Long-term consequences of traumatic birth experiences for midwives

Sonia Minooee, Allison Cummins, Maralyn Foureur, Joanne Travaglia

Centre for Midwifery, Child and Family Health, Faculty of Health,
University of Technology Sydney, Sydney, NSW, Australia
Email: S.Minooee@gmail.com
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Outline

- Impacts of birth trauma on midwives
- Why is it important to explore this topic
- The methodology of the present study
- The findings
- Conclusion and implications
Background

- Birth trauma from the perspective of who?
- Subjectivity of a traumatic birth event
- Definition of birth trauma from midwives’ perspective
In this research project...

Shoulder dystocia (SD) was specifically the focus of the study, because:

- Among the top traumatic births globally & in Australia (Beck 2015, Dahlen, 2010, 2014)

- Definition of SD in books and in practice

- Referred to as “Achilles heel of obstetricians” or “obstetric nightmare”
How a traumatic birth may affect clinicians?

Emotional impacts:

- Increased fear, anxiety, guilt, and decreased confidence
- In long term: PTSD, compassion fatigue, burnout, attrition
Midwifery is an emotionally demanding profession. (Numerous traumatic events over time)

- Concept of second victim (Wu 2000)
- Personal impacts (emotional issues: anxiety + depression)
- Professional impacts (risk perception / clinical judgment / overgeneralisation of risk)

- Evidence regarding the impacts of birth trauma on clinical practice of midwives is limited.
Methodology

- Mixed-methods study (qualitative results for this presentation)
- Recruitment from the Australian College of Midwives
- Inclusion criteria

- Data collection (semi-structured interviews through Zoom)
  Interview questions included a description of the birth complicated by SD; feelings of midwives during and after the birth; emotions and thoughts which were developed after the birth; and the potential impact of these thoughts on the next births.

- Data analysis (inductive approach, thematic analysis)
Findings

- Demographic characteristics of participants

- SD was described as an emotionally charged experience:
  - a panic station
  - a wake-up call
  - adrenaline rush but requiring midwife to put on a brave face

  BUT ALSO as
  - an opportunity for reflection and professional empowerment
- Concepts and themes
  - Snowball effect model
  - Growth model
Snowball effect model (the process of catastrophising and exaggerated negative thinking)

Counter-catastrophising
Factors decreasing the distress and preventing the snowball from growing
- Favourable birth outcomes
- Midwifery continuity of care
- Being appreciated

Catastrophising
Factors increasing the distress and growing the snowball
- Poor relationship with women (self-blaming)
- Poor relationship with colleagues (being criticised and lack of support)
Conclusion and Implications

- Not all midwives may go through catastrophising pathway and not all may go through growth path
- Acknowledge the emotional scars after birth trauma
- Emotions affect: 1) perception of normal birth 2) clinical performance in subsequent births
- Outcomes are closely related to women’s safety.

Suggestions

- Compassion fatigue and desensitisation to traumatic experiences may be unconscious: need for continuous reflection
- Increasing collegial support for affected midwives to improve and re-gain their professional image
- Improving continuity of care model
- Building and improving resilience skills for midwifery students
Publications related to this study

- Catastrophic thinking: is it the legacy of traumatic births? Midwives’ experiences of shoulder dystocia complicated births. *Women and Birth 2020*

- Scoping review of the impact of birth trauma on clinical decisions of midwives. *Journal of Evaluation in Clinical Practice 2019*

- Shoulder dystocia: A panic station or an opportunity for actualising midwifery potentials? (Under review)

Thank you!