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# What are the characteristics of perinatal events perceived to be traumatic by midwives?

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ABSTRACT

*Objective:* there is potential for midwives to indirectly experience events whilst providing clinical care that fulfil criteria for trauma. This research aimed to investigate the characteristics of events perceived as traumatic by UK midwives.
*Methods:* as part of a postal questionnaire survey conducted between December 2011 and April 2012, midwives ($n=421$) who had witnessed and/or listened to an account of an event and perceived this as traumatic for themselves provided a written description of their experience. A traumatic perinatal event was defined as occurring during labour or shortly after birth where the midwife perceived the mother or her infant to be at risk, and they (the midwife) had experienced fear, helplessness or horror in response. Descriptions of events were analysed using thematic analysis. Witnessed (W; $n=299$) and listened to (H; $n=383$) events were analysed separately and collated to identify common and distinct themes across both types of exposure.
*Findings:* six themes were identified, each with subthemes. Five themes were identified in both witnessed and listened to accounts and one was salient to witnessed accounts only. Themes indicated that *events were characterised* as severe, unexpected and complex. They involved aspects relating to the *organisational context*; typically limited or delayed access to resources or personnel. There were *aspects relating to parents*, such as having an existing relationship with the parents, and negative perceptions of the *conduct of colleagues*. Traumatic events had a common theme of generating feelings of *responsibility and blame* Finally for witnessed events those that were perceived as traumatic sometimes held *personal salience*, so resonated in some way with the midwife's own life experience
*Key conclusions:* midwives are exposed to events as part of their work that they may find traumatic. Understanding the characteristics of the events that may trigger this perception may facilitate prevention of any associated distress and inform the development of supportive interventions.
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## Introduction

In the course of either their work or providing clinical care midwives may encounter events at work that they perceive as traumatic, either by witnessing an event as it occurs during or soon after birth, or by listening to an account of an event as it is recounted to them by a woman in their care. Events where the mother or her infant are considered to be at risk of serious injury or death, and where the midwife experiences fear, helplessness or horror in responses, have the potential to be perceived as traumatic (APA, 2000). Exposure of this nature has been associated with the development of posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013). PTSD comprises of distressing and involuntary recollections (e.g.,'flashbacks') of an event, coupled with the avoidance of reminders, a heightened sense of arousal and a more negative emotional state. As PTSD can have a profound, negative impact on personal wellbeing, it is important to understand the nature of events that may lead to this.

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Knowledge of the types of obstetric events most frequently reported as traumatic by staff is limited but include fetal demise or neonatal death, shoulder dystocia, maternal death and infant resuscitation (; Beck and Gable, 2012; Beck, 2013; Beck et al., 2015). Additional contextual aspects have also been identified as contributing to a perception of trauma. Events where midwives were unable to locate a doctor to perform a caesarean section (Beck et al., 2015), or where the care provided by another professional was perceived as overly forceful (Beck and Gable, 2012; Beck et al., 2015) were reported as traumatic, contributing to feelings of helplessness. Fewer years of professional experience has also been implicated (Beck and Gable, 2012). Being unable to provide the type of maternity care deemed necessary for women, or where midwives disagreed with the clinical decision making of other members of staff, are also implicated in increasing emotional difficulty for midwives (Rice and Warland, 2013; Wallbank and Robertson, 2013). Finally, awareness that the mother was also in distress, or that they too perceived the birth as traumatic, has also been cited as contributing to midwives' negative experiences (Beck and Gable, 2012; Rice and Warland, 2013). However to date the focus has been on the specific obstetric event, rather than identifying thematic commonalities or common features of events experienced as traumatic.

Sheen et al. (2015) conducted the first large-scale survey of UK midwives' experiences of work-related trauma. Surveys were distributed to a random sample of midwives ($n$=2800), registered with the Royal College of Midwives (RCM). Of the 464 respondents (16%), 421 had experienced a traumatic perinatal event. One third of those with trauma experience reported symptoms of PTSD commensurate with a clinical diagnosis. Conservative estimations drawn from these findings indicated that a minimum of one in six midwives experience trauma whilst providing care to women, and that a minimum of 1 in 20 midwives were experiencing symptoms of PTSD commensurate with a clinical diagnosis.

In-depth interviews with a purposive sample of midwives from the Sheen et al. (2015) survey provided a comparative analysis of experiences between those with high or low posttraumatic stress (PTS) symptoms and impairment (Sheen et al., 2016). Findings indicated that the perceived impact of trauma experience and implications for their personal and professional lives differed between high and low distress group. Midwives with high distress were more likely to report feeling personally upset by their experience, and for the event to have held adverse implications for aspects of both their personal and professional life.

Despite acknowledgement of the potential for midwives and other maternity professionals to develop PTS symptoms in response to work experiences, there is little research specifically investigating what sort of events midwives themselves find traumatic (Sheen et al., 2014). For purposes of generalisability there is a need to specifically consider the large-scale, questionnaire-based descriptions identifying the nature of events that pose difficulty as this will enable detailed exploration of what may influence perception of trauma. Through this, preventative or supportive strategies can be developed on an informed basis.

## Methods

### *Aim*

To investigate the characteristics of events perceived as traumatic by UK midwives.

### *Ethical Approval*

Ethical approval was obtained from the Department of Psychology (University of *Sheffield*) in May 2011.The research was reviewed and approved as suitable by the Royal College of Midwives' Education and Research Committee.

### *Design*

Quantitative data from the postal questionnaire survey regarding sample characteristics and psychological impacts after trauma experience has been reported (Sheen et al., 2015). Information from subsequent in-depth interviews with a smaller subsample of respondents from the questionnaire survey comparing the experience of midwives with high and low resulting distress has been reported elsewhere (Sheen et al., 2016). This manuscript presents analysis of written event descriptions provided by midwives from this postal questionnaire survey.

### *Sample and recruitment process*

Detailed procedure for sampling and postal questionnaire distribution is provided in Sheen et al. (2015). The final sample included 421 midwives who had experienced at least one traumatic perinatal event corresponding to the DSM-IV (American Psychiatric Association, 2000) criterion A for PTSD; where the midwife perceived the mother or her child to be at risk of serious injury or death, and where they (the midwife) experienced fear, helplessness or horror in response. As part of the questionnaire, demographic characteristics (age, gender, education) and professional experience variables (year's qualified, professional designation and current location of work) were collected and midwives provided a short written description of a traumatic perinatal event they had experienced. These descriptions (3-4 lines) described a perinatal event that had either been witnessed, or had been recounted to them by a woman in their care ('listened to').

### *Process of analysis*

Thematic analysis was used to analyse the descriptions of perinatal events perceived as traumatic (Braun and Clark, 2006). The researcher (*KS*) read through each event to familiarise herself with content. Open coding was conducted by hand for all data and codes discussed (in reference to extracts from the data) within the supervisory team (*PS, HS*). Through discussion and examination of original data, codes were collapsed where appropriate and organised into themes. Themes were reviewed and organised in terms of major overarching themes and minor subthemes. Discomfirmatory evidence was sought in reference to the devised codes and, where identified, retained and presented within the results. Uncertainties regarding categorisation were resolved through discussion within the supervisory team. Twenty per cent of extracts, stratified for each code, were randomly selected for second coding by a Master's level student with a Psychology background, who was provided with guidance about perinatal events and descriptions of categories. Cohen's Kappa (Cohen, 1960) for agreement between category coding was 0.76, indicative of good inter-rater reliability.

## Findings

Descriptions of 399 witnessed and 283 listened to events were provided by midwives. Midwives were aged between 22 and 68 years ($M$=45.04, SD=9.85) and had qualified as a midwife between 6 months and 44 years prior to completing the survey ($M$=17.28, SD=10.48). All but one of the midwives were female ($n$=420, 99.8%), and the majority ($n$=395%, 93.8%) reported that they were currently working in clinical practice. Additional

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