

Studies into the Work, Health and Emotional Lives of Midwives (WHELM) are conducted internationally. At the time of the UK's own research study, Australia, New Zealand, Sweden and Norway had already concluded theirs. Professor Billie Hunter, RCM professor of midwifery, and Dr Josie Henley, research associate at the School of Healthcare Sciences, Cardiff University, were commissioned by the RCM to explore the relationship between the emotional wellbeing of midwives and the work environment.

Nearly 2,000 midwives responded to the survey (16% of the RCM's membership), with 83% reporting personal burnout and a third falling into the moderate to extreme stress and anxiety range. Both results stand as higher than 'population norms' and higher than the WHELM findings of the other countries.

The research team found the study distressing, Prof Hunter comments: "The free text responses, where midwives were able to tell us in detail how they were feeling, were particularly upsetting. Being a midwife should be a wonderful and joyful occupation, and it was harrowing to hear how some midwives dreaded going into work, how their emotional and physical health was being compromised by stress and anxiety and how many were seriously considering leaving the profession."

WHELM's publication

The results were not unexpected. Certainly, the RCM had planned to use them as part of its ongoing campaign to press the government for action over chronically understaffed and underfunded maternity services. The RCM too, well aware of the pressures on its members, launched the Caring for You initiative, encouraging hospitals to



sign up to a charter that prioritises the health and wellbeing of maternity staff in spite of the high-pressure conditions (142 organisations have signed up so far).

What was unexpected however, was the timing of the government's acceptance of the RCM's assessment that the service is short of 3,500 midwives and its commitment to increasing the number in training. The study served as a vindication of the RCM's hard-won campaign, but that isn't the end of its influence.

Holly Morse, final year student, Swansea University


"After reading the WHELM study, I became interested in vicarious trauma (VT) – the emotional response to dealing with people going through traumatic events. VT originated from work with those supporting survivors of sexual violence and has been delivered to paramedics, police, prison officers and firefighters. Strangely, research into VT impact on midwives has been limited.

"The study inspired me to organise

a day aimed at student midwives on behalf of the society. An affiliation with the RCM branch helped the organisation and promotion of the event to a wider audience. The tickets sold out in 24 hours and many who attended were practising midwives.

"The feedback was overwhelming. Everyone said it had been invaluable and asked for it be made mandatory – for management too. Based on these evaluations, the branch committee gave its support for the event to be repeated and we linked with the Hywel Dda branch. These tickets also sold quickly, primarily to qualified midwives this time, and all evaluated the event with equal enthusiasm.

"Further days run by RCM branches are scheduled in Cardiff and in North Wales this year. The VT trainer, Bryony Beynon, travelled from London and worked collaboratively to offer consecutive days in neighbouring branches so travel costs were reduced and midwives from a large area were served (there were attendees from



Being a midwife 'should be a wonderful and joyful occupation'

Bangor to Bridgend). The VT training's snowballing popularity will, I hope, inspire more."

Bryony says she was unsurprised that midwives requested the VT training, "There is honestly so much crossover – an alarming amount – in every sector where we hold the pain and suffering of others, or bear witness to it or its aftermath." She adds that trauma in caring professions is "inevitable", so should be managed as any other health and safety risk would be. "It's important to understand that trauma happens not because you are weak, but because you are good at your job."

"I read the research on midwives and secondary trauma in the WHELM study, research by Dr Kayleigh Sheen and Alison Power, and looked at some Australian studies into the correlation between birth trauma in mothers and the perception of empathic care."

"I learnt a huge amount from the midwives and students themselves. I was struck by the sheer breadth of wraparound support midwives are

able to share their lowest points and feel supported. Whilst it's a learning rather than therapeutic space, it is healing to realise you're not alone."

The training helps midwives to understand their feelings, put them into context and, crucially, find ways to dissipate them. The latter involves a consistent "self-care plan" of exercise, relaxation, counselling, processing and creative pursuits that "replenish the joy well". Bryony suggests that just asking a colleague daily: "What happened on your shift, how do you feel, and what are you going to do to offset it?" will help both parties realise that the feelings are normal and that they can do something about them.

After the WHELM study was published, a number of blogs appeared from midwives, detailing accounts of stress and the importance of being supported by colleagues (<https://midwifediaries.com/tag/whelm-study/>). One notes that, in a crisis situation, simple eye contact with a colleague broke the tension and helped them both to deal with the experience – something that was not replicated later with a manager in a similar situation. The importance of peer support is something that is reinforced by Doncaster and Bassetlaw Teaching Hospitals' poster: check on yourself, check on your colleagues and don't forget to list three things that went well.

Trauma happens not because you are weak, but because you're good at your job

expected to provide and the depth of connection that can foster with the woman. So many women I spoke to came to midwifery from wanting to correct their own traumatic birth experiences and ensure that no other women had to go through that.

"I've conducted five one-day VT education days across Wales now, and the most important parts have been the moments where attendees have felt

Caring for You

Self-care and workplace support, then, are vital components of the defence against stress. The RCM's Caring for You was launched in 2016, with a view to encouraging organisations to treat health and wellbeing with the same level of gravity as any other health and safety consideration.

The charter demands a commitment from the organisation to a wellbeing

action plan, with access to shift patterns and flexible working, promotion of a positive workplace culture that includes taking breaks, a zero-tolerance stance on bullying, access to occupational health and other supportive therapies, and a commitment to nurturing an environment of compassion.

The WHELM study may not have set Caring for You in motion, but it certainly reinforced its importance. It is providing a body of evidence for the RCM to press home the point to hospitals.

**Jo Butler, midwifery lecturer,
University of Suffolk**

"One of the characteristics I see in students each year is their focus on 'the emergency'. It means they approach each birth with a sense of anxiety, watching for signs of things going wrong.

"They also approach their learning as 'what to do in each instance of something going wrong' and 'how to deal with the emergency' rather than understanding the birth itself.

"Students need to understand that the birth experience is part of a good outcome, for mothers, families, as well as for them."

Jo lectures on normalising birth, and, as part of the third-year practice module, runs a normal birth workshop. Earlier this year, she was involved in the university's first Normal Birth and Contemporary Culture conference – a collaboration between the university's midwifery society and its department of health sciences, co-ordinated by students Jenny Johnson, Joanne Wilkinson and Bethan Sidoli. Students, local midwives and health workers heard nationally recognised speakers cover everything from water birth to questioning why breech is viewed as an obstetric complication.

"The feedback was really positive, with comments such as 'It re-energised me and reminded me why I am here', and 'It was a fantastic celebration of midwifery and birth'. I can't tell you



To give high-quality care, midwives need to feel valued and respected

how important this is to counteract the negativity of recent years," she says.

"If you just focus on the emergency, you lose sight of normality. Of course, focus on a good outcome, but women need a good experience, too. I'm trying to promote a sense of humanity, looking at the collective interests of the woman and midwives.

"Midwives should feel inspired, and encouraged to look out for each other, rather than feeling permanently anxious – that is as true for students as for practising midwives who may be questioning whether to stay."

Prof Hunter is pleased that the study is acting as a catalyst for change: "There is no point in doing research if it sits on a shelf and doesn't impact on practice. There is a wealth of evidence showing that to give high-quality care to women and their babies, midwives need to feel valued and respected. I'm delighted that the RCM and members are looking for ways to act on the findings."

MORE INFO

Download the UK WHELM study:
<http://bit.ly/rcmWHELMstudy>

Sign up for Caring for You:
<http://bit.ly/rcmCaringForYou>

Vicarious birth trauma and post-traumatic stress disorder – preparing and protecting student midwives:
<http://bit.ly/rcmVicariousTrauma>

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