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ORIGINAL RESEARCH – QUALITATIVE

Midwives experiences of removal of a newborn baby in New South Wales, Australia: Being in the 'head' and 'heart' space

Louise Everitt [a,*], Jennifer Fenwick [b], Caroline S.E. Homer [c]

[a] Clinical Midwifery Consultant, St George Hospital, South East Sydney Local Health District, Kogarah, NSW, Australia
[b] Professor of Midwifery and Clinical Chair, Gold Coast University Hospital & Griffith University, Logan Campus, University Drive, Logan, Queensland, Australia
[c] Professor of Midwifery, Associate Dean: International and Development, Associate Head, WHO Collaborating Centre for Nursing, Midwifery and Health Development, Faculty of Health, PO Box 222, Jones St, Ultimo 2007, Australia

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ABSTRACT

Background: A newborn baby is removed from his/her mother into formal care when he/she is considered at risk of serious harm and it is not in the best interests to go home with their parent(s) or carer(s). In New South Wales (NSW), this removal is known as an "assumption of care". This process is challenging for all involved especially when it occurs soon after birth. There is very limited research to inform midwives in this area of practice.
Aim: To explore the experiences of midwives who had been involved in the assumption of care of a baby soon after birth or in the early postnatal period.
Method: A qualitative descriptive approach was used. Ten midwives involved with the assumption of care of a baby were interviewed. A thematic analysis was undertaken.
Findings: There were two overarching themes. "Being in the head space" represented the activities, tasks and/or processes midwives engaged in when involved in an assumption of care. "Being in the heart space" described the emotional impact on midwives, as well as their perceptions on how women were affected.
Conclusion: Midwives described feeling unprepared and unsupported, in both the processes and the impact of assumption of care. They were confronted by this profound emotional work and described experiencing professional grief, similar to that felt when caring for a woman experiencing a stillbirth. In the future, midwives need to be provided with support to ensure that they can effectively care for these women and also manage the emotional impact themselves.

1. Introduction

Being separated from her baby soon after birth is one of the most traumatic events that can happen to a woman who has just given birth. A forced separation may occur if there are concerns about the safety of the baby. In New South Wales (NSW), Australia, this process of separation and removal is known as an "assumption of care".[1]

In NSW, the Children and Young Persons (Care and Protection) Legislation Act 1998, defines when an assumption of care of a child or young person can occur. A policy based on the Act states that:

An assumption of care order may be issued where Community Services suspects, on reasonable grounds, that the child or young person is at risk of serious harm and is satisfied that it is not in the best interests of the child or young person to be removed from the Health premises by their parent(s)/carer(s). In these circumstances the Chief Executive Community Services may assume the care responsibility of a child or young person by means of an order in writing served on the person who can reasonably be assumed to be in charge of the Health premises at the time.[1]

The policy provides instructions on the procedures and process of assumption of care, however, they are silent on how best to assist the health care professionals through this event.[2]

As primary providers of antenatal care, midwives have a unique opportunity to recognise vulnerable families during pregnancy, optimise health and wellbeing and reduce risk of serious harm to

* Corresponding author at: St George Hospital, Maternity, Delivery Suite, Level 1, Gray St, Kogarah, NSW 2217, Australia. Tel.: +61 02 91131111x177/02 91132265; fax: +61 02 91132388; mobile: +61 0414543334.
E-mail address: Louise.Everitt@sesiahs.health.nsw.gov.au (L. Everitt).

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the unborn child.[3] If little or no improvements occur during pregnancy and there is evidence of risk of serious harm to an infant, the midwife as a mandatory reporter is obliged to notify the authorities. If a rapid response is required, the Department of Community Services (DoCS) in NSW applies for an order to 'assume care and responsibility' for the newborn immediately post birth.[2] In 2009, the Department of Community Services (DoCS) in NSW changed its name to Community Services and in this paper is known as 'Community Services'.

There is little research investigating assumption of care from the perspective of midwives. An extensive search of the literature identified only one relevant study, a qualitative study of nine midwives in the United Kingdom (UK).[4] The midwives recognised the important, but difficult, part they played in child protection including a lack of appropriate collaboration, communication and support. The midwives also reported feeling scared and fearful as a result of the family's anger at the removal of a newborn and made comparisons between the grief and loss reactions of these women and those seen after a stillbirth. The research concluded that it was important to find ways to better understand these experiences and support midwives during these rare but emotionally distressing situations.

Other research,[5,6] highlights how the removal of a newborn is one of the most forceful interventions of the State into a family's life. This study showed that the tension between a "woman centred" versus "child/foetus focus" approach, potentially causing internal conflict for the midwife and heightening feeling of powerless and vulnerability.

These two studies highlight how assumption of care is challenging for midwives but it is not known if this is similar in Australia. Our study aimed to explore and describe midwives' experiences of being involved in the care of a woman at risk of an assumption of care and/or whose newborn had been removed. The study was approved by the university's human research ethics committee prior to commencement (HREC No: 2010-223A).

2. Method

A qualitative descriptive design was used to describe the phenomena of being involved in the assumption of care.[7,8] Descriptive studies enable a rich description of complex situations that are unexplored in the literature and search for a deeper understanding of the experience of participants.[9] Data were collected using in-depth interviews. The analysis aimed to produce a comprehensive description of how midwives perceived and experienced the events surrounding "assumption of care".

2.1. Recruitment of participants

Midwives working in metropolitan Sydney (NSW) who had been involved with an assumption of care within the past three years were invited to participate. The timeframe was to ensure that participants had practised during the most recent legislative changes surrounding child protection. A half-page advertisement was placed in the Australian College of Midwives (ACM) – NSW Branch Newsletter. A number of midwives contacted the research team after hearing about the study from their colleagues.[8] Upon contact, midwives were given detailed information about the study and what participation would involve. Interested midwives, who met the inclusion criteria, were sent an information sheet and consent form. Any midwife who identified herself/himself as a work colleague of the first author was excluded to avoid potential conflict of interest during the interview process.

2.2. Participant characteristics

Ten midwives, aged between 40 and 59 years with 2–30 years of experience as a midwife, were interviewed. All participants were female. Nine were midwives with a prior nursing qualification and one was a graduate from a direct-entry Bachelor of Midwifery Program. All had completed some type of continuing education qualification. The participants worked in a range of models of care including rotating through all areas of maternity care, providing caseload care or as managers or clinical midwifery consultants. Eight worked in metropolitan public hospitals and two in rural public hospitals. The midwives had been directly involved in between one to 18 assumptions of care in the past three years.

2.3. Data collection

Prior to the interview, a brief overview of the interview question guide was forwarded to the participant. Each individual interview was held at a convenient time and in a location of the participants choosing. Signed consent forms were collected at the commencement of the interview.

Each participant was interviewed once. Interviews lasted between 45 and 60 min, were digitally recorded and transcribed verbatim by the first author. While the interview guide included a broad set of promoting questions the sequence remained flexibility to ensure the researcher could appropriately respond to participants (see Box 1). As the analysis progressed, concepts related to the emerging themes were added. Field notes were made before and after each interview. Theoretical saturation was reached after nine interviews.[10,11] One additional midwife was interviewed to verify saturation.

2.4. Data analysis

Thematic analysis was used to identify, explore and report themes within the text.[12] The process outlined by Burns and Grove[12] was used to guide the analysis process. Transcribed interviews were read numerous times in combination with the field notes. Initial thoughts were documented. Line-by-line coding then commenced which identified the main concepts.[13] These concepts were allocated codes which were clustered into groups and given tentative labels in an iterative manner. Eventually, themes and/or sub themes were formed from the grouped data. Relationships and links between themes were explored.[12] An audit

Box 1. Prompting Interview Questions

The broad questions around the topic of assumption of care were as follows:

- Could you tell me how often you have been involved in assumption of care of a newborn in the past three years? Has this increased or decreased?
- Could you describe your experiences in relation to assumption of care of a newborn?
- Could you describe the emotions you felt before and after the assumption of care?
- Could you share your thoughts on support for the midwives when involved in the assumption of care process?
- How did this experience influence your future practice when dealing with families who have child protection issues?
- How do you think the model of care you worked in during the assumption of care influenced and/or impacted on your experience/s?
- How did your midwifery education prepare you for being involved in the assumption of care process?