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Work in progress Exploring midwives' deepest concerns in practice

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It may or may not have something to do with the forthcoming general election, but the problems of the National Health Service currently appear to be attracting more than their fair share of media attention.

The maternity services are not exempt from this scrutiny, as demonstrated by the Kirkup Report[1] on the Morecambe Bay debacle. Amid such devastation, the midwife has not fared well. Accusations and counteraccusations about staff shortages feature prominently in a health care system of which more is being expected while, simultaneously, being pared down to the bone. In the midst of this media feeding frenzy, there have been probably well-meant attempts to present the midwife as both squeaky clean and content with her lot.[2,3]

Meanwhile, the NMC guidance on whistleblowing[4] demonstrated more tunnel vision than insight. In such a confused and confusing environment, resilience has been presented as an essential qualification and personality characteristic for the midwife.[5]

Against this conflicted background, the Birth Project Group (www.pregnancyandparents.org.uk/birth-projectgroup/) has undertaken a research project to listen to the voices of midwives and midwifery students in Britain and Ireland to present an accurate portrayal of the midwife's experiences and concerns. The survey comprised a confidential online questionnaire which was publicised through midwifery journals and social media. The data are being analysed qualitatively and quantitatively to provide a complete representation of how midwives and students are facing the current challenges. This short report seeks to alert readers to this work in progress and some of the data which are beginning to emerge.

Concerns about staff shortages pervaded and underpinned many of the responses. Inevitably, these concerns related to standards not being maintained: 'Staffing always impacts quality of care ... Occasionally I believe that safety is compromised by staffing shortages.' Because of these staffing difficulties, many midwives found themselves 'doing extra' in the form of staying on duty late or taking work home with them:

'It is not unusual to miss meal breaks and be off duty late. More often than not I am off duty late due to completing management documentation which I have had to delay in order to put the care of women first ... The women may get unsafe care but woe betide if we miss filling in the Infection Control Audit!'

In this difficult environment midwives wrote of their need for interpersonal support and the benefits to them and their practice when such support was forthcoming: *'If staffing and capacity are ok, I feel well supported and communication is good.'*

Those midwives, however, who could not locate such support, reported a very different and much bleaker experience:

'At this stage nothing enables me to feel supported. I feel required to survive.'

The questionnaire sought information about the midwives' and students' perceptions and experiences of 'raising concerns', which focused attention on whistle blowing. Many midwives reported that they were comfortable with the process:

'Easy reporting process and open and honest culture encouraged.'

Others, though, were less sanguine:

'I'm not sure what would happen and may never get any feedback unless I ask for it.'

'The risk midwife is always encouraging us to report incidents, then she does a monthly report and its nearly always the midwife who gets the rap.'

As has been mentioned in the literature, horizontal violence or bullying is familiar to many midwives:

'Toxic culture, "if you can't stand the heat, stay out of the kitchen" attitude, machismo midwifery, bullying, jadedness, professional ambition ... lack of love and compassion for women and midwives ... etc etc etc.'

Many midwives considered that protocols and guidelines only added to the challenges facing them:

'We are encouraged to "bend" guidelines rather than challenge those that are clearly outdated and inappropriate.'

In many of the responses to questions about what hinders good practice fear featured prominently:

'I feel walking on egg shells when I go to the unit, you never know what you walk into, there is always a frisson of fear somewhere.'

Particularly in the context of staff shortages, concerns about the welfare of women and babies were widespread:

'I am worried that I miss something important which could have a detrimental effect on the mother or baby.'

Or even:

'[Concern] that someone will die.'

Midwives frequently expressed disquiet about, not only their own future in midwifery, but also the future

of the midwifery profession

This brief account shows that the midwife and midwifery student respondents expressed anxiety about a wide range of aspects of their practice and the maternity services. These anxieties related to both clinical as well as organisational aspects and while some were immediate or relatively short term, others were far-reaching.

To remedy this sorry scenario midwifery needs a complete change of attitude. Midwives need to move away from the all too familiar power-based top-down arrangement. There needs to be more communityoriented partnerships which are both collaborative and involve both users and providers.

Birth Project Group.
The group is a collaboration between the Pregnancy and Parents Centre, Trinity College Dublin, the Universityof Edinburgh and Edinburgh Napier University.

References

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