

MIDWIVES' EXPERIENCES OF MATERNAL DEATH: IMPLICATIONS FOR PRACTICE AND EDUCATION

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GOALS AND OBJECTIVES

- **Session goals:**

- Leadership

- **Objectives:**

- Participants will be acquainted with some midwives' experiences of maternal death in the Ghanaian setting.
 - Participants will be exposed to the meanings the midwives give to their experiences and their implications for their practice.

INTRODUCTION

- A peaceful death is an acceptable outcome of nursing care (Henderson, 1966).
- Conversely, a maternal mortality (MM) is an adverse incident that continues to plague many countries including Ghana (WHO,2018).
- Reduction of MM has been an important indicator of the successes of both the Millennium Development Goals (MDGs) 5 (Reinke & Supriyatiningasih, 2017) and the Sustainable Development Goals (SDGs) (World Bank Group, 2014).
- Hence, much resources and efforts have been directed at curbing the menace.

INTRODUCTION-CONT'D.

- Most of the government of Ghana's efforts have been directed at rolling out programmes and policies including:
 - improving the midwife-patient ratio, and
 - infrastructural development that aims at improving access to supervised delivery.
- In spite of these efforts, Ghana, like many other lower middle income countries could not achieve the MDG 5 at the end of 2015 and recorded a maternal mortality rate of 310 per 100,000 live births in 2017 (UNFPA, 2018)

PROBLEM STATEMENT

- Midwives are at the forefront of providing peripartum care in Ghana.
- Every single maternal death impacts the life and practice of the midwife who attends to the woman in the peripartum period.
- The impact of a maternal death on the family, community, and society has been widely studied (Bazile et al., 2015; Molla, Mitiku, Worku, & Yamin, 2015).
- However, its implications on midwifery practice have not been largely explored.
- The study therefore sought to explore the experiences of midwives whose clients died during the peripartum period and to unearth the effects of their experiences on their personal lives and practice.

METHODS

- The inquiry adopted the case study design.
- Purposive sampling was applied for the recruitment of the first participant.
- Subsequently, the other participants were recruited through snowballing.
- Four (4) midwives who had attended to women who died during the peripartum period were identified as cases with each experience examined as a unit of study.

PROFILE OF THE PARTICIPANTS

No.	Pseudonym	Age	Educational level at time of the incident	Location of practice	Years of experience at the time of incident
1.	Abena	41	Diploma	Rural	10
2.	Akua	32	BSN	Urban	7
3.	Afua	32	Diploma	Urban	3 years
4	Ama	51	Certificate	Rural	13

DATA GENERATION

- In-depth interviews were conducted with all the participants.
- Follow-up interviews were conducted for clarifications of participants' experience and member checking.
- A total of ten (10) interviews were conducted over a period of six months.
- Interviews were conducted in English and Fante (a local Ghanaian Language).
- Verbatim transcription of the interviews was done.
- Interviews conducted in Fante were translated into English prior to analysis.
- Back-translation was conducted to ensure that the meanings of the participants' experiences were not lost during the process of translation.

DATA ANALYSIS

- Colaizzi's method (1978) was applied to analyse the data gathered from the interviews. The process of analysis is outlined below:
 - Acquiring a sense of each transcript: listening to the audio many times & reading the transcripts severally.
 - Extracting significant phrases and statements from the transcripts
 - Formulation of meanings
 - Aggregation of formulated meanings into clusters of themes
 - Exhaustively describing the investigated phenomenon
 - Describing the fundamental structure of the phenomenon
 - Returning to the participants for validation of description & structure



FINDINGS

- Three (3) main themes emerged.
- Several sub-themes and categories.



Theme 1: Midwives' concept of death

- i. I failed, so I am a failure
- ii. A regrettable loss
- iii. An indelible scar



i. I FAILED, SO I AM A FAILURE

- The death of a woman in the peripartum period was equated to failure of the;
 - attending midwife,
 - midwifery unit and the health facility.
- This conceptualization is based on the altered outcome of the midwifery service delivery, which is to deliver a new life into the world.

I FAILED, SO I AM A FAILURE: THE ATTENDING MIDWIFE

- The feeling of failure is initially experienced by the attending midwife at whose hands the death occurred.

*“...this [the death of a mother] is every midwife’s greatest fear. Like we pray against it... It must not happen at your hands. So if it happens, it is like you are incompetent... ahaaaaa. Do you understand? Like, you were tested and you failed... like, I don’t know how to say it, but, like you failed...so do you understand?” **Ama***

FAILURE OF THE MIDWIFERY UNIT & HEALTH FACILITY

- The failure is further imputed unto the midwifery unit and the health facility.

*“I remember when the news of the death was broken to the client’s mother, she started wailing and insinuated that she told her daughter to deliver at a private hospital and that she had always known that the midwives in our hospital were not experienced... it was painful... like one person died and every midwife, and even the facility was labeled... it was ... hmmmm, it was painful...” **Abena***

FAILURE OF THE MIDWIFERY UNIT & HEALTH FACILITY-CONT'D.

- This concept of failure reportedly influences the perception and rhetoric of the client's family and community members about the competence of the unit and the health facility in providing peripartum care.

II) A REGRETTABLE LOSS

- All the participants described maternal death as a loss.
- Death was a loss to the family especially the partner, the new-born, as well as the midwife.
- The death creates a vacuum in the family that becomes a nagging source of worry for the attending midwife.

“My main concern as a midwife at the time is the newborn. If a mother dies, the child will lose maternal love, the colostrum, the warmth... it's many things. No one can replace a mother... and I worried about this child, hmmm...”

Afua

A REGRETTABLE LOSS-CONT'D

- Some narratives revealed the establishment of a relationship between the midwife and the client that evolves when the midwife performs various assessments, provides emotional and physical support as the labour progresses, until the death occurs.
- Thus, the midwife's feeling of loss is based on the abrupt severing of the relationship with the client.
 - *“Hmm, it is not easy, we get to know the women ooh. Me, for instance, in my case, I like to chat with the women when they come on admission. Especially, the primips; they come as soon as they experience a little pain... they usually stay for a while before they deliver. So we chat, and comfort them, and rub their backs... so if such a person dies, you also feel it...” Akua*

III) **AN INDELIBLE SCAR**

- A maternal death permanently stains the attending midwife's professional life. It is described as a "fatal wound".
- Its implications on the subsequent practice of the midwife are enormous.
- The experience unconsciously cultivates and nurtures the feeling of incompetence, self-doubt and fear in the midwives.

*"It is unconscious. I don't know if it is because mine happened a few years after I started midwifery, but sometimes, I feel inadequate, like I doubt myself... I don't know if you understand but I sometimes fear that it [maternal death] can happen again..." **Akua***



THEME 2: INITIAL REACTION TO A MATERNAL DEATH

- I. PSYCHOLOGICAL
- II. EMOTIONAL
- III. SPIRITUAL

I) PSYCHOLOGICAL REACTION

- An initial feeling of denial, characterized by:
 - Refusal to accept the death
 - Neurological assessments
 - Rapid performance of nursing and midwifery resuscitation
- When these techniques failed, midwives were frequently catapulted from their state of denial to shock.

*“I kept calling her name and shaking her to ensure that she remained with me. I knew I was losing her, she was slipping away... Then, I opened the infusion to run it faster (exclaims), it was unbelievable, her death... (exclaims)... I don't understand it even today”. **Afua***

II) EMOTIONAL REACTION

- The midwives narrated varied emotional experiences during the period after the death occurred.
 - Fear of being blamed for the maternal death
 - Self-stigmatisation
 - Emotional distancing from friends and loved ones.

*“I kept to myself. I knew the others [midwives] were talking about me behind my back and I didn’t want to keep answering their questions... it was a lonely period” **Ama***

II) EMOTIONAL REACTION- CONT'D.

- The process of notification: a time of reflection on the incidents leading to the maternal death.
- A sense of emotional strength and weakness was reported as the midwives prepared and participated in maternal audits.
- Sorrow expressed by crying was also reported by some participants.

“I cried myself to sleep on many nights after the woman died...” Akua

- A feeling of relief when the cause of death was identified and not linked to the midwife.
- Some participants shared the feeling of guilt, even when they had been exonerated. Although the guilt was reduced to the barest minimum.



THEME 3: PERCEIVED PREPAREDNESS TO MANAGE DEATH

- i. No training after employment
 - ii. Hiding in the cloud
 - iii. Experiential knowledge

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- From the narratives, all the participants felt unprepared to manage the maternal death.

I. NO TRAINING AFTER EMPLOYMENT

- All the participants had been taught topics such as last offices and filling maternal audit forms during their midwifery training years back.

*“We were taught DABDA ... eeeh the grieving process and last offices in first year during basic nursing, I think...that was many years ago. And in all the 10 years of my practice I have not had a reason to apply it... you tend to forget ok ” **Ama***

II. HIDING IN THE CLOUD

- All the participants asserted that much attention was not placed on such topics as generally, midwives do not anticipate that a maternal death would occur in their care.

*“we don't discuss such [death] issues. Its like when you talk about it, you are calling it for yourself... it is like a taboo topic... **Afua***

III. EXPERIENTIAL KNOWLEDGE

- All but one participant had never experienced a maternal death prior to the one during the periods of their midwifery practice or training.
- There was no reference for managing their emotional and psychological reactions during the incident.
- Most of the participants reported experiential learning had taken place during the periods when the maternal death occurred.
- They were, however, hopeful and praying that they never had to use the knowledge acquired in their professional lives again.

DISCUSSION

- Similar to the participants' concept of maternal death, WHO describes it as an adverse incident (WHO, 2018).
- Most empirical studies did not explore the midwives' concept of a maternal death.
- The negative implications of a death on the image of the professional and the health facility unearthed in this study is supported by Coldwell et al. (2015).
- The midwives were traumatized psychologically and emotionally following their experiences. Similar experiences were recorded in other studies (Dartey, Phetlhu, Phuma-Ngaiyaye, 2018; Cauldwell et al., 2015).

DISCUSSIONS CONT'D.


- The midwives experienced a sense of loss consistent with the notion of loss by Kubler-Ross and Kessler (2014).
- This sense of loss is attributed to their close engagement with the women while providing care (Coldridge & Davis, 2017).
- Similarly, their reaction was consistent with the grieving process (Kubler-Ross et al, 1969). Although, they continue to practice as midwives, some had not attained acceptance even when the audit indicated they were not liable for the death.
- The effect of the midwives' experience of a maternal death on their midwifery practice unearthed in this study is consistent with findings in a similar study (Dartey et al., 2018).

DISCUSSION CONT'D.

- The study highlights ineffective coping with maternal death by the midwives.
- The emotional and psychological impacts of maternal death are enormous but midwifery training does not adequately prepare the midwives for managing maternal deaths (Dartey et al., 2018).
- There was evidently a lack of support, and opportunities for debriefing were sparsely available in this study. Contrary to this, Coldwell et al. (2015) recorded availability of debriefing and support following similar incidents in Inner-City, UK.
- Findings of the two studies show consensus on the midwives' need to be prepared to respond effectively to the incidence of maternal death through training.

CONCLUSION

- Midwives are unprepared for the incident of maternal death.
- An incident of maternal death has dire psychological, emotional and spiritual impact on the midwives and has ripple effects on the image of the midwifery unit and health facility.
- A maternal death negatively affects uptake of skilled delivery, the midwife's sense of competence and practice.

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- There is, however, no structured programme for de-briefing or support for midwives who attend to women who die during the peripartum period.
 - The need for curriculum development and establishment of pathways of support of midwives following a maternal death is revealed.

GLOBAL IMPLICATIONS FOR MIDWIFERY EDUCATION & PRACTICE

- For quality peripartum care, midwifery education and practice must endeavour to care and support midwives in their practice.
 - Development of curricula for training student-midwives on managing maternal death.
 - Development of models for support and de-briefing.
 - Establishment of units to support midwives in all health facilities.
- Further investigations are needed to develop a detailed process of coping and recovery for midwives who are confronted with experiences of maternal death.

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THANK YOU