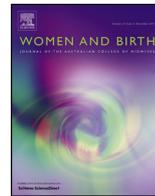




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ORIGINAL RESEARCH – QUANTITATIVE

Responses to birth trauma and prevalence of posttraumatic stress among Australian midwives

Julia Leinweber^{a,*}, Debra K. Creedy^a, Heather Rowe^b, Jenny Gamble^a

^a Menzies Health Institute Queensland, Griffith University, Logan Campus, University Drive, Meadowbrook, QLD 4131, Australia

^b School of Public Health and Preventive Medicine, Monash University, The Alfred Campus, Level 1 549 St Kilda Road, Melbourne, VIC 3004, Australia

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ABSTRACT

Background: Midwives frequently witness traumatic birth events. Little is known about responses to birth trauma and prevalence of posttraumatic stress among Australian midwives.

Aim: To assess exposure to different types of birth trauma, peritraumatic reactions and prevalence of posttraumatic stress.

Methods: Members of the Australian College of Midwives completed an online survey. A standardised measure assessed posttraumatic stress symptoms.

Findings: More than two-thirds of midwives (67.2%) reported having witnessed a traumatic birth event that included interpersonal care-related trauma features. Midwives recalled strong emotions during or shortly after witnessing the traumatic birth event, such as feelings of horror (74.8%) and guilt (65.3%) about what happened to the woman. Midwives who witnessed birth trauma that included care-related features were significantly more likely to recall peritraumatic distress including feelings of horror (OR = 3.89, 95% CI [2.71, 5.59]) and guilt (OR = 1.90, 95% CI [1.36, 2.65]) than midwives who witnessed non-interpersonal birth trauma. 17% of midwives met criteria for probable posttraumatic stress disorder (95% CI [14.2, 20.0]). Witnessing abusive care was associated with more severe posttraumatic stress than other types of trauma.

Discussion: Witnessing care-related birth trauma was common. Midwives experience strong emotional reactions in response to witnessing birth trauma, in particular, care-related birth trauma. Almost one-fifth of midwives met criteria for probable posttraumatic stress disorder.

Conclusion: Midwives carry a high psychological burden related to witnessing birth trauma. Posttraumatic stress should be acknowledged as an occupational stress for midwives. The incidence of traumatic birth events experienced by women and witnessed by midwives needs to be reduced.

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Summary of relevance:

Problem or issue

Midwives' responses to witnessing different types of traumatic birth events and the prevalence of posttraumatic stress among Australian midwives have received little attention.

What is already known

Midwives witness traumatic birth events and may be at risk for developing posttraumatic stress symptoms.

What this paper adds

Evidence that witnessing care-related interpersonal birth trauma provokes strong emotional reactions in midwives and may have long-term implications for their psychological well-being. Almost one-fifth of Australian midwives meet criteria for probable PTSD.

* Corresponding author at: School of Nursing & Midwifery, Griffith University, Logan Campus, University Drive, Meadowbrook, QLD 4131, Australia. Tel.: +61 7 54061311.

E-mail addresses: julia.leinweber@griffithuni.edu.au (J. Leinweber), d.creedy@griffith.edu.au (D.K. Creedy), heather.rowe@monash.edu (H. Rowe), j.gamble@griffith.edu.au (J. Gamble).

1. Introduction

Posttraumatic stress disorder (PTSD) is a trauma-related condition which may develop in response to experiencing or witnessing a traumatic event.¹ Research in the USA² and in the UK³ has identified that midwives can develop posttraumatic stress symptoms following exposure to birth trauma.

PTSD symptoms in midwives are an important consideration because of the potential negative consequences for care. There is evidence that other health professionals reporting PTSD symptoms experience empathic impairment and emotionally-distant caregiving.^{4–6} Health professionals with PTSD may also overestimate the likelihood of adverse events, known as 'judgment bias'.^{7,8} PTSD symptoms in midwives may adversely affect their relationships with women in their care and reduce their clinical decision-making skills.

Maternity professionals have described a variety of events during labour and birth that can trigger traumatic stress responses.^{9–11} These events included not only obstetric emergencies¹⁰ but also "rough approaches" towards women by physicians, and disrespectful interactions between caregivers and women.^{9,11} Traumatic events are commonly distinguished as being interpersonal, such as sexual and physical or psychological assault and abuse, or non-interpersonal trauma, such as accidental injury and natural disaster.^{12,13} Epidemiological studies have consistently identified higher rates of posttraumatic stress following exposure to interpersonal trauma than to non-interpersonal trauma.^{14–17}

Midwives' personal reactions to birth have not received much scholarly attention.¹⁸ Emotional reactions during and shortly after a traumatic experience, referred to as peritraumatic distress, reflect the subjective interpretation of the trauma. Peritraumatic distress may heighten trauma-related memory and sensitise the neurobiological systems implicated in the pathogenesis of PTSD.¹⁹ Individuals who experience more severe peritraumatic distress have a higher risk of developing posttraumatic stress.^{20,21}

In Australia, as many as 43% of childbirth events are experienced as traumatic by women.²² However, reports about midwives' exposure to birth trauma, including a description of different types of birth trauma and peritraumatic distress are limited.¹¹ The aim of the present study was to explore midwives' emotional responses to witnessing different types of birth trauma and to estimate the prevalence of PTSD symptoms.

2. Methods

2.1. Study design

A descriptive, cross-sectional survey design was used.

2.2. Participants

Australian midwives who were members of the Australian College of Midwives (ACM).

2.3. Measures

Study-specific questions assessed personal and professional details including age, traumatic life events, length of registration, hours worked per week, main place of practice and number of births attended per month.

Participants were invited to identify a traumatic birth event they had witnessed when providing care for a woman (the 'index' trauma). This index event served as the basis for inquiry about trauma event characteristics, emotions during or shortly after the traumatic event and traumatic response symptoms.

2.3.1. Trauma event characteristics

The Traumatic Events in Perinatal Care List (TEPCL) is a study-specific measure to assess different types of traumatic events that can be witnessed by care providers during labour and birth. Research which describes nurses and midwives' experiences of witnessing traumatic birth events was reviewed to identify different types of traumatic birth events.^{9–11} These descriptors, together with findings from research into traumatic childbirth experiences with women,²³ were used to create a list of care-related interpersonal and non-interpersonal trauma event features.

The TEPCL was pilot-tested with a convenience sample of midwives ($n = 45$) who were asked to indicate if they considered the feature relevant in the context of professional trauma exposure in midwives (on a scale of relevant, not sure, not relevant), and if the trauma feature would concern them personally (yes/no). In addition, midwives were asked for feedback regarding the clarity of wording in the description of the trauma feature (on a scale of clear, not sure, unclear). Features described in the list involved death and severe injury of mother or baby, disrespect of women's dignity, involvement in suboptimal care, and abusive care or management. The findings indicated that in addition to obstetric events involving death or severe injury of women and babies, midwives also identified witnessing trauma related to physical and psychological mistreatment by perinatal caregivers as potentially traumatic.

In the final version of the Traumatic Events in Perinatal Care List (TEPCL) non-interpersonal birth trauma was represented by the categories of (1) death (maternal or foetal, actual or threat of); and (2) injury (maternal or foetal, actual or threat of). Interpersonal birth trauma was represented by the categories of (1) abusive care (or management); (2) poor care (e.g., witnessing or participating in a procedure that is not in the woman's and/or the baby's best interest); and (3) interpersonal disrespect (e.g., witnessing the woman's dignity being ignored, her wishes overridden).

Participants indicated (yes/no) if they witnessed index traumatic birth event had any of the features described in each category; respondents could nominate more than one category to describe the nature of the witnessed index birth trauma.

2.3.2. Peritraumatic emotions

Midwives were asked to indicate whether or not (yes/no) they recalled feeling fear, horror, and helplessness during or shortly after the traumatic event. In addition, they were asked to indicate (yes/no) whether or not they recalled feeling anger or guilt during or shortly after the index birth trauma event about what happened to the woman, responsible for what happened, or powerless to change the management of the birth.

2.3.3. Primary outcome

The primary outcome, probable PTSD, was assessed with the PTSD Symptom Scale Self-Report version (PSS-SR).²⁴ Respondents rate their stress symptoms following an index trauma.^{24,25} The PSS-SR consists of 17 questions which are presented on a four-point Likert scale ranging from 'not at all' to '5 or more times per week/almost always'. The questions are grouped in three symptom clusters identified in DSM-IV: re-experiencing, avoidance, and arousal (Criteria A, B, and C respectively).^{24–26} The PSS-SR produces scores ranging from 0 to 51.

The PSS-SR has high internal reliability for the total scale ($\alpha = 0.91$) and each subscale of re-experiencing ($\alpha = 0.78$), avoidance ($\alpha = 0.80$) and arousal ($\alpha = 0.82$).²⁴ The PSS-SR has a specificity of 1.0 and a sensitivity of 0.62 using the Structured Clinical Interview for DSM (SCID) and identified 86% of PTSD cases.²⁴ The fact that the PSS-SR does not produce false positives (specificity of 1) confirms that probable PTSD in midwives

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