maternal-fetal conflict: Court-ordered cesarean section. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 1996;25:653-656.
8. Jensen A and Lidell E. The influence of conscience in nursing. *Nursing Ethics* 2009;16:31-42.
9. Fry S, Veatch R and Taylor C. Case studies in nursing ethics, 3rd ed 2011. Sudbury, M Jones and Bartlett Learning.
10. Thompson J. Advocacy for the voices of women, nurses and midwives. In: Pinch W and Haddah M (Eds) 2008. *Nursing and healthcare ethics*, American Nurses Association.
11. Lagana K, and Duderstadt K. Perinatal and neonatal ethics: Facing contemporary challenges, 2003 White Plains, New York: Natl Foundation of the March.
12. Association of Women's health, Obstetric and Neonatal Nurses (AWHONN). Position statement: Issue: Interstate compact for mutual recognition of state licensure. 1999 Washington, DC.
13. Driscoll K.M and Sudia-Robinson T. Legal and ethical issues of neonatal care. In: C. Kenner and J.W. Lott (Eds.). *Comprehensive neonatal nursing: A physiologic perspective*. Philadelphia: Saunders, 3rd ed. 2003, pp. 43-107.
14. Narrigan D. Examining an ethical dilemma: A case study in clinical practice. *Journal of Midwifery and Women's Health* 2004;49:243-249.
15. Schroeter K. The nurse ethicist: An emerging role in advanced practice. *Birth* 2007;34:49-52.
16. Simpson K.R and Chez B.F. Professional and legal issues. In: K.R. Simpson and P.A. Creehan (Eds.), *AWHONN's perinatal nursing*. Philadelphia: Lippincott. 2nd ed., 2001, 21-49.
17. Upvall M.J. Women and culture. In: E.T. Breslin and V.A. Lucas (Eds.), *Women's health nursing: Toward evidence-based practice*. Philadelphia: Saunders, 2003.
18. Noble R and Rodeck C.H. Ethical considerations of fetal therapy. *Bailliere's Best Practice and Research in Clinical Obstetrics and Gynecology* 2008; 22:219–231.
19. Gan C, Zou Y, Wu S, Li Y and Liu Q. The influence of medical abortion compared with surgical abortion on subsequent pregnancy outcome. *International Journal of Gynecology and Obstetrics* 2008;101:231–238.
20. Trybulski J. Women and abortion: The past reaches into the present. *Journal of Advanced Nursing* 2006;54:683–690.
21. Teschendorf M. Women during the reproductive years. In: E.T. Breslin and V.A. Lucas (Eds.), *Women's health nursing: Toward evidence-based practice*. Philadelphia: Saunders. 2003, pp. 553-627.
22. Alan Guttmacher Institute. Facts in brief: Induced abortion. 2007, Available at: [www.gi-usa.org/pubs/fb\\_induced\\_abortion.html](http://www.gi-usa.org/pubs/fb_induced_abortion.html), accessed on 15/5/2015
23. American Academy of Pediatrics Committee on Community Health Services. Health needs of homeless children. *Pediatrics* 1988;82:938-40.
24. Austin W, Lerner G, Goldberg L, Bergum V and Johnson M. Moral distress in healthcare practice. The situation of nurses. *Health Ethics Care Forum* 2005;17:33-48.
25. Weaver K. Ethical sensitivity: State of knowledge and need for further research. *Nursing Ethics* 2007;14:141-155.

26. Judson K, Harrison C and Hick S. Laws and ethics for medical careers, New York: McGraw-Hill. (5th ed), 2010.
27. Taylor C, Lillis C, and LeMone P. Fundamentals of nursing: The art and science of nursing care. Philadelphia: Lippincott Williams and Wilkins, 5th ed., 2005.
28. Alfaro-LeFevre R. Critical thinking and clinical judgment: A practical approach. Philadelphia: Saunders. (3rd ed), 2004.
29. Kon A.A. Assent in pediatric research. Pediatrics 2006;117:1806–1810.
30. Kon A.A. When parents refuse treatment for their child. JONA's Healthcare Law, Ethics, and Regulation 2006;8:5-9.
31. Brent N.J. Reproductive and family concerns. In: N.J. Brent (Ed.), Nurses and the law: A guide to principles and applications. Philadelphia: Saunders, 2nd ed., pp. 181-204, 2001.
32. Bloom K, Bednarzyk M.S, Devitt D.L, Renault R.A, Teaman V, and Van Loock D.M. Barriers to prenatal care for homeless pregnant women. Journal of Obstetric, Gynecologic, and Neonatal Nursing 2004;33:428-435.
33. Jensen A and Lidell E. The influence of conscience in nursing. Nursing Ethics 2009;16:31-42.
34. Lachman D. Strategies necessary for moral courage. Online Journal of Issues in Nursing 2010;15:3. doi: 10.3912/OJIN.V115No03Man03
35. Epstein E and Delgado S. Understanding and addressing moral distress. Online Journal of Issues in Nursing 2010;15: Manuscript 1. doi:10.3912/OJIN.Vol15No03Man01.
36. Dahnke M. The role of the American Nurses Association Code in ethical decision making. Holistic Nursing Practice 2009;23:112-119.
37. Murray M and Huelsman C. Labor and delivery nursing: A guide to evidence based practice. New York: Springer, 2009.
38. National Center for Health Statistics. Trends in the health of Americans, 2005. Hyattsville, MD: NCHS.
39. Nurse's Legal Handbook. 5th ed., 2004. Philadelphia:Lippincott,Williams and Wilkins.
40. Association of Women's Health, Obstetric and Neonatal Nurse. Ethical decision making in the clinical setting: Nurses'rights and responsibilities, 2009a. retrieved from <http://www.awhonn.org> accessed on 13th May, 2015.

**doi:** <http://dx.doi.org/10.14194/ijmbr.5.2.3>

**How to cite this article:** Aderemi R.A. Ethical Issues in Maternal and Child Health Nursing: Challenges Faced By Maternal and Child Health Nurses and Strategies for Decision Making. Int J Med Biomed Res 2016;5(2):67-76

**Conflict of Interest:** None declared

**Submit your valuable manuscripts to Michael Joanna Publications for:**

- User-friendly online submission
- Rigorous, constructive and unbiased peer-review
- No space constraints or colour figure charges
- Immediate publication on acceptance
- Unlimited readership
- Inclusion in AJOL, CAS, DOAJ, and Google Scholar

**Submit your manuscript at**  
[www.michaeljoanna.com/journals.php](http://www.michaeljoanna.com/journals.php)



## Submit your next manuscript to any of our journals that is the best fit for your research



### International Journal of Medicine and Biomedical Research

**Scope:** *IJMBR* publishes cutting edge studies in medical sciences

**Editor-in-Chief:** Sofola A. Olusoga, MBBS, PhD, FAS

**Deputy Editor:** Lehr J. Eric, MD, PhD, FRCSC

**URL:** [www.ijmbr.com](http://www.ijmbr.com)

**E-mail:** [editor@ijmbr.com](mailto:editor@ijmbr.com)

**Pissn:** 2277-0941, **eISSN:** 2315-5019



### International Journal of Ethnomedicine and Pharmacognosy

**Scope:** *IJEP* publishes novel findings on the use of complementary and alternative medicine in the management of diseases

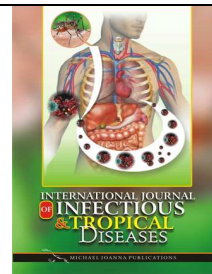
**Editor-in-Chief:** Dickson A. Rita, B.Pharm, GCAP, PhD, MPSGh, MCPA

**Deputy Editor:** Kuete V., PhD

**URL:** [www.ijepharm.com](http://www.ijepharm.com)

**E-mail:** [editor@ijepharm.com](mailto:editor@ijepharm.com)

**Pissn:** 2437-1262, **eISSN:** 2437-1254



### International Journal of Infectious and Tropical Diseases

**Scope:** *IJITD* publishes interesting findings on infectious and tropical diseases of public health importance

**Editor-in-Chief:** Yang Z., PhD

**Deputy Editor:** Liping L.P., MD, PhD

**URL:** [www.ijitd.com](http://www.ijitd.com)

**E-mail:** [editor@ijitd.com](mailto:editor@ijitd.com)

**Pissn:** 2384-6607, **eISSN:** 2384-6585

### Reasons to publish your manuscript with Michael Joanna Publications:

• User-friendly online submission • Rigorous, constructive and unbiased peer-review • No space constraints or coloured figure charges • Immediate publication on acceptance • Authors retain copyright • Inclusion in AJOL, CAS, CNKI, DOAJ, EBSCO, Google Scholar, and J-Gate • Unlimited and wide readership • Member of COPE and CrossRef

#### Editorial Director

Professor Sofola A. Olusoga,  
Department of Physiology,  
University of Lagos,  
Nigeria.

Tel: +234(0) 7093848134

Email: [enquiry@michaeljoanna.com](mailto:enquiry@michaeljoanna.com)

[www.michaeljoanna.com](http://www.michaeljoanna.com)

