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Date: 21 January 2020

Sources Searched: Medline, Embase, CINAHL, BNI, PsycINFO.

Bereavement and Trauma Support for Midwives

[See full search strategy](#)

1. Coping with baby loss as a midwife.

Author(s): Abramson, Paula

Source: British Journal of Midwifery; Dec 2019; vol. 27 (no. 12); p. 800-801

Publication Date: Dec 2019

Publication Type(s): Academic Journal

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract: More midwives should have access to specialist bereavement training and support, according to Paula Abramson

Database: CINAHL

2. Traumatic Experiences and the Midwifery Profession: A Cross-Sectional Study Among Dutch Midwives.

Author(s): Kerkman, Tessa; Dijkman, Lea M.; Baas, Melanie A.M.; Evers, Ruth; Pampus, Maria G.; Stramrood, Claire A.I.

Source: Journal of Midwifery & Women's Health; Jul 2019; vol. 64 (no. 4); p. 435-442

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library

Available at [Journal of midwifery & women's health](#) - from Unpaywall

Abstract:Introduction: Traumatic events that occur in a clinical setting can have long-lasting adverse effects on persons who are affected, including health care providers. This study investigated the prevalence of work-related traumatic events, posttraumatic stress disorder (PTSD), anxiety, and depression among Dutch midwives. Additionally, differences between midwives working in primary care (independently assisting births at home and in birthing centers) and midwives working in secondary or tertiary care (hospital setting) were examined. Finally, this study investigated the support midwives would like to receive after experiencing a work-related adverse event. Methods: A descriptive, cross-sectional online survey of Dutch midwives was conducted. The respondents completed a questionnaire about demographic and work-related events, as well as the Trauma Screening Questionnaire and the Hospital Anxiety and Depression Scale. Results: The estimated response rate was 23%, with 691 questionnaires eligible for analysis. Thirteen percent of respondents reported having experienced at least one work-related traumatic event. Among these, 17% screened positive for PTSD, revealing an estimated PTSD prevalence of 2% among Dutch midwives. Clinically relevant anxiety symptoms were reported by 14% of the respondents, significantly more often among midwives working in primary care ($P = .014$). Depressive symptoms were reported by 7% of the respondents. The desired strategies to cope with an adverse event were peer support by direct colleagues (79%), professional support from a coach or psychologist (30%), multidisciplinary peer support (28%), and support from midwives who are not direct coworkers (17%). Discussion: Dutch midwives are at risk of experiencing work-related stressful or traumatic events that might lead to PTSD, anxiety, or depression. Midwives working in primary care reported higher levels of anxiety compared with their colleagues working in a clinical setting (secondary or tertiary care). Most midwives preferred peer support with direct colleagues after an adverse event, and some could have profited from easier access to seeking professional help. It could be speculated that midwives would benefit from increased awareness about work-related traumatic events as well as implementation of standardized guidelines regarding support after a traumatic event.

Database: CINAHL

3. Who has a duty of care to keep midwives safe?

Author(s): Golden, Paul

Source: British Journal of Midwifery; 2018; vol. 26 (no. 1); p. 62

Publication Date: 2018

Publication Type(s): Journal Article

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Midwives have a duty of care to the women and babies they look after, but who has a duty of care to midwives? Paul Golden explains when an employer may be responsible for harm

Database: BNI

4. Preparing midwifery students for traumatic workplace events: Findings from the POPPY (programme for the prevention of posttraumatic stress disorder in midwifery) feasibility study.

Author(s): Spiby, Helen; Sheen, Kayleigh; Collinge, Sarah; Maxwell, Clare; Pollard, Kerry; Slade, Pauline

Source: Nurse Education Today; Dec 2018; vol. 71 ; p. 226-232

Publication Date: Dec 2018

Publication Type(s): Academic Journal

Available at [Nurse education today](#) - from Unpaywall

Abstract:Abstract Background Midwifery students can experience events on clinical placements that they perceive to be traumatic. There is currently no requirement to provide training about the nature of trauma, normal responses, or the most helpful ways of self-managing these. The POPPY programme, developed for qualified midwives, incorporates educational (the POPPY workshop) and supportive resources to prevent the development of Post-Traumatic Stress Disorder in midwives. As part of the feasibility evaluation of POPPY, the POPPY workshop element was adapted for pre-registration midwifery students (PreR-POPPY). Attention to this issue during pre-registration education could improve student experience and support student retention. Objectives To identify students' perspectives on the contents (clarity, understandability, organisation of the workshop, utility, relevance), their understanding of trauma and psychological responses, and confidence in recognising and managing early signs of distress following participation in a PreR-POPPY workshop. Perspectives on preferred timing in their midwifery programmes, and methods of delivery were also sought. Design In keeping with educational evaluations, anonymous feedback was collected from students. Setting Two higher education institutes. Participants Midwifery undergraduate students on the three year or shortened programme for registered nurses (n = 131), and midwifery educators (n = 5). Methods Students participated in the workshop and provided feedback immediately. Midwifery educators participated in a meeting with the researchers to provide feedback. Results High levels of satisfaction with the contents of the workshop were identified. Ninety-nine percent of students would recommend the workshop to other midwifery students. Provision of the workshop early in midwifery programmes, revisited at later points, was strongly endorsed. Learning outcomes were very positive for understanding trauma/early stress responses, and recognising and managing early responses to trauma. Strong endorsement for the provision of the workshop was received from the midwifery educators. Conclusions The pre-registration adapted POPPY workshop should be routinely provided in preregistration midwifery.

Database: CINAHL

5. Traumatic delivery

Author(s): Lundgren, Birgit

Source: Occupational Health & Wellbeing; Dec 2018; vol. 70 (no. 12); p. 16

Publication Date: Dec 2018

Publication Type(s): Journal Article

Available at [Occupational Health & Wellbeing](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Make birth trauma less 'taboo' Many of those left struggling to cope with perinatal mental illness will feel guilty about seeking help if they managed to leave hospital with a healthy baby. Rather than rely on stretched healthcare professionals to provide this, if you suspect that your employee has experienced a traumatic birth, remind them of any specialist trauma support services they might have access to through work, even while still on maternity or paternity leave, such as the OH department or a specialist employee assistance programme (EAP). Rather than lose a once highly valued employee, an increasing number of employees are asking us to provide individual mental health assessments to diagnose the underlying issues limiting their ability to attend or perform at work, the cost of providing treatment and the likely prognosis for recovery. "Universal perinatal mental health services: national findings overview", [www.hee.nhs.uk/sites/default/files/documents/NHS%20 Benchmarking_Universal%20Survey.pdf](http://www.hee.nhs.uk/sites/default/files/documents/NHS%20Benchmarking_Universal%20Survey.pdf)

Database: BNI

6. Childbearing women's experiences of midwives' workplace distress: Patient and public involvement.

Author(s): Pezaro, Sally; Pearce, Gemma; Bailey, Elizabeth

Source: British Journal of Midwifery; Oct 2018; vol. 26 (no. 10); p. 659-669

Publication Date: Oct 2018

Publication Type(s): Academic Journal

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract: Background: Some midwives experience work-related psychological distress. This can reduce the quality and safety of maternity services, yet there are few interventions to support midwives. Aim: To explore and voice the perceptions of new mothers in relation to the barriers to receiving high-quality maternity care, the psychological wellbeing of midwives and the development and evaluation of an online intervention designed to support them. GRIPP2 reporting checklists were also used to demonstrate how patient and public involvement works in research. Methods: A co-design approach was used in a discussion group to collect qualitative data from 10 participants. A framework approach was used for analysis. Findings: Unique findings included midwives crying, becoming emotional and seeking support from service users. Overall, seven patient and public involvement outcomes relating to intervention development and data collection were identified. Conclusion: Maternity service improvement strategies may only be wholly effective once they include the provision of effective midwifery workplace support.

Database: CINAHL

7. Posttraumatic stress symptomatology following exposure to perceived traumatic perinatal events within the midwifery profession: The impact of trait emotional intelligence.

Author(s): Nightingale, Suzanne; Spiby, Helen; Sheen, Kayleigh; Slade, Pauline

Source: Journal of Advanced Nursing (John Wiley & Sons, Inc.); Sep 2018; vol. 74 (no. 9); p. 2115-2125

Publication Date: Sep 2018

Publication Type(s): Academic Journal

Available at [Journal of Advanced Nursing](#) - from Wiley Online Library

Available at [Journal of Advanced Nursing](#) - from Unpaywall

Abstract:Abstract: Aims: To explore factors associated with, and predictors of, posttraumatic stress symptoms in midwives. To explore factors associated with, and potential moderating effects of, trait emotional intelligence. Secondary analysis explored predictors of resilience. Background: Midwives may experience vicarious trauma responses due to exposure to certain perinatal events in their professional lives. This may have adverse psychological outcomes for midwives, and women and children in their care. Design: A cross-sectional, online and paper survey of midwives in the United Kingdom was conducted. Methods: Between February and October 2016, 113 midwives who met inclusion criteria provided demographic information, and completed scales measuring posttraumatic stress symptoms, trait emotional intelligence, empathy, resilience, social support, and attitudes towards emotional expression. Results: Higher resilience and trait emotional intelligence scores were associated with reduced posttraumatic stress symptoms. Higher empathy, perceived social support, and resilience were associated with higher trait emotional intelligence. Lower resilience significantly predicted posttraumatic stress symptoms. Trait emotional intelligence did not moderate relationships between resilience and posttraumatic stress symptoms, but may protect against posttraumatic stress symptoms in midwives with higher empathy. Higher trait emotional intelligence, and lower empathy and need for support, significantly predicted resilience. Notably, when trait emotional intelligence was higher, the negative relationship between empathy and resilience was reduced. Conclusion: Approximately one-fifth of midwives were experiencing posttraumatic stress symptoms at clinically significant levels. Trait emotional intelligence may protect against posttraumatic stress symptoms by supporting resilience, while enabling midwives to remain empathic. The negative correlation between resilience and empathy needs careful consideration by policy makers.

Database: CINAHL

8. The cost of being 'with women': the impact of traumatic perinatal events on burnout rates among midwives.

Author(s): Amir, Zakiah; Reid, Alex J.

Source: MIDIRS Midwifery Digest; Sep 2018; vol. 28 (no. 3); p. 307-308

Publication Date: Sep 2018

Publication Type(s): Academic Journal

Abstract:Introduction: Burnout is common among health care workers with significant implications for caregivers and their patients. This study aims to establish the incidence of burnout among midwives and to investigate the extent to which exposure to traumatic perinatal events in work contribute to this. Methods: A cross-sectional study was carried out in a tertiary maternity hospital between March and May 2014. Anonymous voluntary questionnaires were circulated to all 248 clinical midwives. Demographic details, frequency and types of traumatic perinatal events encountered were recorded. The extent of distress experienced was documented on two visual analogue read in combinations to reflect the impact of the event and the resulting distress. Burnout was assessed using the Copenhagen Burnout Inventory which assesses the extent of burnout under three domains; personal, work-related and patient-related burnout. Each domain is scored on a scale of 0-100, with a score of >50 considered to be indicative of significant burnout. Result: The response rate achieved was 55% (n=137). The mean scores for personal, work-related and patient-related burnout were 56.0, 55.9 and 34.3 respectively. Over 90% of respondents experienced a traumatic event in work in the previous year, with 58% reporting a frequency of monthly or greater for such events. The extent of distress reported by midwives was positively related to burnout ($R^2=0.16$, $R^2=0.15$, $R^2=0.08$ respectively, $p<0.01$). A modest negative linear relationship exists between personal and work-related burnout scores and increasing age ($p=-0.25$ and -0.27 , $p<0.01$). Midwives with less midwifery experience (10 years). Discussion: This is the first Irish study investigating midwives' experiences of burnout and possible contributory workplace factors. Midwifery profession demand a high degree of empathy. Our principal results highlight the significant effects of personal responses to distressing work events. Further research looking at workplace supports is recommended.

Database: CINAHL

9. A mixed methods sequential explanatory study of the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss

Author(s): Agwu Kalu F.; Coughlan B.; Larkin P.

Source: Midwifery; Sep 2018; vol. 64 ; p. 69-76

Publication Date: Sep 2018

Publication Type(s): Article

PubMedID: 29966879

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:BACKGROUND: Perinatal bereavement is traumatic for many parents. Not only is the experience itself emotionally painful, the impact on their lives is made more difficult if midwives are unable to provide appropriate care to the parents. AIM OF THE STUDY: To explore within an Irish context, the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss. DESIGN: A mixed methods sequential explanatory design was used to complete this two-phased study from August 2013 to July 2014. Ethical approval was granted from Ethics Committees of three maternity hospitals and a University in Ireland. The recruitment process for the survey occurred in August 2013 and July 2014 for the focus groups. METHOD(S): A series of univariate and multivariate analysis were used to analyze the quantitative data using IBM Statistical Package for the Social Sciences (SPSS; version 20). The qualitative data were analyzed using qualitative content analysis. Steps were taken to ensure data validity and reliability. RESULT(S): The overall meta-inference of this study is that the majority of the midwives did not have adequate levels of confidence to provide bereavement support to grieving parents. The psychosocial factors that impact on midwives' confidence were identified as the midwives' awareness of the needs of bereaved parents, their own inner strength and the organizational support they received at their place of work. CONCLUSION(S): Improving midwives' bereavement support knowledge and skills is essential for promoting their confidence. Midwives also need adequate emotional and practical support from their organizations. Copyright © 2018 Elsevier Ltd. All rights reserved.

Database: EMBASE

10. How would you help a colleague dealing with the stress of an adverse outcome? A report from #BlueJC.

Author(s): Einerson, B. D.

Source: BJOG: An International Journal of Obstetrics & Gynaecology; Jul 2018; vol. 125 (no. 8); p. 1044-1044

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: NLM29468797

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Unpaywall

Abstract:The article reviews a discussion of a research on post-traumatic stress disorder (PTSD)-like symptoms in Swedish obstetricians and midwives after an adverse obstetric event. It mentions the consensus about the occurrence of potentially traumatic events in the delivery service. Several components of a healthy systemic response to adverse obstetric events identified are personal and professional support from colleagues and mental health professionals, clinical debriefing and system improvements.

Database: CINAHL

11. Helping midwives cope with grief and loss

Author(s): Boyle, Kath; O'Leary, Clare

Source: Kai Tiaki : Nursing New Zealand; Apr 2018; vol. 24 (no. 3); p. 21

Publication Date: Apr 2018

Publication Type(s): Journal Article

Available at [Kai Tiaki Nursing New Zealand](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:Loss is not only death, but the many unexpected events both midwives and families face: long stays in hospital and separation from partners and normal life; babies born with life-limiting illnesses or disabilities; stillborn babies; unexpected terminations and the lack of ritual in grieving the life that was. Director of palliative care Brian Ensor reflected on a case of caring for a baby at the hospice and the effect that had on staff who stood by while the family did most of the care. Clare O'Leary, MComms, was the palliative care educator at Mary Potter Hospice and now works for the Health Quality & Safety Commission as promotions coordinator of the advanced care planning implementation strategy.

Database: BNI

12. "Being With Woman": Is There a Cost for Midwives and Students Attending Traumatic Births?

Author(s): Beck, Cheryl Tatano; Anderson, Barbara A.

Source: International Journal of Childbirth; Dec 2017; vol. 7 (no. 4); p. 181-191

Publication Date: Dec 2017

Publication Type(s): Academic Journal

Abstract:Witnessing and/or providing care during a traumatic birth increases vulnerability to secondary traumatic stress, with potential effects on mental health of and attrition among the midwifery workforce. With the global shortage of the midwifery workforce, retention and peak functioning are critical to the well-being of childbearing women and their infants. PubMed, Scopus, CINAHL, and PsycINFO databases were searched to identify studies that examined secondary traumatic stress in both midwives and midwifery students. Fifteen studies were located from eight different countries. Four of these studies examined secondary traumatic stress in midwifery students and 11 in practicing midwives. This article discusses the limited research on secondary traumatic stress among midwives and students who have attended or witnessed traumatic births. The vulnerability and potential workforce attrition of midwives and students experiencing secondary traumatic stress are highlighted. The development of a comprehensive body of literature is needed on prevalence, impact, clinical implications, and healing strategies addressing this workforce issue.

Database: CINAHL

13. A meta-ethnographic synthesis of midwives' and nurses' experiences of adverse labour and birth events.

Author(s): Elmir, Rakime; Pangas, Jackie; Dahlen, Hannah; Schmied, Virginia

Source: Journal of Clinical Nursing (John Wiley & Sons, Inc.); Dec 2017; vol. 26 (no. 23-24); p. 4184-4200

Publication Date: Dec 2017

Publication Type(s): Academic Journal

Available at [Journal of Clinical Nursing](#) - from Wiley Online Library

Abstract:Introduction Health professionals are frequently exposed to traumatic events due to the nature of their work. While traumatic and adverse labour and birth events experienced by women are well researched, less attention has been given to midwives' and nurses' experiences of these events and the impact it has on their lives. Aims and objectives To undertake a meta-ethnographic study of midwives' and nurses' experiences of adverse labour and birth events. Methods Scopus, CINAHL PLUS, MEDLINE and PUBMED databases were searched using subject headings and keywords. The search was limited to papers published in peer-reviewed journals from 2004-October 2016. Quality appraisal was undertaken using the Critical Appraisal Skills Programme tool. Inclusion criteria Papers had to be qualitative or have a substantial qualitative component. Studies were included if they primarily focused on midwives' or nurses' perspectives or experiences of complicated, traumatic or adverse labour and birth events. Analytic strategy A meta-ethnographic approach was used incorporating methods of reciprocal translation guided by the work of Noblit and Hare (1988, Meta-Ethnography: Synthesizing qualitative studies (Vol. 11). Newbury Park: Sage publications). Findings Eleven qualitative studies were included in the final sample. Four major themes were (i) feeling the chaos; (ii) powerless, responsible and a failure; (iii) 'It adds another scar to my soul'; and (iv) finding a way to deal with it. Conclusion Midwives and nurses feel relatively unprepared when faced with a real-life labour and birth emergency event. While many of the midwives and nurses were traumatised by the experience, some were able to view their encounter as an opportunity to develop their emergency response skills. Relevance to clinical practice Witnessing and being involved in a complicated or adverse labour and birth event can be traumatic

for nurses and midwives. Organisational and collegial support needs to be available to enable these health professionals to talk about their feelings and concerns.

Database: CINAHL

14. Post-traumatic stress symptoms in Swedish obstetricians and midwives after severe obstetric events: a cross-sectional retrospective survey

Author(s): Wahlberg, Å; Andreen Sachs, M; Johannesson, K; Hallberg, G; Jonsson, M; Skoog Svanberg, A; Hogberg, U

Source: BJOG; Jul 2017; vol. 124 (no. 8); p. 1264

Publication Date: Jul 2017

Publication Type(s): Journal Article

Available at [BJOG: An International Journal of Obstetrics & Gynaecology](#) - from Wiley Online Library

Abstract:Objective To examine post-traumatic stress reactions among obstetricians and midwives, experiences of support and professional consequences after severe events in the labour ward. Design Cross-sectional online survey from January 7 to March 10, 2014. Population Members of the Swedish Society of Obstetrics and Gynaecology and the Swedish Association of Midwives. Methods Potentially traumatic events were defined as: the child died or was severely injured during delivery; maternal near-miss; maternal mortality; and other events such as violence or threat. The validated Screen Questionnaire Posttraumatic Stress Disorder (SQ-PTSD), based on DSM-IV (1994) 4th edition, was used to assess partial post-traumatic stress disorder (PTSD) and probable PTSD. Main outcome measures Partial or probable PTSD. Results The response rate was 47% for obstetricians (n = 706) and 40% (n = 1459) for midwives. Eighty-four percent of the obstetricians and 71% of the midwives reported experiencing at least one severe event on the delivery ward. Fifteen percent of both professions reported symptoms indicative of partial PTSD, whereas 7% of the obstetricians and 5% of the midwives indicated symptoms fulfilling PTSD criteria. Having experienced emotions of guilt or perceived insufficient support from friends predicted a higher risk of suffering from partial or probable PTSD. Obstetricians and midwives with partial PTSD symptoms chose to change their work to outpatient care significantly more often than colleagues without these symptoms. Conclusions A substantial proportion of obstetricians and midwives reported symptoms of partial or probable PTSD after severe traumatic events experienced on the labour ward. Support and resilience training could avoid suffering and consequences for professional carers. Tweetable abstract In a survey 15% of Swedish obstetricians and midwives reported PTSD symptoms after their worst obstetric event Tweetable abstract In a survey 15% of Swedish obstetricians and midwives reported PTSD symptoms after their worst obstetric event

Database: BNI

15. Exposure to traumatic events at work, posttraumatic symptoms and professional quality of life among midwives

Author(s): Cohen, Ran, MA; Leykin, Dmitry, MA; Golan-Hadari, Dita, CNM MA; Lahad, Mooli, PhD

Source: Midwifery; Jul 2017; vol. 50 ; p. 1

Publication Date: Jul 2017

Publication Type(s): Journal Article

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Objective: In their line of duty, midwives are often exposed to traumatic births that may lead to symptoms of compassion fatigue (CF), which includes burnout (BO) and secondary traumatic stress (STS). Conversely, midwives derive pleasure and great satisfaction in seeing the positive effect they have on their clients. This experience is known as compassion satisfaction (CS). Together, CS and CF comprise the professional quality of life (ProQOL). The aim of this paper was to study midwives' professional quality of life and traumatic experiences. The highly stressful environment of midwives may also include primary exposure to traumatic experiences and therefore PTSD levels were also assessed. Method: the participants (N=93) were professional midwives from four medical centers in Israel. The participants answered selfreport questionnaires that assessed their ProQOL and PTSD symptoms. Findings: results indicated relatively high levels of CS which may mitigate, at least to some degree, the negative aspects of CF. PTSD levels significantly and positively correlated with STS and BO. Sixteen per cent presented with PTSD symptoms of clinical significance. Also, seniority was significantly and positively correlated with BO and PTSD symptoms. Conclusions: high ProQOL was found amongst the participants, with more than 74% scoring on the high range of CS. Nevertheless, we recommend further research and implementing strategies to maintain or further enhance CS and decrease CF levels. Finally, a more comprehensive understanding of the development of PTSD amongst midwives is vital in order to minimize its occurrence in the future.

Database: BNI

16. A socioecological model of posttraumatic stress among Australian midwives

Author(s): Leinweber, Julia, RM, PhD; Creedy, Debra K, RN, PhD; Rowe, Heather, PhD; Gamble, Jenny, RM, PhD

Source: Midwifery; Feb 2017; vol. 45 ; p. 7

Publication Date: Feb 2017

Publication Type(s): Journal Article

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Objective: to develop a comprehensive model of personal, trauma event-related and workplace-related risk factors for posttraumatic stress subsequent to witnessing birth trauma among Australian midwives. Design: a descriptive, cross-sectional design was used. Participants: members of the Australian College of Midwives were invited to complete an online survey. Measurements: the survey included items about witnessing a traumatic birth event and previous experiences of life trauma. Trauma symptoms were assessed with the Posttraumatic Stress Disorder Symptom Scale Self-Report measure. Empathy was assessed with the Interpersonal Reactivity Index. Decision authority and psychological demand in the workplace were measured with the Job Content Questionnaire. Variables that showed a significant univariate association with probable

posttraumatic stress disorder were entered into a multivariate logistic regression model. Findings: 601 completed survey responses were analysed. The multivariable model was statistically significant and explained 27.7% (Nagelkerke R square) of the variance in posttraumatic stress symptoms and correctly classified 84.1% of cases. Odds ratios indicated that intention to leave the profession, a peritraumatic reaction of horror, peritraumatic feelings of guilt, and a personal traumatic birth experience were strongly associated with probable Posttraumatic Stress Disorder. Conclusions: risk factors for posttraumatic stress following professional exposure to traumatic birth events among midwives are complex and multi-factorial. Posttraumatic stress may contribute to attrition in midwifery. Trauma-informed care and practice may reduce the incidence of traumatic births and subsequent posttraumatic stress reactions in women and midwives providing care.

Database: BNI

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

Author(s): Leinweber J.; Creedy D.K.; Gamble J.; Rowe H.

Source: Women and Birth; Feb 2017; vol. 30 (no. 1); p. 40-45

Publication Date: Feb 2017

Publication Type(s): Article

PubMedID: 27425165

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. Copyright © 2016 Australian College of Midwives

Database: EMBASE

18. Caring for future midwives

Author(s): Davies, Sarah

Source: AIMS Journal; 2016; vol. 28 (no. 1); p. 6-8

Publication Date: 2016

Publication Type(s): Article

Abstract:Sarah takes a look at trauma support for student midwives. References

Database: BNI

19. The Cost of Caring: Midwifery and Traumatic Stress

Author(s): Gruenberg, Bonnie

Source: Midwifery Today; Dec 2016 (no. 120); p. 40-42

Publication Date: Dec 2016

Publication Type(s): Article

Abstract:Traumatic stress reactions are normal responses to abnormal events, but they may erode self-confidence and hurt professional performance (Center for Substance Abuse Treatment 2014). A trauma therapist can help the individual to manage difficult emotions by learning new coping skills through therapies such as cognitive behavioral therapy, cognitive restructuring therapy and stress inoculation training. References

Database: BNI

20. The case for developing an online intervention to support midwives in work-related psychological distress.

Author(s): Pezaro, Sally

Source: British Journal of Midwifery; Nov 2016; vol. 24 (no. 11); p. 799-805

Publication Date: Nov 2016

Publication Type(s): Academic Journal

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Unpaywall

Abstract:Background: Midwives experience episodes of work-related psychological distress owing to the emotionally difficult and traumatic work environments they endure. There is a need to develop interventions to effectively support midwives, as the wellbeing of midwives can be directly correlated with the quality and safety of maternity care. Aims: This project aims to make the case for the development of an online support intervention, designed to effectively support midwives in distress. Methods: Literature reviews were conducted, and midwives and other subject experts were recruited to participate in a Delphi study via a research blog. Findings: Following literature reviews and a structured consultation with 66 participants, it was found that the development of an online intervention designed to support midwives with work-related psychological distress should prioritise confidentiality and anonymity, along with 24-hour mobile access and a range of other components. Conclusions: This research makes the case for the development of an online intervention designed to support midwives in work-related psychological distress. The author invites all midwives to support and follow ongoing research in this area via The Academic Midwife page on Facebook.

Database: CINAHL

21. Psychosocial health and well-being among obstetricians and midwives involved in traumatic childbirth

Author(s): Schrøder, Katja, RM, MSc Health, PhD; Larsen, Pia Veldt, MSc, PhD; Jørgensen, Jan Stener, MD PhD; Hjelmberg, Jacob vB, MSc, PhD ; Lamont, Ronald F, BSc MB ChB MD FRCOG; Hvidt, Niels Christian, ThD

Source: Midwifery; Oct 2016; vol. 41 ; p. 45

Publication Date: Oct 2016

Publication Type(s): Journal Article

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Objective: this study investigates the self-reported psychosocial health and well-being of obstetricians and midwives in Denmark during the most recent four weeks as well as their recall of their health and well-being immediately following their exposure to a traumatic childbirth. Material and methods: a 2012 national survey of all Danish obstetricians and midwives (n=2098). The response rate was 59% of which 85% (n=1027) stated that they had been involved in a traumatic childbirth. The psychosocial health and well-being of the participants was investigated using six scales from the Copenhagen Psychosocial Questionnaire (COPSOQII). Responses were assessed on six scales: burnout, sleep disorders, general stress, depressive symptoms, somatic stress and cognitive stress. Associations between COPSOQII scales and participant characteristics were analysed using linear regression. Results: midwives reported significantly higher scores than obstetricians, to a minor extent during the most recent four weeks and to a greater extent immediately following a traumatic childbirth scale, indicating higher levels of self-reported psychosocial health problems. Sub-group analyses showed that this difference might be gender related. Respondents who had left the labour ward partly or primarily because they felt that the responsibility was too great a burden to carry reported significantly higher scores on all scales in the aftermath of the traumatic birth than did the group who still worked on the labour ward. None of the scales were associated with age or seniority in the time after the traumatic birth indicating that both junior and senior staff may experience similar levels of psychosocial health and well-being in the aftermath. Key conclusions and implications: this study shows an association between profession (midwife or obstetrician) and self-reported psychosocial health and well-being both within the most recent four weeks and immediately following a traumatic childbirth. The association may partly be explained by gender. This knowledge may lead to better awareness of the possibility of differences related to profession and gender when conducting debriefings and offering support to HCPs in the aftermath of traumatic childbirth. As many as 85% of the respondents in this national study stated that they had been involved in at least one traumatic childbirth, suggesting that the handling of the aftermath of these events is important when caring for the psychosocial health and well-being of obstetric and midwifery staff.

Database: BNI

22. Experiences of student midwives in the care of women with perinatal loss: A qualitative descriptive study

Author(s): Alghamdi, Reem; Jarrett, Patricia

Source: British Journal of Midwifery; Oct 2016; vol. 24 (no. 10); p. 715-722

Publication Date: Oct 2016

Publication Type(s): Article

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Background: Student midwives often encounter perinatal loss, such as stillbirth and neonatal death, as part of their experience of clinical practice. Coping with these events can be challenging because loss and death are the antitheses of birth, which predominates midwifery practice. There has been limited research on how student midwives are supported when caring for women with bereavement; however, poor support may have repercussions for future practice. Aim: The aim of this study is to explore the experiences of final-year student midwives when caring for women with perinatal loss. Methods: Two focus groups were conducted with 10 final-year BSc (Hons) Midwifery students. The focus groups lasted approximately 1 hour and used a semi-structured interview schedule. Data were analysed using thematic analysis. Findings: Four key themes were identified from the data: preparation for perinatal loss; 'just dealing with it'; contradiction and challenges with the role of the midwife; and emotional impact and coping strategies. Conclusions: Final-year student midwives believed they were ill-prepared in caring for women with perinatal loss, reported difficulties in communicating with women and believed they were excluded from their care. Students valued support from the bereavement midwife and identified effective strategies which helped them cope with bereavement and loss. References

Database: BNI

23. Supporting women, families, and care providers after stillbirths.

Author(s): Homer, Caroline S E; Malata, Address; Ten Hoope-Bender, Petra

Source: Lancet (London, England); Feb 2016; vol. 387 (no. 10018); p. 516-517

Publication Date: Feb 2016

Publication Type(s): Journal Article

PubMedID: 26794072

Available at [Lancet \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Lancet \(London, England\)](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Database: Medline

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

Author(s): Sheen, Kayleigh; Spiby, Helen; Slade, Pauline

Source: International Journal of Nursing Studies; Jan 2016; vol. 53 ; p. 61-72

Publication Date: Jan 2016

Publication Type(s): Article

Abstract: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. 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. Semi-structured telephone interviews were conducted with a purposive sample of midwives following participation in a previous postal survey. 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. 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. 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. 37 references

Database: BNI

25. A mixed-methods study of secondary traumatic stress in certified nurse-midwives: shaken belief in the birth process.

Author(s): Beck, Cheryl Tatano; LoGiudice, Jenna; Gable, Robert K

Source: Journal of midwifery & women's health; 2015; vol. 60 (no. 1); p. 16-23

Publication Date: 2015

Publication Type(s): Journal Article

PubMedID: 25644069

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library

Abstract:INTRODUCTIONSecondary traumatic stress (STS) is an occupational hazard for clinicians who can experience symptoms of posttraumatic stress disorder (PTSD) from exposure to their traumatized patients. The purpose of this mixed-methods study was to determine the prevalence and severity of STS in certified nurse-midwives (CNMs) and to explore their experiences attending traumatic births.METHODSA convergent, parallel mixed-methods design was used. The American Midwifery Certification Board sent out e-mails to all their CNM members with a link to the SurveyMonkey study. The STS Scale was used to collect data for the quantitative strand. For the qualitative strand, participants were asked to describe their experiences of attending one or more traumatic births. IBM SPSS 21.0 (Version 21.0, Armonk, NY) was used to analyze the quantitative data, and Krippendorff content analysis was the method used to analyze the qualitative data.RESULTSThe sample consisted of 473 CNMs who completed the quantitative portion and 246 (52%) who completed the qualitative portion. In this sample, 29% of the CNMs reported high to severe STS, and 36% screened positive for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnostic criteria for PTSD due to attending traumatic births. The top 3 types of traumatic births described by the CNMs were fetal demise/neonatal death, shoulder dystocia, and infant resuscitation. Content analysis revealed 6 themes: 1) protecting my patients: agonizing sense of powerlessness and helplessness; 2) wreaking havoc: trio of posttraumatic stress symptoms; 3) circling the wagons: it takes a team to provide support ... or not; 4) litigation: nowhere to go to unburden our souls; (5) shaken belief in the birth process: impacting midwifery practice; and 6 moving on: where do I go from here?DISCUSSIONThe midwifery profession should acknowledge STS as a professional risk.

Database: Medline

26. The impact on midwives of their first stillbirth.

Author(s): Jones, Kay; Smythe, Liz

Source: New Zealand College of Midwives Journal; Jun 2015 (no. 51); p. 17-22

Publication Date: Jun 2015

Publication Type(s): Academic Journal

Available at [New Zealand College of Midwives Journal](#) - from Unpaywall

Abstract:Objective: This study seeks understanding of the midwife's experiences in relation to the loss of a baby. Current research focuses mainly on the experiences of the families who have gone through stillbirth while studies of the experience of the midwife involved in stillbirth care is lacking. When caring for a woman who is going through a stillbirth, the midwife must navigate her own personal and professional journey. Methods: The midwife's journey was the focus of this qualitative study which utilised hermeneutic interpretive phenomenology. As part of a master's dissertation, five New Zealand self-employed midwives were interviewed and asked to tell their story of the first time they cared for a woman whose baby had died in utero and the aftermath of their experience. Findings: Two emergent themes were identified: 'A pocketfull of grief' and 'A heavy heart'. This paper focuses on the theme, 'A pocketfull of grief' which is made up of three sub-themes: 'Shockwave', 'Self-protection' and 'Blameworthiness'. The death of a baby is a significant event for the midwife providing care. Conclusion: This study has provided a deeper understanding of the emotional impact of still birth on the midwife. Each midwife experienced shock and an intense and personal sense of loss. This created tension as they strived to cope with their own emotions and continued to care for the woman and her family.

Database: CINAHL

27. Midwives' wellbeing following adverse events – what does the research indicate?

Author(s): Austin, Diana; Smythe, Elizabeth; Jull, Andrew

Source: New Zealand College of Midwives Journal; Dec 2014 (no. 50); p. 19-23

Publication Date: Dec 2014

Publication Type(s): Academic Journal

Abstract:This paper explores the current influences and expectations in relation to adverse events in New Zealand's maternity setting and the affect these have on midwives. Midwives, like other health professionals, have the potential to become the second victim, a term used to encompass the health professional's feelings of despair following an adverse event. Insights from international research and reports are related back to midwifery and a growing number of New Zealand qualitative studies that identify the effect of adverse effects on midwives are highlighted. The evidence indicates that the current tools or support measures that are implemented at the individual or group level may be limited in their effectiveness. Common principles emerge from the literature that could facilitate a midwife's safe journey through the emotional distress when there is an adverse event. These are: understanding the nature of midwifery practice, the midwife's own emotional well-being, providing safe environments, seeking and receiving professional reassurance, and a willingness to learn from the adverse event. An action research study is planned by the primary author to work with midwives about their experiences of successfully navigating adverse events with the aim of facilitating accessible support to reduce the trauma of adverse events. For midwives to be able to support women and their families they too need to be supported.

Database: CINAHL

28. An integrative review of the impact of indirect trauma exposure in health professionals and potential issues of salience for midwives

Author(s): Sheen, Kayleigh; Slade, Pauline; Spiby, Helen

Source: Journal of Advanced Nursing; Apr 2014; vol. 70 (no. 4); p. 729-743

Publication Date: Apr 2014

Publication Type(s): Article Literature Review

Available at [Journal of advanced nursing](#) - from Wiley Online Library

Available at [Journal of advanced nursing](#) - from Unpaywall

Abstract:Aims. To explore responses to indirect trauma reported by health professionals and to identify issues of potential salience for midwives. Background. Indirect exposure to a traumatic event can lead to the development of distressing and potentially enduring responses. Little is understood about the impact that perinatal trauma exposure could have on midwives. Design. An integrative review design was used. Data sources. PsychInfo, Medline, PsychArticles, Web of Knowledge, CINAHL, MIDIRS and Scopus databases were search for papers published between 1980-November 2012. Review methods. Studies providing quantitative or qualitative exploration of healthcare professionals' responses to indirectly experienced traumatic events were selected. Results. Forty-two papers fulfilled the inclusion criteria. Four of these studies included professionals engaged in maternity care or exposed to traumatic perinatal events. Findings indicate evidence of intrusion, avoidance and arousal in healthcare professionals, with differing degrees of frequency. Empathy, work-related stress and the extent of professional experience were identified as associated with traumatic stress responses. Conclusions. Evidence derived from healthcare professionals suggests that indirect exposure to the traumatic events of recipients of care can sometimes elicit traumatic stress responses. Factors increasing risk for traumatic stress were identified as empathy and organizational stress. These factors hold specific salience in midwifery. Responding to trauma in a midwifery context, as informed by findings from other healthcare professionals, could adversely affect midwives' well-being, care provided to women and contribute to an adverse organizational climate. Large-scale research considering the experiences of midwives is recommended.

Database: BNI

29. Experiences of Obstetric Nurses Who Are Present for a Perinatal Loss

Author(s): Puia, Denise M; Lewis, Laura; Beck, Cheryl Tatano

Source: Journal of Obstetric, Gynecologic, and Neonatal Nursing; 2013; vol. 42 (no. 3); p. 321-331

Publication Date: 2013

Publication Type(s): Article

Abstract:Puia et al discover the impact of perinatal loss on obstetric nurses. Six themes emerged from the fetal and infant loss experiences, with the final overarching themes from perinatal loss including getting through the shift, symptoms of pain and loss, frustrations with inadequate care, showing genuine care, recovering from traumatic experience, and never forgetting. 26 references

Database: BNI

30. Bearing witness: Midwives experiences of witnessing traumatic birth

Author(s): Rice, Hannah; Warland, Jane

Source: Midwifery; Sep 2013; vol. 29 (no. 9); p. 1056-1063

Publication Date: Sep 2013

Publication Type(s): Article

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Background: traumatic birth is a phenomenon that has been identified in women's birthing experiences, yet there has been no primary research conducted into midwives experiences of witnessing traumatic birth. Traumatic stress from witnessing and working with traumatised clients has been identified in other caring professionals such as nurses, social workers and emergency department personnel. This includes evidence of posttraumatic stress disorder, secondary traumatic stress, vicarious traumatisation and compassion fatigue. A distinct gap in the literature about midwives experiences of witnessing traumatic birth and the effects of working with potentially traumatised women formed the basis for this research. Research design and method: a descriptive qualitative study was used to explore midwives experiences of witnessing traumatic birth. The aim of this research was to enable midwives to describe their experiences and to determine if they are at risk of negative psychological sequelae similar to those in other caring professions. Ten currently or previously Registered Midwives with varying amounts of experience were interviewed, and transcripts of those interviews formed the raw data for the study. The data were independently thematically analysed by the two authors to identify common themes used to describe the experience of witnessing traumatic birth. Results: 'Stuck between two philosophies', 'What could I have done differently', and 'Feeling for the woman', emerged as the main themes from the research. The participants described their emotional distress from feeling 'stuck' between wishing they could practice according to their midwifery philosophy, and the reality of working within a medical model of care. Feelings of responsibility for women and babies' outcomes, and repeatedly questioning what they could have done differently to prevent a traumatic birth was also reported. Feeling for the woman emerged as a major factor in midwives' experiences of witnessing traumatic birth. Conclusions: as far as we can determine this is the first study to explicitly examine the phenomenon of midwives witnessing traumatic birth from the midwives point of view. While it was anticipated that midwives might describe being emotionally distressed by their experiences, the extent of their empathy and feelings of being stuck between two philosophies provide new knowledge into what affects midwives when working with birthing women. Further research into these areas is warranted. Better understanding of how witnessing traumatic birth impacts on midwives and what kind of support after these experiences is required to ensure midwives are equipped to cope when witnessing traumatic birth. 48 references

Database: BNI

31. Professional burnout and social support in the workplace among hospice nurses and midwives in Poland

Author(s): Kalicińska, Marta; Chylińska, Joanna; Wilczek-Różyńska, Ewa

Source: International Journal of Nursing Practice; Dec 2012; vol. 18 (no. 6); p. 595-603

Publication Date: Dec 2012

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 23181962

Available at [International Journal of Nursing Practice](#) - from Wiley Online Library

Abstract: This study was conducted to determine the relationship between burnout and social support received at work among hospice nurses and midwives in Poland to reveal the connection in working conditions differing in terms of exposure to death and dying situation. A total sample of 117 nurses represented nurses working in Polish hospice and maternity wards. No significant differences in the burnout scores were found between hospice nurses and midwives with high superiors' support. However, hospice nurses and midwives with low superiors' support differed significantly in almost every dimension of burnout. Further, the results showed that social support significantly predicted burnout only in case of midwives. The current findings emphasize the role of superiors and their ability to provide support. Intervention programmes targeted at preventing or reducing burnout would be especially important for maternity wards, where enhancing support at a workplace could be crucial. Confirming causality in prospective research is necessary. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

32. Undergraduate midwifery students' first experiences with stillbirth and neonatal death.

Author(s): McKenna, Lisa; Rolls, Colleen

Source: Contemporary nurse; 2011; vol. 38 (no. 1-2); p. 76-83

Publication Date: 2011

Publication Type(s): Multicenter Study Journal Article

PubMedID: 21854239

Available at [Contemporary nurse](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: While midwifery practice predominantly deals with happy experiences, unexpected and unpredictable events occur. This paper reports on a study that explored undergraduate midwifery students' first experiences of stillbirth and neonatal death. It sought to better understand their encounters to ensure curricula were responsive to students' needs. Semi-structured interviews were conducted with eight Bachelor of Midwifery students. Many were found to have been exposed to perinatal death early in their courses and were ill prepared for the confrontations. Furthermore, the existence of support services was varied. Dealing with these experiences appears to occur through a developmental process and resonates with previous research around compassion, fatigue and posttraumatic stress disorder. Overall, students require specific preparation prior to undertaking placements, as well as clearly identified support strategies if such experiences are encountered.

Database: Medline

33. A student midwife's experience of perinatal loss

Author(s): Biggs, Laura

Source: Essentially MIDIRS; Nov 2011; vol. 2 (no. 10); p. 47-49

Publication Date: Nov 2011

Publication Type(s): Article

Abstract:Reflections of an Australian student midwife on her 1st experience of perinatal loss and the emotional challenge of caring for a woman whose baby had died in utero. The importance of students being given the opportunity to develop their competence in this area while still in education and in a supportive environment, and ways in which they can be supported when caring for grieving families, are discussed. 13 references

Database: BNI

34. The costs of 'being with the woman': secondary traumatic stress in midwifery

Author(s): Leinweber J.; Rowe H.J.

Source: Midwifery; Feb 2010; vol. 26 (no. 1); p. 76-87

Publication Date: Feb 2010

Publication Type(s): Article

PubMedID: 18562056

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:Objective: it is widely acknowledged that caring can cause emotional suffering in health-care professionals. The concepts of compassion fatigue, post-traumatic stress disorder and secondary traumatic stress are used to describe the potential consequences of caring for people who are or have experienced trauma. Empathy between the professional and patient or client is a key feature in the development of secondary traumatic stress. The aim of this paper is to contribute to the conceptual development of theory about dynamics in the midwife-woman relationship in the context of traumatic birth events, and to stimulate debate and research into the potential for traumatic stress in midwives who provide care in and through relationships with women. Method(s): the relevant literature addressing secondary traumatic stress in health-care professionals was reviewed. Finding(s): it is argued that the high degree of empathic identification which characterises the midwife-woman relationship in midwifery practice places midwives at risk of experiencing secondary traumatic stress when caring for women experiencing traumatic birth. It is suggested that this has harmful consequences for midwives' own mental health and for their capacity to provide care in their relationships with women, threatening the distinct nature of midwifery care.

Conclusion(s): opportunities for research to establish the existence of this phenomenon, and the potential implications for midwifery practice are identified. © 2008 Elsevier Ltd. All rights reserved.

Database: EMBASE

35. Midwives' emotional wellbeing: impact of conducting a Structured Antenatal Psychosocial Assessment (SAPSA)

Author(s): Mollart L; Newing C; Foureur M

Source: Women & Birth; Sep 2009; vol. 22 (no. 3); p. 82-88

Publication Date: Sep 2009

Publication Type(s): Academic Journal

PubMedID: NLM19285935

Abstract:RESEARCH PROBLEM: To investigate the impact of conducting structured antenatal psychosocial assessments (SAPSA) on midwives' emotional wellbeing. The SAPSA includes screening and assessment tools for domestic violence, childhood trauma, drug and alcohol use, depression, and vulnerability factors. PARTICIPANTS AND METHODS: Registered midwives who had conducted the SAPSA with women during the first hospital booking visit at two hospitals in NSW. Data was collected by means of focus group interviews. RESULTS: Four sub-themes were identified that directly impacted upon the midwives' emotional wellbeing: cumulative complex disclosures, frustration and stress, lack of support for midwives and unhealthy coping strategies. DISCUSSION AND CONCLUSIONS: There was a cumulative emotional effect with some midwives utilising unhealthy strategies to cope with feelings of frustration, inadequacy and vicarious trauma. Establishment of structured referral pathways for women and supportive systems for midwives is essential prior to implementing the SAPSA.

Database: CINAHL

36. Midwife and nurse responses to miscarriage, stillbirth and neonatal death: a critical review of qualitative research.

Author(s): Wallbank S; Robertson N

Source: Evidence Based Midwifery; Sep 2008; vol. 6 (no. 3); p. 100-106

Publication Date: Sep 2008

Publication Type(s): Academic Journal

Abstract:Background. Miscarriage, stillbirth and neonatal death are not uncommon events within the UK. There is substantial evidence that parents experience such loss as intensely painful (Gold, 2007), yet there appears to be little recognition of the potential impact on those staff providing care. Indeed staff are encouraged to be emotionally giving to the bereaved family (Kohner, 2007). Understanding the potential impact of such work may help staff better look after themselves and the women and families under their care.Aim. To explore what is known about the psychological responses of midwifery and nursing staff to miscarriage, stillbirth and neonatal loss in their workplace.Method. A systematic narrative synthesis of qualitative literature, exploring midwifery and nursing staff responses to miscarriage, stillbirth and neonatal loss was undertaken. The principles of transparency and systematicity (Meyrick, 2006) were used to analyse the literature, and content analysis was utilised to elicit themes.Conclusion. Theoretical and conceptual frameworks to understand staff experiences are largely absent; nevertheless evidence suggests that midwives and nurses appear to experience significant and personal adverse effects as a result of caring for families experiencing loss. Staff regard the support they have for this type of work as lacking and, while collegial support is welcomed, it does not appear to protect staff from adverse effects. The need to provide empathetic interactions is demanding for staff and appears to conflict with their need to protect themselves emotionally, for example, by withdrawing from the family. Further research using phenomenological methods, and more explicit use of current psychological models to understand staff distress is warranted.

Database: CINAHL

37. Adverse clinical incidents: support for midwives.

Author(s): Kershaw K

Source: RCM Midwives; Nov 2007; vol. 10 (no. 10); p. 462-465

Publication Date: Nov 2007

Publication Type(s): Academic Journal

PubMedID: NLM18041318

Abstract:Midwife and supervisor of midwives at Calderdale and Huddersfield NHS Trust in Halifax Kathryn Kershaw looks at how support for midwives involved in clinical incidents has developed in terms of accessibility and the type of help offered.

Database: CINAHL

38. Midwives and loss: the cost of caring.

Author(s): Clarke, Jenny; Mander, Rosemary

Source: The practising midwife; Apr 2006; vol. 9 (no. 4); p. 14-17

Publication Date: Apr 2006

Publication Type(s): Journal Article Review

PubMedID: 16634274

Database: Medline

39. Bereavement, grief and the midwife.

Author(s): Burden, B; Stuart, P

Source: Modern Midwife; Sep 2002; vol. 5 (no. 8); p. 14-17

Publication Date: Sep 2002

Publication Type(s): Article

Abstract:Psychological effect of caring for bereaved parents on the midwife, and strategies for peer support. [(BNI unique abstract)] 24 references

Database: BNI

40. The death of a baby in our care: the impact on the midwife.

Author(s): Cowan, L

Source: MIDIRS Midwifery Digest; Sep 2001; vol. 11 (no. 3); p. 313-316

Publication Date: Sep 2001

Publication Type(s): Article

Available at [MIDIRS Midwifery Digest](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract: null 21 references

Database: BNI

41. Helping health care staff deal with perinatal loss

Author(s): Defey, Denise

Source: Infant Mental Health Journal; 1995; vol. 16 (no. 2); p. 102-111

Publication Date: 1995

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Infant Mental Health Journal](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: Discusses the psychological issues involved in the management of perinatal loss for medical, nursing, and midwifery staff, who must cope with parents' distress and their own feelings of impotence and frustration. The skills needed involve creativity and flexibility, as well as the capacity to adapt traditional training to the active participation needed in dealing with perinatal loss. Techniques for training staff and facilitating coping, including case discussion, group work, video-recorded interviews with parents and staff and written material providing guidelines for management are described. (French, Spanish & Japanese abstracts) (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Database: PsycINFO

42. Bereavement. Who counsels the counselor?

Author(s):

Source: Journal of nurse-midwifery; 1991; vol. 36 (no. 3); p. 151-152

Publication Date: 1991

Publication Type(s): Journal Article

PubMedID: 1856760

Database: Medline

Strategy 790504

#	Database	Search term	Results
1	Medline	exp BEREAVEMENT/	12314
2	Medline	(bereavement).ti	2197
3	Medline	exp "PSYCHOLOGICAL TRAUMA"/	834
5	Medline	(trauma ADJ2 support*).ti,ab	1512
6	Medline	(1 OR 2 OR 3 OR 5)	15069
7	Medline	(midwif*).ti	7510
8	Medline	exp MIDWIFERY/	16959
9	Medline	(7 OR 8)	19827
10	Medline	(6 AND 9)	66
11	Medline	exp "FETAL DEATH"/	27566
12	Medline	(9 AND 11)	172
13	CINAHL	exp BEREAVEMENT/	12762
14	CINAHL	(bereavement).ti	2236
15	CINAHL	exp "SUPPORT, PSYCHOSOCIAL"/	74163
16	CINAHL	exp "PSYCHOLOGICAL TRAUMA"/	1155
17	CINAHL	(trauma ADJ2 support*).ti,ab	759
18	CINAHL	(13 OR 14 OR 15 OR 16 OR 17)	86043
19	CINAHL	(midwif*).ti	9704
20	CINAHL	exp MIDWIVES/	13189

21	CINAHL	(19 OR 20)	20714
22	CINAHL	(18 AND 21)	791
23	CINAHL	exp "ADVERSE HEALTH CARE EVENT"/	59606
24	CINAHL	(21 AND 23)	123
25	CINAHL	exp "PERINATAL DEATH"/	7138
26	CINAHL	(21 AND 25)	305
27	CINAHL	(workplace ADJ2 support).ti,ab	620
28	CINAHL	(21 AND 27)	6
29	BNI	(bereavement).ti	912
30	BNI	GRIEF/	3537
31	BNI	(trauma ADJ2 support*).ti,ab	118
32	BNI	(workplace ADJ2 support).ti,ab	212
33	BNI	"POST TRAUMATIC STRESS DISORDER"/	2536
34	BNI	(psychological ADJ2 trauma).ti,ab	237
35	BNI	"PSYCHOLOGICAL ASPECTS"/	1702
36	BNI	(29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35)	8331
37	BNI	(midwi*).ti	8163
38	BNI	MIDWIFERY/	14158
39	BNI	(37 OR 38)	16781
40	BNI	(36 AND 39)	400

41	EMBASE	(bereavement).ti	2490
42	EMBASE	"BEREAVEMENT COUNSELING"/ OR "BEREAVEMENT CARE"/ OR "BEREAVEMENT SUPPORT"/ OR "BEREAVEMENT SUPPORT SERVICES"/	229
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44	EMBASE	exp "POSTTRAUMATIC STRESS DISORDER"/	57650
45	EMBASE	(trauma ADJ2 support*).ti,ab	1423
46	EMBASE	(workplace ADJ2 support).ti,ab	475
47	EMBASE	(41 OR 42 OR 43 OR 44 OR 45 67486 OR 46)	
48	EMBASE	(midwi*).ti	10996
49	EMBASE	exp MIDWIFE/	30413
50	EMBASE	(48 OR 49)	31393
51	EMBASE	(47 AND 50)	132
52	EMBASE	"PERINATAL DEATH"/	551
53	EMBASE	(50 AND 52)	23
54	EMBASE	"ADVERSE EVENT"/	3847
55	EMBASE	(50 AND 54)	2
56	PsycINFO	exp MIDWIFERY/	1330
57	PsycINFO	(midwi*).ti	923
58	PsycINFO	(56 OR 57)	1482
59	PsycINFO	exp BEREAVEMENT/	14461

60	PsycINFO	(bereavement).ti	2917
61	PsycINFO	exp "TRAUMATIC LOSS"/ OR exp "GRIEF COUNSELING"/	374
62	PsycINFO	exp "POST-TRAUMATIC STRESS"/	507
63	PsycINFO	(trauma ADJ2 support*).ti,ab	614
64	PsycINFO	(workplace ADJ2 support).ti,ab	703
65	PsycINFO	(59 OR 60 OR 61 OR 62 OR 63 OR 64)	16492
66	PsycINFO	(58 AND 65)	14
67	CINAHL	exp "DEATH COUNSELING"/	329
68	CINAHL	(21 AND 67)	3
69	CINAHL	exp "PEER COUNSELING"/	961
70	CINAHL	(21 AND 69)	4
71	Medline	exp "DISENFRANCHISED GRIEF"/	5
72	Medline	(9 AND 71)	0
73	Medline	((grief OR bereavement) ADJ2 (counselling OR counseling)).ti,ab	240
74	Medline	(9 AND 73)	1