Midwives Perception of Ethical Behaviours and Professional Malpractices in Labour Units of Tshwane Gauteng Province

**Introduction & Background**

Midwives form the backbone of maternal and child health care in South Africa. The care provided by midwives during childbirth is a unique life experience and they are therefore expected to comply with policies/ legislation/ethical principles governing their profession (Maputle and Hiss, 2010). Midwifery practice is guided by knowledge and skills which provides grounding to ethical clinical decision making.

**Aim**

The purpose of the study was to enhance awareness of ethical behaviours and professional malpractices in midwifery practice.

**Study Objectives**

- To explore the midwives’ understanding and experiences of unethical behavior and professional malpractice in labour units
- To explore and describe the factors that contributes to unethical behavior and professional malpractice by midwives in the selected labour units in Tshwane, Gauteng Province
- To develop recommendations aimed at reducing professional malpractices and unethical behavior by midwives in the labour units

**Theoretical Framework**

- Principle as a basis by incorporating the four basic ethical principles
- Autonomy
- Beneficence
- Non-maleficence
- Justice

**Research Methodology**

A qualitative, exploratory, descriptive and cross-sectional design was applied in this study. In-depth interviews were used. Purposive sampling was used (Moule and Goodman 2016). The target population was all midwives with two or more years’ experience working in the selected labour units in Tshwane Gauteng Province. Informed consent obtained and voluntary participation was ensured.

**Data Collection & Analysis**

- Individual in-depth interviews using open ended questions was used
- Interviews were conducted at a natural setting in a private room close to the labour ward
- Interviews were recorded and transcribed verbatim. Data saturation was reached with the eighth participant
- Data analysis started during interviews and continued throughout the transcription of recorded interviews (Burns & Grove, 2013)
- Thematic analysis led to the emergent of major and sub-themes

**Ethical Consideration**

Ethical clearance was obtained from the University Of South Africa Higher Degree Ethics Committee and Tshwane Research and Ethics Committee. Consent to participate was requested and all participants signed the forms. As a basis for this study the ethics guidelines was drawn out by the International Council Of Nurses’ Code of ethics for nurses (2006) and the South African Nursing Council (2013) was followed as a guide

**Major Themes**

- Midwives work experiences
- Ethics and professional malpractices
- Ethical decision making
- Litigation experience
- Contributing factors
- Impact of professional malpractices and litigations

- Isolate, suffling and satisfying career; has challenges and frustrations
- Minimal understanding of ethics; failure to follow practice standards, protocols, policies and guidelines
- Fear to make decisions
- Patient delivering alone
- Staff shortages of both human and material resources, informed community
- Low staff morale, conflict amongst staff members, emotional and psychological impact

**Recommendations**

- Midwives to adhere to the “Scope of practice , maternal guidelines, protocols and policies as described by the profession
- Assess clients correctly following use of BANC and maternal guidelines
- Management to offer support and encouragement to midwives when faced with adverse events incidents (give praise where due) and have debriefing sessions after SAE (Serious adverse events) (P1; P2; P3; P4; P5; P6; P7)
- Adequate material, structure and human resources so that quality obstetric care can be provided (P4; P5; P7; P8)
- Regular in-service training, seminars and workshops on ethical matters
- Increase the frequency of visits by obstetricians for the MOU
- Create a workplace Ethics Committee

**Conclusion**

The findings of this study revealed that midwives do understand the importance of ethical code of conduct, however none could align their practice to the four ethical principles. It is hoped that the findings of this study will make contributions to midwifery training and practice regarding ethical practice. The findings further revealed the difficult circumstances in which midwives functions. With the stated contributing factors, it is difficult to envisage how efforts to reduce professional malpractices and provide quality obstetric care can be effective if they rely on tired and overworked staff to achieve the best results.