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When complications arise in the delivery room that lead to **traumatic childbirth**, clinicians providing care may feel upset and experience secondary traumatic stress. A new study published in *Acta Obstetricia et Gynecologica Scandinavica*, a journal of the Nordic Federation of Societies of Obstetrics and Gynecology, found that feelings of blame and guilt dominate when midwives and obstetricians struggle to cope with the aftermath of a traumatic childbirth, but such events also made them think more about the meaning of life and helped them become better midwives and doctors.

Medical mistakes primarily affect patients and relatives, but healthcare professionals can also be profoundly affected. When errors occur, and even when problems arise that may not have been avoided, clinicians often feel personally responsible for negative outcomes experienced by patients.

To get a sense of how traumatic childbirth impacts healthcare

professionals' mental health and their professional and personal identities, Katja Schrøder, RM, MSc Health, of the University of Southern Denmark, and her colleagues asked Danish obstetricians and midwives to complete a survey and participate in interviews.

A total of 1237 professionals responded, of which 85 percent stated that they had been involved in a traumatic childbirth,

where the infant or the mother suffered severe and possibly fatal injuries related to labor and delivery. Although blame from patients, peers, or official authorities was feared (and sometimes experienced), inner struggles with guilt and existential considerations were more prominent. Feelings of guilt were reported by 49 percent of respondents, and 50 percent agreed that the traumatic childbirth had made them think more about the

meaning of life. In addition, 65 percent felt that they had become a better midwife or doctor due to the traumatic incident.

"To our knowledge, this is the largest study to investigate obstetric healthcare professionals' experiences with traumatic childbirth. Self-blame and guilt appear to dominate when midwives and obstetricians struggle to cope

with the aftermath of a traumatic childbirth, which was a consistent finding regardless of time since the event," said Ms. Schrøder. "This could indicate that although the current patient safety programs have promoted a more just and learning culture with less blaming and shaming after adverse events, the personal feeling of guilt remains a burden for the individual healthcare professional." She added that existential considerations such as thinking

more about the meaning of life and experiencing personal development opportunities of an emotional or spiritual nature have not been previously investigated in this context, and they seem to play a profound role in the aftermath of these events.

The findings may be helpful for efforts aimed at providing adequate support to healthcare professionals in the aftermath of

traumatic childbirth, which will benefit not only professionals but also patients because the physical and emotional state of clinicians impacts upon the quality and the safety of patient care.



Agence 131, l'unique agence

de recrutement qui propose aux DRH et dirigeants d'entreprises, des **candidatures de surdoués. Chefs d'entreprises, n'hésitez plus, embaucher une personne à la mesure de vos attentes maintenant.**