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Exposure to traumatic perinatal experiences and posttraumatic stress symptoms in midwives: Prevalence and association with burnout

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ABSTRACT

Background: Midwives provide care in a context where life threatening or stressful events can occur. Little is known about their experiences of traumatic events or the implications for psychological health of this workforce.
Objectives: To investigate midwives' experiences of traumatic perinatal events encountered whilst providing care to women, and to consider potential implications.
Design: A national postal survey of UK midwives was conducted.
Participants: 421 midwives with experience of a perinatal event involving a perceived risk to the mother or baby which elicited feelings of fear, helplessness or horror (in the midwife) completed scales assessing posttraumatic stress symptoms, worldview beliefs and burnout.
Results: 33% of midwives within this sample were experiencing symptoms commensurate with clinical posttraumatic stress disorder. Empathy and previous trauma exposure (personal and whilst providing care to women) were associated with more severe posttraumatic stress responses. However, predictive utility was limited, indicating a need to consider additional aspects increasing vulnerability. Symptoms of posttraumatic stress were associated with negative worldview beliefs and two domains of burnout.
Conclusions: Midwives may experience aspects of their work as traumatic and, as a consequence, experience posttraumatic stress symptomatology at clinical levels. This holds important implications for both midwives' personal and professional wellbeing and the wellbeing of the workforce, in addition to other maternity professionals with similar roles and responsibilities. Organisational strategies are required to prepare midwives for such exposure, support midwives following traumatic perinatal events and provide effective intervention for those with significant symptoms.

What is already known about the topic?

- Healthcare professionals who indirectly experience trauma through the provision of care to recipients can sometimes develop adverse psychological responses, such as posttraumatic stress disorder.

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- Midwives, through their caring capacity, may encounter distressing or traumatic events; however, the impact of this on their personal or professional wellbeing is not known.

What this paper adds

- Midwives may encounter events they perceive as traumatic through providing care to women and, as a consequence, some midwives develop symptoms commensurate with posttraumatic stress disorder.
- Higher empathy and personal trauma history were associated with higher symptoms of posttraumatic stress, but their predictive utility was limited.
- Symptoms of posttraumatic stress disorder were associated with elevated levels of burnout and held implications for midwives' decisions to remain within the profession.
- Findings highlight a need to develop effective ways to prepare and support midwives following trauma exposure, thus reducing the potential for adverse symptomatic responses to develop.

1. Introduction

Childbirth is generally considered in the developed world to be a normal, positive event. However adverse events can occur during the perinatal period, whereby the mother or her child is at risk of death or serious injury. Instances such as these can fulfil criteria for a traumatic event (APA, 2013). A proportion of both mothers and fathers perceive their experience of or being present at childbirth to be traumatic (Bradley et al., 2008; Czarnocka and Slade, 2000), but there is a paucity of research considering midwives' perceptions of such events (Sheen et al., 2014).

A traumatic birth is considered to be an event involving actual or threatened serious injury or death to the mother or her child (APA, 2013; Beck, 2004). There is potential for midwives to indirectly experience traumatic perinatal events either by witnessing them or by listening to accounts of birthing episodes from women, both of which are encompassed within the definition of trauma exposure (APA, 2013). Indirect exposure to trauma has been associated with a number of adverse psychological responses, including posttraumatic stress disorder (PTSD).

PTSD is defined by the American Psychological Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; APA, 2013), which is internationally endorsed by organisations including the Royal College of Psychiatrists and the Australian Centre for Posttraumatic Mental Health. Trauma exposure (referred to as Criterion A) is defined as exposure to an event involving perceived threat to the self or somebody else's life (APA, 2013). The predecessor to the DSM-V (the DSM-IV; APA, 2000) included requirement for appraisal of the event to involve fear, helplessness or horror; however, this was removed from the diagnostic criteria in the newest version. This study uses the definition of trauma exposure from the DSM-IV to account for both trauma exposure and appraisal.

PTSD is characterised by symptoms of intrusion (distressing, involuntary recollections), avoidance (of reminders, thoughts of the event) and increased arousal. The fourth dimension relates to the potential for the development of negative emotions (fear, guilt, shame) and exaggerated, negative worldview beliefs (APA, 2013). Exposure to trauma through providing care has the potential to elicit symptomatic responses of posttraumatic stress (PTS) (Elwood et al., 2011) and PTS symptoms have been reported by a variety of health professional groups including nurses (Mealer et al., 2012) and ambulance drivers (Alexander and Klein, 2001).

Burnout is often implicated in studies assessing responses to trauma in health professionals, characterised by high levels of emotional exhaustion, the distancing of oneself from recipients of care through depersonalisation, and reduced personal accomplishment (Maslach et al., 1996). It is not a response to trauma, but a response to chronic strain in the workplace; however, symptoms of burnout have been identified as highly associated with (yet distinct from) symptomatic responses to trauma (Jenkins and Baird, 2002). Burnout has been associated with high levels of staff turnover and absenteeism (Leiter and Maslach, 2009), with important implications for professional wellbeing and organisational efficiency.

The International Confederation of Midwives (ICM) defines a midwife as a responsible and accountable professional, who works in partnership with women to support and provide care (ICM, 2011). It is important to understand aspects of midwifery practice that may hold adverse implications for midwives' psychological health, and which may subsequently impact upon capacity to provide sensitive maternity care. Sheen et al. (2014) note the limited research investigating the potential for traumatic childbirth-related events to elicit symptoms of traumatic stress in attending professionals. A study with UK midwives and obstetricians identified symptoms of intrusion and avoidance after encountering miscarriage, stillbirth and neonatal death (Wallbank, 2010). However the proportion of midwives in this sample was small and it was impossible to disaggregate midwives' symptomatic responses from those of obstetricians'. Beck and Gable (2012) reported that 35% of their sample of labour and delivery nurses in America experienced moderate to severe symptoms synonymous with PTS. Their large sample and national recruitment strengthen the extent to which findings from that study can be extrapolated.

The majority of studies to date have been conducted with nurses specialised in the provision of intrapartum care (e.g., Beck and Gable, 2012, 2013; Goldbort et al., 2011). Midwives in the UK are autonomous, independent practitioners who are able to provide all aspects of maternity care to women considered at low risk (Department of Health, 2010). Due to differences in role autonomy between these different contexts (Malott et al., 2009), large-scale research specifically considering midwives' experiences is required.

Several aspects identified as increasing vulnerability to traumatic stress responses in other health professionals hold salience for midwives (Sheen et al., 2014), including empathic engagement with recipients of care and working in a stressful environment. Empathic engagement with women is fundamental in maternity care (Department of Health, 2010) and is a highly valued aspect of midwifery practice (Thomas, 2006). However, it is recognised to increase vulnerability to traumatic stress responses (Figley, 1995). In addition, midwifery in the UK can be highly stressful (Birch, 2001).