

Midwives' Experience as Bereavement Counselors

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Background

H.K. Infant mortality rate ↓

- 9.7 per 1000 live births in 1981
- 2.4 per 1000 live births in 2002

Pregnancy loss ⇒ a major tragedy

Bereavement Counseling Services in HK

- **Aim** : to provide psychological support to every bereaved couple during the grieving period after pregnancy loss
- **Midwives** : in a unique position

Literature Review

- Much research focuses on nurses' care of the dying patient or child in specialist areas, e.g. *oncology, pediatrics and ICU*
- **Paucity of research** on midwives' experience of caring women with pregnancy loss
- Concepts and practice of bereavement counseling based on **Western models**

Purpose

- To describe the lived experiences of midwife counselors when caring for the women/couple with pregnancy loss.
- **Qualitative descriptive study**

Methodology

Purposive sampling

- 10 participants
- Semi-structured interview 30-60 min.
- Pilot study
- Thematic content analysis

Findings

Demographic Data

	<u>Mean</u>
Experience as Midwives	10 years
Experience as Counselors	5 years

Findings

6 Major themes :

1. **Perception** of bereavement counseling
2. **Challenges/Difficulties** encountered
3. **Midwives' emotions experienced** as bereavement counselors
4. **Reasons** for 'volunteering' to participate in the service
5. **Need** for personal development
6. **Concerns** about service improvement

Findings – Main Themes (1)

- 1. Perception of bereavement counseling :**
 - “Meaningful” & “beneficial”
 - Counselors require specific skills and attributes

Findings – Main Themes (2)

2. Challenges/difficulties encountered

Difficulties with:

- first case & initial stage of engagement
 - Cry
 - Anger
 - Silence
- role confusion

“... the husband ... seemed to suspect my presence was to find how he would make complaints to our hospital... He perceived that my presence was to protect the hospital. Of course not. ... For this case, it took me a very long time to get his trust...”

Midwife G.

To overcome difficulties

- **Accumulation of practical experience**
- **Continuing education**
 - ✓ **reading Chinese books**
 - ✓ **counseling courses**
 - ✓ **case discussion**

Findings – Main Themes (3)

3. Midwives' **emotions experienced** as bereavement counselors

- **Fear /Anxiety**

“I felt frightened ... with palpitation. I also felt “difficult to accept” her baby’s sudden death because of cord round neck. ” Midwife F.

- **Sadness**

“... that day after seeing their baby in the mortuary, the husband ... said, ‘Nurse ..., it’s OK, you need not to visit ... so frequent, I see that there’s lot of work in the ward, and you are all very busy. Don’t just because of caring us and lead to other unnecessary accidents to occur again’. ... all along, I was not happy ...”

Midwife J.

- **Feeling embarrassed**

“I remember ... only me, a trained counselor on duty... However, ... when the couple looked at my abdomen, I felt far more embarrassed. I think it’s not convincing for me, a pregnant woman as their counselor....” Midwife E.

Coping strategies to manage emotions :

- **informal sharing** with :
 - *colleagues / senior nurses*
 - *husband*
- **listening to music**
- **prayer**

Other emotions experienced as bereavement counselors:

- ❖ **Feelings of job satisfaction**
- ❖ **Sense of achievement**
- ❖ **Personal growth**

Findings – Main Themes (4)

4. Reasons for ‘volunteering’ to participate in the service

- *Bereavement counseling as integral part of the role of a midwife*
- *Strong need for the service*
- *Obligation after receiving training*
- *View bereavement counseling service as a personal/professional challenge*
- *Peer encouragement*

Findings – Main Themes (5)

5. Need for personal development

- Need for continuing education
- Need of an expert for coaching and support

Findings – Main Themes (6)

6. Concerns about service improvement

- **Recruitment of more midwives for the service**
- **Staff recognition**
- **Communication and collaboration with doctors**

Limitations

1. Small representative sample
2. Sampling bias
3. Researcher's bias/interviewing skills

Implications & Recommendations

1. Bereavement counseling

- a service of priority
- a generic / specialized service

2. Care of carers

- continuing education
- + 'formal' support system

3. Future research

Conclusion

*Counseling is an art
implies more reflective practice
and continuing education
to develop self to its full potential.*

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