

Iolanthe Midwifery Trust
Report by Heather Gallagher (2018 Midwives Award)
Midwifery Advocacy Peer Support (MaPs)

Background

Depression, anxiety, stress and burnout, accounts for a quarter of all sickness absence in the NHS (NHS Survey, 2016). Emotional traumas and burnout associated with caring work often remain unrecognised, and therefore can leave staff feeling unsupported and isolated (Wilkinson, 2015). Midwives in psychological distress can often “suffer in silence” (Deery and Kirkham, 2006).

Maternity staff are an NHS group that don't always experience workplace trauma the same way that other NHS professionals do. Traumatic events in maternity services are always tragic, rarely expected and in predominately young healthy women and babies. These events can sometimes result in death or life long, life limiting disability, and on occasion are due to errors not necessarily disease progression/illness.

The whole maternity team often have to wrestle with trauma exposure and its impact, experiencing the initial trauma and then ongoing with the investigation, and then the accountability of that, often resulting in sometimes long lasting psychological distress. Midwives and maternity staff are sometimes described as ‘second victims’ due to this, this area is well researched and evidenced (Pezaro, et al 2015). Midwives can struggle with the accumulation of multiple exposures to ‘smaller’ traumatic events, or one large traumatic event which all of which may result in psychological distress, or indeed midwives can experience psychological distress due to the more day-to-day occupational stressors (Fig.1).

Fig 1. Potential causes of psychological distress in midwifery

- Workplace culture.
- Lack of support.
- Bullying and harassment.
- Excessive workload.
- Workplace adversity.
- Trauma exposure/Post Traumatic Stress Disorder (PTSD).
- Organisational Factors (Hierarchical, cliques, inter-professional conflicts).
- Compassion fatigue/emotional burnout.
- Unwell working.
- Punitive and blame-focused approaches towards error(s).
- Investigations/ Suspension
- Mental health issues.
- Whistle blowing

The Project

The Iolanthe Midwives award was used to support an innovative project attempting to optimise the wellbeing of midwives, by developing and delivering a package of 'psychological first aid' and peer support through Professional Midwifery Advocates (PMAs).

The project developed and piloted an innovative hybrid package of interventions; to identify and support midwives in psychological distress (particularly following exposure to traumatic incidents). The package was designed and developed in collaboration with leading mental health professional Professor Greenberg (Occupational, academic and forensic psychiatrist) and the senior Midwifery Team at Northampton. The package was based on the most current up to date research and the growing evidence base around peer support and trauma response.

The project was innovative in that this has not been previously done before, and it used the newly implemented PMA role, the issue is highly current in the light of maternity safety, as healthy midwives are paramount for the delivery of high quality maternity care (Pezaro, et al 2015), and if successful has the ability for mass roll out.

MaPS Aims and Objectives

- To build resilience by safeguarding the psychological wellbeing of midwives through the prevention, detection and treatment of occupational and operational stress, including exposure to traumatic events.
- To develop, deliver and evaluate a specialised hybrid training programme for PMAs, to be able to address midwives in psychological distress needs in the workplace.
- To develop, pilot and evaluate a package of 'psychological first aid' and peer support interventions for midwives in psychological distress.

Implementation

March on Stress[®] (Psychological Health Consultancy) delivered the training programme to the PMAs, which incorporated the TRiM[®] programme. TRiM[®] is a trauma-focused peer support system designed to help people who have experienced a traumatic or potentially traumatic event or incident.

The programme was specifically tailored programme to midwives occupational needs, covering both aspects of whether the psychological distress was due to exposure to workplace trauma, or the consequence of other occupational stressors experienced.

The PMAs received the practitioner level training firstly and at a later date a small number of PMAs undertook the Managers level training programme, which enabled them to oversee the delivery of the TRiM[®] programme.

Evaluation

The project is now in its formal evaluation stage. The evaluation will cover the package of psychological first aid and peer to peer support, both in terms of the experience of delivering the interventions from the PMAs and experience of receiving them from midwives and the wider maternity team. The early initial feedback is that the programme has helped midwives feel more supported at work, feel less alone, require less time away from work post incident following receiving the peer to peer support.

Reflection

Being successful in obtaining the Iolanthe Midwifery Award has enabled my team to design, pilot and implement a new programme for support for midwives and the wider maternity team members. Without the Iolanthe funding we would not have been able to secure the funding elsewhere. For me if the programme evaluates well and it helps midwives at times of psychological distress, promoting a more positive culture around psychological wellbeing and support, hopefully this will result in women and their babies being cared more effectively, more compassionately, with kindness and safely because those midwives also feel supported and cared for.

References

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