

FEAR OF CHILDBIRTH AMONG WOMEN

FEAR OF CHILDBIRTH AMONG WOMEN is an issue about which midwives have an awareness and sensitivity (Dahlen and Caplice, 2014). But what about the fear and anxiety experienced by midwives themselves? In recent years, there has been increased research into their experience, illuminating some of the difficulties that midwives face on a day-to-day basis (Davies and Coldridge, 2015; Hunter and Warren, 2013). Many of the problems are connected to the environment in which they work, whether that is a specific unit or the broader healthcare culture. For example, recent investigations into NHS failures of care have resulted in midwives receiving mixed press, which has an inevitable effect on morale (Mander, 2014).

The Birth Project Group aimed to find out how much a midwife's practice is affected by the stringencies of the recent and current healthcare environment. It put together an online survey, focusing on midwives' perceptions of their practice environment, and comprised open and

closed questions to glean midwives' genuine feelings. The survey began with an invitation to UK and Irish midwives and midwifery students on social media and professional publications in 2014. The respondents were sufficiently enthused by the topic to answer questions in detail and at length. Fear was a recurring theme in the answers to the open questions. It seems to manifest itself in three different forms.

General anxiety

The first is general anxiety, which appears to be widespread. One respondent said: 'There is a culture of fear... I feel [I'm] walking on egg shells when I go to the unit, you never know what you'll walk into, there is always a frisson of fear somewhere.'

Heightened awareness is crucial to effective practice and is a highly satisfying aspect of midwifery. However, midwives who work in an over-stretched environment may feel nothing but tension and react to potentially complicated conditions with increased anxiety because their emotional resources are drained by challenging day-to-day practice. Thus, anxiety and tension aggravate demanding situations.

Some respondents could see the long-term effect of this. One said: 'If we support midwives and value them, we will succeed in providing excellence. If we wear them out, stress them beyond what is reasonable – and create a culture of fear – we will pay the price in patient care.'

When asked what factors inhibited the ability to practise optimally, one midwife replied: 'Staff, protocols, expectations, size of unit, power of obstetrics. Most of all, fear.'

Qualitative findings from an online survey show the extent to which midwives are practising in fear.

FEAR among midwives

Variety of fears

Some midwives responded with a series of concerns, reflecting a variety of fears. They indicate the breadth of concerns that the midwife must endure while seeking to provide care and encouragement to women. Unsurprisingly, low staffing levels caused problems. One midwife explained that it is stressful because of tasks left undone, and fear has become a near-constant companion.

'Fear of untoward occurrences; fear of litigation; fear of burnout; fear for my health; fear of making a mistake,' she said.

Many of the midwives reflected on what has been termed 'the vicious cycle of understaffing' (Donohoe, 2015). This cycle is perceived to result from current economic stringencies on top of past neglect of midwifery staffing levels. It carries adverse implications for women and their babies, as well as for midwives' health and careers. One midwife said she fears a serious clinical incident occurring and being blamed for something out of her control because of staff shortages. Another explained the effect it has on her when she is trying her best in a system with severe shortcomings.

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'It is sad to leave every shift knowing that you haven't been able to do enough and being too scared to follow up a woman due to the fear that somewhere else in the service care has fallen short. The only reason I'm still working in this environment is fear for what would happen if any more of us leave.'

This vicious cycle can be linked to attrition from the profession and sickness absence. One midwife described how patient satisfaction goes down while staff stress levels go up. She said that the fear that something – or someone – will be missed means that the increasing levels of sickness become self-perpetuating. It is apparent that fears compound each other, both for individual midwives and more widely.

Specific fears

Other respondents articulated specific fears, such as encountering certain colleagues in a climate of unacknowledged behaviours that reinforce intimidation. One described 'the prevailing obstetric culture of fear'. There was recognition that fear was an impediment to effective midwifery practice. Some saw the solution as becoming more assertive. One midwife said: 'Fear is the greatest barrier to me practising as the midwife I would like to be. If only we would all find the courage to speak out when we are understaffed and feel overwhelmed, management would need to listen.'

This need for assertiveness, sometimes termed 'resilience' (Hunter and Warren, 2013), was identified by other midwives as fear of 'tall poppy syndrome' – the fear of standing out from the crowd.

Blame and bullying were both serious causes of concern among respondents, some of whom were able to express remarkable insight, even sympathy, for the bully.

'There is a fear of bullying by managers, themselves bullied by their managers because of financial pressures,' said one. >



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→ A specific, widely expressed anxiety related to the effects of stringencies on the standard of maternity care. Midwives recognised that poor staffing jeopardised their own health and career. One said: 'I feel constantly disheartened, apologising to women for things I am unable to provide during my shift. I also live in fear that the job I once loved will come to an end because I am unable to provide the standard of care women deserve.'

The qualitative data from the survey reveals the depth of midwives' anxieties. Many of these result from the economic stringencies being levelled at the health service and maternity services, in particular. However, they also reflect the steady stream of reports published since the beginning of the century and their neglect (Healthcare Commission, 2006).

Professional anxieties

The data throw a different light on the concept of fear in a maternity unit. Until relatively recently, fear was seen as unique to the childbearing woman and a possible reason for medical intervention. Attention is now moving to those attending the woman; research is identifying the extent to which the carer's bad experience mirrors or parallels the woman's (Davies and Coldridge, 2015). Fear and professional anxieties experienced by the midwife were the focus of Hannah Dahlen and Shea Caplice's qualitative study (2014). But the Australian respondents and researchers concentrated on clinical problems. Mortality, morbidity and near misses monopolised the anxieties that were expressed by the midwives. Only 132 fears (17%) related to the practice environment were expressed. The reasons for this are uncertain; it may relate to the Australian population or the healthcare system. While these clinical concerns will

be experienced by midwives in the UK and Ireland, as well as Australia, they are likely to be aggravated by a clinical environment that has become disagreeable to the point of verging on hazardous.

The significance of the fear articulated by midwives and students should not be underestimated. Although clearly different from the woman's anxiety, the midwife's fear will be perceived and exert an iatrogenic form of stress, which is likely to interfere with the woman's physiological experiences, such as birth and breastfeeding (Ewing, 2010). Thus, the trauma of a woman's difficult childbearing experience further traumatises those attending her (Davies and Coldridge, 2015), manifesting itself in an escalating cycle of despair.

The data show midwives' part in this vortex. Their fear of certain phenomena presents a threat to optimal practice. They also articulated their fear to behave in certain ways that, although daunting, were known to be necessary. The midwives were able to adopt a particularly long-sighted position and talk about their fears for midwives' health, their careers and the future of maternity services.

Isn't it time that management listened? **M**

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