Global perspectives of midwifery ethics: Crucial features for practice via an international Delphi study

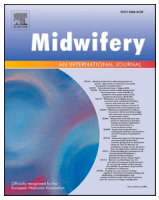
BUCHANAN, Kate <http://orcid.org/0000-0002-8552-7412>, BAYES, Sara <http://orcid.org/0000-0001-7121-9593>, NEWNHAM, Elizabeth <http://orcid.org/0000-0001-9080-769X>, KIRKHAM, Mavis and NIEUWENHUIJZE, Marianne <http://orcid.org/0000-0001-6120-4152>

Midwifery 149 (2025) 104582

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw



Global perspectives of midwifery ethics: Crucial features for practice via an international Delphi study

Kate BUCHANAN [a,b,*], Sara BAYES [a,b], Elizabeth NEWNHAM [c,d], Mavis KIRKHAM [e], Marianne NIEUWENHUIJZE [f]

[a] Edith Cowan University, 270 Joondalup Drive, Joondalup, Western Australia 6027, Australia
[b] Fiona Stanley Hospital, 14 Barry Marshall Road, Murdoch, Western Australia, Australia
[c] College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia
[d] Caring Futures Institute, Flinders University, South Australia, Australia
[e] Sheffield Hallam University, England, United Kingdom
[f] Care and Public Health Research Institute (CAPHRI), Maastricht University, The Netherlands and Research Centre for Midwifery Science, Zuyd University of Applied Sciences, Maastricht, The Netherlands

ARTICLE INFO

Keywords:
Midwifery
Midwifery ethics
Care ethics
Midwifery philosophy
Midwifery model of care

ABSTRACT

Background: Practising ethically as a midwife is essential for providing high quality care during pregnancy, childbirth, and the postpartum period. Whilst midwives may have theoretical knowledge of ethics, applying ethical care in practice may be challenging. There is a gap in the literature that describes how midwives themselves conceptualise, interpret, and apply ethics in their practice.
Aim: To describe midwives' perceptions, and experiences of ethics in midwifery practice, and to determine the crucial features of midwifery ethics.
Methods: Fifty participants from 21 countries participated in the study. A two-round Delphi approach was employed. Round Two required participants to enter the REDCap portal to rank and comment on statements about midwifery ethics that were derived from qualitative data collected and thematically analysed in Round One.
Finding: Fourteen characteristics captured in four domains were developed from the study that describe what midwives perceive ethical midwifery and maternity care to be. The four domains are: Midwifery ethics are founded in midwifery philosophy, Midwifery ethics as relational Care, Midwifery ethics are embodied (lived or intrinsic), Midwifery ethics demonstrate advocacy.
Conclusion: The domains and characteristics of midwifery ethics provide insights into midwives' unique ethical practices and represent foundational information to inform the practical application of midwifery ethics. The participants' perceptions and experiences demonstrate a deeply rooted desire for a midwifery ethics construct that is underpinned by midwifery philosophy, focused on reproductive justice, and is aligned to and demonstrates solidarity with women's autonomy in childbearing and more broadly.

Statement of significance

Problem or Issue	Midwives may have theoretical knowledge of ethics, but applying ethical care in practice may be challenging, due to the abstract nature of ethical codes, the complexities of maternity care systems, and the nuanced ethical concerns encountered in everyday midwifery practice.
What is Already Known	Midwifery care has been linked with attributes of care ethics and described as woman-centred ethics but there is a need to clarify ethics specific to midwifery care.
What this Paper Adds	This study extends the existing body of knowledge on health care ethics in that it provides new knowledge about the midwifery profession's own ethical precepts that can support consolidation of a dedicated ethical construct for this profession.

(*continued on next column*)

(*continued*)

* Corresponding author at: Edith Cowan University, 270 Joondalup Dve, Joondalup, Western Australia, School of Nursing and Midwifery.
E-mail address: k.buchanan@ecu.edu.au (K. BUCHANAN).

https://doi.org/10.1016/j.midw.2025.104582
Received 23 April 2025; Received in revised form 31 July 2025; Accepted 22 August 2025
Available online 23 August 2025

Background

Practising ethically as a midwife is essential for providing high quality care during pregnancy, childbirth, and the postpartum period. Midwifery 'sees' childbearing, what is important in childbearing, and the way childbearing women and birthing people should be cared for through a unique philosophical lens that is woman-centred, emancipatory, and based in human rights (International Confederation of Midwives, 2014; Newnham and Kirkham, 2019; Buchanan et al., 2023).

It is in fact a requirement of midwives that they practice in accordance with the International Confederation of Midwives' (ICM) International Code of Ethics for Midwives ('the ICM Code') (2014), which comprises 22 statements captured in four domains: 'Midwifery Relationships', 'Practice of Midwifery', 'The Professional Responsibilities of Midwives', and 'Advancement of Midwifery Knowledge and Practice'. While the ICM Code provides clarity about what is required of midwives in terms of ethical practice, its practical application is reportedly challenging, because of the abstract nature of the requirements, the complexities of maternity care systems, and the nuances of ethical concerns encountered in everyday midwifery practice (Newnham and Kirkham, 2019; Buchanan et al., 2023).

Care ethics, a normative ethical theory (Gilligan, 1993; Tronto, 2020) has previously been posited as an essential foundational ethical theory for midwifery practice (Newnham and Kirkham, 2019). A subsequent scoping review of care ethics and health practice (Buchanan et al., 2022a) and template analysis (Buchanan et al., 2023) further illustrated that midwifery models of care embody the principles of care ethics (Buchanan et al., 2022b). The first empirical study of care ethics in midwifery by Australian researchers Buchanan and team (2023) found that when midwives are able to practice in a woman-centred way that situates the woman as the 'owner' of her experience, women perceive them to demonstrate ethical care that is consistent with their own values in relation to childbearing and maternity care. Supporting women to take the lead in, and make the decisions about, their own care is empowering, and empowerment of women in relation to sexual and reproductive health is crucial to the achievement of Sustainable Development Goal SDG 3.1: 'Reduce the global maternal mortality ratio to <70 per 100 000 live births' (World Health Organization, 2015). Further, midwives who are able to practice in accordance with their values are less likely to experience job dissatisfaction, burnout and to leave the profession (Hunter et al., 2019; Bloxsome et al., 2019, 2020). This is a serious consideration, because presently the world is experiencing a significant shortage of these health professionals that is set to continue indefinitely if urgent steps are not taken to reverse the situation (United Nations Population Fund, 2021).

Having a strong professional identity and the recognition that comes with that is also important for midwives' job satisfaction, professional wellbeing, and retention in the profession (Pezaro et al., 2024), and inherent to that identity is having clarity about the nature of what ethical practice 'is' (MacLellan, 2014).

Little empirical work exists on the topic of midwifery ethics: the literature predominantly reflects theoretical perspective of academics, researchers or clinical governing bodies, and it is now over a decade since the ICM Code was re-adopted for the profession. It is therefore timely to research midwifery ethics from the perspective of midwives themselves, and to understand how they interpret and apply midwifery ethics in practice.

Aims

The aim of this study was to describe midwives' perceptions, and experiences of ethics in midwifery practice, and to determine the crucial features of midwifery ethics.

Ethical considerations

Permission to conduct the study was obtained from the Human Research Ethics Committee of the University, HREC- 2023–04,864. Participants freely gave their consent to participate in the study.

Methods

This study was conducted through a feminist standpoint theoretical lens that directed its design and conduct. Feminist standpoint theory challenges traditional epistemological approached arguing power and knowledge generation are linked and is committed to the collective political struggle against oppression (Harding, 2007): its three principal tenets are that knowledge is situated socially; socially situated oppressed groups are the most knowledgeable about their own situation, and research about social situations should involve the oppressed. A two-round Delphi approach was employed. The Delphi technique is used when certain level of expertise is required, with the aim of collecting end user insights about that phenomenon and reaching consensus judgements about it (Niederberger and Renn, 2023). The Delphi method is well-suited to this research as it facilitates the collaborative development of midwifery ethics for practice, effectively bridging the gap between theoretical frameworks and practical application.

Setting and sample: This study was conducted with midwives across the world. Purposive sampling was used to recruit participants. A sample was sought that was homogeneous for profession but heterogeneous for age, gender, years qualified and practising as a midwife, employment context, and midwifery practice role. Participants were required to be registered or licensed as a midwife with their National governing body and thus demonstrate that they were practising according to the Code of Ethics adopted by their regulating body. An invitation to participate was shared with midwives via the International Confederation of Midwives' e-advertorial provision, and through social media. Clicking on a hyperlink in the advert took the participants to an online participant information statement, at the end of which was a hyperlink to the consent to participate form and the study survey. REDCap (Harris et al., 2019) an online data collection tool, was used for collection of both participant consent forms and survey data.

Data collection: The survey questions in the Delphi Round One were written in English and comprised five closed demographic questions and two open ended questions exploring midwifery ethics, which included*: What does ethical care mean to you as a midwife? Can you provide an example of when you provided ethical care to a woman and why you describe it as ethical?* Data were collected until data adequacy (sufficiency) was achieved, judged by the complexity of the data supporting reasoning related the purpose and goals of the analysis (Abdalla Mikhaeil and Robey, 2024). Round Two required participants to enter the REDCap portal to rank and comment on statements about midwifery ethics that were derived from the qualitative data collected in Round One. The characteristics were retained if an 80 % agreement was reached by participants, and their suggestions for adjustments to statement wording for clarity were adopted if they did not change the meaning of the statement.

Data analysis: Descriptive thematic analysis (Chafe, 2017; Doyle et al., 2020), often employed in health services and policy research, was used to code and categorise participants' responses to the open-ended questions asked in Round One. Initial coding of the data collected in Round One were conducted by two research team members independently. The analysis that generated the final findings was conducted by all team members, through monthly focus group meetings, over six months. An example of the process of how the raw data was coded and themed is set out in Supplementary File 1. In Round Two, the statements resulting from Round One data analysis were sent to the original participants, and they were asked to rank them according to their perceived importance, using a Likert scale. A text box was also provided for participants to provide feedback about the statements.

Table 1
Countries represented in the sample.

Country with more than one participant	Countries with individual participant
Australia 13	Cameroon
Sudan 7	Papua New Guinea
Zambia 4	Bujumbura-Burundi
UK 4	Palestine
Ethiopia 3	Papua New Guinea
United Arab Emirates 2	Poland
Ireland 2	Senegal
New Zealand 2	Trinidad
	Switzerland
	Philippines
	Canada
	Estonia
	The Netherlands

Trustworthiness measures

Credibility was demonstrated through detailed description of the methods. Dependability was ensured through the research team members' expertise in midwifery ethics. Confirmability was met using reflexivity throughout analysis and the involvement of all team members in the analysis. All items in the Standards for Reporting Qualitative Research (SRQR) were addressed (O'Brien et al., 2014).

Findings

Demographics

Fifty participants engaged in the study. The sample was internationally representative (see Table 1.).

Model of care

Almost 60 % of participants worked in public hospitals, 6 % in private hospitals and the remaining 34 % worked in midwifery models of care (See supplementary File 2.)

Years of experience

The midwives who responded to the survey, were experienced, with most respondents having greater than six years' experience, and only six participants with less than six years' experience.

Themes

Descriptive analysis produced four domains and fourteen characteristics that described midwives' perceptions and experiences of ethics in the course of their work. The four domains are: Midwifery Ethics are founded in Midwifery Philosophy: Midwifery Ethics as 'Relational care'. Midwifery ethics are embodied (lived or intrinsic) and Midwifery ethics requires advocacy. The figurative representation summarises the domains and characteristics (Fig. 1), and the written summary (Box 1.) provides an outward facing document that can be used by policy makers and leaders. Then each Domain and characteristics are defined and described narratively with examples from raw data as supportive evidence.

Discussion

The findings of this study highlight midwives' unique way of ethical thinking. The values underpinning these ethics support childbirth physiology, relationships, equity and advocacy, which in turn influence midwives' actions and how they allocate their time. The midwives in this study described a holistic or salutogenic lens to care that aligns with a more relational or care ethics approach (Buchanan et al., 2022; Newnham and Kirkham, 2019; Nieuwenhuijze, 2019), which is focused on reproductive justice, attention to power and person-centred care (Gilligan, 1993; Tronto, 2020) . This study has confirmed that midwives themselves describe practising care within a care ethics paradigm, which aligns with midwifery philosophy and a holistic approach.

In examining fundamental midwifery ethics, we highlight contradictory commitments for midwives. The structural forces currently

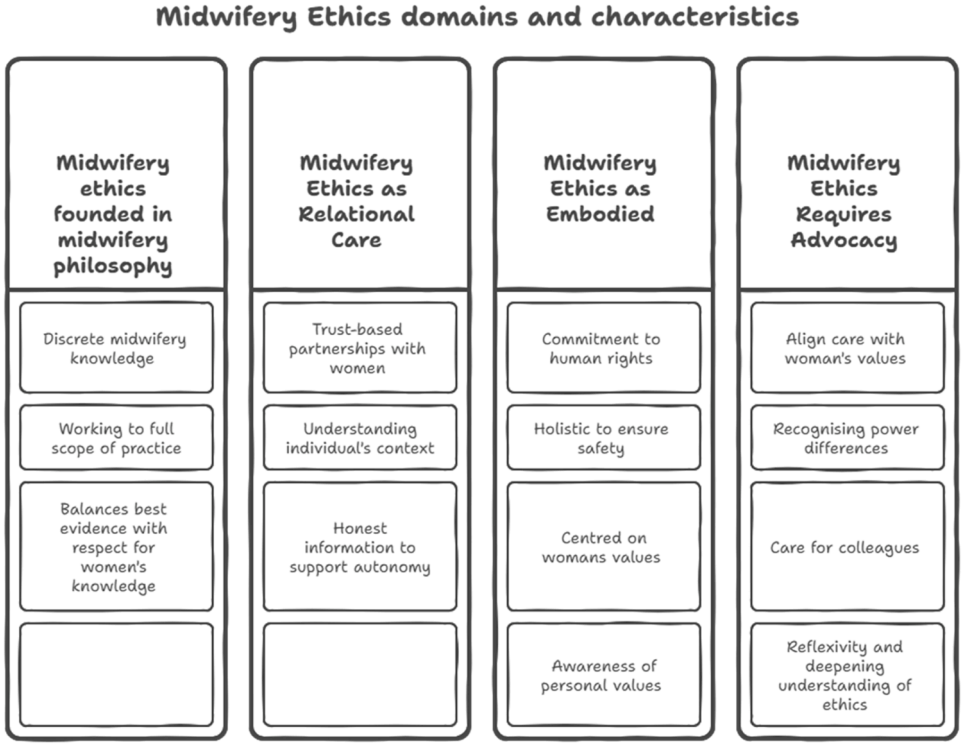


Fig. 1. Figurative presentation of the 'Domains of Midwifery Ethics'.

[Insert here Box 1. Domains and characteristics of midwifery ethics]

Domain 1. Midwifery Ethics are founded in Midwifery Philosophy.

Midwifery ethics were described by the participants as underpinned by the foundations of midwifery philosophy, centred on care that aligns with the woman's values and context. The midwives in this study described midwifery ethics as rooted in this distinct philosophy, with a discrete midwifery knowledge base and set of skills. This domain is made up of three characteristics that are described narratively below.

Characteristic 1. Midwifery Ethics are underpinned by a discrete midwifery philosophy and knowledge base which protects and supports physiological process during the perinatal period.

The participants determined care as ethical when it was based on the discrete midwifery knowledge base and distinct approach to care. One midwife summarised it thus: The acquired [midwifery] profession and its core values are the foundations for providing ethical care (3). Another linked ethical care with midwifery philosophy and described it thus: my own midwifery philosophy and belief that I was driven to provide safe, comprehensive care to the woman and ensure a safe birth of her baby (8) and another: ensuring midwifery standards of practice is upheld and women centred respectful maternity care at all levels of care (11).

The philosophical approach was described as ethical by the participants in its commitment to supporting women holistically and respecting the biological, psychological, social and cultural processes of childbirth. Midwives described ethical care as being confident in women's bodies to give birth and actively sought to minimise interventions that disrupt these physiological processes. One midwife described: I felt confident about her ability to give birth and about being attentive to her unborn baby (2) and another gave a specific example of the care provided which supported normal physiology: [She was] 42 weeks… preparing for a homebirth.... the woman didn't want to be induced nor going for a consultation to a gynaecologist as it is prescribed in rules of midwives in my province. I decided with her to wait for spontaneous contractions and listen to FHR each day… mediating the use of technologies, remaining accountable to the woman (15)

Characteristic 2. Midwives practicing ethically seek to work to their full scope of practice, with an expertise, professional competence and accountability for the wellbeing of the woman and her family.

The participants expressed being able to uphold ethics by practising to their full scope, as a defined and distinguished profession. For example: It means providing continual informed consent to clients, ensuring my skills are up to date and to be [transparent] about my scope of practice and experience (1) and I respected her choice. I worked with her when I realised, we needed obstetric support. I was supportive, honest and worked with my scope of practice (6) The midwives described that when practising with autonomy within this broad scope they are able to provide care with expertise and competence, in line with the woman's wishes. The midwives' examples demonstrate a deeply embedded value of responsibility and accountability to the woman and their family, taking responsibility for their actions and decisions. One midwife described being accountable to the woman as ethical: ensuring that the care offered is done with integrity underpinned by respect, trust, collaboration, competence and accountability (47) And another describe ethical care as when the women's wishes, and scope of practice meet: acting morally and respecting other's views and needs - working within my scope of practice and experience – to do no harm (6). Summarised thus by another midwife ethical care means to be: Truthful, accountability, letting the client choose (1)

Characteristic 3. Midwifery practice is ethical when based on both best evidence and respecting women's knowledge of herself and her context.

Ethical care was expressed by the participants as care given with the best available evidence balanced with knowledge from the woman about her body, values and context. The participants described the importance of evidence-based practice and research informed care as central to practising ethically. Midwifery ethics was described as ethical when this knowledge is integrated with the women's understanding of herself and her circumstances. One midwife described: Care that respects the client and family while providing evidence-based care in conducive environment (35), and: For me, it is essential to understand both evidence-based service delivery and the patient's needs (3). Summarised by this midwife thus: practicing and assisting women in an evidence-based way while incorporating and respecting her unique point of view, her and her families' values, her bodily autonomy, freedom and dignity (41).

Domain 2: Midwifery ethics as 'Relational care'

The domain 'relational care' describes the importance midwives placed on being in relationship 'with woman' to understand the woman's perspective of what is ethical to them. The relationship was built over time and within a continuity arrangement or model of care and consequently the midwife developed an understanding of the birth person and her family and what was important to her. Through relational care, the midwives described equalising power as they were able to provide holistic, compassionate and non-judgemental care, along with information provision which supports women's rights to make decisions about their body and care. This domain was made up of three characteristics which further describe this domain.

Characteristic 4. Midwives practising midwifery ethics foster trust-based, respectful, partnerships with birth people, underpinned by care continuity to ensure women's wellbeing.

The participants describe ethical care as a trust-based partnership reflecting a commitment to knowing the birth person over time and in continuity. One midwife described the partnership thus: Ethical care means I can sleep well at night knowing that the care I give is in partnership with women (13) and another: It requires me to trust women to know themselves better than I or any other health professional could and to recognise that family dynamics will be important (18). The midwives discussed the importance of partnership, as opposed to one directional care, where the women rather than the care provider exercise authority over their decisions. It means: - being open, honest and transparent - using the best evidence to support what I do - Working with women over time to support them clinically is the only ethical framework that works well for me (19). Midwives foster connection and trust through respect and personalised care that advance the wellbeing of the woman.

Characteristic 5. Midwives practising ethically actively seek to understand an individuals' context through attentive, non-judgmental and compassionate care.

Power was referenced throughout the responses and midwives described equalising power as important in providing ethical care. This characteristic captures a commitment to equalising power though relational care, through considering the woman's context and individuality, the midwife gains insights into their need, preferences and concerns. One midwife described this understanding as: a healthcare professional must be aware of key factors such as cultural, familial, social, and previous medical conditions. These factors may also be reasons for a person to refuse the procedure (3). Another described: Being non-judgemental and providing fair and just respectful care to all pregnant people (45). One

midwife provided an example of the personalising care as ethical: For me, ethical care means to me personalising care, as much as possible in balance with my own professional responsibilities. In this case, I proposed care outside the recommended guidelines. However, the benefits outweighed the risks for me in this situation, making it for me an example of ethical care (4).

Characteristic 6. Self-determination is fostered through honest, unbiased and evidence-based information supporting women's rights to make decisions about her body and care.

Midwifery ethics were explained by the participants as upholding women's autonomy and self-determination. The participants described the importance of providing personalised information rooted in best evidence, which was required to be able to make the most informed decision that best serves them and her family. One midwife described: Being free of time constraints to sit with the woman to fully discuss a topic of education so that they can truly be fully informed about an issue or topic that allows them to make the decision for themselves (36). The result of which described by another midwife thus: the woman is an active part in her own health story, shared decision making is a key priority (41). The midwives identified the importance of a woman's rights to make decisions about her body and care as ethical: Putting the woman at the centre of care and providing information that enables her to decide what's best for her (9) and: Ensure accurate information is provided and encouraging woman to make her own decisions based on this information (19).

The midwives also described the way they provide the information, as demonstrating ethical care: Giving nonbiased access to evidence based information and empowering her that it was ultimately her decision. Advocating for her, giving balanced information about risks benefits alternatives. Respecting her decision (12). One participant described: Care that involves women, isn't coercive or loaded with implicit bias to enable her to make choices she is happy with (37), and another: Information is provided in a way that's: woman centred - it takes into account that risk assessment is personal -provision of impartial information (17).

Domain 3: Midwifery ethics are embodied (lived or intrinsic)

This domain describes midwifery ethics as a way of being and caring, a practice rooted in midwifery philosophy, and embodied in unique midwifery practices that centres birth people's wellbeing. The domain explains an ethical way of practice and caring, rooted in relationship and upholding the values of woman-centred, holistic care with a deep commitment to reproductive rights, specific to unique midwifery practices.

Characteristic 7. Midwifery ethics are practised as a purposeful commitment to women's and families' human rights, upholding reproductive justice.

Human rights and reproductive justice were described as core values of an ethical way of caring. The midwives were justice focused and used strong language to describe the ethical commitment to a woman's reproductive rights as central to ethical care. One participant stated: Ethical for me means working we respect of the right of the Human Being (10), with another referring to: Adherence to the principles of human rights (15), Another: care administered with respect for human right (34). The midwives described that this commitment to human and reproductive rights would ideally supersede systems, policies and guidelines: Every time, by prioritising a woman's needs above that of the institution, the fetus, the technologies, the medico-legal system (15).

Characteristic 8. Midwifery Ethics are holistic and incorporate respect for cultural, spiritual, economic, and social differences and supports inclusivity and equity to ensure safety for all.

Holistic care was central to practising midwifery ethically, with psycho-emotional care as important as the physical care to ensure safety. The participants described emotional, cultural and social care, addressing the multifaceted aspects of the woman and her family as central to ethical care. Described by one midwife thus: Integrity, protection of women's autonomy, caring for women's social, emotional, mental and spiritual health as well as their clinical self and that of their babies (42) And another: It is respecting that there will be cultural, spiritual, economic, and social differences between us, but that I will always provide midwifery care to the best of my ability without prejudice or judgment (7). The midwives explained that ethical care was described as respecting difference and fostering inclusivity and fairness without judgment Ethical behaviour is fair and provides safe care for all (45), and: treating all clients with dignity (26). An example was provided that demonstrated the ethics of cultural care impacting women's future safety: a family member of client choice to position the placental in the disposal pit according to traditional belief to preserve fertility (35). The transformative and socioemotional aspects of pregnancy birth and new parenting are acknowledged and supported through holistic caring practices: to support the lifechanging transformation in the others' lives (13).

Characteristic 9. Midwives' centre care on birthing people's values and their context in relation to what is ethical for them

This characteristic captures the participants focus on understanding and respecting what is ethical to the woman. Ethical care is practised when the woman's views and values are understood. Centring care on what the woman understands as ethical was expressed by one midwife: That women are the choice makers and their autonomy and right to self-determination guides and is central to their lives and experiences (33) and It is about providing care that meets ethical principles of autonomy, respect and that benefits the woman and her newborn (5). Knowing and advocating what the woman described as ethical fostered a sense of midwifery wellbeing: I believe that when you give time, full options, benefits and risks and have women consider, discuss with their loved ones and then sit with decisions there is far less trauma and unreconciled play back of stories than when women feel the decision are made for them or they are pushed into what feels most comfortable for us. They can live with their own choices much easier than having the feelings and thoughts of 'if only or what if'… (13).

Characteristic 10. Ethical midwifery practice requires midwives to be aware of their own personal values and the direct and indirect impact of these values to ensure an impartial approach.

The participants described ethical care as having insight into their own personal values, with acknowledgement that these values may be different to those they care for. Midwifery ethics provides care with reflection and impartiality, despite differences. One midwife described it thus: Ethical care as a midwife, means being aware of the ethical considerations that exist within the midwifery context, and reflecting on your own values and beliefs that may cause ethical dilemmas within the midwifery space (8). And another: … it is acknowledging that the woman has a right to make choices that differ from the ones that I would make (7). Consideration of personal values as different to the birth person's values was described as a way to ensure a women's bodily autonomy: That a woman's agency is respected, and I acknowledge that she may make decisions about her care that I would not personally make (18). The midwives described that although the others' values are different to one's own – it was ethical to continue to provide that care: Care that recognises a woman's right to choose, even when it may be unpalatable to professionals and I remember to put my fear, my judgement and my needs at the door (13).

Domain 4: Midwifery ethics requires advocacy

The fourth domain relates to the role of advocacy as an ethical enterprise. Advocacy was seen as critical to conducting care in an ethical way

particularly for women within a medicalised model of care. Three characteristics support the domain, fostering the idea of midwifery collegiality and care for one another to advance midwifery ethics. Recognising oppressive systems, hierarchy and power imbalance requires care and collegiality between midwives to better advocate for women's wellbeing.

Characteristic 11. Midwives working from midwifery ethics advocates for birthing people, providing support that helps align care with the individuals' values.

This characteristic acknowledge that midwives may work in systems that are inherently disempowering to both women and midwives. The participants described that when midwives knew the birth people in partnership, including their values and needs, they could better advocate for their autonomy. One midwife described it thus: Having integrity to stand up and challenge those with stronger or different opinions, give a voice to women, advocate and assist them, put them at the centre of their care, support informed consent, not expect women to hand over their bodily autonomy as an expectation of others to 'keep baby safe (42). And another midwife described: Being non-judgemental and providing fair and just respectful care to all pregnant people. Advocating for rights of mothers and newborns (45). One midwife described advocating for the woman's wishes despite the biomedical pressure: Placing the woman's best interests at the forefront even when the woman made a decision that wasn't supported by the 'institutional wishes' or the biomedical viewpoint (48). Another midwife provided an example of advocating: A woman who had wanted a home birth had pre labour SROM. We discussed the difference between NICE and trust guidance, I talked to her about the evidence base and what the potential risks and benefits were as time progressed without the onset of labour. She decided to not follow Trust guidance. I 'brokered' her decision with the trust and offered additional home visits every 12 hrs. She did wait over 24 hrs before attending for induction of labour, but she felt comfortable at that point that it was the right thing for her (37).

Characteristic 12: Midwives who practice ethically recognise power differences and inequality in the maternity system between healthcare professionals, hierarchical systems, and women and supports women who seek to claim their power.

This characteristic describes the midwives' acknowledgment that there were structural and philosophical barriers to providing ethical care and that supports were needed for women to overcome these. The midwives described these powerful structures as: Misogynist values and structures within healthcare (7); Patriarchal healthcare system that doesn't respect informed choice for women (12); Medico-legal structures, patriarchy, industrial hospital systems (15); hierarchical power over women. Institutionalisation. Biomedical model of childbirth that permeates public health systems (36). The midwives described the care as ethical when they supported women to become empowered despite these systems: Looking at the evidence and helping her to understand it and be critical within the realms of quality Increasing care provision to support her in her decision and not make her feel alone in choosing something that wasn't in line with local guidance (37) And another midwife described it this: Woman described as "difficult" because she was declining recommended care. Spoke up, intervened, met with woman and assisted her to make a birth plan that was informed (42)

Characteristic 13. Midwives practising ethically care for each other, including professional and emotional support for colleagues

This characteristic describes ethics as the collective responsibility and solidarity among midwives in caring for one another particularly during ethical challenges. The characteristic expresses the importance of fostering supportive professional environments to develop a resilient community of support, particularly when a midwife colleague is advocating for a woman. One midwife described it thus: it means taking in account and being conscious of tensions, dilemmas and conflicts around the best care to give to one person, at this moment in this context of care (2). The participants shared that advocacy requires the support of colleagues especially when systems align with policy and procedures. Described thus: It is necessary to ensure mutual understanding with colleagues. Ethics does not always mean refraining from expressing one's opinion or stance (3). Midwifery ethics was described by the participants as caring and collegiality toward ethical care for those they care for: Respecting my colleagues and not assuming they will have the same approach or opinions as me (9) Beneficence - juggling all these components and trying to take into account they mean different things to different people (43). Another midwife described: Evidence based, aligned with informed wishes of the woman, engaged all stakeholders to enable her plan (14)

Characteristic 14. Midwifery ethics requires reflectivity to develop a deepening understanding of ethics in practice.

Midwifery ethics is rooted in reflective practice and continuous learning. The participants expressed that though learning and professional development came greater understanding of midwifery practice, oppressive systems, risk, respecting autonomy and providing advocacy. The participants described the role of sharing knowledge with other midwives as fostering broader ethical care and advancing the ethics of the profession. One midwife described learning and sharing as ethical: It is also how I work with my colleagues, peers, my behaviour to support and share knowledge with others. It is also knowing that I need to continue to grow and learn within the profession (7) and: The clinical situation, other professional opinion or advice and the needed reflection in order to make a decision for the good of the woman and couple (2). Another midwife explained that there is a requirement to provide space for reflection for enhanced ethical deliberation: A more supportive environment when we make mistakes (to err is human), so learning can happen. Greater discussion of the ethical issues we face. Less litigation but more learning (37).

shaping pregnancy and birth services are largely economic. The dominant values of capitalism, which govern both private and public maternity services, require ever greater productivity, efficiency, and control of the workforce to ensure cost saving. These values, with the economic emphasis on doing more for less, fundamentally contradict the values of midwifery with its emphasis on people, developing relationships, compassion and generosity (Kirkham, 2017). Capitalism also involves relentless pressure to use technology to ensure profit and save on labour input (Fielder, 2024). This serves to alienate midwives from their motivation to be midwives: supporting women emotionally and physiologically. It renders passive both women engaged in life's most creative work and midwives engaged in what should be a highly rewarding job. Practicing according to midwifery ethics therefore involves midwives in considerable tensions and contradictions with the requirements of their employer. Yet being unable to give the care they wish to give is a one of the main reasons midwives leave midwifery (Harvie, Sidebotham and Fenwick, 2019; Moncrieff, et al., 2023).

The domains and characteristics of midwifery ethics demonstrate midwives deeply rooted desire for a midwifery ethics that is underpinned by midwifery philosophy, focused on reproductive justice and aligned with women's autonomy in solidarity. Strengthening the visibility of midwifery ethics offers a pathway for resisting the rise in the global phenomenon of obstetric violence and birth trauma (Hakimi et al., 2025; Keedle et al., 2024). The Midwifery ethics lens sheds light on the often-overlooked moral injury of obstetric violence, aptly described as 'invisible wounds' (Yildirim and Mert-Karadas, 2024), and the gendered dimensions of ethical dilemmas in midwifery (Christianson et al., 2022) and challenges the commodification of women within the healthcare system.

The findings of this study have important implications for policy,

Box 1. Domains and Characteristics of Midwifery Ethics

Domain 1 Midwifery Ethics are founded in Midwifery Philosophy:

Midwifery Ethics are underpinned by a discrete midwifery philosophy and knowledge base which protects and supports physiological processes during the perinatal period

Midwives practicing ethically seek to work to their full scope of practice, with expertise, professional competence and accountability for the wellbeing of the woman and her family.

Midwifery practice is ethical when based on both best evidence and respecting women's knowledge of herself and her context

Domain 2 Midwifery Ethics as 'Relational care':

Midwives practising midwifery ethics foster trust-based respectful, partnerships with birth people, underpinned by care continuity to ensure women's wellbeing.

Midwives practising ethically actively seek to understand an individuals' context through attentive, non-judgmental and compassionate care.

Self-determination is fostered through honest, unbiased and evidence-based information supporting women's rights to make decisions about her body and care

Domain 3 Midwifery ethics are embodied (lived or intrinsic):

Midwifery Ethics are practiced as a purposeful commitment to women's and families' human rights, upholding reproductive justice.

Midwifery Ethics are holistic and incorporate respect for cultural, spiritual, economic, and social differences and support inclusivity and equity to ensure safety for all.

Midwives' centre care on birthing people's values and their context in relation to what is ethical for them.

Ethical midwifery practice requires midwives to be aware of their own personal values and the direct and indirect impact of these values to ensure an impartial approach.

Domain 4 Midwifery ethics requires advocacy:

Midwives practising ethically are advocates for birthing people, providing support that helps align the care with the individuals' values.

Midwives who practice ethically recognise power differences and inequality in the maternity system between healthcare professionals, hierarchical systems, and women and supports women who seek to claim their power.

Midwives practising ethically, care for each other, including professional and emotional support for colleagues.

Midwifery ethics requires reflexivity to develop a deepening understanding of ethics in practice.

governance and practice in midwifery. Using the Delphi approach means that the framework was co-created by, and is representative of the values of, midwives in a number of different practice contexts, and has resulted in a construct that aligns with the core values of the profession that supports their midwifery philosophy and practice. Adoption of the framework by the profession would help protect its members against the systemic harms that midwives experience (for example, moral distress Foster et al., 2022) and support them to advocate for childbearing women's rights and dignity.

Limitations

While 50 participants may provide heterogenous perspectives, it might not be sufficient to represent the full range of opinions across 20 countries, especially if some regions or cultural groups in the country are underrepresented. The Delphi method relies on anonymous responses, which can limit the ability to elaborate complex ideas, such as ethics, but is strengthened with the Delphi methods of harnessing midwifery expert opinions and judgments of each collective statement.

Conclusion

Together, the findings represent a new contribution to the body of knowledge on health care ethics in that they describe unique ethical practices particular to midwifery. The descriptions and raw data capture an international perspective, with midwives practising in many countries and in diverse models of care. These perceptions and experiences demonstrate a deeply rooted desire for a midwifery ethics construct that is underpinned by midwifery philosophy, focused on reproductive justice, and is aligned to and demonstrates solidarity with women's autonomy in childbearing and more broadly.

What is now required is for midwifery governance and leadership to prioritise midwifery ethics rather than aligning with systems. By doing so, the profession ensures that individual midwives, are supported in their ethical advocacy for birthing peoples' care. Without this crucial shift, the midwifery profession risks entanglement with systems that perpetuate harm and undermine women's centrality in their own care through the transformative journey of pregnancy, birth and new parenting.

Translation

It is intended that the findings of this study would contribute to the development of a practical guide for everyday ethics to foster ethical midwifery practice, care and advocacy.

CRediT author statement

Buchanan Kate: Conceptualization, Funding aquisition, Project administration, , Investigation, Methodology, Resources,Data curation, Formal Analysis, Visualization, Validation, Writing- Original draft **. Sara Bayes:** Methodology, Formal Analysis, Validation, Writing- Reviewing and Editing. **Elizabeth Newnham**: Methodology, Formal Analysis, Validation, Writing-Reviewing and Editing**. Mavis Kirkham:** Methodology, Formal Analysis, Validation, Writing-Reviewing and Editing**. Marianne NIEUWENHUIJZE** Methodology, Formal Analysis, Validation, Writing-Reviewing and Editing

Ethical considerations

Permission to conduct the study was obtained from the Human Research Ethics Committee of the University, HREC 2023-04864-Buchanan

Funding statement

The authors received funding from the Western Australian Nurses Memorial Charitable Trust (WANMCT) for the conduct of this study. The funder was not involved in the study design collection or analysis or preparation of findings of the study nor preparation of the article nor in the writing of the report; and in the decision to submit the article for publication

CRediT authorship contribution statement

Kate BUCHANAN: Writing – original draft, Visualization, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Sara BAYES:** Writing – review & editing, Validation, Methodology, Formal analysis. **Elizabeth NEWNHAM:** Writing – review & editing, Validation, Methodology, Formal analysis. **Mavis KIRKHAM:** Writing – review & editing, Validation, Methodology, Formal analysis. **Marianne NIEUWENHUIJZE:** Writing – review & editing, Validation, Methodology, Formal analysis.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.midw.2025.104582.

References

Abdalla Mikhaeil, C., Robey, D., 2024. When is enough enough? A critical assessment of data adequacy in IS qualitative research. Inf. Organ. 34 (4), 100540. https://doi.org/10.1016/j.infoandorg.2024.100540.

Bloxsome, D., Ireson, D., Doleman, G., Bayes, S., 2019. Factors associated with midwives' job satisfaction and intention to stay in the profession: an integrative review. J. Clin. Nurs. 28 (3–4), 386–399. https://doi.org/10.1111/jocn.14651.

Bloxsome, D., Bayes, S., Ireson, D., 2020. I love being a midwife; it's who I am": a Glaserian grounded theory study of why midwives stay in midwifery. J. Clin. Nurs. 29 (1–2), 208–220. https://doi.org/10.1111/jocn.15078.

Buchanan, K., Geraghty, S., Whitehead, L., Newnham, E., 2023. Woman-centred ethics: a feminist participatory action research. Midwifery 117, 103577. https://doi.org/10.1016/j.midw.2022.103577.

Buchanan, K., Newnham, E., Ireson, D., Davison, C., Bayes, S., 2022. Does midwifery-led care demonstrate care ethics: a template analysis. Nurs. Ethics 29 (1), 245–257. https://doi.org/10.1177/09697330211008638.

Buchanan, K., Newnham, E., Ireson, D., Davison, C., Geraghty, S., 2022b. Care ethics framework for midwifery practice: a scoping review. Nurs. Ethics 29 (5), 1107–1133. https://doi.org/10.1177/09697330221073996.

Chafe, R., 2017. The value of qualitative description in health services and policy research. Healthc. Policy 12, 12–18.

Christianson, M., Lehn, S., Velandia, M., 2022. The advancement of a gender ethics protocol to uncover gender ethical dilemmas in midwifery: a preliminary theory model. Reprod. Health 19, 211. https://doi.org/10.1186/s12978-022-01515-6.

Doyle, L., McCabe, C., Keogh, B., Brady, A., McCann, M., 2020. An overview of the qualitative descriptive design within nursing research. J. Res. Nurs. 25 (5), 443–455. https://doi.org/10.1177/1744987119880234. Aug.

Fielder, A., 2024. Going Into Labour: Childbirth in Capitalism. Pluto Press.

Foster, W., McKellar, L., Fleet, J., Sweet, L., 2022. Moral distress in midwifery practice: a concept analysis. Nurs. Ethics 29 (2), 364–383.

Gilligan, C., 1993. In a Different Voice: Psychological Theory and Women's Development. Harvard university press.

Hakimi, S., Allahqoli, L., Alizadeh, M., Ozdemir, M., Soori, H., Turfan, E.C., Alkatout, I., 2025. Global prevalence and risk factors of obstetric violence: a systematic review and meta-analysis. Int. J. Gynaecol. Obstet.

Harvie, K., Sidebotham, M., Fenwick, J., 2019. Australian midwives' intentions to leave the profession and the reasons why. Women Birth 32 (6), e584–e593. https://doi.org/10.1016/j.wombi.2019.01.001.

Harding, S., 2007. Feminist standpoints. In: Hesse-Biber, S. (Ed.), *Handbook offeminist research: Theory and praxis*. SAGE Publications, pp. 45–69.

Harris, P.A., R Taylor, R., BL Minor, B.L., V Elliott, V., M Fernandez, M., L O'Neal, L., McLeod, L., G Delacqua, F.G., Delacqua, F., J Kirby, J., Duda, S.N., REDCap Consortium, S.N., 2019. The REDCap consortium: building an international community of software partners. J. Biomed. Inform. 95. https://doi.org/10.1016/j.jbi.2019.103208. May 9.

Hunter, B., Fenwick, J., Sidebotham, M., Henley, J., 2019. Midwives in the United Kingdom: levels of burnout, depression, anxiety and stress and associated predictors. Midwifery 79, 102526. https://doi.org/10.1016/j.midw.2019.08.008.

International Confederation of Midwives. International code of ethics for midwives. https://internationalmidwives.org/resources/international-code-of-ethics-for-midwives/2014.

Keedle, H., Keedle, W., Dahlen, H.G., 2024. Dehumanized, violated, and powerless: an Australian survey of women's experiences of obstetric violence in the past 5 years. Violence Against Women 30 (9), 2320–2344. https://doi.org/10.1177/10778012221140138.

Kirkham, M., 2017. A fundamental contradiction: the business model does not fit midwifery values. Midwifery Matters 152, 13–15.

MacLellan, J., 2014. Claiming an ethic of care for midwifery. Nurs. Ethics 21 (7), 803–811. https://doi.org/10.1177/0969733014534878.

Moncrieff, G., Cheyne, H., Downe, S., Hunter, B., 2023. Factors that influence midwives' leaving intentions: a moral imperative to intervene. Midwifery 125, 103793. https://doi.org/10.1016/j.midw.2023.103793.

Newnham, E., Kirkham, M., 2019. Beyond autonomy: care ethics for midwifery and the humanization of birth. Nurs. Ethics 26 (7–8), 2147–2157. https://doi.org/10.1177/0969733018819119.

Nieuwenhuijze, M., 2019. Doing good: ethics of decision-making in midwifery care (chapter 4). In: Jefford, E., Jomeen, J. (Eds.), Decision-Making in Midwifery. Routledge, London.

Niederberger, M., Renn, O., 2023. Delphi Methods in the Social and Health Sciences: Concepts, Applications and Case Studies. Springer. https://doi.org/10.1007/978-3-658-38862-1.

O'Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A., Cook, D.A., Sept 2014. Standards for reporting qualitative research: a synthesis of recommendations. Acad. Med. 89. https://doi.org/10.1097/ACM.0000000000000388, 9 /.

Pezaro, S., Zarbiv, G., Jones, J., Lilei Feika, M., Fitzgerald, L., Lukele, S., McMillan-Bohler, J., Baloyi, O.B., Maravic Da Silva, K., Grant, C., Bayliss-Pratt, L., Hardtman, P., 2024. Exploring midwives' and nurse-midwives' professional identity and how midwifery may be best represented in the public realm: a global convergent parallel mixed-methods study. J. Adv. Nurs. https://doi.org/10.1111/jan.16696.

Tronto, J., 2020. Moral Boundaries: a Political Argument For an Ethic of Care. Routledge.

United Nations Population Fund, 2021. International Confederation of Midwives, World Health Organization [UNFPA, ICM, WHO]. State of the World's Midwifery 2021. United Nations Population Fund, New York.United Nations Population Fund, World Health Organization, International Confederation of Midwives: State of the world's midwifery 2021. United Nations Population Fund, New York.

World Health Organization, 2015. Strategies Toward Ending Preventable Maternal Mortality (EPMM). World Health Organization, Geneva.

Yildirim, S., Mert-Karadas, M., 2024. The invisible wounds of women: ethical aspects of obstetric violence. Nurs. Ethics. https://doi.org/10.1177/09697330241295370, 0ct 230.