

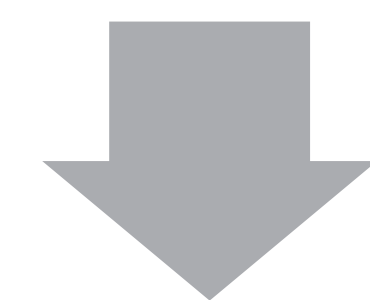
The impact of working on labour ward on paediatricians' personal birth choices

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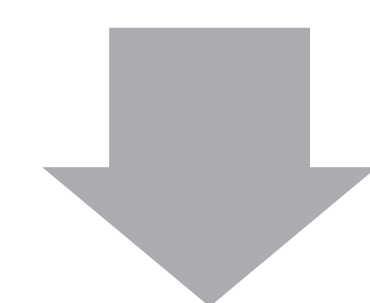
Introduction:

It is recognised that traumatic birth events can have negative psychological sequelae for healthcare professionals on the labour ward, but little is known about the impact this has on their personal family planning and birth choices.



Methods:

Resident paediatric doctors in North West London, with current or recent experience of working in neonatology, were invited to complete an anonymous questionnaire and/or a semi-structured interview, over a seven month period in 2024.



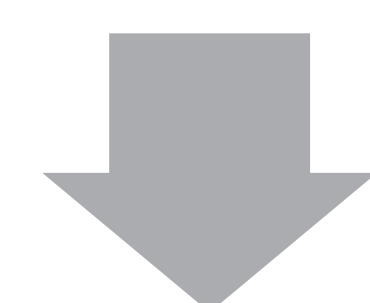
Results:

51 doctors completed questionnaires and 12 completed interviews, at this point data saturation was reached and recruitment concluded. The participants were predominantly female (89%). 33% had at least one child. Thematic analysis identified four main themes.

31% felt their family planning choices had changed since working in neonatology

69% felt their choice of mode/place of birth had changed since working in neonatology

27% would choose elective caesarean for maternal request



Conclusions:

Working on labour ward has a negative impact on paediatrician's personal views of pregnancy and birth, which can impact their own family planning and birth choices. They are more likely to choose elective caesarean section for maternal request compared to the general population. They may require enhanced support during their antenatal care due to increased anxiety.



Theme 1: Not seeing normality

Participants developed a skewed, negative perception of birth, as they only attend deliveries with a degree of complication or risk. They had lost faith in the physiology of birth.

'It has massively skewed my perception of birth...because my experience is only ever going to births that go wrong. It felt like that was the norm. It's very hard to unsee that.' – Participant 9

'I have had a lot of friends who have had vaginal deliveries, and when it's normal, I'm almost surprised by that...I think I see a lot of abnormal births in my role and I just don't see any normal births as a neonatologist' – Participant 1



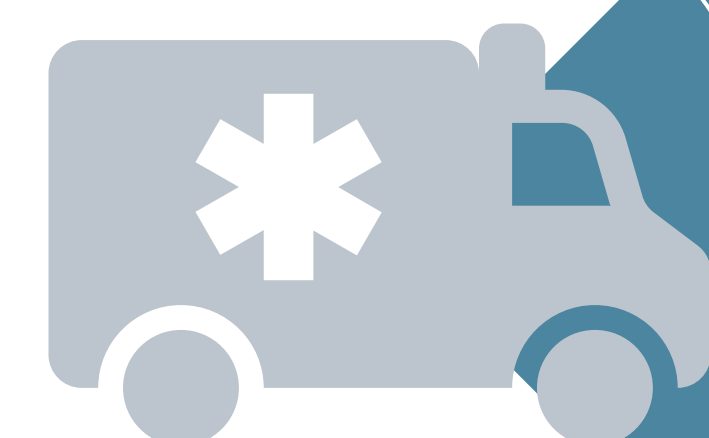
Theme 2: Fear of pregnancy and birth

Some participants delayed having children due to fear of complications. High anxiety levels were reported during pregnancy, and it was felt that their knowledge of potential complications became a burden.

'Since being exposed to what pregnancy does to the body...all the heartbreak and hurt...all the difficulties, the damage it can do...it's made me want to postpone plans to a time where I feel more able to deal with that' – Participant 11

'It really affected my mental health, there's no two ways about it. I was literally having dreams about stuff going wrong. Like even if I felt fine during the day, I would go to bed and have a dream about things going wrong' – Participant 5

'I bought an ultrasound scanner when I was pregnant, that's how bad my anxiety was, to scan every day and make sure he was still alive' – Participant 7



Theme 3: Avoidance of labour ward

Labour ward became associated with stress and emergencies, and so many felt safer in a midwifery-led unit or having an elective caesarean section. Home birth was unanimously considered 'not an option'.

'The birth centre is a place of unknown for me – I don't know what happens behind that door, because we don't go there. But in my brain, it was peaceful, calm.' – Participant 6

'If I could avoid labour ward at all costs, I would...I'd go a midwifery-led unit' – Participant 2

'If there had been a neonatal complication [during vaginal birth] I would forever view it as 'I chose that' because I could have mitigated that by having an elective caesarean' – Participant 6



Theme 4: Trust in the tertiary NICU

All participants would prefer to book in a hospital with tertiary NICU facilities 'just in case', even if this meant travelling further for their care, and even in a low-risk pregnancy.

'I ended up booking at the tertiary unit that I know and trust rather than the three or four DGHs [District General Hospitals] closer to me...I wanted to know that there was going to be the very best team there to look after my lovely baby if needed' – Participant 10

'I think a lot of paediatricians are selective about where they book...end up booking in tertiary units just because they know there's the option of tertiary level neonatal care if it were needed' – Participant 3