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<tbody>
<tr>
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<td>Midwifery decision-making during birth is mediated by hierarchies of surveillance and control. Midwives are often unable to implement their preferred decision. The international and national professional decision-making frameworks are not sufficiently detailed to guide midwives’ clinical reasoning.</td>
<td>Evidence that half of the midwives interviewed did not use clinical reasoning to make decisions. A new and detailed model of midwifery clinical reasoning which incorporates a role for intuition.</td>
</tr>
</tbody>
</table>

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Problem
Poor assessment and clinical reasoning are major contributors to adverse birth outcomes.

What is Already Known
Midwifery decision-making during birth is mediated by hierarchies of surveillance and control. Midwives are often unable to implement their preferred decision. The international and national professional decision-making frameworks are not sufficiently detailed to guide midwives’ clinical reasoning.

What this Paper Adds
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