

# Challenges currently faced in midwifery careers

**F**or generations, the practice of midwifery has shown the world a way of personalised pregnancy and childbirth that is dedicated to the mother and her child. Midwives are dedicated to their practice, giving full attention to their duties, which include becoming a caretaker, providing primary care, and allowing their patients to receive individualised care for new mothers (Association of Women's Health, Obstetric and Neonatal Nurses, 2016). A midwife develops a bond with their patients, they go through challenging life changes with them: pregnancy, labor and life after birth. But, as with many practices in life, there have been challenges and complications that come with it.

Many families go through a period where their mental health is tested during pregnancy. They may experience postpartum depression (Seng et al, 2014) or, even more recently, an increase in perinatal depression and anxiety (Wu et al, 2020). In these situations, the family requires extra help, not only to ensure that their child will be safe, but to help the mother establish a healthy mental state throughout the entire experience. According to Coates and Foureur (2019), 'Perinatal mental health problems impact on women themselves, their families and communities, and also affect the mental, physical, emotional and psychosocial development of infants'. With this information, Coates and Foureur have advanced their research to show how necessary it is for midwives to consider the mental health of their patients, both throughout the pregnancy and afterwards. If a mother's mental state is unhealthy throughout the pregnancy, there can be life long effects for both parties.

*'Furthermore, mental health problems during the antenatal period are associated with obstetric complications, such as preterm birth, low neonatal birth weight, gestational hypertension, and perinatal infant and mother mortality.'* (Coates and Foureur, 2019)

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To combat this challenge, midwives should develop a strong understanding of depression, anxiety and any other mental health disorder that can occur during a pregnancy. The presence of mental health disorders in pregnant women is not an entirely new scenario, but it has become more recognised and easier to deal with in recent years (Howard and Khalifeh, 2020).

For years, midwives have provided care for families during pregnancy, through a natural and holistic process that focuses on individualised care for mother and baby (Association of Women's Health, Obstetric and Neonatal Nurses, 2016).

*'Over time, our clinical practice has expanded from a specific focus on pregnancy and birth to include skills in the realms of family planning, gynecologic care, and primary care.'* (Phillippi and King, 2019)

A midwife's job is complex, as they are needed to provide care in a number of settings. They are needed within the home, the birthing centre, the clinic, the office and in hospital. Their practices go hand in hand with an obstetric nurse, but with an individualised approach that makes the family feel comfortable (Association of Women's Health, Obstetric and Neonatal Nurses, 2016). But, unlike an obstetric nurse, a midwife undertakes their own education, certification, licensing and more on their own, rather than within a nursing programme.

Medical insurance is used all around the globe, and every provider offers different regulations. In Australia, there are midwives who practice privately and need to be certified by a specific board to practice. According to Homer et al (2020), 0.3% of Australian babies are born in the home and a majority of these home births are done by privately practicing midwives, who are all self-employed. Laura Dellos (2018) stated that while it may be rare for an insurance provider not to cover midwifery services, there are instances where this occurs.

Along with issues regarding insurance, there has recently been an uptick in the need for midwives because of the current global coronavirus pandemic. According to Homer et al (2020), more people are turning to a

home birth because it decreases the chance of becoming exposed to the virus, since there are fewer people around. But this requires more midwives and a method that ensures that all midwives are following proper procedures and protocols when they are in their patients' homes.

***'Maternity services in all countries have been impacted by the COVID-19 response, including the implementation of Telehealth, social distancing, use of personal protective equipment for clinical care and reduced visitors and support people.'***  
(Homer et al, 2020)

While hospitals were able to acquire personal protective equipment, a lot of midwives who were working privately had to provide for themselves and were affected by common shortages of items including masks, gowns and gloves (Homer et al, 2020). Many midwives also stated that they changed the way they communicated with their patients by limiting consultations to 15 minutes or less, spacing out their appointments, conducting telephone consultations and ensuring that they changed their clothes after every meeting and sanitized all equipment after each use (Homer et al, 2020).

With new regulations, treatments and needs, a midwife's career path has gained complications, but the role of a midwife has become more important now than ever. These challenges can be addressed with more training for every midwife, so they can learn how to properly handle the mental wellbeing of their patients during their pregnancy and afterwards. This is especially important now, while we are in the midst of a global pandemic. A midwife is counted on for more than just the safe delivery of a baby, they are needed to encourage

mental wellbeing, to provide proper safety protocols, and to ensure that no matter what the situation, both mother and child are happy and healthy in the end. **BJM**

Association of Women's Health, Obstetric and Neonatal Nurses. Midwifery. Journal of Obstetric, Gynecologic, & Neonatal Nursing 2016;20:3. [https://doi.org/10.1016/S1751-4851\(16\)30144-1](https://doi.org/10.1016/S1751-4851(16)30144-1).

Coates D, Foureur M. The Role and Competence of Midwives in Supporting Women with Mental Health Concerns during the Perinatal Period: A Scoping Review. Health and Social Care in the Community. 2019;27(4). <https://doi.org/10.1111/hsc.12740>

Dellos L. Midwifery Myth: Health Insurance Does Not Cover Midwife Care. University of Iowa Hospitals and Clinics. 2018. [www.uihc.org/health-topics/midwifery-myth-health-insurance-does-not-cover-midwife-care](http://www.uihc.org/health-topics/midwifery-myth-health-insurance-does-not-cover-midwife-care) (accessed 20 November 2020)

Homer CSE, Davies-Tuck M, Dahlen HG, Scarf VL. The Impact of Planning for COVID-19 on Private Practising Midwives in Australia. Women and Birth. 2020. <https://doi.org/10.1016/j.wombi.2020.09.013>

Howard LM, Khalifeh H. Perinatal Mental Health: a Review of Progress and Challenges. World Psychiatry. 2020;19:3. <https://doi.org/10.1002/wps.20769>

Phillippi JC, King TL. Defining and Redefining Midwifery Practice. Journal of Midwifery and Women's Health. 2019. <https://doi.org/10.1111/jmwh.12995>

Seng JS, D'Andrea W, Ford JD. Complex mental health sequelae of psychological trauma among women in prenatal care. Psychological Trauma: Theory, Research, Practice and Policy. 2014;6(1):41-49. <https://doi.org/10.1037/a0031467>

Wu Y, Zhang C, Liu H et al. Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China. Am J Obstet Gynecol. 2020;223(2):e1-240. <https://doi.org/10.1016/j.ajog.2020.05.009>

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