

Students - the future of midwifery

Perinatal Loss and the Midwifery Student

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Introduction

Most obstetric cases happily result in the delivery of live babies. Sadly, 1 in 137 births will result in stillbirth, and another 850 babies will die shortly after birth (Stillbirth Centre of Research Excellence,

Perinatal death is a reality, and the care patients and their families receive from healthcare professionals has far-reaching effects on the bereaved parents' mental health, but also on the healthcare professionals providing the support.

It is vital medical professionals caring for parents are able provide best-practice bereavement care in order to fully support those who have lost their baby. This needs to include training, mentoring and support of midwifery students, so they are prepared for life as a graduate midwife and all that it entails.

Mentoring of the student

When working as a midwifery student, there are not many opportunities to care for families who have suffered a pregnancy loss or the death of a baby. Students are often sheltered from the care of these families, and when they graduate dealing with a bereavement case can feel like a sink or swim scenario. It is no wonder that there is fear and a feeling of being overwhelmed when they are left alone with grieving parents to 'work it out' as they go.

"God what should I say . . . I hope I don't say the wrong thing."

Sharni, Midwifery Student

"I was never allowed to be involved in looking after families following perinatal loss. It was said that it wasn't appropriate for us to be involved, but I really wanted to see what was involved. I guess I felt that I would not be prepared for when it did happen as a graduate midwife."

Holly, Midwifery Student

Midwifery students often identify an absence of clinical experience as contributing to their lack of confidence when attending to these families at a difficult time. Midwifery students believe that a more 'hands-on' experience would enable them to provide more effective care post graduation (Alghamdi & Jarrett, 2016). Further, Alghamdi and Jarrett (2016) found that being able to cope with stressful situations was seen by some students as a 'rite of passage' in becoming a midwife.

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Midwifery students must be included in the care of bereaved parents, instead of being sheltered from it. Allowing for adequate exposure to perinatal loss in their years working as a student, will increase confidence levels when they are registered midwives navigating these situations on their own.

Buddying

As registered midwives, we have a responsibility to show students the way and buddy up with them when we are helping grieving families through their loss. Students would then have the opportunity to learn from more experienced midwives and gain confidence in what to do and how to communicate with these parents.

It is vital that midwifery students are not left traumatised by the experience, which is less likely to occur if they are supported by a seasoned registered midwife or bereavement midwife. Despite this being a difficult specialty of midwifery, with adequate preparation students can have positive thoughts and emotions around this area and feel like they have made a difference in a mourning family's life. Conversely, if they are not given adequate exposure to bereavement cases, midwifery students could be set up to distance themselves from these families, or potentially suffer the effects of vicarious trauma and early burnout if they do provide care, but are ill-prepared for it.

Unfortunately, education in perinatal death is a neglected part of the curriculum in nursing and midwifery training. To ensure supportive and respectful bereavement care is provided, it is necessary to provide medical staff, including midwifery students, with up-to-date bereavement training—at university, as well as at an organisational level

Training

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Conclusion

Providing effective training and collegial support to midwifery students in the care of bereaved families is crucial to maintaining the health and welfare of these midwives of the future.

Feedback from midwifery students is that they are excluded from providing care to families who are dealing with perinatal loss. Although well intentioned, we are perhaps doing them a disservice and not adequately preparing them for situations they will need to deal with when they graduate. Midwifery students do not need sheltering; they need mentoring and support from experienced midwives, who can show them the way in providing effective and supportive bereavement care.

References

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