ATATÜRK ÜNİVERSİTESİ YAYINLARI
ATATURK UNIVERSITY PUBLICATIONS

Araştırma Makalesi *Research Article* DOI:

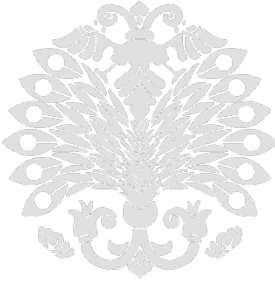
Experiences of Midwives in Turkey Regarding Providing Childbirth Care to Women With COVID-19: A Qualitative Study

Türkiye'deki Ebelerin COVİD-19'lu Kadınlara Doğum Bakımı Sağlama Konusunda Deneyimleri: Niteliksel Bir Çalışma

Özlem AŞCI [1]
[1]Niğde Ömer Halisdemir University, Department of Midwifery Niğde, Turkey,

Meltem DEMİGÖZ BAL [2]
[2]Marmara University, Department of Midwifery, Istanbul, Turkey,

Ayla ERGİN [3]
[3]Kocaeli University, Department of Midwifery, Kocaeli, Turkey,



ABSTRACT

Objective: The aim of the study was to assess the experiences of midwives in providing childbirth care to women with coronavirus disease 2019 (COVID-19).

Methods: This qualitative study was conducted with 25 midwives who worked in a public hospital for at least one year and actively provided childbirth care to women with COVID-19 between 15-30 January 2021.The data were obtained through one-to-one video conference interviews using a semi-structured interview form consisting of seven open-ended questions prepared by the researchers and analyzed thematically.

Results: Four main themes were identified. Theme 1: 'Change in midwifery care performance' describes the performance of midwives in providing childbirth care to women with COVID-19 and the influencing factors. Theme 2: 'Unusual labour and delivery' explained the isolation processes of midwives in labour and birth, the changes they experience regarding the acceptance of a birth partner during the birth, and the way they handle the increasing number of cesarean section decisions. Theme 3: 'Strict policies that disrupt postpartum care', explained the practices of midwives in the postpartum period, which changed with political decisions. Theme 4: 'Emotional problems' explain the emotional problems directly experienced from a professional and human perspective.

Conclusion: In the COVID-19 period, midwives preserved their compassion and empathy, but had difficulty providing woman-centered care. They defended natural birth, but could not have their say in the changes. Anxiety, fear, increased stress, and burnout significantly affected the professional quality of life.

Key words: childbirth, COVID-19, midwife, qualitative research

ÖZ

Amaç: Bu çalışmanın amacı, ebelerin COVID-19'lu kadınlara doğum bakımı sağlamaya yönelik deneyimlerini değerlendirmektir.

Yöntemler: Bu nitel çalışma, 15-30 Ocak 2021 tarihleri arasında bir devlet hastanesinde en az bir yıldır çalışan ve aktif olarak COVID-19'lu kadınlara doğum bakım sağlayan 25 ebe ile gerçekleştirilmiştir. Veriler, araştırmacılar tarafından hazırlanan yedi açık uçlu sorudan oluşan yarı yapılandırılmış görüşme formu kullanılarak birebir video konferans görüşmeleri yoluyla elde edilmiş ve tematik olarak analiz edilmiştir.

Bulgular: Dört ana tema tanımlanmıştır. Tema 1: 'Ebelik bakım performansında değişim', ebelerin COVID-19'lu kadınlara doğum bakımı sağlama performanslarını ve etkili faktörleri tanımlamıştır. Tema 2: 'Olağandışı travay ve doğum', ebelerin travay ve doğumdaki izolasyon süreçlerini, doğuma refakatçi kabul etme ile ilgili yaşadıkları değişimleri ve artan sezeryan kararlarını ele alma biçimlerini açıklamıştır. Tema 3: 'Doğum sonu bakımı bozan katı politikalar', ebelerin doğum sonu dönemde politik kararlarla değişen uygulamalarını tarif etmiştir. Tema 4: 'Emosyonel sorunlar', profesyonel ve insani bakış açısıyla doğrudan deneyimlenen emosyonel sorunları açıklamıştır.

Sonuç: Ebeler COVID-19 döneminde merhamet ve empatiyi elden bırakmasalarda kadın merkezli bakım sağlamada zorlanmışlardır. Ebeler doğal doğumu savunmuş, ancak değişimde söz alamamıştır. Anksiyete, korku, artan stres ve tükenmişlik onların profesyonel yaşam kalitesini belirgin şekilde etkilemiştir.

Anahtar Kelimeler: doğum, COVID-19, ebe, nitel araştırma

Geliş Tarihi/Received 17.01.2023
Kabul Tarihi/Accepted 18.01.2024
Yayın Tarihi/Publication Date 29.03.2024

Sorumlu Yazar/Corresponding author: Özlem AŞCI
E-mail: asci.s.ozlem@gmail.com

Cite this article: Aşçı, Ö., Demirgöz Bal, M. & Ergin, A. (2024). Experiences of Midwives in Turkey Regarding Providing Childbirth Care to Women With COVID-19: A Qualitative Study . *Journal of Midwifery and Health Sciences, 7(1): 67-80.*

Content of this journal is licensed under a Creative Commons Attribution-Noncommercial 4.0 International License.

Introduction

In addition to the social and economic deterioration it has created, the Coronavirus 2019 disease (COVID-19) has strained the health infrastructure significantly. As in many health services, there have been some changes in childbirth care due to COVID-19 (Townsend et al., 2021). Maternity staff have been reported to abandon normal obstetric care standards during the pandemic (Semaan et al., 2020; Schmitt et al., 2021). In particular, there is concern that changing the guidelines for labor, delivery, and breastfeeding, particularly for women with COVID-19, may negatively affect the quality of childbirth care (Kotlar et al., 2021). This condition is also associated with differences in practice, which can lead to health disparities and more adverse health outcomes in women with COVID-19 (Kotlar et al., 2021; Parker et al., 2022; Van Manen et al., 2021). Certain studies have found that providing maternity care with respect has become compromised in women and newborns with COVID-19 due to the maternity staff's fear of being infected and the isolation measures and that these women had more traumatic experiences at birth (Asefa et al., 2022; Fumagalli et al., 2022). In addition, maternity staff face structural and subjective difficulties that negatively affect their mental health while trying to change or adapt the care processes to prevent COVID-19 infection during this process (Adnani et al., 2021; Semaan et al., 2020; Kotlar et al., 2021).

According to current evidence, fetal-neonatal outcomes in pregnant women with COVID-19 are generally good. COVID-19 is unlikely to be transmitted through the intrauterine route, vertically or with breast milk (Kotlar et al., 2021). Maternity staff is recommended to continue to practice compassionate care, effective communication, and continuous support and to allow asymptomatic birth companions during the labor of women with COVID-19 (World Health Organization, 2022). It is recommended to further evaluate the pandemic experiences of maternity staff in order to develop policies to improve maternity care services and protect them in future pandemics or other types of disasters (Schmitt et al., 2021).

Midwives have taken an active role in the protection and development of the mother and infant's health before the pandemic as well as during it (Adnani et al., 2021). Within this context, it is important to reveal the attitudes and experiences of midwives in providing childbirth care to women with COVID-19. Although many studies on COVID-19 have been conducted since the beginning of the pandemic, it is pointed out that very few of these have offered lessons from the experiences of midwives (Adnani et al., 2021). Few studies have examined the experiences of midwives providing maternity care to women with COVID-19 (Bradfield et al. 2022; González-Timoneda et al. 2021; Küçüktürkmen et al. 2022). At the time of the study, no study was found on the experience of midwives in providing childbirth care to women with COVID-19 in Turkey. Therefore, in this study, it was aimed to evaluate the experiences of midwives in providing childbirth care to women with COVID-19 in Turkey. The questions of this research are as follows;

Question 1: What specific measures do midwives take to prevent the spread of COVID-19 when caring for women with COVID-19? How do these measures affect midwifery care?
Question 2: What specific challenges do midwives face when managing labour, birth, and the postnatal period in women with COVID-19?
Question 3: In addition to the challenges outlined above, are there other implications for midwives of caring for women with COVID-19? If so, what are these implications?

Methods

Design

This qualitative study was carried out between 15-30 January 2021, using a phenomenological approach. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed to conduct the study and report the results. Guba and Lincoln's (1982) Evaluative Criteria were used to ensure trustworthiness.

Sample and participants

This study was conducted with Turkish midwives who provided childbirth care to women with suspected or confirmed COVID-19 in a hospital. A purposeful sampling method was employed in this study. Midwives who were members of social media groups (such as Facebook, Instagram, and WhatsApp) were recruited via a post on the group wall. The purpose of the study and the inclusion criteria were clearly defined in social media posts. The inclusion criteria were to accept a videoconference interview for this study, to work at least one year in the birth unit of a public hospital, and to actively provide childbirth care to women with COVID-19. Considering that midwives may not want to participate in the research for fear of being recognized, the province or district in which they worked was not included as an inclusion criterion. However, making a special announcement in case the participants from the big cities of Turkey were not included in Plan B. However, Plan B was not implemented because there were participants from 11 different cities (Ankara, Antalya, Bursa, Giresun, İstanbul, Kayseri, Kocaeli, Konya, Niğde, Şanlıurfa, and Samsun), including the big cities.

Table 1.
Semi-structured open-ended interview questions

Questions
What special precautions do you take when caring for women with COVID-19?
Has there been a change in your care for women with COVID-19?
How do you provide labor and delivery care for women with COVID-19?
Could you explain your postpartum care process for women with COVID-19?
Could you share how you feel about caring for women with COVID-19?
Has caring for women with COVID-19 affected you?
Is there anything else you would like to say about childbirth care for women with COVID-19?

The second author of the study conducted a preliminary telephone interview with the midwives who reported that they wanted to participate in the research to determine the suitable midwives for the study (n=38). These interviews confirmed whether midwives met the criteria for inclusion in the study. Midwives who did not provide childbirth care to women with confirmed or suspected COVID-19 were excluded (n=3). A candidate participant list was created that included the contact information and characteristics of the midwives who responded to the study and met the inclusion criteria (n=35). At least one midwife from all provinces was included in the study, taking into account the significant population differences between provinces that affect the provision of health services in Turkey. In the case of different candidates from the same province, which candidate would be included in the study was decided by drawing lots. Candidates were then ranked for other features and queued for video conference calls. To ensure maximum diversity of the sample, a wide range of subjects of different ages, marital status, work experience, and provinces were interviewed as much as possible. Data saturation in the qualitative research was used to determine the number of midwives in the sample. The number of required respondents was determined by interviewing midwives until the data were saturated and no new topics were generated. Saturation was achieved after the 23rd interview; however, two additional interviews were conducted to confirm saturation. A total of 25 midwives, therefore, participated in this study. Midwives who were not interviewed, although they were included in the candidate participant list, were informed about this process and thanked them.

Data collection

One-to-one videoconference interviews were conducted using Google Meet or Zoom. Volunteers who met the inclusion criteria were scheduled for an individual interview conducted by an experienced academician, the first author. The interviews were conducted outside the midwives' work environment at a scheduled time. There were no other participants or researchers during the interviews. Sociodemographic data were obtained at the beginning of the interview using a questionnaire consisting of eight questions. A semi-structured interview form consisting of seven open-ended questions prepared by the researchers in line with the literature was used to collect data (Chen et al., 2020; Horsch, 2020; Shorey & Chan, 2020). The semi-structured, open-ended interview questions are listed in Table 1. The interviews lasted approximately 30-45 minutes and were recorded. The participants were interviewed only once. Participants were allowed to elaborate on their personal experiences during the interviews, and the researcher was given the freedom to build on the interview questions to facilitate exploration.

Data analysis

The records were manually and independently transcribed by two authors following the interviews. All transcripts were checked by a third author. The data were analyzed thematically using NVivo software. Following the recommendations of Braun and Clarke in thematic analysis (Braun & Clarke, 2006), the interviews were listened to repeatedly to become familiar with the data, and the transcripts were read multiple times to obtain a general idea of their content. Expressions with similar meanings were determined, and codes were created. Codes were searched for themes that captured something important or interesting about the data and/or the research question, and the codes were combined to form the initial themes. Related subthemes interacting with the main theme were determined. It was presented by defining each theme and associated sub-themes.

Ethical considerations

Ethics committee approval was received for this study from the Ethics Committee of Nigde Omer Halisdemir University (Date: December 29, 2020, No:09). Verbal informed consent was obtained from all participants who participated in this study.

Results

A total of 25 midwives who provided childbirth care to women with suspected or confirmed COVID-19 were included in this study. The mean age of the midwives, who were serving in 11 different provinces of Turkey, was 31.52±7.7 years.

Table 2. Socio-demographic characteristics of the participants

	Age	Education	Experience (years)	Marital status	COVID-19 exposure	Weekly work duration hours)	Average number of women with COVID-19 cared for in one shift
P1	30	High School	13	Married	No	40	Less than one
P2	29	Undergraduate degree (Master's student)	5	Single	No	48	1
P3	24	Undergraduate degree	2	Single	No	48	4
P4	24	Undergraduate degree (Master's student)	2	Single	No	48	5
P5	27	Undergraduate degree	5	Single	No	52	4
P6	33	Undergraduate degree	2	Single	Yes	52	6
P7	28	Undergraduate degree	3	Married	Yes	48	3
P8	25	Undergraduate degree	1.5	Single	No	40	2
P9	34	High School	16	Married	No	40	3
P10	32	Undergraduate degree	7	Married	No	50	2
P11	26	Undergraduate degree	2.5	Single	No	48	2
P12	33	Undergraduate degree (Master's student)	11	Single	No	56	5
P13	23	Undergraduate degree (Master's student)	1	Single	No	48	3
P14	47	Undergraduate degree	29	Married	No	40	4
P15	42	Undergraduate degree	13	Married	No	48	8
P16	25	Undergraduate degree	2	Married	No	45	3
P17	35	Undergraduate degree	3	Married	Yes	56	2
P18	35	Undergraduate degree	13	Married	No	40	8
P19	42	Undergraduate degree	18	Married	No	48	8
P20	49	High School	31	Married	No	56	Less than one
P21	43	Undergraduate degree	26	Single	Yes	45	4
P22	26	Undergraduate degree	3	Single	Yes	56	3
P23	25	Undergraduate degree (Master's student)	3.5	Single	No	40	10
P24	27	Undergraduate degree	4	Married	No	40	8
P25	24	Undergraduate degree	1.5	Single	No	56	6

The professional experience of the midwives, with undergraduate degrees in the majority (88%), and the mean weekly working hours was 48.32±7.58 hours (Table 2). The interview data consisted of midwife statements under the sub-themes of the four main themes defined below. These are presented in Table 3 with quotations from each participant according to consistency between data and findings.

Theme 1. Change in midwifery care performance

This theme identified the performances of the midwives providing childbirth care for women with COVID-19 and the influencing factors.

Difficulty in adapting the role of midwives

Most midwives referred to their roles when describing their experiences. However, only a few have been able to take on similar midwives' roles when caring for women with and without COVID-19. Midwives could not ensure contact and effectively communicate with women with COVID-19 at the desired level, as they had to decrease physical contact and use personal protective equipment (PPE). Therefore, they found it difficult to perform their procedures, felt a lack of contact and trust between them and the women with COVID-19, and thought that they were not fulfilling their professional roles in full. However, they continued to exhibit compassion and empathy. *As a midwife, you want to follow the patient closely at birth, both as a care or massage, but with those protective clothes, this is really difficult. I can't adapt myself. I feel like that I can't do my job properly...I took care them less. I think I should be more compassionate.* (P7)

Table 3.
Themes and subthemes from the qualitative data analysis

Themes and subthemes	Quotations
Change in midwifery care performance	
Difficulty in adapting the role of midwives	*Midwifery is my job, that's why I'm here. But I didn't care about women with COVID-19 as I cared about other women. I could not hold her hand while giving birth and did not give psychological support (P3)* *They do not see us, not know us and hear us. There are masks, visors and protective clothes. we try to care with almost zero communication. I'm sure the women feel a lack of trust (P6)*
Maintaining care despite the lack of coordination	*The way that administrators can't manage the period forced us too much. We did one thing one day; we did something else the next day (P24)* *Any information on how to manage the COVID-19 at birth was not provided, perhaps we had the most difficulty on this (P9)*
Unusual labour and delivery	
Isolation	*We accept both COVID-19 positive and negative pregnant women to the clinic. We reserved one room for isolation (P9)* *There was no proper ventilation in the rooms. We opened the windows for ventilation. When you look at the physical planning, it is normal clinic not suitable for infection control (P12)*
Changes in acceptance of a birth companion	*We accept supporters during the normal process, but due to COVID-19, we do not include an extra person in the delivery room at the moment (P4)*
Clinical decisions about the mode of delivery	*In our hospital, women are taken directly to caesarean section. Even in case of 7-8 cm multipara. No one said that I should follow nullipara women with COVID-19 and be made a normal birth (P24)*
Strict policies that disrupt postpartum care	
Separating the mother and the infant	*The mother and the baby are already leaving politically. I think this negatively affects mother-infant bonding (P1)*
Breastfeeding restrictions	*We are not giving a permission for breastfeeding. They are milking, but we do not even give that milk (P2)* *We told them to breastfeed the baby by wearing double masks. Unfortunately, the baby could not be breastfed within half an hour after birth (P20).*
Emotional problems	
Anxiety and Fear	*I wonder if I caught COVID-19? Can I pass it on to my family members? We live in this fear and anxiety all the time (P12)*
Increased stress and burnout	*It is a heavy stress, psychological destruction, both for the mothers and for us (P17).* *Everyone is extremely stressed, has high anxiety levels, and we are constantly on keep vigil. Everyone is exhausted (P24).*

Maintaining care despite the lack of coordination

The midwives believed that the administrators lacked organization, did not set standards of care, and did not provide adequate information regarding the care of women with COVID-19. They linked this to the challenges of providing care to women with COVID-19.

Frankly, they didn't set any clear birth care criteria, sometimes we just didn't know what to do. (P1)

Theme 2. Unusual labour and delivery

This theme described the experiences of the midwives in managing the labour and delivery process of women with COVID-19.

Isolation

Most midwives stated that they cared for women with and without COVID-19 in the same birth care unit. Some midwives reported that an additional unit had been opened to separate women with and without COVID-19, which led to uncomfortable birth environments for women. The midwives pointed out the difficulty of ensuring isolation with the existing physical conditions and reported that there was no ventilation system except for the windows.

We opened a room outside the delivery room for pregnant

women with COVID-19. The rooms there were a bit small, the beds were uncomfortable, the ventilation was poor. (P16)

Midwives stated that they followed women with COVID-19 less frequently and for a short time during childbirth due to isolation measures, but they continued to communicate by phone.

To protect ourselves, we've reduced the frequency of entering the room, but we have phones to have communication. (P10)

Changes in acceptance of a birth companion

Midwives shared different experiences regarding the acceptance of birth companions. Some midwives reported that they restricted birth companions for all women with and without COVID-19, and this change has led to an increase in workload.

We were not able to recruit a companion. This was the decision of the infection unit and increased our workload a bit. (P18)

Some midwives indicated that decisions regarding birth companion restrictions at their institutions were relaxed for the obstetrics clinic.

We can get a companion if they are negative COVID-19, have no contacts or have no symptoms, but this is valid for our clinic. (P11)

Clinical decisions about the mode of delivery

COVID-19 has been accepted as an indication for cesarean birth in institutions where most midwives work. Vaginal delivery was an option for women with COVID-19 only when they were multiparous and in the active phase. Most midwives did not support COVID-19 as an indication for cesarean section. They described this as taking away the rights of women and trying to prevent it. Midwives pointed out the sadness and anxiety they experienced.

How much we want to destroy the perception, COVID-19 was perceived as a cesarean indication and it continues in this way. We send the women to the caesarean section crying. There was a multiparous pregnant woman who was suitable for vaginal birth. The doctor said that the plan he prepared was a caesarean section, and if she did not accept, she should go to another institution. There was no other institution to go to, and the woman accepted this as an obligation. Unfortunately, in this process, we are taking away the rights of women in childbirth. (P4)

A few midwives supported cesarean sections for these women, believing that their individual risks related to COVID-19 would therefore decrease, despite thinking that it would be disrespectful to women's rights.

It seems to me that it may be disrespectful to the woman's personality right, but we are exposed to so many factors, I wish there was a COVID-19 caesarean indication. (P2)

Theme 3. Strict policies that disrupt postpartum care

This theme explained the practices of midwives regarding separating mothers and infants and restricting breastfeeding based on policy decisions in the early postpartum period in women with COVID-19.

Separating the mother and the infant

In line with the instructions the midwives received, they stated that they clamped the umbilical cord as soon as possible and did not make skin-to-skin contact between mother and infant. Midwives, who had to separate the mother and infant after birth, reported that they did the first care of the infant in a separate room, and some of them said that they bathed the infants. Separating the mother and infant made midwives uncomfortable.

As soon as we gave birth, we immediately clamped the cord and separated it from the mother. We made a bath preparation in a different room and took a bath. As a midwife, the most disturbing thing for me is not being able to deliver the baby to the mother. This is very upsetting for women too. (P18)

Breastfeeding restrictions

Some midwives reported allowing women to breastfeed their infants with masks or express breast milk to their infants. Some midwives also said that they did not allow mothers to breastfeed under any condition until the COVID-19 test result was negative. Midwives pointed out the change in decisions about breastfeeding during the pandemic. They stated that the policies on breastfeeding were contradictory, and some expressed discomfort with the inconsistency between what they read and what they did.

They did not breastfeed at first, then they started to be breastfed. (P16)

There are conflicting things. One follows and acts accordingly guideline A, the other follows guideline B. A is not wrong, B is not wrong either. (P18)

Theme 4. Emotional problems

This theme described the emotional problems that midwives directly experienced from professional and human perspectives when caring for women with COVID-19.

Anxiety and Fear

Midwives felt that they had assumed more health risks and responsibilities when caring for women with COVID-19. They said that they were afraid and worried about losing their health by infecting themselves or their close friends/family with COVID-19.

When I care for woman with COVID-19, I have the feeling that I am also an infected. If it leaves a permanent damage to me, what if I can't do my job after all. So, I'm scared obviously. (P10)

The midwives openly stated that the anxiety and fear they experienced negatively affected the birth care they provided to women and their mood, and it was difficult to cope with it.

I am very worried about being infected. This increases my risk of making mistakes, it affects the care I provide to the woman. It's incredibly exhausting to think that I might have hurt her unintentionally while trying to protect myself. I find myself constantly making an internal reckoning. Trying to manage this is very difficult. (P13).

Increased stress and burnout

The midwives felt intense stress when caring for pregnant women with COVID-19. They were extremely aware of the stress experienced by the women, and this in turn increased their own stress. The stress caused by the problems related to the disorganization of care and the supply of PPE at the beginning of the pandemic had later disappeared.

At first, we were having trouble with the N95, so we were experiencing stress. P25

While trying to prepared separate rooms and find materials for COVID-19 patients, we experienced a lot of stress in case something happens to the patient. (P19)

The increased workload, elimination of leave, and being forced to work in different areas increased the stress experienced by midwives, resulting in intra-team conflicts and family problems.

We had intra-team conflicts and family problems caused by stress. I started to question my profession. I felt that I did not get what I deserved for my hard work. (P3)

The midwives believed that they did not receive adequate material and moral compensation for their work and said they were exhausted.

Our friends got COVID-19. There was a shortage of personnel and we had to work overtime without permission. Our permissions have been removed. Just now, we are asked to take care of patients in different units from the delivery room. All this is very stressful, we are really exhausted. (P11)

The emotional problems experienced by midwives increased their need for support. Some midwives pointed out the need for professional emotional support. Others mentioned individual coping strategies. Colleague solidarity among midwives was noteworthy.

Since there is a constant circulation in the pandemic service, psychological support can be continuous. We are trying to support each other. (P22)

Discussion

This qualitative study, which aimed to evaluate the experiences of midwives in providing childbirth care to women with COVID-19, showed that midwives' performance in caring for women with COVID-19 was negatively affected for various reasons. The measures taken for infection control, being inadequately informed, uncertain standards of care, and a lack of coordination and management were the main reasons.

Theme 1. Change in midwifery care performance

Similarly, midwives reported difficulties in providing woman-centered care, although they did not give up on compassion and empathy during the pandemic period (González-Timoneda et al., 2021; Bradfield et al., 2022). In a qualitative study conducted with 14 midwives in Spain, midwives were unable to provide the desired birth experience to women with suspected or confirmed COVID-19. (González-Timoneda et al., 2021). In the same study, midwives were also reported to face situations that they had to deal with alone, had difficulties with PPE, and required information and support (González-Timoneda et al., 2021).

Theme 2. Unusual labour and delivery

The midwives in this study believed that women with COVID-19 took more risks and responsibilities during care. Midwives could not adequately isolate women with COVID-19 due to inappropriate physical conditions and lack of ventilation systems and encountered problems with the supply of PPE at the beginning of the pandemic. These findings prove that midwives work in environments that may threaten their health, safety, and well-being. The findings also support the study results indicating that midwives' health and safety rights were violated in low- and middle-income countries during the pandemic (Adnani et al., 2021; Schmitt et al., 2021).

A review study reported that women infected with COVID-19 were provided care in low-pressure rooms, birth units

were moved, and isolated areas were established in some countries (Schmitt, et al., 2021). The same study reported that contact between the maternity staff and the infected women was kept to a minimum, and the maternity staff used a telephone or other communication methods to communicate with the women in the hospital (Schmitt et al., 2021). However, once masks and COVID-19 tests became more accessible, visitation bans at birth eased and relaxation of strict practices started in many environments (Schmitt, et al., 2021; Townsend et al., 2021). The experiences of the midwives participating in this study regarding the acceptance of birth companions and isolation rules were generally similar to those in the literature (Asefa et al., 2022; Schmitt, et al., 2021; Townsend et al., 2021). In addition, the midwives' reports in this study revealed that there is no standard practice regarding the acceptance of birth companions among hospitals in Turkey and that some women with COVID-19 gave birth in uncomfortable environments without a birth companion. As Fumagalli et al. (2022) reported, it may be helpful to consider key elements of good practice, including the provision of compassionate care and availability of birth companions, when preparing guidelines on maternity care.

There is no evidence that women cannot give birth naturally because of COVID-19 or that it would be safer to undergo cesarean delivery (Chen et al., 2020; Kotlar et al., 2021). However, since childbirth care in our country is physician-centered, the midwives participating in this study could not be the pioneers of change, even for deliveries that they thought could take place in a normal manner. The findings indicate that the acceptance of COVID-19 as an indication of cesarean section and preventing the woman from having a say in her choice of birth method is traumatizing for both midwives and women. The lack of power for women and midwives can be explained by the prevalence of gender discrimination against women in our country and the unfair positioning and practices based on this discrimination (Bingöl, 2014). In addition, although midwifery education has strengthened considerably over the last 30 years in Turkey, midwives are disempowered by medicalized care systems. The absence of legal regulations negatively affects midwives' professional autonomy (Demirci et al., 2021). The restriction of rights such as leave, resignation, and retirement for a certain period in the pandemic process in Turkey and the continuation of the physician-centered maternal care approach in national guidelines may have deepened the pre-pandemic problems of midwives.

The struggle to solve ethical and moral dilemmas during the pandemic was found to have serious negative effects on healthcare staff in a systematic review. It has been reported that healthcare staff could feel like an instrument of inhuman treatment or become insensitive to protect themselves during this process (Schmitt et al.,2021). A different study reported that the changes that occurred due to the pandemic could cause occupational moral damage in maternity staff (Horsch, 2020). This study revealed that midwives make changes that may negatively affect health outcomes, such as less frequent and short-term follow-up. It is noteworthy that a few midwives participating in the study avoided providing normal birth to women with COVID-19 due to safety concerns and supported the acceptance of COVID-19 as a cesarean indication. These findings suggest that midwives have an increased risk of engaging in clinical practices that may directly conflict with scientific evidence and ethical, moral, and professional values during the maternity care of women with COVID-19.

Theme 3. Strict policies that disrupt postpartum care

According to current evidence, delayed cord clamping and ensuring skin-to-skin contact in the delivery room can be continued in women with COVID-19. Some recommend bathing newborns as soon as possible after birth (Lakshminrusimha et al., 2020). It is reported that women with COVID-19 can stay in the same room with their infants and breastfeed them by using safety measures such as masks, hand hygiene, and distancing (Centers for Disease Control and Prevention, 2020). Approaches to neonatal care and breastfeeding support for mother-infant pairs with COVID-19 were found to differ significantly among maternity hospitals in a study conducted with physicians in the USA. Professional organizations that publish guidelines on COVID-19 have suggested working together to improve health outcomes, ensure equality, and decrease the diversity of practices (Parker et al., 2022). About half of the maternity staff included in another study conducted in the Netherlands reported that policy changes put maternal care safety at risk (Van Manen et al., 2021). Midwives in Spain have reported being worried about the vulnerability of women and the decrease in their autonomy due to the pandemic (Goberna-Tricas et al., 2021). The midwives who participated in the current study emphasized the contradictory and insufficient evidence on issues related to mother-infant care, and expressed the negative effects of the related changes on women. In this context, a review of national guidelines and institutional policies is recommended. In addition, some countries are able to maintain the essential elements of quality while protecting and supporting healthcare personnel with an evidence-based approach (Renfrew et al., 2022). It is important to establish a balance between evidence-based quality care and human rights to keep women, newborns, and midwives

safe.

Theme 4. Emotional problems

The increased emotional problems of the midwives and their need for emotional support in this study were consistent with the literature (Semaan et al., 2020; Schmitt et al., 2021; Küçüktürkmen et al., 2022). In parallel with the study's findings, Semaan et al. (2021) found that approximately 9 out of 10 maternal/newborn healthcare professionals experienced increased stress in their study with a large sample. A meta-synthesis study conducted during the pandemic also showed that healthcare professionals need emotional, financial, and informational support (Shorey & Chan, 2020). The need to take the necessary precautions regarding the control and prevention of mental disorders of the healthcare staff has been emphasized in many studies (Schmitt et al., 2021). In a qualitative study conducted simultaneously with this study in Turkey, the emotional burden of midwives was found to increase, in parallel with the findings of the current study (Küçüktürkmen et al., 2022).

Study Limitation

This study was conducted with midwives providing care to women with COVID-19 in Turkey, which limits its generalizability to other countries. However, many of the sub-themes identified highlight common issues reflected in the global literature on the difficulties faced by maternity staff and the experiences of pregnant women with COVID-19 during the pandemic.

Conclusion

Difficulty in isolation in women with COVID-19, insufficient information, lack of coordination and management, the uncertainty of care standards, and restrictive healthcare policies have all affected the care of midwives negatively. These issues have jeopardized the provision of respectful maternity care to women with COVID-19. The difficulties of the process have triggered ethical and moral dilemmas in some midwives. Midwives have a heavy workload that can negatively affect their mental and physical health, and they work in an environment that raises concerns in terms of safety. The emotional problems reported by the midwives suggest that their professional quality of life has decreased significantly and their need for professional support has increased. We hope that the results of this study will guide midwives' and women's plans to protect their safety and health rights and provide better maternity care services during the current pandemic and possible future pandemics.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Niğde Ömer Halisdemir University (Date: December 29, 2020, No: 09).

Informed Consent: Verbal informed consent was obtained from all participants who participated in this study.

Author Contributions: Concept – Ö.A., M.D.B.; Design – Ö.A., M.D.B., A.E.,; Data Collection and/or Processing – Ö.A., M.D.B.; Analysis and/or Interpretation – Ö.A., M.D.B., A.E.; Literature Search – Ö.A.; Writing Manuscript – Ö.A., M.D.B.; Critical Review – Ö.A., M.D.B., A.E.

Conflict of Interest: The authors declare that there are no conflicts of interest.

Financial Disclosure: The authors declared that this study has received no financial support.

Etik Komite Onayı: Bu çalışma için etik kurul onayı Niğde Ömer Halisdemir Üniversitesi etik kurulundan alınmıştır (Tarih: 29 Aralık 2020, Sayı: 09).

Hasta Onamı: Bu çalışmaya katılan tüm katılımcılardan sözlü onam alınmıştır.

Yazar Katkıları: Fikir – Ö.A., M.D.B.; Tasarım – Ö.A., M.D.B., A.E.; Veri Toplanması ve/veya İşlemesi – Ö.A., M.D.B.; Analiz ve/veya Yorum – Ö.A., M.D.B., A.E.; Literatür Taraması – Ö.A.; Makaleyi Yazan – Ö.A., M.D.B.; Eleştirel İnceleme – Ö.A., M.D.B., A.E.

Çıkar Çatışması: Yazarlar herhangi bir çıkar çatışması olmadığını beyan ederler.

Finansal Açıklama: Yazarlar bu çalışmanın herhangi bir finansal destek almadığını beyan etmişlerdir.

References

Adnani, Q. E. S., O’Connell, M. A., & Homer, C. S. (2021). Advocating for midwives in low-to-middle income countries in the COVID-19 pandemic. *Women and Birth, 34*(6), 501-502. https://doi.org/10.1007/s10668-020-00801-2.

Asefa, A., Semaan, A., Delvaux, T., Huysmans, E., Galle, A., Sacks, E., Bohren, M.A., Morgan, A., Sadler, M., Vedami, S., & Benova, L. (2022). The impact of COVID-19 on the provision of respectful maternity care: Findings from a global survey of health workers. *Women and Birth*, *35*(4), 378-386. https://doi.org/10.1016/j.wombi.2021.09.003

Bingöl, O. (2014). The fact of gender and womanhood in Turkey. *Karamanoglu Mehmetbey University Journal of Social and Economic Research, 16*(1), 108-114.

Bradfield, Z., Hauck, Y., Homer, C. S., Sweet, L., Wilson, A. N., Szabo, R. A., Wynter, K., Vasilevski, V., & Kuliukas, L. (2022). Midwives’ experiences of providing maternity care during the COVID-19 pandemic in Australia. *Women and Birth*, *35*(3), 262-271. https://doi.org/10.1016/j.wombi.2021.02.007

Braun, V., & Clarke, V. (2006).Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Centers for Disease Control and Prevention, CDC, 2019. Evaluation and management considerations for neonates at risk for COVID-19. [PDF Document]. Retrieved from:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

Chen, D., Yang, H., Cao, Y., Cheng, W., Duan, T., Fan, C., Fan, S., Feng, L., Gao, Y., He, F., He, J., Hu, Y., Jiang, Y., Li, Y., Li, J., Li, X., Li, X., Lin, K., Liu, C., …& Guan, X. (2020). Expert consensus for managing pregnant women and neonates born to mothers with suspected or confirmed novel coronavirus (COVID-19) infection. *International Journal of Gynecology & Obstetrics, 149*(2), 130-136. https://doi.org/10.1002/ijgo.13146

Demirci, A.D., Kabukcuoglu, K., Haugan, G., & Aune, I. (2021). Turkish midwives' experiences and opinions in promoting normal births: A grounded theory study. *Midwifery*, *99*(3)*,* 103006.

Fumagalli, S., Ornaghi, S., Borrelli, S., Vergani, P., & Nespoli, A. (2022). The experiences of childbearing women who tested positive to COVID-19 during the pandemic in northern Italy. *Women and Birth, 35*(3), 242-253. https://doi.org/10.1016/j.wombi.2021.01.001

Goberna-Tricas, J., Biurrun-Garrido, A., Perelló-Iñiguez, C., & Rodríguez-Garrido, P. (2021). The COVID-19 pandemic in Spain: Experiences of midwives on the healthcare frontline. *International Journal of Environmental Research and Public Health*, *18*(12),6516. https://doi.org/10.3390/ijerph18126516

González-Timoneda, A., Hernández, V. H., Moya, S. P., & Blazquez, R. A. (2021). Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: A qualitative study. *Women and Birth*, *34*(5), 465-472. https://doi.org/10.1016/j.wombi.2020.12.001

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology Journal, 30*(4), 233-252.

Horsch, A., Lalor, J., & Downe, S. (2020). Moral and mental health challenges faced by maternity staff during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(1), 141-142. https://doi.org/10.1037/tra0000629

Kotlar, B., Gerson, E., Petrillo, S., Langer, A., & Tiemeier, H. (2021). The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review. *Reproductive Health*, *18*(1), 1-39. https://doi.org/10.1186/s12978-021-01070-6

Küçüktürkmen, B., Baskaya, Y., & Özdemir, K. (2022). A qualitative study of Turkish midwives' experience of providing care to pregnant women infected with COVID-19. *Midwifery*, *105*(2022), 103206.

Lakshminrusimha, S., Sridhar, A., Guerra, A. A. H., Higgins, R. D., & Saade, G. (2020). Perinatal COVID-19 infection prevention: infographics for patients and providers. *American Journal of Perinatology*, *37*(12), 1185-1188. https://doi.org/10.1055/s-0040-1714387

Parker, M.G., Gupta, A., Healy, H., Peaceman, A., Kerr, S.M., Heeren, T.C., Hudak, & Gupta, M. L. (2022). Variation in United States COVID-19 newborn care practices: results of an online physician survey. *BMC pediatrics, 22*(1), 1-12. https://doi.org/10.1186/s12887-022-03129-0

Renfrew, M.J., Cheyne, H., Craig, J., Duff, E., Dykes, F., Hunter, B., Lavender, T., Page, L., Ross-Davie, M., Spiby, H., & Downe, S. (2020). Sustaining quality midwifery care in a pandemic and beyond. *Midwifery, 88*(2020), 102759. https://doi.org/10.1016/j.midw.2020.102759.

Schmitt, N., Mattern, E., Cignacco, E., Seliger, G., König-Bachmann, M., Striebich, S., & Ayerle, G. M. (2021). Effects of the COVID-19 pandemic on maternity staff in 2020–a scoping review. *BMC Health Services Research*, *21*(1), 1-25.

Semaan, A., Audet, C., Huysmans, E., Afolabi, B., Assarag, B., Banke-Thomas, A., Blencowe, H., Caluwaerts, S., Campbell, O.M.R., Cavallaro, F.L., Chavane, L., Day, L. D., Delamou, A., Delvaux, T., Graham, E.L., Gon, G., Kascak, P., Matsui, M., Moxon, S.... & Benova, L. (2020). Voices from the frontline: findings from a thematic analysis of a rapid online global survey of maternal and newborn health professionals facing the COVID-19 pandemic. *BMJ Global Health*, *5*(6), e002967. https://doi.org/10.1136/bmjgh-2020-002967

Shorey, S., & Chan V. (2020). Lessons from past epidemics and pandemics and a way forward for pregnant women, midwives and nurses during COVID-19 and beyond: a meta-synthesis. *Midwifery*, *90*, 102821. https://doi.org/10.1016/j.midw.2020.102821

Townsend, R., Chmielewska, B., Barratt, I., Kalafat, E., van der Meulen, J., Gurol-Urganci, I., O'Brien, P., Morris, E., Draycott, T., Thangaratinam, S., LeDoare, K., Ladhani, S., von Dadelszen, P., Magee, L.A., & Khalil, A. (2021). Global changes in maternity care provision during the COVID-19 pandemic: A systematic review and meta-analysis. *eClinicalMedicine*, *37*(1), 100947. https://doi.org/10.1016/j.eclinm.2021.100947

Van Manen, E. L., Hollander, M., Feijen-de Jong, E., de Jonge, A., Verhoeven, C., & Gitsels, J. (2021). Experiences of Dutch maternity care professionals during the first wave of COVID-19 in a community-based maternity care system. *PloS one*, *16*(6), e0252735. https://doi.org/10.1371/journal.pone.0252735

World Health Organization (WHO) 2022, Coronavirus disease (COVID-19): Pregnancy, childbirth and the postnatal period [WWW Document]. Retrieved from: https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-pregnancy-and-childbirth

Genişletilmiş Özet

Dünya genelinde Koronavirüs hastalığı (COVID-19) nedeniyle sağlık hizmetlerinin sürdürülmesinde ciddi zorluklar yaşanmıştır. Ancak doğum bakımı, pandemi krizi sırasında bile kesintiye uğratılamayacak kadar önemli ve yakın temas gerektiren bir hizmet olmaya devam etmiştir. Kaliteli ve saygılı doğum bakım hizmetlerini sağlamak ve doğum bakımı sunan sağlık çalışanlarını gelecekteki pandemilerden veya diğer afet türlerinden korumak için stratejiler geliştirmede sağlık çalışanlarının pandemi deneyimlerinin incelenmesi faydalı olabilir.

Ebeler pandemi öncesinde olduğu gibi pandemi döneminde de anne-bebek sağlığının korunması ve geliştirilmesinde aktif rol alan sağlık çalışanlarıdır. Pandeminin başlangıç döneminden bu yana, COVID-19 ile ilgili çok fazla sayıda çalışma yapılmış olsa da, bu çalışmaların çok azı ebelerin deneyimlerinden dersler sunmaktadır. Literatürde ebelerin COVID-19 pandemisinde ya da COVID-19 testi pozitif olan kadınlara bakım sunma deneyimlerini ele alan sınırlı sayıda çalışmaya rastlanmaktadır. Bu nitel çalışmada, Türkiye'deki ebelerin süpheli ya da doğrulanmış COVID-19'lu kadınlara doğum bakımı sağlamaya yönelik deneyimlerini keşfetmek amaçlanmıştır. Bu çalışma 15-30 Ocak 2021 tarihleri arasında, 11 farklı ilde görev yapan ve COVID-19'lu kadınlara doğum bakımı sunan 25 ebe ile gerçekleştirilmiştir. Veriler yarı-yapılandırılmış bir soru formu ile bire bir video konferans görüşmeleri yapılarak toplanmıştır. Elde edilen veriler tematik analiz yöntemi kullanılarak değerlendirilmiştir. Çalışmada ebelerin COVID-19'lu kadınlara doğum bakımı sağlamaya yönelik deneyimlerini açıklayan dört ana tema tanımlanmıştır. Bunlar 'Ebelik bakım performansında değişim', 'Olağandışı travay ve doğum', 'Doğum sonu bakımı bozan katı politikalar' ve 'Emosyonel sorunlar' dır.

'Ebelik bakım performansında değişim', ebelerin COVID-19'lu kadınlara doğum bakımı sağlama performanslarını ve etkili faktörleri tanımlamıştır. COVID-19'dan korunmak için önlem alma zorunluluğu, bakım standartlarının belirsizliği, bilgi, koordinasyon ve yönetim eksikliği ebelerin doğum bakımı sağlama performaslarını olumsuz yönde etkilemiştir. Ebeler COVID-19'lu kadınlarla empati kurmaya ve onlara şefkatli yaklaşmaya çalışsalar da, kadınlar ile istendik düzeyde fiziksel temas kuramamanın eksikliğini hissetmiş, uygulamalarını gerçekleştirmede zorlanmış ve mesleki rollerini tam olarak yerine getiremediklerini düşünmüşlerdir.

'Olağandışı travay ve doğum', ebelerin travay ve doğumdaki izolasyon süreçlerini, doğuma refakatçi kabul etme ile ilgili yaşadıkları değişimleri ve artan sezeryan kararlarını ele alma biçimlerini açıklamıştır. Uygunsuz fiziki şartlar ve havalandırma sistemlerinin yokluğu nedeniyle ebeler COVID-19'lu kadınları yeterince izole edemediklerini düşünmüş, COVID-19'lu kadınları travayda daha az ve kısa süreli izlemek zorunda kalmış ve refakatçi kabulü ile ilgili farklı politikaları takip etmişlerdir. Pek çok ortamda COVID-19'un sezeryan endikasyonu olarak kabul edilmesi ve kadının doğum şekli ile ilgili söz hakkının olmaması ebeler tarafından hak ihlallerini içeren travmatik bir deneyim olarak sunulmuştur. Çoğu ebenin COVID-19'lu kadınlar için doğal doğumu ve doğumda kadın haklarını savunmaya çalışması dikkat çekmiştir. Ancak ebeler değişimde söz alamamış ve kimi zaman doğumun insani yönünün kaybolduğuna tanıklık etmişlerdir.

'Doğum sonu bakımı bozan katı politikalar', ebelerin COVID-19'lu kadınlarda doğum sonrası erken dönemde anne ve bebeği ayırma ve emzirmeyi kısıtlama konusundaki politik kararları ele alma biçimlerini ve uygulamalarını açıklamıştır. Ebeler aldıkları talimat doğrultusunda doğum sonu mümkün olan en kısa sürede göbek kordonunu klempediklerini ve anne ile bebek arasında ten-tene temas kurmadıklarını belirtmişlerdir. Doğumdan sonra anne ile bebeği ayırmak zorunda kalan ebeler, bebeğin ilk bakımını ayrı bir odada yapmışlardır. Anne ile bebeğin ayrılması ebeleri son derece rahatsız etmiştir. Ebeler, pandemi sürecinde emzirme ile ilgili kararlardaki değişikliğe dikkat çekmiştir. Emzirme politikalarının çelişkili olduğunu belirtmişler, bazıları okudukları ile yaptıkları arasındaki tutarsızlıktan rahatsız olduklarını ifade etmişlerdir.

'Emosyonel sorunlar', ebelerin profesyonel ve insani bakış açısıyla doğrudan deneyimledikleri emosyonel sorunları açıklamıştır. Ebeler, pandemi döneminde artan iş yükleri, izinlerinin kaldırılması ve farklı alanlarda çalışmaya zorlanmaları nedeniyle kendilerini yoğun stres altında hissetmişlerdir. Ebeler yaptıkları işin maddi ve manevi karşılığını alamadıklarını düşünmüş ve tükendiklerini dile getirmişlerdir. Ebeler arasında artmış stres ve tükenmişlik belirgindir ve tüm bunlar psikolojik destek ihtiyacını artırmıştır.

Bu çalışma, ebelerin COVID-19'lu kadınlara bakım sağlama deneyimlerini ortaya koymanın yanı sıra COVID-19'lu kadınlara sağlanan doğum bakımını ebelerin gözünden resmetmiştir. Ebelik bakımının kalitesini etkileyen tüm zorluklar, COVID-19'lu kadınlara saygılı doğum bakımı sunulmasını tehlikeye düşürmüştür. Bu çalışmanı sonuçları, ebelerin ve kadınların güvenlik ve sağlık haklarını koruma ve mevcut pandemi ve gelecekteki olası pandemiler sırasında daha iyi doğum bakımı hizmetleri sağlama planlarına rehberlik etmelidir.