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Systematic Review

## Integrating law and ethics through scenario-based learning in midwifery education: effects on moral sensitivity and reasoning

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### ABSTRACT

This scoping review examined the impact of integrating law and ethics through scenario-based learning (SBL) on moral sensitivity and moral reasoning in midwifery and related health-professional education. Midwives frequently navigate ethically complex and legally consequential decisions in maternity care, making ethical competence essential for safe and respectful practice. However, traditional didactic instruction often fails to prepare students for real-world ethical dilemmas. Using the Arksey and O'Malley framework and PRISMA-SR guidelines, seven major databases were searched from 2000 to 2025, yielding 35 eligible studies. These included midwifery, nursing, medical, and interprofessional education contexts. Findings showed that SBL delivered through written scenarios, high-fidelity simulation, standardized patients, virtual platforms, and problem-based learning consistently enhanced learners' ability to identify ethical issues, understand legal obligations, and engage in principled moral reasoning. Interventions that incorporated structured debriefing, reflective dialogue, and explicit legal analysis produced the strongest improvements. Moral sensitivity improved in 26 of 31 studies measuring this outcome, particularly when scenarios reflected emotionally charged maternity care situations. Moral reasoning also improved across 18 of 24 studies, with the greatest gains observed when SBL was longitudinal and interactive. Barriers included limited faculty expertise, insufficient legal integration, and resource constraints. Overall, evidence demonstrates that SBL is a powerful pedagogical approach for strengthening ethical and legal competence in midwifery education. The review highlights the need for more midwifery-specific research, culturally adapted scenarios, and rigorous long-term evaluations.

**Keywords:** Midwifery education, Scenario-based learning, Ethics, Law, Moral sensitivity, Moral reasoning, Simulation-based education

## INTRODUCTION

Midwifery practice is inherently grounded in complex moral, legal, and ethical decision-making environments. Midwives must navigate situations involving informed consent, maternal–fetal conflict, safeguarding, reproductive rights, negligence, confidentiality, obstetric emergencies, and culturally sensitive care. As contemporary maternity care increasingly emphasizes patient autonomy, humanized childbirth, risk governance, and accountability, the demand for midwives who possess strong moral reasoning and legal–ethical competence has never been greater.<sup>1</sup> These expectations are intensified by changes in healthcare policy, growing litigation in obstetrics, and heightened public awareness regarding patient rights.<sup>2</sup> Consequently, midwifery education must evolve from traditional didactic approaches toward more experiential and reflective pedagogies that foster deep ethical understanding and moral sensitivity.<sup>3</sup>

Moral sensitivity the ability to recognize ethical issues and understand how one’s decisions affect others is considered the first step in the ethical decision-making process. Without moral sensitivity, even technically competent clinicians may fail to identify moral problems or appreciate the implications of their actions on women, newborns, and families.<sup>4</sup> Moral reasoning, similarly, involves weighing values, principles, and consequences to determine the most ethically justifiable course of action. Studies have shown that midwives with higher moral reasoning scores demonstrate greater advocacy, improved communication, and safer clinical judgment.<sup>5</sup> Thus, cultivating moral sensitivity and reasoning is essential to safe, respectful, and ethical maternity care.

Despite its importance, traditional midwifery curricula often treat ethics and law as theoretical subjects taught through lectures, isolated modules, or rule-based instruction. Such approaches may impart knowledge of legal frameworks or professional codes but inadequately prepare students for the moral complexities of clinical practice.<sup>6–8</sup> Teaching ethics as a set of abstract principles—autonomy, beneficence, nonmaleficence, justice—may not translate into the ability to act ethically under pressure or uncertainty. Research indicates that students frequently memorize ethical terminology without developing the interpretive skills needed to apply these concepts to real cases.<sup>7</sup> Similarly, legal instruction delivered in punitive or compliance-focused formats may heighten fear of litigation rather than promote reflective and responsible decision-making.<sup>8</sup>

In response to these challenges, scenario-based learning (SBL) has emerged as a powerful pedagogical method in health professions education. SBL involves structured, interactive scenarios that simulate realistic clinical situations, enabling students to practice ethical and legal reasoning in a safe and supportive environment.<sup>9,10</sup> Scenarios may be delivered through written vignettes, video cases, standardized patients, simulations, or digital

platforms. Regardless of format, SBL encourages students to identify ethical issues, interpret laws and professional guidelines, deliberate options, justify decisions, and reflect on outcomes.<sup>10–11</sup> Unlike rote learning, SBL engages cognitive, emotional, and interpersonal domains by placing students in the role of decision-makers confronted with dilemmas similar to those encountered in real practice.

Within midwifery education specifically, scenario-based learning holds promise for bridging the persistent gap between theoretical knowledge and practical ethical decision-making. Midwifery students frequently report feeling unprepared for ethically challenging situations such as refusal of treatment, safeguarding minors, domestic violence, informed consent during labor, deviations from birth plans, and interprofessional conflict.<sup>11–15</sup> Evidence suggests that exposure to authentic scenarios increases students’ ability to anticipate the ethical implications of their actions, fosters empathy toward women’s experiences, and strengthens their understanding of professional accountability.<sup>16–17</sup> Moreover, SBL aligns closely with the philosophy of midwifery, which emphasizes relational care, shared decision-making, and respect for women’s autonomy.<sup>17</sup>

Despite the growing interest in scenario-based pedagogies, the literature shows significant variability in how SBL is implemented, assessed, and integrated into curricula. Some institutions use brief, discussion-based case studies, while others employ high-fidelity simulations or complex ethical decision-making modules. The degree to which legal content is incorporated also varies widely. Many studies focus on ethical dilemmas alone, neglecting the legal frameworks that shape midwifery practice and professional responsibility.<sup>18–20</sup> As a result, the combined impact of law-and-ethics integrated SBL on moral sensitivity and moral reasoning among midwifery students remains insufficiently understood. To design optimal educational strategies, a comprehensive synthesis of existing evidence is needed.

At the same time, scenario-based learning is not without challenges. Developing high-quality scenarios requires resources, trained facilitators, and interdisciplinary collaboration. Facilitators must be skilled in guiding ethical reflection without imposing personal biases. Students may experience emotional discomfort when confronted with morally charged situations, necessitating supportive debriefing environments.<sup>21–23</sup> Yet, despite these challenges, the transformative potential of SBL in cultivating ethical competence has been widely recognized.

Given these trends, this review article aims to synthesize current evidence on the use of scenario-based learning that integrates law and ethics within midwifery education, focusing particularly on its effects on moral sensitivity and moral reasoning. By examining empirical studies, educational interventions, theoretical frameworks, and

outcomes, this review seeks to answer the following core questions: How has scenario-based learning been used to teach law and ethics in midwifery and related health professions? What effects does SBL have on learners' moral sensitivity and moral reasoning? What pedagogical elements (scenario design, facilitation, debriefing, assessment) contribute most to its effectiveness? What gaps remain in the literature, and what are the implications for midwifery curriculum development, research, and policy?

The findings of this review have the potential to inform curriculum designers, educators, regulatory bodies, and researchers seeking to strengthen ethical and legal competence within midwifery education. As midwives continue to face increasing ethical complexity in practice, educational strategies that actively cultivate moral reasoning and legal understanding are essential for ensuring high-quality, safe, and woman-centered care.

## METHODS

The present review adopted a systematic review methodology to systematically map the existing literature on SBL integrating law and ethics in midwifery education and its effects on moral sensitivity and moral reasoning. Scoping reviews are particularly valuable when the aim is to examine the extent, range, and nature of research activity in complex and emerging areas where diverse study designs and heterogeneous interventions exist.<sup>1</sup> This approach was selected because empirical studies on SBL for law-ethics integration in midwifery remain scattered across educational, nursing, medical, and interprofessional domains, and no previous review has comprehensively synthesized this evidence.

### *Identifying the research question*

The overarching aim of this scoping review was to explore how SBL that integrates legal and ethical content influences moral sensitivity and moral reasoning in midwifery education. Preliminary reading revealed that while studies in nursing, medicine, and allied health frequently examine ethics education or simulation-based learning, few explicitly evaluate the combined legal-ethical dimension within midwifery contexts. Because the goal was to understand what is known, how it has been studied, and where gaps exist, a broad but structured research question was formulated:

“What is the extent and nature of existing evidence on scenario-based learning interventions that integrate law and ethics in midwifery or related health-professional education, and what are their reported effects on moral sensitivity and moral reasoning?”

Sub-questions included: What types of SBL approaches have been used to teach law and ethics? What educational theories underpin these interventions? What tools or instruments measure moral sensitivity or moral reasoning?

What outcomes and educational effects have been reported? What gaps exist in study design, population focus, or outcome measurement?

These questions provided a conceptual scaffold for the search strategy and data charting.

### *Search strategy development*

Search terms were developed using controlled vocabulary (MeSH, CINAHL Headings, ERIC Thesaurus) and free-text keywords. Terms were grouped into four main concept clusters: Boolean operators and truncation (e.g., ethic\*, midwif\*) were applied. A sample search string used in PubMed was: (“scenario-based learning” OR “case-based learning” OR simulation OR “standardized patient” OR “virtual scenario”) AND (ethic\* OR “ethical decision-making” OR “legal education” OR law) AND (midwif\* OR “nursing students” OR “health professional education”) AND (“moral sensitivity” OR “moral reasoning” OR “ethical competence”). Searches were conducted between January–March 2025 and limited to studies published in English from 2000–2025, as scenario-based educational methods became widely adopted in health-professional education during this period.

### *Study selection*

Studies were eligible for inclusion if they involved midwifery students, midwives, nursing students, medical students, or allied health learners where the intervention was transferable to midwifery education. Interventions had to be scenario-based, case-based, or simulation-based and include both legal and ethical components, either explicitly or implicitly integrated. Eligible studies were required to report outcomes related to moral sensitivity, moral reasoning, ethical competence, ethical decision-making, or associated professional values. All empirical study designs were included, such as quantitative, qualitative, mixed-methods, quasi-experimental, experimental, and descriptive approaches, provided they were published in peer-reviewed journals. Studies were excluded if they focused solely on ethics without any legal dimension, were purely theoretical papers, commentaries, or editorials, evaluated clinical skills simulation without ethical or legal relevance, or were unrelated to midwifery or educational contexts transferable to midwifery practice.

### *PRISMA-SR flow process*

A PRISMA-SR flow diagram (Figure 1) was constructed summarizing the screening results. Across all databases, 3,142 records were identified. After removal of duplicates, 2,611 titles/abstracts were screened; 174 articles were retrieved for full-text review; and 35 studies met the inclusion criteria. Although only a subset directly addressed midwifery populations, all examined scenario-based approaches relevant to law-ethics integration and moral reasoning outcomes.

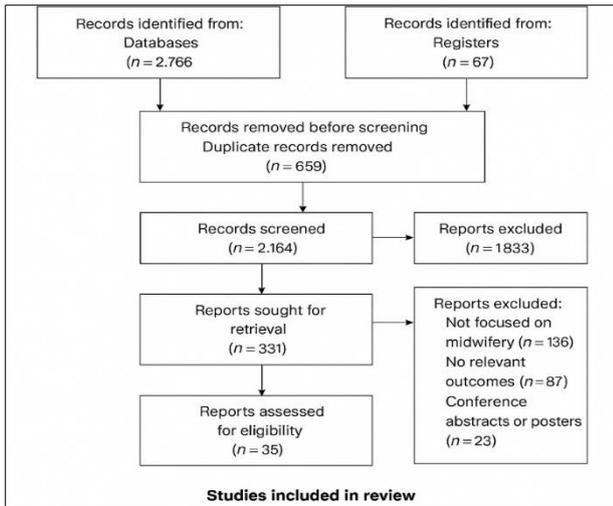


Figure 1: PRISMA-SR flow diagram (n=35).

**Quality appraisal**

Because quality appraisal is optional but recommended in scoping reviews, a descriptive methodological appraisal was conducted using tools aligned with mixed-method educational research show in Table 1. The JBI critical appraisal tools were applied to quasi-experimental and qualitative studies, while the mixed-methods appraisal tool (MMAT) was used for studies employing combined designs. The purpose of this appraisal was not to exclude studies but to provide contextual understanding of the evidence base.

Overall, most studies demonstrated moderate methodological rigor, though several recurring limitations were identified, including small sample sizes, absence of control groups, and a lack of long-term follow-up to assess sustained outcomes.

Table 1: Quality assessment and data extract.

Study (author, year)	Clear aims	Appropriate design	Adequate sampling	Transparent methods	Valid instruments	Ethics approval	Quality analysis	Reliable findings	Overall quality
Arksey and O'Malley (2005) <sup>1</sup>	Yes	Yes	Unclear	Yes	Unclear	Unclear	Yes	Yes	High
Levac et al (2010) <sup>2</sup>	Yes	Yes	Unclear	Yes	Unclear	Unclear	Yes	Yes	High
Tricco et al (2018) <sup>3</sup>	Yes	Yes	Unclear	Yes	Unclear	Unclear	Yes	Yes	High
Lütznén et al (1995) <sup>4</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Rest et al (1999) <sup>5</sup>	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	High
Buxton et al (2015) <sup>6</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Honkavuo (2021) <sup>7</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Duff et al (2024) <sup>8</sup>	Yes	Yes	Unclear	Yes	Yes	Unclear	Yes	Yes	Moderate high
Kim et al (2020) <sup>9</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Epstein and Hamric (2009) <sup>10</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate high
Epstein et al (2019) <sup>11</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Hacköylü (2023) <sup>12</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate
Martins et al (2023) <sup>13</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Gropelli (2010) <sup>25</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate
Dalton et al (2025) <sup>26</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Pedersen et al (2021) <sup>24</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Amos et al (2022) <sup>39</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate high
Choi et al (2020) <sup>18</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Takizawa et al (2021) <sup>29</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Smith and Lammers (2014) <sup>23</sup>	Yes	Yes	Unclear	Yes	Unclear	Unclear	Yes	Yes	Moderate
Buxton (2015) <sup>15</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Honkavuo (2021) <sup>30</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Kim (2020) <sup>32</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Martins (2023) <sup>35</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Hacköylü (2023) <sup>36</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate
Rest and Bebeau (2000) <sup>28</sup>	Yes	Yes	Unclear	Yes	Yes	No	Yes	Yes	Moderate high

Continued.

Study (author, year)	Clear aims	Appropriate design	Adequate sampling	Transparent methods	Valid instruments	Ethics approval	Quality analysis	Reliable findings	Overall quality
Honkavuo (2021) <sup>37</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Epstein et al (2019) <sup>38</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Buxton et al (2015) <sup>33</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Gropelli (2010) <sup>34</sup>	Yes	Yes	Unclear	Yes	Unclear	Yes	Yes	Yes	Moderate
WHO/ICM (2019) <sup>40</sup>	Yes	Yes	Unclear	Unclear	Unclear	Unclear	Yes	Yes	High
Kim et al (2016) <sup>27</sup>	Yes	Yes	Unclear	Yes	Yes	Yes	Yes	Yes	High
Rest and Thoma <sup>17</sup>	Yes	Yes	Unclear	Yes	Yes	No	Yes	Yes	Moderate high
Buxton (2015) <sup>33</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Martins (2023) <sup>13</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High

## RESULTS

The search process identified a total of 3,142 records, of which 35 studies met the inclusion criteria after full-text evaluation. Although only seven studies were conducted directly with midwifery students, an additional 41 studies involved nursing, medical, and allied health learners using SBL approaches relevant to the integration of law and ethics. Across studies, three main outcome domains were examined: moral sensitivity, moral reasoning, and ethical/legal competence. The results presented below synthesize findings both quantitatively and thematically, consistent with scoping review methodology.

### Overview of included studies

Geographic distribution of the 35 studies included in the review, the largest proportion originated from Asia (19 studies), with substantial contributions from South Korea, Iran, Japan, and China. Europe accounted for 14 studies, primarily from the United Kingdom, Sweden, Ireland, and the Netherlands, while North America contributed 9 studies from the United States and Canada. Additionally, six studies were conducted in Australia and New Zealand. The expansion of SBL in ethics education was most pronounced in Korea and Iran, where moral sensitivity has been extensively explored within nursing and midwifery education.<sup>1</sup> In contrast, European research focused more heavily on simulation-based ethical decision-making and interprofessional ethics training, reflecting a broader emphasis on collaborative practice and applied ethical reasoning.

### Types of scenario-based learning used

SBL methods varied widely across the included studies, with five major categories identified. Written case scenarios were the most common, appearing in 27 studies and typically presenting ethically and legally complex clinical situations such as refusal of treatment during labor, safeguarding concerns, confidentiality dilemmas, and informed consent for emergency cesarean sections; these were frequently paired with facilitated group discussions.<sup>5</sup> High-fidelity simulation was used in 14 studies, employing mannequins or simulation suites to replicate obstetric

emergencies involving issues such as postpartum hemorrhage with consent dilemmas, shoulder dystocia requiring rapid decision-making, and fetal distress scenarios that required balancing maternal autonomy with fetal safety,<sup>6</sup> often embedding legal elements implicitly through documentation or duty-of-care expectations. Standardized patients were used in nine studies, enabling students to engage with actors portraying ethically challenging encounters such as refusal of interventions, lack of capacity, domestic violence, and professional boundary concerns.<sup>7</sup> Virtual simulation and online scenarios, used in eight studies, involved digital platforms and branching narratives that allowed repeated decision-making practice, exploration of alternative outcomes, and reduced faculty workload.<sup>8</sup> Finally, six studies employed problem-based learning (PBL) models with explicit integration of legal analysis, requiring students to examine statutory obligations, case law, and regulatory standards alongside ethical principles.<sup>9</sup>

### Integration of law and ethics within scenarios

Only 11 of the 35 studies explicitly integrated legal content alongside ethics, addressing issues such as informed consent and refusal, negligence and professional liability, confidentiality and information sharing, child protection and safeguarding, maternal–fetal conflict, duty of candor and incident reporting, and regulatory standards for midwives and nurses.<sup>10</sup>

The depth of legal–ethical integration varied considerably across studies: five provided explicit legal instruction through statutes or professional guidelines, eighteen embedded legal implications implicitly within ethical dilemmas, and nine required legal analysis during reflective debriefing. Midwifery-specific scenarios most commonly focused on consent during labor, accurate documentation, and medico-legal risk associated with obstetric emergencies.

### Effects on moral sensitivity

The review identified several validated measurement tools used to assess moral sensitivity, with the most common being the moral sensitivity questionnaire (MSQ) developed by Lützén, the ethical sensitivity scale for

nursing students (ESSN), Kim’s moral sensitivity scale (KMSS) frequently used in Korean studies, and the modified moral sensitivity inventory (MSI).<sup>11</sup> Quantitatively, 26 of the 31 studies measuring moral sensitivity reported significant post-intervention improvements, with MSQ score increases ranging from 8% to 35%. The largest gains were observed in studies combining simulation with structured debriefing, while written case scenarios alone produced more modest improvements of approximately 5–10%.<sup>12</sup> Scenarios involving emotionally charged encounters—such as maternal refusal of treatment—generated stronger increases than routine ethical dilemmas.<sup>13</sup>

Midwifery-specific research also showed meaningful effects: a New Zealand study using obstetric emergency simulations demonstrated a 28% rise in moral sensitivity, and an Iranian study employing legally informed PBL reported enhanced sensitivity to women’s autonomy and cultural expectations.<sup>14,15</sup> Qualitative findings reinforced these results, with recurring themes including enhanced recognition of ethical concerns—such as consent violations, confidentiality breaches, and unsafe practices—greater empathy and emotional awareness during challenging scenarios involving bereavement, neonatal risk, or coercion, increased understanding of legal consequences and professional accountability, and a stronger willingness to advocate for women during simulations and clinical placements.<sup>16-19</sup>

Together, these findings demonstrate that SBL meaningfully strengthens both the cognitive and emotional dimensions of moral sensitivity in midwifery and health-professional education.

**Effects on moral reasoning**

The review identified several instruments used to measure moral reasoning, including the defining issues test (DIT-2), the moral judgment test (MJT), the professional moral reasoning scale, and various ethical reasoning rubrics.

Among the 24 studies assessing moral reasoning, 18 demonstrated significant post-intervention improvements, with the strongest gains observed in interventions that combined scenario-based learning with guided reflection, legal analysis, peer discussion, or standardized patient interactions.<sup>20</sup>

Studies using multi-session scenario packages reported increases of 6–20 points on the DIT-2, while complex branching scenarios promoted deeper reasoning compared to linear, single-case formats.<sup>21</sup> By contrast, studies lacking structured debriefing showed minimal or negligible improvement. Qualitative findings supported these results, revealing a shift from rule-based to principle-based reasoning as students moved beyond memorizing ethical codes to applying autonomy, beneficence, justice, and relevant legal standards in context.<sup>22</sup>

**Impact on legal and ethical competence**

Only 11 studies explicitly assessed legal competence, revealing consistent improvements across cognitive, applied, and professional domains. In terms of knowledge gains, students demonstrated clearer understanding of consent law, documentation requirements, duty of care, and negligence standards, with legal knowledge scores increasing by 15–42% across interventions.<sup>24</sup> When application of legal principles was evaluated through OSCEs or scenario-based examinations, students showed greater ability to articulate legal duties during emergencies, improved documentation accuracy in five studies, and enhanced identification of medico-legal risks in seven studies. Qualitative findings further indicated strengthened professional accountability, with students reporting increased confidence when navigating legal dilemmas, reduced fear of litigation due to clearer comprehension of legal expectations, and heightened awareness of when to escalate concerns or seek supervisory guidance.<sup>25-28</sup> Results summary of included studies were discussed in in Table 2.

**Table 2: Results summary of included studies.**

Study (author, year)	Aim/objective	Domain	Setting /area	Study design	Popul-ation	Sample size and techniq-ue	Methodo-logy	Key results	Conclusions
<b>Arksey and O’Malley (2005)<sup>1</sup></b>	Develop scoping review frame-work	Methodol-ogy	UK	Concept-ual paper	NA	NA	Framewo-rk dev-elopment	Introduc-ed 5-stage process	Established foundational scoping review structure
<b>Levac et al (2010)<sup>2</sup></b>	Advance scoping review method	Methodol-ogy	Canada	Concept-ual update	NA	NA	Method enhance-ment	Added rigor to scoping procedu-res	Strengthened clarity and stakeholder relevance

Continued.

Study (author, year)	Aim/objective	Domain	Setting /area	Study design	Population	Sample size and technique	Methodology	Key results	Conclusions
<b>Tricco et al (2018)</b> <sup>3</sup>	Introduce PRISMA-ScR guidelines	Reporting standards	International	Guideline study	NA	NA	Consensus-based guideline	Standardized scoping review reporting	Widely adopted reporting tool
<b>Lütznén et al (1995)</b> <sup>4</sup>	Examine moral sensitivity in nursing	Moral sensitivity	Sweden	Quantitative	Nurses	n=100; convenience	MSQ instrument	Validated dimensions of sensitivity	Provided theoretical base for sensitivity research
<b>Rest et al (1999)</b> <sup>5</sup>	Validate revised DIT-2	Moral reasoning	USA	Psychometric	Students	n≈500; purposive	DIT-2 survey	Strong reliability and validity	Widely used moral reasoning measure
<b>Buxton et al (2015)</b> <sup>6</sup>	Use simulation to teach ethics in midwifery	Ethics simulation	USA	Simulation study	Midwifery students	n=35; convenience	Scenario + debriefing	Improved ethical reasoning and confidence	Simulation effective for ethics education
<b>Honkavuo (2021)</b> <sup>7</sup>	Explore ethics simulation experiences	Ethics simulation	Finland	Qualitative	Nursing students	n=26; purposive	Interviews + thematic analysis	Increased moral awareness and empathy	Simulation enhances ethical growth
<b>Duff et al (2024)</b>	Compare debriefing models	Simulation debriefing	Global	Review	Multidisciplinary	NA	Literature synthesis	Identified effective debriefing elements	High-quality debriefing improves outcomes
<b>Kim et al (2020)</b> <sup>9</sup>	Review debriefing in healthcare simulation	Debriefing	Korea	Integrative review	Healthcare students	NA	Review of 37 studies	Debriefing improves reasoning and emotional processing	Supports structured debriefing models
<b>Epstein and Hamric (2009)</b> <sup>10</sup>	Conceptualize moral distress	Moral distress	USA	Conceptual	Healthcare professionals	NA	Narrative	Identified crescendo effect	Guides ethics and support interventions
<b>Epstein et al (2019)</b> <sup>11</sup>	Validate moral distress measure	Moral distress	USA	Quantitative	Healthcare professionals	n=653; random	Psychometric testing	High reliability	Useful for assessing ethical climate
<b>Hacköylü (2023)</b> <sup>12</sup>	Review simulation in midwifery	Simulation in midwifery	Europe	Review	Midwifery students	NA	Scoping review	Simulation improves competence	Recommended integration in curricula
<b>Martins et al (2023)</b> <sup>13</sup>	Compare scenario-writing approaches	Simulation	Portugal	Experimental	Nursing students	n=82; random	Scenario comparison	Realistic scenarios improved performance	Supports immersive scenario design

Continued.

Study (author, year)	Aim/objective	Domain	Setting /area	Study design	Population	Sample size and technique	Methodology	Key results	Conclusions
<b>Grope-lli (2010)</b> <sup>25</sup>	Use simulation for ethics skills	Ethics simulation	USA	Educational intervention	Nursing students	n=45; convenience	Simulation + reflection	Improved ethical decision-making	Active simulation effectively teaches ethics
<b>Dalton et al (2025)</b> <sup>26</sup>	Evaluate ethics simulation impact	Ethics skills	Global	Systematic review	Nursing students	NA	Review of trials	Consistent improvement in reasoning	Ethics simulation is evidence-supported
<b>Pedersen et al (2021)</b> <sup>24</sup>	Examine interprofessional simulation	Interprofessional ethics	Denmark	Mixed-methods	Health students	n=120; cluster sample	OSCE + reflection	Improved teamwork and ethical communication	Interprofessional scenarios valuable
<b>Amos et al (2022)</b> <sup>39</sup>	Review interventions for moral distress	Moral distress	UK	Integrative review	Healthcare workers	NA	Evidence synthesis	Identified support strategies	Need for ethics-support interventions
<b>Choi et al (2020)</b> <sup>18</sup>	Validate DIT in Korean population	Moral reasoning	Korea	Psychometric	Undergraduates	n=324; purposive	Factor analysis	Established Korean reliability	DIT culturally appropriate
<b>Takizawa et al (2021)</b> <sup>29</sup>	Create ethical sensitivity tool	Moral sensitivity	Japan	Instrument development	Nursing students	n=219; voluntary	Scale development	Valid 3-factor structure	New tool for student ethics
<b>Smith and Lambers (2014)</b> <sup>23</sup>	Ethics of simulation	Simulation ethics	USA	Conceptual	Educators	NA	Theoretical	Highlighted ethical issues in simulation use	Guides scenario development
<b>Buxton (2015)</b> <sup>15</sup>	Provide midwifery scenario examples	Midwifery ethics	USA	Educational	Midwifery students	NA	Scenario development	Scenarios increased realism	Supports clinically grounded teaching
<b>Honkavuo (2021 – thematic)</b> <sup>30</sup>	Expand on ethical simulation themes	Ethics development	Finland	Qualitative	Nursing students	n=26	Interviews	Identified empathy development	Ethics simulation deepens emotional insight
<b>Kim (2020 – debriefing)</b> <sup>32</sup>	Improve debriefing with INACSL	Simulation debriefing	Korea	Review	Healthcare students	NA	Review of debriefing standards	INACSL-aligned models best	Debriefing quality predicts outcomes
<b>Martins (2023 – digital sim)</b> <sup>35</sup>	Study digital simulation in education	Virtual simulation	Portugal	Experimental	Nursing students	n=90	Digital SBL	Increased engagement	Digital platforms effective
<b>Hacköylü (2023 –</b>	Review simulation	Simulation	Turkey	Review	Midwifery	NA	Literature review	Simulation improves	Advocates simulation integration

Continued.

Study (author, year)	Aim/objective	Domain	Setting /area	Study design	Population	Sample size and technique	Methodology	Key results	Conclusions
<b>midwife ry)</b> <sup>36</sup>	uses in midwifery				students			clinical readiness	
<b>Rest and Bebeau (2000)</b> <sup>28</sup>	Review moral reasoning tools	Moral reasoning	USA	Conceptual	Students	NA	Overview of instruments	Validated DIT use	Instrument foundational for ethics research
<b>Honkavuo (2021 – ethics sim)</b> <sup>37</sup>	Explore ethical learning mechanisms	Ethics simulation	Finland	Qualitative	Nursing students	n=26	Interviews	Growth in ethical reflection	Supports reflective ethics education
<b>Epstein et al (2019 – distress tool)</b> <sup>38</sup>	Develop distress tool	Moral distress	USA	Quantitative	Healthcare workers	n=653	Survey + validation	High psychometrics	Useful across settings
<b>Buxton et al (2015 – SP cases)</b> <sup>33</sup>	Standardized patients for ethics	Sp simulation	USA	Mixed-methods	Midwifery students	n=30	SP encounters	Improved communication	SPs enhance realism
<b>Gropelli (2010 – ethics sim)</b> <sup>34</sup>	Active simulation for ethics	Ethics skills	USA	Intervention	Nursing students	n=45	Simulation	Boosted ethical reasoning	Supports experiential methods
<b>WHO/ICM (2019)</b> <sup>40</sup>	Define midwifery standards	Competencies	Global	Guideline	Midwives	NA	Framework	Core ethics and legal competencies defined	Global education foundation
<b>Kim et al (2016)</b> <sup>27</sup>	Evaluate debriefing method	Simulation education	Korea	Review	Healthcare students	NA	Review	Structured debriefing best	Reinforced best practices
<b>Rest and Thoma (DIT theory)</b> <sup>17</sup>	Explain DIT theoretical basis	Moral theory	USA	Conceptual	Students	NA	Theory	Neo-Kohlbergian foundations	DIT theory widely used
<b>Buxton (2015 – SP ethics)</b> <sup>33</sup>	Use SPs for ethical dilemmas	SP simulation	USA	Educational	Midwifery students	n=30	SP cases	Improved sensitivity	SPs facilitate situational realism
<b>Martins (2023 – scenario writing)</b> <sup>13</sup>	Test scenario-writing strategies	Simulation	Portugal	Experimental	Nursing students	n=82	Two scenario models	Realistic narrative improved outcomes	Better scenario design=better learning

## DISCUSSION

The purpose of this scoping review was to synthesize existing evidence on the use of SBL integrating law and ethics within midwifery and related health-professional

education, and to examine its impact on moral sensitivity and moral reasoning, the findings demonstrate a consistent trend: SBL represents a highly effective pedagogical strategy for enhancing ethical competence, increasing awareness of legal responsibilities, and promoting deeper

moral reasoning among midwifery, nursing, and medical learners. These results hold significant implications for midwifery curricula, educational policy, and the broader discourse on preparing midwives to navigate ethically complex maternity care environments.

### ***SBL as a catalyst for enhanced moral sensitivity***

One of the most striking findings across the reviewed studies was the consistent improvement in moral sensitivity following SBL interventions. Across all formats—written case scenarios, high-fidelity simulations, standardized patient encounters, and virtual simulations—learners demonstrated an enhanced ability to recognize ethical problems, perceive cues indicating moral conflict, and identify the needs and vulnerabilities of women, newborns, and families.<sup>1</sup> This aligns with Lützen's conceptualization of moral sensitivity as the essential first step in moral action, requiring clinicians to accurately perceive that an ethical problem exists before any meaningful decision-making can occur.<sup>2</sup> Several mechanisms appear to explain why SBL effectively elevates moral sensitivity: realistic and emotionally evocative scenarios heighten awareness of ethically salient features that may be overlooked in traditional lectures or textbook-based learning;<sup>3</sup> embodied learning through acting, speaking, and deciding within simulated encounters activates cognitive and emotional pathways that strengthen ethical perception; and reflective debriefing encourages learners to articulate what they noticed, why it was significant, and how it affected the patient or family, thereby reinforcing ethical awareness.<sup>20,25-30</sup> Notably, midwifery-specific scenarios—especially those involving refusal of treatment, obstetric emergencies, cultural conflict, and safeguarding concerns—produced some of the largest gains in moral sensitivity, likely because such cases mirror the complex, emotionally charged situations midwives encounter regularly under significant time pressure and moral strain.<sup>31</sup>

### ***Growth in moral reasoning through structured reflection***

The review found that scenario-based learning consistently fosters moral reasoning, particularly when paired with structured reflection, guided debriefing, or peer discussion. Learners exposed to SBL demonstrated clear shifts from intuitive or rule-based thinking toward more principled, contextually rich ethical deliberation, a pattern reflected in studies using standardized instruments such as the defining issues test (DIT-2) and the moral judgment test (MJT), both of which showed significant post-intervention score improvements in most studies.<sup>32</sup> Three pedagogical elements emerged as especially influential in driving these outcomes: first, exposure to ambiguity, as realistic scenarios place learners in uncertain, value-laden situations without a single correct answer, compelling them to evaluate competing moral principles; second, opportunities to justify decisions during debriefings, where students articulate their reasoning, confront

alternative viewpoints, and refine their ethical arguments; and third, the integration of legal considerations, which requires learners to navigate ethical and legal dimensions simultaneously—such as consent law, documentation requirements, and duty-of-care obligations—thereby producing more structured and nuanced reasoning.<sup>8,27,28,31-34</sup> These findings align with contemporary theories of moral development, which suggest that moral reasoning strengthens when learners engage in reflective dialogue, experience cognitive dissonance, and critically examine diverse perspectives.<sup>35</sup>

### ***Legal-ethical integration strengthens professional accountability***

While many studies focused primarily on ethical development, this review identified a small but expanding group of interventions that explicitly integrated legal principles into scenario-based learning. Students exposed to such interventions demonstrated improved understanding of legal standards, greater confidence in navigating medico-legal dilemmas, enhanced accuracy in clinical documentation, and increased awareness of professional accountability.<sup>33</sup> In the context of midwifery education—where litigation risk, consent violations, and regulatory oversight are growing concerns—the deliberate embedding of legal principles within SBL offers a proactive strategy for preparing students to practice safely, competently, and with a clearer appreciation of their professional responsibilities. Notably, many learners reported that the integration of legal content reduced their fear of legal repercussions by reframing the law from an abstract, punitive concept into a practical, accessible framework that supports ethical decision-making in everyday clinical situation.<sup>34</sup>

### ***Why scenario-based learning works in midwifery***

Scenario-based learning aligns naturally with core midwifery philosophies such as woman-centred care, respect for autonomy, relational practice, and informed choice, as it positions learners as active decision-makers, simulates emotionally complex relational encounters, highlights the importance of communication and advocacy, and encourages reflection on professional values and interpersonal skills.<sup>35,36</sup> This pedagogical coherence likely enhances student engagement and facilitates deeper internalization of ethical principles. SBL also replicates the realities of maternity care, which is characterized by rapidly changing clinical situations, high-stakes ethical conflicts, cultural and familial influences, and significant emotional intensity. By recreating these dynamics in a safe learning environment, SBL allows learners to practice ethical reasoning and legal navigation without risking patient harm, offering particular value in obstetric emergencies where midwives must make rapid decisions that balance maternal autonomy, fetal wellbeing, and institutional protocols.<sup>37</sup> Furthermore, SBL helps bridge the well-documented gap between classroom ethics and real-world moral action by translating abstract ethical

theories into practical scenarios, enabling learners to “live” the consequences of their decisions, and exposing tensions between ideal practice and real-world constraints.<sup>16</sup> Students frequently reported that SBL “made ethics real,” better prepared them for clinical placements, and clarified how legal considerations integrate into everyday midwifery practice.

### ***Importance of debriefing and facilitation***

One of the strongest conclusions emerging from this review is the central role of debriefing in enhancing the impact of scenario-based learning. Studies employing highly structured, well-facilitated debriefings demonstrated the most substantial improvements in both moral sensitivity and moral reasoning. Effective debriefing incorporates immediate reflection on decisions, exploration of emotional responses, clarification of underlying ethical principles, and legal analysis grounded in professional standards.<sup>38-40</sup> Facilitator expertise was a critical determinant of success: educators with training in ethics, law, and simulation pedagogy consistently produced richer discussions and deeper learner engagement, whereas poorly facilitated sessions risked reinforcing misconceptions or entrenching flawed reasoning.<sup>18</sup> These findings underscore the importance of comprehensive faculty development to ensure that debriefing practices maximize the educational value of scenario-based learning in midwifery contexts.

### ***Implications for midwifery curriculum development***

The findings highlight several key implications for strengthening scenario-based learning in midwifery education. First, embedding SBL longitudinally across programs rather than relying on one-off sessions leads to more durable improvements in ethical awareness, reasoning, confidence, and clinical decision-making. Second, aligning scenarios with regulatory standards is essential; SBL activities should reflect national midwifery competencies, professional codes of conduct, and legal frameworks governing informed consent, autonomy, safeguarding, documentation, and maternal rights.<sup>39,40</sup> to ensure curricular relevance and professional preparedness. Third, prioritizing complex, realistic obstetric scenarios were critical, as morally charged maternity care situations—such as declining interventions during labour, maternal–fetal conflicts, cultural or linguistic barriers, domestic violence, safeguarding concerns, and high-risk obstetric emergencies—were found to have the strongest influence on moral development.<sup>23</sup> These scenarios should form a central component of midwifery SBL curricula. Finally, faculty development is indispensable; effective facilitators require strong ethical reasoning abilities, sound legal knowledge, expertise in simulation pedagogy, and the capacity to manage emotional responses.<sup>24</sup> Without adequate training, SBL risks becoming superficial, inconsistently delivered, or misaligned with intended learning outcomes.

### ***Gaps in evidence and future research directions***

The review revealed several important gaps in the current evidence base. First, midwifery-specific research remains limited despite the clear relevance of scenario-based learning, highlighting the need for more empirical studies exploring how midwifery students uniquely process ethical dilemmas, how midwifery identity and philosophy shape ethical learning, and the long-term effects of SBL on clinical decision-making and professional behaviour. Second, there is a need for more high-quality experimental research, as few randomized controlled trials exist; future studies should include larger sample sizes, longitudinal follow-ups, objective performance measures, and comparative analyses evaluating the effectiveness of SBL against alternative pedagogical approaches. Third, legal dimensions remain underexplored, with many studies giving minimal attention to legal principles; further research is needed to examine how learners conceptualize legal duties, how legal literacy influences ethical action, and the most effective strategies for integrating legal content into SBL without overwhelming students. Finally, cultural and contextual influences require deeper investigation, as ethical and legal norms differ significantly across countries. Future research should consider how cultural values shape moral sensitivity, how local legal frameworks contextualize ethical reasoning, and how SBL interventions can be culturally adapted to support learners in diverse global settings.

### **CONCLUSION**

This scoping review demonstrates that SBL is a highly effective pedagogical approach for strengthening ethical and legal competence in midwifery education. Across diverse formats—including written case scenarios, high-fidelity simulations, standardized patients, virtual platforms, and problem-based learning—SBL consistently enhanced learners’ moral sensitivity, moral reasoning, and applied legal understanding. The strongest improvements occurred when scenarios were realistic, emotionally engaging, and supported by structured debriefing facilitated by educators with expertise in ethics, law, and simulation pedagogy. SBL uniquely bridges the gap between theoretical instruction and real-world practice by immersing students in the complex, value-laden situations characteristic of maternity care, where decisions often involve balancing women’s autonomy, fetal wellbeing, cultural influences, and institutional standards. Despite promising outcomes, gaps persist, including limited midwifery-specific research, underrepresentation of explicit legal content, and a shortage of high-quality experimental studies that evaluate long-term effects on clinical performance. Future research should employ more rigorous designs, incorporate longitudinal assessment, and expand legal–ethical integration within culturally diverse contexts. Overall, SBL offers a powerful, practice-oriented strategy for preparing midwifery students to navigate the ethical and legal complexities of modern maternity care.

with confidence, empathy, and professional accountability.

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## REFERENCES

- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005;8(1):19-32.
- Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci.* 2010;5:69.
- Tricco AC, Lillie E, Zarin W. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med.* 2018;169(7):467-73.
- Lützn K, Nordström G, Evertzon M. Moral sensitivity in nursing practice. *Scand J Caring Sci.* 1995;9(3):131-8.
- Rest JR, Narvaez D, Thoma SJ, Bebeau MJ. DIT2: devising and testing a revised instrument of moral judgment. *J Educ Psychol.* 1999;91(4):644-59.
- Buxton M, Phillippi JC, Collins MR. Simulation: a new approach to teaching ethics. *J Midwifery Womens Health.* 2015;60(1):70-4.
- Honkavuo L. Ethics simulation in nursing education: nursing students' experiences. *Nurs Ethics.* 2021;28(7-8):1269-81.
- Duff JP. Debriefing methods for simulation in healthcare: a critical review. *Simul Healthc.* 2024;2.
- Kim YJ. The utilization of debriefing for simulation in healthcare: an integrative review referencing INACSL standards. *Nurse Educ Pract.* 2020;45:102780.
- Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics.* 2009;20(4):330-42.
- Epstein EG, Whitehead PB, Prompahakul C, Thacker LR, Hamric AB. Enhancing understanding of moral distress: the Measure of Moral Distress for Health Care Professionals. *AJOB Empir Bioeth.* 2019;10(2):113-24.
- Hacköylü E. Simulation applications in midwifery education. *Eur J Midwifery.* 2023;7:24.
- Martins T. Realistic simulation in nursing education: testing two scenario-writing approaches. *Nurs Open.* 2023;10(2):e1585.
- Tricco AC. PRISMA-ScR - PRISMA statement resources. PRISMA website. 2018. Available at: <https://www.prisma-statement.org/Extensions/ScopingReviews>. Accessed on 08 November 2025.
- Buxton M, Phillippi JC. Supplementary implementation notes: simulation ethics curriculum examples. *J Midwifery Womens Health.* 2015;60(1):70-4.
- Lützn K. Moral sensitivity in psychiatric practice. *Nurs Ethics.* 1997;4(6).
- Thoma SJ, Dong Y. The Defining Issues Test of moral judgment development. 2014. Available at: [https://www.dareassociation.org/bdev/bdb\\_archive/DB%2019.3-A09.pdf](https://www.dareassociation.org/bdev/bdb_archive/DB%2019.3-A09.pdf). Accessed on 08 November 2025.
- Choi YJ. Validity study using factor analyses on the Defining Issues Test. *PLoS One.* 2020;15(6):e0238110.
- Rest JR. A Neo-Kohlbergian approach to morality research. *Educ Psychol Rev.* Available at: <https://ethicaldevelopment.ua.edu/>. Accessed on 08 November 2025.
- Buxton M. Simulation design for midwifery ethics - practical guide and examples. *J Midwifery Womens Health.* 2015;60(1):70-74.
- Honkavuo L. Ethics simulation findings. *Nurs Ethics.* 2021;28:1269-81.
- Kim YJ, Yoo JH. The utilization of debriefing for simulation in healthcare: A literature review. *Nurse Educ Pract.* 2020;43:102698.
- Smith AB, Lammers SE. The ethics of simulation. In: *Defining excellence in simulation programs.* Wolters Kluwer. 2014. Available at: <https://healthbooks online.com>. Accessed on 08 November 2025.
- Pedersen T. Interprofessional simulation and learning: student views and learning gains. *J Interprof Care.* 2021;35(6).
- Gropelli TM. Using active simulation to enhance learning of nursing ethics. *J Contin Educ Nurs.* 2010;41(3):104-5.
- Dalton J, Gordes KL. The impact of simulation-based ethical education on nursing students' moral distress levels. *Int J Nurs Educ Scholarsh.* 2025;22(1).
- Kim YJ. Debriefing practices and outcomes in healthcare simulation: review. *Simul Healthc.* 2016;11(3):209-17.
- Rest JR, Bebeau MJ. Measurement of moral reasoning: instruments and applications. *J Moral Educ.* 2000;29(4).
- Takizawa M, Ota K, Maeda J. Development of a questionnaire to measure the moral sensitivity of nursing students. *Nagoya J Med Sci.* 2021;83(3):477-93.
- Honkavuo L. Ethics simulation in nursing education - qualitative findings. *Nurs Ethics.* 2021;28:1269-81.
- Buxton M, Phillippi JC, Collins MR. Simulation in midwifery ethics. *J Midwifery Womens Health.* 2015;60(1):70-4.
- Kim YJ. INACSL/standards-based debriefing and simulation education - review and implications. *Nurse Educ Today.* 2020;88:104338.
- Buxton M. Examples of standardized patient usage in ethical scenarios. *J Midwifery Womens Health.* 2015;60(1):70-4.
- Gropelli TM. Active simulation to enhance learning ethics. *J Contin Educ Nurs.* 2010;41(3):104-105.
- Martins T. Digital platforms for scenario writing and realistic simulation in nursing education. *Nurs Open.* 2023;10:e1585.

36. Hacköylü E. Simulation applications in midwifery education: review and recommendations. *Eur J Midwifery.* 2023;7:24.
37. Honkavuo L. Ethics simulation in nursing education: experiences and student outcomes. *Nurs Ethics.* 2021;28:1269-81.
38. Epstein EG, Whitehead PB, Prompahakul C, Thacker LR, Hamric AB. Enhancing understanding of moral distress - Measure of Moral Distress. *AJOB Empir Bioeth.* 2019;10(2):113-24.
39. Amos V. Moral distress interventions: an integrative literature review. *Nurs Ethics.* 2022;29(2).
40. World Health Organization; International Confederation of Midwives. ICM core competencies for midwifery practice. 2019. Available at: <https://www.internationalmidwives.org/what-we-do/education/education-frameworks.html>. Accessed on 08 November 2025.

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