

wellbeing in midwifery during the Covid-19 pandemic

In a highly feminized workforce, how has professionalism and gender impacted midwives' wellbeing during the Covid-19 pandemic?

NEW ZEALAND (NZ) MIDWIFERY & COVID-19:

30% of NZ midwives are self-employed as Lead Maternity Carers providing on-call, continuous, 24/7 maternity care to 93% of NZ families. 50% of NZ midwives work on rostered schedules in maternity facilities (e.g., hospitals, birthing units). 20% of NZ midwives work in support, educational, regulatory and specialty roles (Ministry of Health, 2019). Covid-19 exposed a lack of pandemic response preparedness in health systems across the world. Systemic failures included a lack of disease control protocols and a global shortage of personal protective equipment (PPE). Although geographically isolated, NZ experienced a severe shortage of PPE, and developed disease control protocols on the fly, putting midwives and other healthcare workers at risk of Covid-19 infection.

THEORETICAL BACKGROUND:

The highly feminized nature of most care work produces a sociocultural phenomenon known as 'devaluation' (England, 2005). Midwifery is a salient example of undervalued, feminized care work.

METHOD:

We contacted potential participants through the New Zealand College of Midwives, which has a membership of approximately 2,230 midwives. Our survey contained 32 questions, distributed across three sections: (1) Role-specific information; (2) Perceptions of safety, wellbeing, support, and recognition during Covid-19 pandemic; and (3) Demographic information. We used applied thematic analysis (Guest et al, 2012) to analyse and interpret free text data.

table 1: demographic details of participant midwives

Category	Statistic
Work Context	Self-employed Lead Maternity Carer Midwives 54% (n = 116) Employed Rostered Midwives 39% (n = 83) Mixed Roles Midwives 7% (n = 16)
Work location	Urban 67% (n = 144) Rural 24% (n = 52) Remote Rural 9% (n = 19)
Mean Years Worked	16.6 years (SD = 11.61)
Hours Worked (typical week)	37.6 hours (SD = 15.26)
Education	Bachelor's Degree (Midwifery) 57% (n = 121) Overseas Hospital-based program 13% (n = 28) Other 30% (n = 66)
Mean Age	48.80 y (SD = 11.48)
Ethnicity	New Zealand European 67% (n = 144) Non-New Zealand European 18% (n = 38) New Zealand Māori 7% (n = 14) Other 8% (n = 19)

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discussion

Society assumes that caring for women and children is what midwives do, and midwives will find a way to do it, even in a pandemic. However, such assumptions fail to account for the threat to midwives' wellbeing. In a pandemic, value towards midwives is better shown through prioritized access to resources such as PPE, funding for extra responsibilities, and timely guidance from professional and regulatory bodies. Furthermore, society will do well to abandon perceptions of midwifery work as a vocation or lifestyle that comes naturally to women as that only reinforces devaluation.

findings

Fear.

Midwives were fearful of contracting or spreading covid-19. Midwives anxiety was further heightened by feelings of abandonment from professional and regulatory authorities.

Professionalism in adversity.

Midwives maintained professionalism in adversity through work-related hypervigilance and a philosophy of woman-centered care that prioritizes the needs of women and birthing families.



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