

The labour ward environment and traumatic birth events: the paediatricians' perspective

Katie Allan¹, Nyasha Muloki², Athina Belsi², Roshni R. Patel^{1,2}

1: Chelsea and Westminster NHS Foundation Trust. 2: Imperial College London

Objectives:

To explore resident paediatric doctors' experience of witnessing traumatic birth events (TBEs) while working on labour ward, and the impact TBEs have on their wellbeing, career satisfaction, and clinical decision-making.

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:

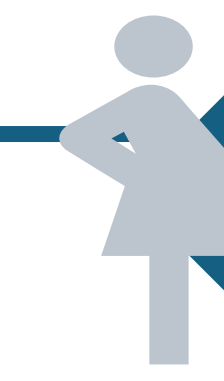
51 doctors completed questionnaires and 12 completed interviews, at this point data saturation was reached and recruitment concluded. The participants were predominantly female (89%) and there was an even representation across all training grades.

100% of participants had witnessed at least one traumatic birth event.

More detailed results are displayed in the main body of this poster.

Conclusions:

Resident paediatricians frequently witness TBEs on labour ward, and this can negatively impact their wellbeing and confidence at work. Improving interprofessional communication and debriefs on the labour ward may help reduce the stress associated with TBEs. Paediatricians are at risk of burnout, and recognising the unique stressors of labour ward may help enhance their support structures and improve retention within the specialty.



Which events are traumatic?

The most commonly occurring traumatic events were:

1. Category 1 Caesarean Section
2. Complex/prolonged neonatal resuscitation
3. Impacted fetal head at caesarean section

The events that were considered to be the most traumatic were:

1. Maternal death
2. Unexpected intrapartum death or neonatal death
3. Complex/prolonged neonatal resuscitation



What makes an event traumatic?

Poor maternal or neonatal outcome is the biggest predictor of whether doctors found a delivery traumatic. However, there are other human and environmental factors that contributed to feelings of trauma even when there were good outcomes.

These factors included:

- Doubt about clinical decision making (reported by 65% of participants)
- Communication with colleagues (53%)
- Timing of the event (e.g. overnight/out of hours) (51%)
- Fear of complaints, litigation and investigations (37%)

The labour ward environment was described as **loud, chaotic and stressful**. It was felt that the rest of the labour ward MDT had a poor understanding of, and respect for, the role of the neonatologist. Communication, particularly clinical handover, was often felt to be of poor quality.

'they call to say 'we need a paediatrician in room 7' – okay, what do you need us for? We're not trying to be difficult – I need to mentally prepare for what could happen when I arrive.' – Participant 2

'the tense team dynamics – when there's a sub-context of hostility – adds a layer of distress to the situation' – Participant 11



Aftermath of TBEs

When asked how they felt during and after a recent traumatic birth event, the most common emotions were all negative – **anxious, overwhelmed and guilty**.

Following a TBE:

- 80% felt stressed or anxious about the prospect of returning to labour ward
- 83% doubted their own clinical decision making
- 69% worried about what their colleagues would think of them
- 43% wanted to take some time off work – although only 6% had been able to
- **22% had considered leaving paediatrics altogether**

'I feel closer to that feeling [of wanting to leave medicine] on a horrible neonatal shift than at any other time. The thought often crosses my mind. Ask me again in another three years.' – Participant 11



Debrief and Support

96% felt that discussion and exploration of the case was helpful following a TBE.

In general, participants preferred **informal sources of support**, most commonly choosing to debrief with a resident doctor of a similar grade to them (86%) or slightly senior to them (69%). By contrast, 27% would favour debrief with their educational supervisor and 12% with a psychologist/counsellor provided by an NHS service.

Interview participants reported that 'there is no culture of formal debriefing' – citing the ongoing workload, and pressures of arranging a debrief around clashing on-call rotas.

When debriefs do occur, they tend not to include the wider MDT such as obstetricians, which the participants felt would be helpful.

'when a baby dies and you're on call – you've still got the bleep. You've still got your phone. You've still got a busy A&E department. The work doesn't stop...it can be difficult to take a pause. There can be a culture in medicine of 'just get on with it' – Participant 9