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Tertiary education regarding stillbirth for student midwives: The tears 4 SMS project

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ABSTRACT

Problem: Undergraduate education for midwives in the area of stillbirth may be lacking.
Background: When a baby dies the families are usually cared for, at some stage in their pregnancy or birth journey, by midwives, however, midwives may not be adequately prepared to care for them.
Aim: The aim of this study was to investigate the current content of stillbirth education in undergraduate midwifery curricula in Australia.
Methods: Nineteen midwifery program leaders from each of the Australian Universities that deliver undergraduate midwifery education were invited to respond to an online survey regarding content related to stillbirth risk, prevention and/or bereavement care.
There were 10 complete surveys. Quantitative survey data were analysed and described using percentages, and data from the free text comments collected verbatim.
Findings: Responses indicated that there is a diverse inclusion of material relating to the topic of stillbirth, with different approaches to teaching the content and the amount of time devoted to the topic is relatively small.
Discussion: This small study in scoping curricula from participating Australian Universities indicated that more could be done to strengthen stillbirth related content. Stillbirth is a complex issue and therefore it is important for midwives to understand not only bereavement care but also the physiological underpinnings of issues that could be an antecedent cause or precursor for stillbirth.
Conclusion: There is room to improve and standardise appropriate stillbirth curriculum nationally. It is imperative that midwives are able to provide sensitive and knowledgeable care to all women and their families.

Statement of Significance

Problem or issue

Undergraduate education for midwives in the area of stillbirth may be lacking.

What is already known

Little is known regarding the content related to stillbirth care and prevention in Australian midwifery curriculum.

What this paper adds

There is currently wide variety in stillbirth content and delivery across Australia. There is therefore room to improve and standardise appropriate stillbirth curriculum nationally.

1. Background

Everyday in Australia six babies are stillborn.[1] In every case the families are cared for, at some stage in their pregnancy or birth journey, by midwives.[1] However, a previous study of seventy four (n = 74) currently practicing South Australian midwives reported that they considered their education in the area of stillbirth was neglected.[2] In that study the authors prompted the midwives to describe what information they received about stillbirth in their basic education program, responses included "minimal," "very

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little" "not much" and "none." [2] These responses suggest, education for midwives in the area of stillbirth may be lacking.

There is a paucity of literature in the area of what content regarding stillbirth is needed in undergraduate midwifery curricula, as well as when and how it should be delivered. As far as we are aware there has only been one other study exploring this.[3] It was a qualitative study of eight undergraduate midwifery students that aimed to understand their experiences, in order to be able to "better prepare and support them". The recommendation from that study was that educational programs should include "detailed discussion" around the topic of perinatal death, early in the program of study. However, no-one to date has specifically explored what midwives are actually taught about stillbirth during their undergraduate education, what is taught, when and by whom.

This is important to investigate because with the growing number of models of care in Australia, midwives are now providing midwifery led care throughout pregnancy, birth and beyond.[4] Indeed irrespective of the model of care a recent Cochrane review indicated that midwives are significantly involved in antenatal care provision, one to one care during labor and birth as well as care in the immediate post birth time.[4] Even with the advent of early discharge it is usually the midwife who will visit the woman at home to provide ongoing care and support.[4] With midwives having so much involvement in the care of the woman and her family during her pregnancy and birth journey, it is imperative that they have the education, knowledge and skills to care for these families competently and appropriately, whatever the outcome of the pregnancy.

Therefore, this study builds on previous research in order to establish the current state of play in stillbirth education in midwifery curricula in Australia. The aim of this study was, to investigate the current content of stillbirth education in undergraduate midwifery curricula in Australia.

2. Materials and methods

All midwifery leaders (course coordinators, program directors) from accredited Schools of Nursing and Midwifery in Australia were sent a letter of invitation to respond to an online survey about stillbirth content in their programs. At the time of the study (2014), according to the Australian Health Practitioner Regulation Agency (AHPRA) website there were nineteen (19) accredited midwifery programs of study at Australian Universities. A link to a short online survey (described below) along with an information sheet was emailed to midwifery program leaders from each of the Universities. The names and email addresses of the participants was sourced from the Nursing and Midwifery Board of Australia web site where this information is freely available. Survey questions, outlined in detail below, related to content, timing, and context of curricula related to stillbirth prevention and/or bereavement care.

3. Data analysis

Data were entered into survey monkey directly by the participants when they answered the survey. Quantitative survey data were analysed and described using percentages. Limited free text comments were received preventing thematic analysis. However, these responses did provide some context and have therefore been summarised and included in the results, where appropriate.

4. Ethical approval

As the authors were each from separate universities, ethics approval was sought and gained from both Flinders and University of South Australia's HREC approval numbers 7044 and 034913 respectively. Because of the sensitive nature of the topic Flinders University ethics committee required that the authors first contact the respective heads of school (Dean) for permission to contact the midwifery leaders. They also required that an option of "prefer not to answer" was included for each question in the survey.

5. Results

The response rate was 58% representing eleven (11) of the nineteen (19) midwifery leaders surveyed. However, one respondent only answered the first question and then "skipped" the rest of the questions meaning that only 10 completed the survey. Of note, although we were required to offer an option of "prefer not to answer" none of the participants took that option.

Is there stillbirth content? All eleven participants answered "yes" to the question "is there content related to stillbirth in your curriculum?"

When is the content taught? When answering the question regarding when stillbirth content was taught (ten answered and one skipped the question) seven indicated both second year and seven third year, indicating that this content is taught more than once in their programs.

What content is taught: When asked to choose from a drop-down menu providing four (4) options regarding content taught (ten answered and one skipped the question.) All 10 of the respondents indicated that they taught "The experience from a bereaved person's perspective" while nine also ticked each of the other three options namely:

- Midwives understanding grief and loss,
- Midwives role in management (breaking bad news, birth management, afterwards)
- Midwives role in reducing risk of stillbirth.

One comment response received provided further insight as to content:

- *The focus of this module is aimed at care of the woman experiencing a perinatal loss and the available resources that may assist the family throughout their grieving period. A DVD is shown regarding a stillbirth and a discussion is held afterwards. There is a case study focused on the care of a woman who has experienced a stillbirth that is an assessable item piece.*

Of the other comments received, one indicated that their content included neonatal loss, and one other indicated communicating sensitive issues, self care and care of others was covered.

Mode of stillbirth content delivery: Regarding the mode of teaching about stillbirth, participants could choose from the six (6) options listed in Table 1 (ticking any or all that applied). Ten answered and one skipped the question. The responses indicate that content is presented mainly via tutorials, lectures or workshops with online self-directed learning utilised by four universities and two universities including the content in clinical skills sessions. Details of these responses are presented in Table 1:

Table 1
Mode of content delivery.

Answer choices –	Percentage–	n = 10
–Lecture	70%	7
–Tutorial	80%	8
–Workshop	60%	6
–Online self-directed	40%	4
–Prefer not to answer	0%	0
Other (please specify) *Clinical skills session*	20%	2

Estimated hours: Six responded that they estimated the hours in their curriculum for content about stillbirth was between 1–4 h, with four estimating that more than four hours was spent on the content. No-one added any specific comments as to the exact number of estimated hours.

Who teaches the content? When asked to select all applicable options regarding "Who teaches the content related to stillbirth?" (10) answered and one (1) skipped this question. Nine of the respondents indicated that the content was taught by the midwife academic, and six by a bereaved parent. Two reported that the content was taught by a Psychologist and two chose 'other; which included a clinical partner hospital bereavement team and a perinatal loss clinical midwife consultant. No-one chose "Sociologist" or "Obstetrician" When asked "does your University invite outside organisations to teach the content about stillbirth" eight of the ten who responded to this question replied yes, and two, replied no. Five of these programs indicated that they used the services of Stillbirth and neonatal death support (SANDS) which is a volunteer run self-help organisation. Other invited organisations included: SIDS and Kids an Australian charity dedicated to education, support and research into sudden infant death (including stillbirth) and Heartfelt photography: an Australian organisation which provides professional photography to bereaved families, free of charge.

Other comments: The final question asked for any comments or recommendations about the teaching and learning of stillbirth in their curriculum. There were only three responses received one suggested that "*the content needs to be "developed more"*, another indicated that "*stillbirth is a vital part of curriculum and a situation that students need to be prepared to deal with as they may come across it at any stage in their clinical practice"* and one stated that they thought they did a "*good job of preparing students for the reality that is stillbirth".*

6. Discussion

This small study is the first of its kind to specifically scope how and when curricula regarding stillbirth is taught in participating Australian Universities. Our findings demonstrate there is a diverse inclusion of material relating to the topic of stillbirth. The content was mainly taught by academic midwives supplemented by industry and/or consumers. All Universities devoted at least one hour to this topic. This study identified that the experience from a bereaved person's perspective, midwives understanding grief and loss, midwives role in management such as breaking bad news and subsequent birth management and the midwives role in reducing the risk of stillbirth were 'must include' curriculum content.

While eight participants indicated that this content was delivered during tutorials, seven selected the lecture. However, we consider the sensitive nature of topic is not really conducive to this face to face didactic method of teaching. It is crucial when delivering this material that the learning environment is designed so that all sensitive content in the curriculum, not only stillbirth, can provide the student with a safe place to learn.[5] An educative approach of 'leave if you must – return if you can' philosophy to University education which occurs while support is available for students is recommended.[5] It was disappointing to note that most of the participating Universities did not include practicing having a discussion with the pregnant woman about stillbirth prevention or management of perinatal loss in their clinical practice sessions and further investigation as to how and when such content could be included in those sessions is therefore warranted.

It was reassuring that six of the respondents had at least one to four hours of content on the topic of stillbirth. As with most other content it seems that most (n = 9) Universities use their own teachers. In the case of the stillbirth curriculum this is often (n = 8) supplemented with lived experience and anecdotal evidence from someone who had experienced this tragedy: a powerful teaching resource.[5] However, as the participants did not indicate the time percentage allocation to material taught by midwife academics compared with the amount of time students were being taught by, for example a SANDS volunteer, care needs to be taken not to over rely on one person's experience as this cannot be generalised and so is probably best to use this as a starting point to explore issues further, rather than an end point, or the only point.

The free text comments regarding the context of the stillbirth content, while not large in number, also have some relevance. The current focus of the teaching seems to be on loss and grief with less focus on prevention, and/or management of risk factors for stillbirth. For example participants did not indicate whether or not their stillbirth curriculum also included ways to reduce risk of stillbirth by, for example, discussing with women the meaning of changes in fetal movements and when to report these.[6] While there was mention that two respondents included causes of and prevention of stillbirth there was insufficient detail to discern the actual detail of that content. We speculate that this content is indeed taught and that most of the respondents did not consider that this was "stillbirth" curriculum content. Nevertheless further research into ways that content aimed at stillbirth prevention is taught across Australia is warranted.

Midwives need to demonstrate the qualities of communication, emotional intelligence, mindfulness and resilience.[7] These qualities are especially important in the teaching and learning of sensitive issues such as communicating stillbirth risk and care following stillbirth. Teaching sensitive content has risks for both students and teaching staff, but it also has benefit so that the student is adequately prepared for all aspects of midwifery practice. Also understanding that while teaching care following a stillbirth is necessarily "sensitive" that teaching midwives to communicate with pregnant women is not, indeed it is fundamental to the midwife's role.[7] However, professional lack of awareness and knowledge about causal mechanisms and modifiable risks for stillbirth may make midwives unwilling to promote stillbirth awareness to pregnant women for whom they care.[2] Further research is urgently needed into effective ways to communicate with pregnant women about stillbirth risk during pregnancy that do not provoke unnecessary anxiety for either the pregnant woman or her midwife.

There was an emphasis on bereavement care and grief and loss in our study however, stillbirth is a complex issue and it is also important that the midwife understands physiological underpinnings of issues that could be an antecedent cause or precursor for stillbirth. This includes understanding concepts such as placentation and function, fetal growth and development as well as appropriately advising and communicating with women who are experiencing alterations in fetal movements.[8] Nothing will ever replace the intuition of the pregnant woman in relation to being 'in touch' with her growing baby during pregnancy.[9] Just as nothing will replace the midwife's ability to listen, advocate and appropriately act when the woman reports that 'something is wrong'.[9] This means that working in partnership with the woman, the very essence of midwifery care, is never more crucial than teaching her about stillbirth risks when she is pregnant and being with her if she suffers a stillbirth.

In summary we recommend that all Universities devote at least eight hours to this important topic. That content could include at least one hour on each of the following topics: the experience of stillbirth from a bereaved person's perspective, understanding grief and loss, midwives role in stillbirth management (diagnosis to discharge), and the midwives role in reducing the risk of stillbirth and taking care of oneself and others. Curriculum should

also include understanding what the risk factors for stillbirth are and sensitive ways of imparting this information to women.

7. Limitations

There was only a 58% response rate to this online survey. This means that there may be limited generalisability to other Australian Universities who did not answer. We do not know the reasons for this non response, we speculate that perhaps there is no stillbirth content in their courses, or that the survey request went to the wrong person. This was a small preliminary study further more detailed study based on these findings is warranted.

8. Conclusion

The authors could find little research published on undergraduate stillbirth education for midwives. This study investigated the current content of stillbirth education in undergraduate midwifery curricula in Australia. The participant responses provide evidence for the need for further development of appropriate curriculum nationally. It also provides a foundation to facilitate the development and sharing of knowledge and practice for this important, but often neglected, area of midwifery practice. Unfortunately not all babies will be born alive and it is imperative that midwives are able to respond to the situation through sensitive and knowledgeable care. However, it is estimated that many stillbirths may be preventable and as such midwives also need to know about modifiable risk factors and how to communicate these to pregnant women in their care. This content must be thoroughly taught in midwifery curriculum to cover all aspects of stillbirth prevention and care.

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