Main Theme 1. Posttraumatic feelings

Experiences of midwives after trauma were examined ten sub-themes as shocked, crying, feeling the chaos, feeling helpless, and being disrespected as a midwife, powerless, feeling sadness, feeling guilty, feeling shame, feeling like a failure, and feeling disappointed.

Sub-theme 1.1. Being shocked

Midwives expressed the shock of the trauma during the loss of the baby with the following sentences;

‘‘*The demised infant needed to be bathed and photographed (tastefully) so that the parents had pictures of their infant to keep. It was a busy night, and I was left alone to do this. As I bathed and posed the infant for pictures, the baby was literally falling apart in my hands. It was my first experience with a term infant in this state of decomposition and it shook me to my core!.*[1]

‘‘*The difficulty is both physical and emotional, your blood boils… and there is no blood that goes to the brain, your whole body is paralyzed from shock. I was totally in shock.’’* [17]

One of the midwives stated that her friend was more shockedthan she was;

‘‘My colleague came back and was just the same – I mean she was more shocked than me because she entered the labour room and I said oh my god [name omitted] baby’s dead. And she just went – she was in more shock than I was and that shocked me – her, you know…’’. [11]

Sub-theme 1.2. Crying

Midwives stated that they could not help crying during the trauma;

‘‘…The doctor and I began to work through tears in our eyes. We just started to quietly cry. I thought I was seeing a horror film and that this could not be real. After the delivery was finished the obstetrician and I went into the locker room, put our arms around each other and cried.’’.[1]

‘‘I felt terrible, such a loss. I cried with the woman—that’s the way it was—a very deep sadness. The second midwife also cried with us’’.[17]

One of the midwives noted that she tried not to cry in order not to show her sorrow to the family;

‘‘Women could not have noticed how I felt, no, I just put on a smile, pretending to be fine, no, they will not have noticed how I really felt… I couldn’t allow myself to cry in front of them.’’.[10]

Sub-theme 1.3. Feeling the chaos

Midwives reported that during the traumatic event, they did not know what to do and they did many things without realizing it;

‘‘What I remember happening is, walking in and everybody’s flurried around doing all kinds of stuff. And I noticed that the patient’s blood pressure on the monitor machine is very low... And I just went to the obstetrician…. [then] I went to the anesthesiologist, “What can I do for you? What do you need?”[18]

‘‘And it was very traumatic for [me]. I didn’t know what to do. I was brand new. The only thing I knew was that I wasn’t supposed to have a cord in my hand. And so I started yelling for other nurses come to help me.”[18]

Sub-theme 1.4. Feeling helpless

Some midwives expressed her feeling helpless during the trauma;

‘‘It was frightening… alone, a feeling like being an orphan. It was a full-term healthy baby… without a pulse and there was this terrible feeling of a great loss. There was such difficulty in getting the baby’s shoulders out. I was so despondent.”[17]

“I have thought many times that we do not have good follow-up routines after critical incidents. You feel abandoned, and you have no one to lean on." [19]

Sub-theme 1.5. Being disrespected as a midwife

Midwives said that they were disrespected by their colleagues during their professional practices and decision-making during trauma;

''I was abused in front of the woman when I had turned off the Syntocinon infusion because of decels during contractions."[20]

''Unsupportive and hostile attitudes by colleagues and other professionals around professional decision making."[20]

Sub-theme 1.6. Feeling powerless

Midwives stated that what caused the trauma was due to things that were beyond their power and authority.

''What causes the anxiety and stress to nursing staff is when they feel powerless and helpless because another person in authority is causing unnecessary trauma to the patient and infant." [1]

"I have stood by helpless and watch [sic] babies die due to my inability to perform a cesarean and my [back up] is 30 minutes out. I remember a Spanish mother crying 'Por qu´e, por qu´e?"[1]

Sub-theme 1.7. Feeling sadness

Midwives stated that they experienced great sorrow after the trauma;

"We had a woman die after an amniotic fluid embolism. In the recovery room, we started a full-blown resuscitation, but she was barely alive… The next morning I went and she was carrying so much extra fluid that I couldn't even recognize her. Her husband brought her daughter to say goodbye before they turned off the vent and allowed her to die. The little girl began to scream. I was so upset."[1]

''I was absolutely devastated. Absolutely, I broke down…''[21]

"Badly managed and very… she was very badly treated … It's so frustrating I was so angry when I went home after that particular incident. I was so angry."[22]

One midwife stated that there was a bond between the woman she was caring for before and after the birth and she was very upset about the traumatic event;

"So now there are things I guess that to me might not be so traumatic, that I would consider traumatic because it's been traumatic for that woman, and because I know that woman and because I have gone through her antenatal, birth and postnatal experience with her, and so to see her upset by her experience, makes me upset by her experience."[6]

Sub-theme 1.8. Feeling guilty

Midwives expressed their feelings of guilt with the following sentences;

"Oh what terrible problems she might have in the future... and they can have [women with sphincter tears] substantial problems with the faeces, and this gives you incredible feelings of guilt. We know how terrible they can have [incontinence for] the rest of their lives..."[23]

"So that instantly knocks you back into going 'hang on a minute', what's wrong with me, did I make that really bad for the woman? It was just so terrible, I felt so guilty." [6]

"I can be guilty of that … you don't always do it perfectly … you can't help it, you're only human."[22]

One of the midwives stated that she was responsible for the mother and that the situation was horrific, and she expressed her guilt with the following words;

". . . of course it was a relief to be exonerated, but I still thought that . . . It wasn't like I thought "Oh well. Then it was nothing." Because it was still a bad outcome for that child, right? And the mother still had a terrible experience, and. . . and I was, at least partially, responsible for what had happened, right? "[13]

Sub-theme 1.9. Feeling shame

One midwife stated how all midwives felt shame due to trauma with the following expressions;

"Unfortunately, I think that many midwives feel such shame that they may not want to admit that a sphincter tear has occurred and then do everything to hide it." [23]

A midwife said that her colleagues would blame her due to the trauma, and she was ashamed even though she did everything she could do;

"I feel that now they [colleagues] might think I'm a really bad [midwife] and, I want to explain myself... that I actually gave really good protection of the perineum… and you feel a bit bad... it feels a little shameful in some way." [23]

Sub-theme 1.10. Feeling like a failure

Midwives stated that they experienced a failure due to trauma;

"There's also I guess for me, there's almost a sense of failure, and that I've failed this person."[6]

"… I can hear the doctor saying, 'Don't touch that baby'…That was probably one of the most horrendous patient care things I have ever had to deal with. Makes you want to withdraw. Makes you not want to deal with things. I can remember how we all kept talking…. to try to find out, 'is there anything else we could have done? Could we have done anything differently? Could we have had a different outcome?' But as a woman, as a nurse, it still makes you feel like you failed."[7]

Sub-theme 1.11. Feeling disappointed

One midwife stated that she had disappointed the family after the trauma;

"I felt that I had disappointed the family, although it was beyond my control, you know. There was nothing I could do about it um I knew that, but it was my job to give them a healthy baby, that's what midwives do..."[11]

Main Theme 2. Posttraumatic stress symptoms

After a traumatic birth, midwives had post-traumatic symptoms such as flashbacks, nightmares, inability to forget and avoidance.

Sub-theme 2.1. Flashbacks

A midwife expressed that whenever she hears a mother's scream in the maternity ward, she remembers the experience she had 10 years ago with flashbacks;

"Whenever I hear a patient screaming I will flashback to a patient who had an unmedicated (not even local) cesarean section and to the wailing of a mother when we were coding her baby in the delivery room. I feel like I will never get these sounds/images out of my head even though they occurred more than 10 years ago."[1]

Sub-theme 2.2. Nightmares

Many midwives reported to have nightmares after traumatic births;

"The baby must have been dead for 5 days or so as the skin was peeling badly and blistered. I felt like I was pulling off the skin and worried I would pull off the head. For weeks I could not get pictures of that dead baby girl out of my mind and had difficulty sleeping due to the nightmares."[1]

"I had nightmares for several weeks after that, wondering about…how that could happen and what it was… It was very difficult from the first few weeks afterward to come to work."[7]

"When I go home and close my eyes, I see and feel that terrible incident in my dream. I try to forget, of course … but I even can't sleep…"[24]

Sub-theme 2.3. Inability to forget

Midwives stated that they could not forget the traumatic event;

''I can't forget it. I can still see the lady's face. I can't forget that. I'm not going to forget it.''[21]

''Time heals but it never goes away completely…I will never forget it…there is a scar… up to today.''[10]

A midwife indicated that the event had caused a scar to her soul and that she could not forget it;

‘‘Each traumatic birth adds another scar to my soul. Sometimes I tell my husband that I feel like the Picture of Dorian Gray. Somewhere my real face is in a closet and it reveals the awful things I’ve seen during my labor and delivery career. The face I show the world is of an aging woman who works in this lovely place called a delivery room where happy things happen.’’ [1]

Sub-theme 2.4. Avoidance

A midwife who witnessed maternal death in a traumatic birth said that she did not want to go to the delivery room for days.

“I had a patient die in the delivery room; she was preeclamptic. I felt terrible, depressed, and impotent. I couldn’t go into that delivery room for days…”[25]

Main Theme 3. The Impact of trauma on professional values

The impact of trauma on midwifery professional values was investigated under three sub themes including loss of confidence in professional practice, desire to quit the profession and maintenance of professional values.

Sub-theme 3.1. Losing confidence in professional practice

Midwives reported that the trauma they experienced caused them to lose their confidence in professional practices;

“I was very confident with what I did and the way I practiced. Since this incident, I am a little bit self-conscious. Whenever I care for women, I am a little apprehensive. I lack confidence.”[3]

“Professionally, I lost my confidence; I didn’t want to help birth anymore…”[17]

“…I lost my confidence in myself for a while, and carried my nervousness about safety to the next birth.” [25]

A midwife found that her loss of self-confidence made her a skeptical person;

"Emotionally, this affected me, I lost my confidence, and I suddenly did not want to give my opinion on things. It made me doubt myself."[3]

Sub-theme 3.2. Desire to quit the profession

Some midwives stated that they were vulnerable in traumatic deliveries and that they wanted to quit the profession because the standards of care and the care of women were endangered;

"I thought my standards and the woman's care had been compromised. I just felt I couldn't do that anymore and that is the reason I gave up midwifery."[3]

"If I had felt cared for and supported and cherished through all of this by my midwifery community, then I have no doubt that I would be feeling differently about midwifery now and I would just carry on. But I don't want to because I am too vulnerable."[3]

Sub-theme 3.3. Maintenance of professional values

Some obstetrics nurses and midwifes described the difficulty in maintaining professional values after traumatic birth;

"The really jarring part was that I still had another patient that was in active labor and I had to maintain a positive attitude and remain upbeat when entering her room and giving care to her. And that's what's expected of us as labor-nurses! " [1]

"I really dreaded going to work after the incident. I wondered how I would react. And of course, the tears came when I talked to those who had the evening shift and those who came on the night shift that night."[19]

"When I have them, it feels just like you, I have a crystal ball in my hand, and if I pinch too hard, I can break it, we must be careful I think, not being forceful."[26]

Main Theme 4. Social support

Midwives emphasized that they need post-traumatic support and that support is very important for them.

Sub-theme 4.1. Need for social support

Post-traumatic midwives expressed their need for social support as follows;

"We need a safe forum to share with our colleagues. If there is a bad outcome, we are told to hold our tongue. There is no place to talk to unburden our souls."[1]

''I just needed somebody telling me that it wasn't all my fault.''[21]

''Yeah, I don't get any support really. There's nobody really I can go to…''[21]

"Maternity ward manager is absent. Support after a critical incident depends on which colleagues you work with that day. "[19]

A midwife said that after being traumatized, people were disrespectful towards her and her *inability to get support from her colleagues made her feel like a neglected animal;*

''I spoke with the doctor, but I needed my colleagues to support me. People treated me with disrespect. I came to work the next day, and 1 of the midwives asked me when I would stop causing tears for all the women that I am taking care of because she heard that I was doing this serially. She added that I should consider going back to midwifery school. I didn't answer, I felt like a wounded, neglected animal. I realized that everyone was gossiping about me, and no one came over to me to ask if I needed anything."[17]

Sub-theme 4.2. The importance of social support

Some midwives felt lucky for receiving support from their colleagues and expressed their feelings as follows;

''I happen to work with amazing colleagues: CNMs, MDs, and RNs who are all very supportive of each other. They are the reason I have been able to cope with these traumatic experiences and continue to feel good about my work as a midwife."[4]

''I feel very fortunate to have worked in an environment where I was always fostered as a new nurse and I mean I'm still working with the same people…I think that it is a tremendously gifted position to be in, to be respected as a new nurse to the point where they believed me."[18]

One midwife explained her relief after talking to someone about her post-traumatic experiences as follows;

''Once you've talked to somebody about it properly it's as if a weight is just lifted off your shoulders and you can actually speak about it and you feel like you, you know you've just got it off your chest and you can sort of move on in a way.''[21]

Main Theme 5. Learning from experiences

Midwives explained that past traumatic experiences were a learning process for them;

''I think back to that first situation that I had and I think of how better I responded in that emergent situation. How much I had grown and how… much more comfortable I felt just because of that experience that I had had at the beginning. I know that those experiences are important to help us learn and to help us grow and I still try to look back at that situation and think of it as that way because it did help me to learn to respond better to emergent situations.'' [7]

''I've used it as a learning tool, I've kind of tried to turn it the other way round and think what can I use from this, and I've used it to develop my confidence back again, I've used it to cope with similar scenarios, how I deal with those kinds of stressful scenarios…''[11].

''I think I am less woman-centered than before… less flexible.''[10]

Main Theme 6. Legal process

The legal process was examined under two sub-themes: sadness due to the lawsuit and collecting evidence for it.

Sub-theme 6.1. Sadness due to the lawsuit

After the traumatic birth, the midwives expressed their sadness as a result of the lawsuit filed against them with the following sentences;

''I was involved in the resuscitation of a baby who did poorly at birth. I had not delivered the baby but was seeing clients at the birth center for office hours and offered my assistance

when resuscitation was needed. I visited the mother and baby in the neonatal intensive care unit and she thanked me for saving her baby's life. I was shocked when several months later I was named in a lawsuit…I couldn't eat or sleep. The case was eventually settled. It was about money, and it was about blame.''[25]

''The obstetrician and the hospital attempted to apportion blame to myself during the three years and five separate investigative processes. I was very upset.''[20]

"*Battling all the time against the system at traumatic childbirth"*[22]

Sub-theme 6.2. Collecting evidence for the lawsuit

It is stated that gathering evidence is very important for the midwifery profession with the possibility of a lawsuit that will be filed after the traumatic birth;

''I had a patient who experienced a placental abruption in labor several years ago. Although I knew I had not done anything clinically wrong, I feared that there would be a lawsuit, so I took copious notes to help me remember the clinical facts. Sure enough, the case came to trial several years later; the jury found in my favor. A student studying midwifery should accept today, that one day they will be sued for a poor outcome in practice.[25]''

Main Theme 7. Reflection of emotions of women experiencing traumatic birth on the midwife

Some of the midwives stated that women suffered a lot and felt hopelessness in traumatic births.

"*The main harm in the second labor process to the woman was that the process was too long, and she exerted herself for a long time but her effort went in vain. She felt desperate and hopeless. Every minute she yearned for a leap forward since she was so tired and exhausted."*[27]

"Some birthing women had longer the first stage of labor and they felt discouraged and hopeless." The long labor time and the pressure from other birthing women may make things worse."[27]

Some of the midwives stated that the fact that women gave birth to a baby girl caused trauma in the woman due to her family's attitude.

"We transferred a mother and her baby out of the delivery room. When the family was told that the baby was a girl, they became very cold and detested. This change in attitude caused great harm to the mother since I saw she wiped her tears secretly. I think this kind of trauma may hurt birthing women forever."[27]

"It's not easy to give birth to a baby. However, if the baby is a girl, the family can't accept it. It makes the mother feel devastated!" If the mother is not voluntary but pressurized by the family to deliver a baby, the traumatic childbirth can result in extreme consequences."[27] Some of the midwives stated that attending the funeral is important for them and the family when the baby is lost as a result of traumatic birth.

"It was just the parents, the priest, and me. I spent the evening after the funeral with the parents. I think it was as much my needs as for theirs… A good dialogue with the couple in retrospect helps to process the incident. It is difficult when you can't communicate with the parent."[19]

APPENDIX 1 Checklist for assessing the quality of qualitative studies

Checklist Items	Beck and Gable	Beck et al. (2012)	Calvert and Bamm	Edqvist et al (2014)	Goldbort et al	Halperin et al (2011)	Lindberg	McCool et al (2000)	Rice and Warland	Sheen et al (2016)	Schrøder et al	Toohill et al (2010)	Fontein-Kuipers et	Patterson, J., Martin, C. J. H., &	Christoffersen, L., Teigen, J.,	Nyberg, K., Lindberg	Huang, D., Dai, L., Zeng, T., Huang, H.,	Cankaya, S., Erdal-Aksoy, Y.,
Question-objective sufficiently described?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Study design evident and appropriate?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Context for the study clear?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Connection to a theoretical framework / wider body of knowledge?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sampling strategy described, relevant and justified?	2	2	2	2	0	2	2	2	2	2	2	2	1	2	2	2	2	2
Data collection methods clearly described and systematic?	2	2	1	2	2	2	2	2	2	2	2	1	1	2	2	1	2	2
Data analysis clearly	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	1	2	2

described and systematic?																		
Use of verification procedure(s) to establish credibility?	1	1	1	1	2	1	0	0	1	1	0	1	0	2	0	0	0	2
Conclusions supported by the results?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Reflexivity of the account?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
General score	18	19	19	19	18	19	18	17	19	19	18	18	16	20	18	16	18	20
Quality degree as percentage (%)	90	95	95	95	90	95	90	85	95	95	90	90	80	100	90	80	90	100

*Yes=2, Partial=1, No=0