#### RESEARCH LETTER



# 'There's only so much you can be pushed': Magnification of the maternity staffing crisis by the 2020/21 COVID-19 pandemic

Concerns about the impact of staffing shortages and burnout in the maternity workforce on safe and respectful care are long-standing, in the UK and internationally. The COVID-19 pandemic has further reduced workforce availability worldwide. We explored the impact of the pandemic on maternity staff experience.

We thematically analysed in-depth interviews (November 2020–October 2021) with 28 frontline maternity staff and 28 heads of service from seven geographically and demographically diverse NHS Trusts in England, as part of the ASPIRE COVID-19 study.

The pandemic magnified existing problems within maternity care. Well established challenges such as short staffing, organisational demands, and barriers to providing relational care were exacerbated by the pandemic, leaving staff emotionally exhausted and unable to carry on. While the service is usually maintained through the goodwill of its workers, this is not sustainable in the long-term or through crisis situations. We identified three sub-themes (Figure 1) that capture changing experiences as the pandemic progressed.

A sudden influx of staff and resources early in the pandemic, combined with a sense of camaraderie, public support and professional pride, led to an unexpectedly positive work environment. Despite fears for their own health and worries about taking home the virus to their families, many reported that making huge personal sacrifices was part of being involved in something bigger than themselves.

However, these protective factors did not last. Experiences later in the pandemic included poor staff recruitment and retention, deteriorating physical and psychological wellbeing, insufficient staffing and unmanageable workloads. Some described unsafe working practices such as an inability to provide one-to-one care in labour, and excessively long working hours. Many described the emotional distress of working intensively to maintain standards of care but feeling only able to do the 'bare minimum'. For some, the dissonance between the safe and personalised care they wanted to provide, and the experience of dangerously low levels of

staffing, was associated with accounts of significant moral injury and distress.

Those interviewed later in 2021 reported increasingly critical staffing shortages. Respondents described compassion fatigue, both towards their colleagues and for those in their care. 'Exhausted', 'broken', 'unable to carry on' or similar terms were used by a majority of participants. Serious concerns were raised about a rising incidence of burnout and breakdown, leading to an exodus of experienced and expert staff. One obstetrician warned of the 'the biggest midwifery crisis of all time'.

Our findings indicate that the COVID-19 pandemic has magnified the existing and escalating maternity staffing crisis in England, impacting on the ability to provide both safe and personalised care. International evidence suggests that maternity services globally face similar challenges.<sup>3</sup> Coping mechanisms that usually enabled staff to go 'above and beyond' to plug service gaps were breaking down towards the end of the data collection period, reducing the sustainability of all but basic care, and risking the psychological, emotional and physical health of respondents.

The impact of sub-optimal staffing on service user safety is increasingly highlighted in maternity safety reviews, which have also recognised that although staff are frequently intensely concerned about staffing ratios, these concerns have been dismissed. Addressing insufficient staffing in maternity is a central recommendation of these reviews and can no longer be ignored.

There is a unique opportunity for a post-pandemic rebuild of maternity services. This should begin by examining protective factors and organisational and political drivers that sustain psychological and physical staff wellbeing, and optimal service user outcomes and experiences. These include explicit organisational commitment to safe and sustainable staffing, flexible, autonomous practice, and protected time to provide person-centred, relational care. Getting these factors right, may promote sustainable recruitment and retention of professional maternity care staff, both for care under normal circumstances and for future crises.



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## Magnification of existing problems: maternity services in crisis

"A common goal against something bigger than yourself": Tough, but all in it together "But I think, you know, you recognise the situation that we're in and pull together and everyone is supportive of each other. I think that helps, that the team kind of supports each other in those situations."
(SI\_DR\_24)

"You know, it was just like everybody was just completely like, well, we just have to, you know, we all have to just, you know, put one hundred percent in because if we do it together, then we will. You know that we will then keep everything safer. But you know it, it was it. It was very tough times." (S5\_HOS\_06)

"We all really stepped up at the start. Everybody had this huge camaraderie and support. We're going to get through this together. That isn't sustainable over 18 months without some real intervention and recognition of the effects of that." (S7\_HoS\_09)

"There's only so much you can be pushed": Loss of hope, meaning & value "It's just the guilt of it, really. Like yesterday, you know, this person is having this 30-week baby, you know, I should have been thinking or focussing on that, but I was thinking. Oh, that baby next door hasn't fed and it's nearly three hours old. And I just couldn't, I just thought, I'm not able to just do the things that I need to do to be safe.... So you just think, Oh, I'm just letting these people down. And what the repercussions from that could be." (S7\_MW\_07)

"But it's brought me to the point of do I do this, or do I potentially leave the profession? Which I don't want to do. But there's only so much you can be pushed." (S5\_MW\_05)

"You know, there are some shifts where it is unsafe. The amount of women allocated like on our postnatal ward, I'll allocate you twelve women but those babies are counted in these numbers. So effectively you're carring for twenty four people, and if you've got babies on pathways or whatever, things are going to get missed. But then if things get missed then you're the scapegoat for it." (SZ\_MW\_07)

"But some of the other stuff is actually, say, cancelling elective activity to allow people to rest. So, for example, not expecting people to do a day shift and a night shift, which has happened. We've had a few people doing day, night day, Really not, yealh, we're not overly impressed with that, we have made moves to stop it. It's actually a very long-standing problem. It's not necessarily COVID, but COVID has brought it to the fore and so we have highlighted some of those things as a problem and are making moves to fix it. What it has really highlighted is that we cannot continue working at the pace that we are currently. That we need more bodies not just in midwifery but in the consultant body as well as well, because we're doing a lot more work than our predecessors did." (S7\_DR\_03)

"I just can't do it anymore" the tipping point of collapse "Oh, I think we have not seen the levels of PTSD that are going to come out of this yet. I think people's resilience is going up the Swanny, their wellbeing. You know, they're tired. Then add to that i'm not getting a break because it's busy and we're short and it's yeah, I think we're at a real kniffe edge in our profession." (SS\_HOS\_O7)

"I think it does it's made a lot of people re-evaluate the whole what are they doing with their lives? What made you come here every day and working so hard? And yeah, I think there'll be a lot of there'll be lots of impacted people deciding they want to do something different with their lives." (\$2\_105\_09)

"I think - I know - a lot of the staff at the moment feel a lot of pressure, because I know quite a few people are off at the moment and they're like, you know, they're reaching that sort of point where they think I just can't do it anymore." (\$7\_\$TMW\_15)

"We have a Facebook group where we people post shift swaps and things, and they put notices out and they put messages out in the middle of the night saying. Is anyone awake? And can anyone come and help, please? Is anyone off that could come in for a couple of hours, please? Just desperate, you know, double overtime, whatever overtime or pay, whatever, just please come and help us.

Desperation is palpable.....And the offers of people coming in has dwindled to nothing because nobody can do it anymore." (\$77\_MW\_07)

FIGURE 1 Themes developed through analysing the interview data with example quotes (for the full table of themes and quotes see File S1)

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#### SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.