Midwives and Self Care: An Ethical Perspective

There has been a great deal of conversation lately about self-care practices and how they may impact the midwifery community. Burnout is a theme that has been prevalent in the literature since the late 1980s. However, now we are seeing research about stress-related conditions that have greater specificity to the profession of midwifery. In 2015 Beck, Lo Guidice, and Gable discussed the impact of exposure to traumatic birth on the midwife. Not only did they find that 29% of CNMs report high to severe secondary traumatic stress, but that an astonishing 36% of respondents screened positive for post-traumatic stress disorder per the Diagnostic and Statistical Manual of Mental Disorders. Midwives note that the sources of their stress are varied and include political pressures, patient population issues, sleep deprivation, inadequate compensation, feelings of depersonalization, emotional exhaustion, and excessive work hours.

It is reasonable to expect that midwives, at some point in their career, will experience a traumatic birth. Chronic levels of stress have been linked to chronic illness such as hypertension, depression, diabetes, and obesity. Several studies, in the United States and globally, have shown that traumatic experiences and high levels of chronic stress have resulted in midwives leaving the profession during a time in history when our services are most needed.

ACNM’s Code of Ethics requires that we “maintain the necessary knowledge, skills, and behaviors needed for competence” in all aspects of professional practice. Midwives work diligently to provide their patients with safe, evidence-based, and respectful care. We arise in the middle of the night to answer our telephones, or pager, and head out in any and all types of weather to attend the arrival of new life. This is exactly the type of professional behavior one would expect when caring for families who have placed their trust in us. This particular section of the code is rooted in the ethical principle of beneficence, which is defined by the Oxford dictionary as “doing good, the manifestation of benevolence, or kindly feeling.” Benevolence is a word rooted in the Latin “bene” and “volens” which refers to a strong wish or intention. It is the perspective of action or deeds versus character or intention, respectively, which distinguishes these 2 terms. These concepts are integral to the daily practice of midwifery, whether engaged in patient care, education, or legislation.

However, we often fail to be mindful of the Code of Ethics section which states: “Midwives in all aspects of professional relationships will respect their own self-worth, dignity, and professional integrity.” Our dedication to excellence in client care is evident in our maternal and fetal outcomes. However, our dedication can often mean that we fail to appropriately take care of ourselves. We may feel we are being selfish or even neglectful of our clients by taking the time for self-care. However, lack of attention to self-care has the strong potential to create a dichotomy with regard to the quality of care we are providing to families. If we are living under the long-term type of stress that can create chronic illness and a sense of job dissatisfaction so great that we would consider leaving our profession, perhaps it is long past time to direct some of that benevolence and benevolence we reserve so passionately for our clients in our own direction. By doing so, we are not acting from a place of selfishness, nor are we putting our families, clients, and employers on the back burner. We are creating an environment wherein the best possible outcomes can be created for our clients, colleagues, families, and ourselves.

Given the propensity for some very serious outcomes for midwives and their families, self-care should be viewed as a matter of ethical behavior rather than an act of self-indulgence. As we engage in these nurturing behaviors, we may find a sense of resilience and renewal as we go about our own lives and care for the families we serve.

By The Ethics Committee with special thanks to Erin Wright, CNM, DNP, APHN-BC

REFERENCES