START by piloting: planning a survey of how obstetricians are affected by traumatic births

Walker, A.L. [a], Gamble, J. [a], Creedy, D.K. [a], and Ellwood, D.A. [b,c] [a] School of Nursing and Midwifery, Griffith University, [b] School of Medicine, Griffith University, [c] Maternal-Fetal Medicine, Gold Coast University Hospital.
Correspondence: andrea.walker@griffithuni.edu.au

Introduction: Traumatic birth impacts women, their families, and maternity staff. The consequences include Post-Traumatic Stress Disorder (PTSD), with significant rates in Australian midwives[1]. In Sweden, rates of traumatic birth exposure and PTSD are higher in obstetric than in midwifery staff[2]. There is little information about the effects of trauma on the Australian and New Zealand obstetric workforce. As a first step it was essential to pilot[3] a proposed binational survey.

Methods: This mixed methods pilot study used an online survey and telephone interviews to measure trauma exposure (birth, professional, personal), traumatic stress symptoms, work-related burnout, traumatic growth, and support needs in obstetric staff. Content analysis was used for qualitative data from interviews and survey comments.

Quantitative results: The study involved several sites to include a purposive mix of consultant obstetricians and trainees, totalling 32 respondents of 106 invitees (30.2%).

- Almost all (97%, n=31) reported attending a traumatic birth
- The majority (75%, n = 24) reported traumatic stress symptoms, though only one had probable PTSD
- One quarter (25%, n=8) reported at least moderate burnout
- Post-traumatic growth was reported by over 40%
- Statistically significant correlations were found between: post-traumatic stress and post-traumatic growth, post-traumatic stress and work-related burnout, summed trauma types (birth, professional, personal) and post-traumatic stress scores

Qualitative results: 8 interviews completed.

- Peer support was important
- Six found it emotionally challenging to complete the survey
- Two reported fear of RANZCOG identifying their responses
- Twenty study participants discussed how post-trauma support could be improved
- Improvements for the survey were suggested

Qualitative thematic analysis:

- 'Obstetricians experience substantial trauma'
- 'Culture of blame in obstetrics'
- 'Only in some workplaces is it supportive and safe'

Feasibility: A future study needs to:

- Ask the respondents to identify their level of training at the time when their most traumatic birth occurred
- Use a different traumatic stress self-report measure to allow comparison with other studies
- Ask about barriers to help-seeking
- Assure anonymity of respondents

Conclusion: Perinatal trauma exposure prevalence was very high. The pilot study allowed feasibility testing of the format and the survey questions. Some questions needed alteration and others were added. A survey of the Australian and New Zealand obstetric workforce is planned.

References

1. Leinweber J, Creedy DK, Rowe H, Gamble J. Responses to birth trauma and prevalence of posttraumatic stress among Australian midwives. Women and Birth. 2017 Feb 1;30(1):40-5.
2. Wahlberg Å, Andreen Sachs M, Johannesson K, Hallberg G, Jonsson M, Skoog Svanberg A, Högberg U. Post-traumatic stress symptoms in Swedish obstetricians and midwives after severe obstetric events: A cross-sectional retrospective survey. BJOG: An International Journal of Obstetrics & Gynaecology. 2017 Jul;124(8):1264-71.
3. Thabane L, Ma J, Chu R, Cheng J, Ismaila A, Rios LP, Robson R, Thabane M, Giangregorio L, Goldsmith CH. A tutorial on pilot studies: The what, why and how. BMC Medical Research Methodology. 2010 Dec;10(1):1.