Midwives’ experiences of witnessing traumatic hospital birth events: A qualitative study

Seyhan Çankaya¹, Yasemin Erkal Aksoy¹, and Sema Dereli Yılmaz¹

¹Selçuk University

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Abstract

Aims: The aim of this study was to investigate in detail the traumatic birth experiences of midwives in the delivery rooms, and their attitudes, reactions, and coping strategies. Methods: The design of the study is descriptive and the purposive sampling method was used. This approach is ideal for a preliminary exploration of the nature of a phenomenon. Between October 2018 and January 2019, semi-structured interviews were conducted with a purposeful sample of midwives. The research was carried out with the participation of 29 midwives, who work in labour and birth room. They were asked to describe a particular stressful situation they had experienced during the birth process, their emotions about the event, and their coping strategies and support systems. All interviews were digitally recorded, stored in a database, and transferred to MAX Qualitative Data Analysis 18.1.0 for analysis. Results: As a result of the content analysis, three main themes emerged: Psychological impact, defensive practice, and expectations from the hospital. It was revealed that, after the traumatic birth, midwives experienced highly emotional exhaustion in the form of sadness, flashbacks, guilt, fear, and empathy, and that they performed an increasingly defensive practice. Besides, midwives explicitly stated that they were not prepared enough for traumatic events and that most traumatic births were simply ignored in their workplace. Eventually, it was determined that midwives received support mostly from their colleagues in case of a traumatic birth. Conclusion(s): Midwives need to feel valued and be supported by their institutions in coping with emotional stress. Therefore, performing clinical inspections by experienced or specialist midwives may serve as a supporting framework for reducing defensive interventions.

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Fig. 1. Theme tree about the traumatic birth experiences of midwives

Midwife 27: ... I was also worried during the other births, and I performed episiotomy even if she was giving her second or third birth... (Infant Death).

Midwife 6: ... at all the births I’ve assisted, after I aspirate the baby, I give the oxygen before it’s cleaned off, depending on the situation (Difficult Birth).

Midwife 18: I tend to inform my more experienced friends and doctor if she is a big baby or she has gestational diabetes. Especially when the mother tightening herself during the delivery, or if it is the childbirth of a diabetic woman, or if the fetus is macrosomic, it reminds me of the shoulder dystocia (Difficult Birth).

Midwife 19: When I apply vaginal examination to each pregnant woman, if the babies head is engaged, I give strict training and I absolutely don’t let her stand up or I want her to inform me (Infant Death).

Midwife 17: ... I’m more cautious now. For example, I perform episiotomy even if it is her second childbirth. Because I was acquainted in court with the help of the evidence of performing episiotomy in the prolonged labour. So, I perform episiotomy even if it is her second, third or fourth births (Difficult Birth).

Midwife 5: In order not to experience such an event again, I review the files of the pregnant women and the investigations more carefully now. I report a slight deviation from the normal process. I try to take more of the woman's awareness in order not to miss anything (Maternal Death).

Midwife 21: Because there was not enough number of midwives, we were referring to the Fetal Heart Rate (FHR) of pregnant women and we used to send them home unless the effacement and dilatation initiation did not take place (Infant Death).

Fig. 2. The views on the main theme of defensive practice
Fig. 3. The views on the main theme of psychological impact.

Midwife 9: I thought it was all about getting out of a hospital. So, I told the supervisor to charge it to another nurse to work there. (IntraDeath)

Midwife 10: I was extremely concerned mostly by the conversations of the parents and their crying state. Despite the intervention, the baby died. Fortunately, I had a very hard time telling the family about the death of the baby. (IntraDeath)

Midwife 20: The nurse blamed me for not performing the operation. When transferring the pregnant woman to another hospital, the doctor told me: "You were the midwife who delivered the baby, not me." Deliberating further. She told me: "You were the one to perform the surgery, instead of me. Because the pregnant woman was well aware of all the procedures I did on her. She didn't agree to the final decision I made for her. (Difficult Birth)

Midwife 22: I was very much relieved and felt very upset because the mother's stress could be removed and that the mother would never be able to get pregnant again. I thought I was on the opposite, not thought of anything. (Difficult Birth)

Midwife 17: I was accused and felt very upset because the mother's stress could have been removed and that the mother would never be able to get pregnant again. I thought I was on the opposite, not thought of anything. (Difficult Birth)

Midwife 18: I was accused and felt very upset because the mother's stress could have been removed and that the mother would never be able to get pregnant again. I thought I was on the opposite, not thought of anything. (Difficult Birth)

Midwife 19: The baby was not able to develop the features needed in the baby. He affected me very much. I thought it happened because of me. I always kept thinking about what I could do about it. (Difficult Birth)

Midwife 20: I was thoroughly affected by the mother's saying that "It's not my fault, I can't have a child; I have already prepared the room and the clothes." The mother said until I felt very sorry for her. It was the only support after the birth. (IntraDeath)

Midwife 18: I was deeply affected by the mother's saying that "It's not my fault, I can't have a child; I have already prepared the room and the clothes." The mother said until I felt very sorry for her. It was the only support after the birth. (IntraDeath)

Midwife 19: I was deeply affected by the mother's saying that "It's not my fault, I can't have a child; I have already prepared the room and the clothes." The mother said until I felt very sorry for her. It was the only support after the birth. (IntraDeath)

Expectation from the hospital (27)

Midwife 2: I can't cope with these feelings right now and want to work somewhere outside the maternity ward. We experienced this terrible incident in the middle of the night (3:30), but my friend and I had to continue our shift until the morning. The supervisor could have supported us, but she didn't even ask about it at all. She should have ended our shift, and kept us away from the maternity ward immediately. I can't think of such a shocking event as hard as a mother's loss. After this incident, I had to assist another birth, but I don't even remember how I was able to assist. It was like a dream, somewhere in the middle of sleeping and staying awake. I really don't remember much about the following birth. (Maternal Death)

Midwife 18: I would like to take part in training on shoulder dystocia and to be well informed about the specific maneuvers, because when we feel panic during the delivery, we may forget about all the correct procedure. I think we have to take practical training for emergency and risky pregnancies. (IntraDeath)

Midwife 19: I think, there must be a psychologist whom I can talk to, helping me about it... (Difficult Birth)

Fig. 4. The views on the main theme of expectations from the hospital.