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The experience and impact of traumatic perinatal event experiences in midwives: A qualitative investigation

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ABSTRACT

Background: Through their work midwives may experience distressing events that fulfil criteria for trauma. However, there is a paucity of research examining the impact of these events, or what is perceived to be helpful/unhelpful by midwives afterwards.
Objective: To investigate midwives' experiences of traumatic perinatal events and to provide insights into experiences and responses reported by midwives with and without subsequent posttraumatic stress symptoms.
Design: Semi-structured telephone interviews were conducted with a purposive sample of midwives following participation in a previous postal survey.
Methods: 35 midwives who had all experienced a traumatic perinatal event defined using the Diagnostic and Statistical Manual of Mental Disorders (version IV) Criterion A for posttraumatic stress disorder were interviewed. Two groups of midwives with high or low distress (as reported during the postal survey) were purposefully recruited. High distress was defined as the presence of clinical levels of PTSD symptomatology and high perceived impairment in terms of impacts on daily life. Low distress was defined as any symptoms of PTSD present were below clinical threshold and low perceived life impairment. Interviews were analysed using template analysis, an iterative process of organising and coding qualitative data chosen for this study for its flexibility. An initial template of four a priori codes was used to structure the analysis: event characteristics, perceived responses and impacts, supportive and helpful strategies and reflection of change over time codes were amended, integrated and collapsed as appropriate through the process of analysis. A final template of themes from each group is presented together with differences outlined where applicable.
Results: Event characteristics were similar between groups, and involved severe, unexpected episodes contributing to feeling 'out of a comfort zone.' Emotional upset, self-blame and feelings of vulnerability to investigative procedures were reported. High distress midwives were more likely to report being personally upset by events and to perceive all aspects of personal and professional lives to be affected. Both groups valued talking about the event with peers, but perceived support from senior colleagues and supervisors to be either absent or inappropriate following their experience; however, those with high distress were more likely to endorse this view and report a perceived need to seek external input.

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Conclusion: Findings indicate a need to consider effective ways of promoting and facilitating access to support, at both a personal and organisational level, for midwives following the experience of a traumatic perinatal event.

What is already known about the topic?

- Maternity professionals may encounter events that fulfil criteria for trauma whilst providing care to women, with potential implications for their own psychological wellbeing.
- There is a paucity of research considering the experience, impact and management of responses as reported by midwives following exposure to traumatic perinatal events.

What this paper adds

- Findings from this interview study indicate that the characteristics of traumatic perinatal events were similar between midwives with high and low levels of resulting distress, but that differences arose in the appraisal of responses, impacts and receipt of support.
- Midwives valued the opportunity to talk about their experience with peers, but felt that access to support from clinical midwifery managers or supervisors of midwives was not always available or accessible; midwives with high distress sought external input.
- Midwives with high distress following a traumatic perinatal event were more likely to feel personally upset and perceive all aspects of their life (personal and professional) to be adversely affected.

1. Introduction

Adverse perinatal events are rare in the developed world. However, situations can arise where there is a potential threat to the mother or her child, which can fulfil criteria for trauma (APA, 2013). The potential for mothers to experience birth as traumatic has been identified in previous research (Czarnocka and Slade, 2000). There is a paucity of research considering the experiences of midwives who, while providing care, encounter events that they perceive to be traumatic (Sheen et al., 2014).

Indirect exposure to trauma can elicit posttraumatic stress disorder (PTSD). PTSD is characterised by involuntary and distressing recollections of the traumatic event (e.g., flashbacks, intrusive imagery), avoidance of reminders (people, places, thoughts) of the event, heightened arousal (where concentration and sleep can be disrupted), and alterations to worldview beliefs and affective states (e.g., guilt, fear or shame; APA, 2013).

International research highlights the potential for maternity professionals to experience some maternity events as traumatic, and for a proportion to develop PTSD symptoms (Beck and Gable, 2012; Goldbort et al., 2011). Beck and Gable (2012) reported that a third of surveyed US labour and delivery nurses experienced symptoms synonymous with PTSD after a difficult obstetric experience. A qualitative study of US intrapartum nurses reported evidence of flashbacks following traumatic birthing events (Goldbort et al., 2011). Variations in role autonomy between maternity professionals in different contexts (Malott et al., 2009) and limited research with UK midwives indicate a need for specific exploration, especially where compassionate care is a contemporary policy driver (Department of Health, 2012).

Sheen et al. (2015) conducted the first large-scale UK survey of midwives' experiences of traumatic perinatal events. One-third of respondents to the survey reported clinically significant levels of PTS symptoms. However the overall response rate was low at 16% ($n = 464$), with 90% ($n = 421$) reporting an experience of trauma. It is likely respondents were those for whom the survey was most relevant and therefore biased to those with distress. To be conservative in any extrapolation of findings in reporting we have assumed that the survey respondents included all midwives experiencing distress following a traumatic perinatal event, and that all non-respondents were non-symptomatic. Using these conservative assumptions findings still indicate that at a minimum of 1 in 6 UK midwives have experienced trauma, and that 1 in 20 are suffering with clinically significant PTSD symptoms. This will certainly underestimate the number of midwives with difficulty as some will not have returned their questionnaire (e.g., due to distress from recounting their experience).

Experiencing trauma impacted upon midwives' personal and professional wellbeing. Midwives reported taking time away from practice, changing their clinical allocation and considering leaving midwifery. The majority of people who experience trauma will not develop PTSD (Ehlers and Clark, 2000). It is useful to compare perceptions of individuals with and without elevated levels of distress following trauma exposure, to identify any differences in experiences, impacts or receipt of support. Through this, preventive and supportive strategies can be developed.

1.1. Aim

To provide an in-depth investigation into the experience, perceived impact and management of responses in midwives.

1.2. Design

A qualitative interview design was used with a purposive sample of midwives following participation in a postal survey (Sheen et al., 2015).

1.3. Ethical approval

Ethical approval was obtained in May 2011 from the Department of Psychology, University of Sheffield.