

How COVID-19 Challenged Care for Women and Their Newborns: A Qualitative Case Study of the Experience of Belgian Midwives during the First Wave of the Pandemic

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INTRODUCTION

As many other European countries, Belgium has been severely impacted by the COVID-19 pandemic. On the 14th of March 2020, all hospitals entered an “emergency phase”. This included increasing the Intensive Care Unit (ICU) capacity and cancelling all non-urgent patient consultations. The resources spared by these measures were allocated to the establishment of COVID-19 treatment units. The changes in the allocation of resources and consultations in hospitals, as well as the need to reduce the spread of the virus, have not been without impact on pregnancy, childbirth and postnatal care. Data from as early as March 2020 show that maternal and newborn care workers experienced high levels of stress due to the reduced use of routine maternity care and modifications of care processes, in both high- and in low-income countries (1). Therefore, examining midwife-woman relationships during the periods of pregnancy and childbirth in the era of COVID-19 is imperative — not least because it was challenged by the necessity of using personal protective equipment (PPE) and physical distancing measures.

OBJECTIVES

We describe the results of a rapid qualitative study conducted between May 19 and June 25, 2020 on the work experience of midwives during the first wave of the pandemic in Brussels and Wallonia. Based on semi-structured interviews conducted on online calling devices (Zoom and Skype) with midwives working in hospitals or practicing privately, we investigated the impact of the first COVID-19 wave on their work experience, the woman-midwife relationship, and midwife-perceived changes in quality of care.



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MATERIALS & METHODS

This **cross-sectional qualitative study** used semi-structured online interviews that were audio- and video-recorded. Three core topic areas were explored in the interview guide: practical measures and guidelines introduced in response to the COVID-19 pandemic, the contextual challenges/facilitators of the implementation of the new measures, and experiences of midwives in the first wave of COVID-19.

We conducted **in-depth interviews with 15 midwives**, interviews ranged between 60 and 90 minutes in duration. We interviewed midwives practising privately and in various hospital types and sectors across different regions of Brussels and Wallonia. The interviews were conducted in French (the mother tongue of the researchers and all the midwives) and then translated into English by the researchers, supported by English speakers from the research team at the Institute of Tropical Medicine, Antwerp.

We used a **semi-structured interview guide**. This was then adapted into a practical visual highlighting the main themes to be addressed. The questions were then adapted during each interview according to our interlocutors.

Data were analysed using an inductive thematic analysis method. We cross-referenced the information collected in order to take into account the heterogeneous and contrasting discourse of the interviewees, notably by using a spreadsheet for cross-analyses between the narratives of each person and the identified themes. Coding and reviewing were done by both interviewers (EH and CA).

RESULTS

1. COVID-19 related guidelines affected midwives’ day-to-day professional lives :

We identified major discrepancies in rules and guidelines between hospitals. Furthermore, midwives reported not always being aware of team/individuals in their hospitals responsible for establishing the measures against coronavirus disease transmission, leading to confusion among healthcare providers in the wards and feeling of insecurity at work. We could identify three pillars to the feeling of insecurity that arose with the restricted access to PPE for midwives: fear of transmitting coronavirus to patients, fear of getting infected themselves, and fear of bringing the virus home and putting their families at risk.

2. Disruption in the organization of care was identified as a major issue in maintaining the quality of care :

In most hospitals, the pandemic affected the clinical decisions taken by medical teams, with the aim of shortening hospital stays. The midwives reported that the usual obstetric guidelines were disrupted, which could create conflicts between the medical teams and both patients and midwives. This was identified by the midwives as impacting the quality of care for mothers and newborns.

3. Reconciling work values and health measures for midwives :

Many midwives expressed the challenges they encountered when trying to apply some of the measures in the maternity wards or when taking care of women in their homes. Some measures, such as banning birth companions or instructing women to labour and deliver while wearing a surgical face mask, contradicted midwives’ “values”.

4. COVID-19 impacts the patient caregiver-bond :

Midwives reported having more difficulties creating a strong bond with women when wearing full PPE because of the physical barrier this imposed, making care more impersonal as patients were not able to see the faces of their providers. Moreover, midwives felt less able to detect the emotional distress of their women due to the added mental and workload as well as the shortened time spent with women.

CONCLUSIONS

We summarized five essential lessons based on Belgian French-speaking midwives’ experiences:

Acknowledging the central role of midwives, amidst a pandemic and beyond: concerning maternal and newborn health, our study shows a need to improve midwives’ recognition in Belgium..

Ensure best practices: our findings around the lack of coherence in maternal care guidelines and measures applied by hospitals calls to question how unified national guidelines could be followed by hospitals to the extent of their abilities.

Rehabilitating trust towards authorities: midwives’ feeling of disempowerment created a climate of distrust. There is a demand that policymakers, at national or hospital level, be more transparent about risk management, in order to guarantee a feeling of safety for both caregivers and patients.

Caring for mental health: Our findings show that the health crisis has led to a major psychological pressure for midwives, compromising their ability to provide quality care at the level that they are accustomed to and that matches their values.

Need for creative solutions: Working on the clinical front-line, healthcare professionals have a unique insight of the challenges encountered when trying to maintain quality and respectful care. This calls for tailored solutions adapted to the needs and demands of the population.

REFERENCES

(1) Semaan AT, Audet C, Huysmans E, Afolabi BB, Assarag B, Banke-Thomas A, et al. Voices from the frontline: findings from a thematic analysis of a rapid online global survey of maternal and newborn health professionals facing the COVID-19 pandemic. medRxiv. 2020 May 11;2020.05.08.20093393.

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