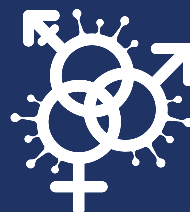
Unsupported and undervalued: The experiences of midwives during COVID-19 in British Columbia, Canada



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This brief outlines the findings of a qualitative research study exploring the experiences of midwives working on the COVID-19 pandemic in British Columbia (BC), Canada. Researchers conducted focus group discussions and semi-structured interviews with 13 women midwives that worked in the BC healthcare system during the pandemic. Participants were recruited through emails sent to all midwifery practices listed in the Midwife Association of BC directory and through advertisements on social media. Focus groups and interviews were facilitated using Zoom between December 2020 and February 2021. Informed consent was received from all participants and ethics approval was granted by Simon Fraser University. Through a framework approach, analysis provided insight into the risks, challenges and inequities facing midwives as they provide essential care to families within the BC community. Concerns around the long-term impact of the pandemic on the sustainability of the midwifery profession point to the need for policy changes to support these essential workers so that they can continue to provide high-quality woman-centred services and birth options for pregnant people in BC.

> ***"We're in the middle of a contract negotiation... We have no PPE. We're actually begging our clients to supply us. We have no quarantine pay, no hazard pay. We are really struggling here. And we really want to keep offering our care because we're keeping healthy people out of the hospital."***
> **Midwife, focus group**

Policy recommendations

1. Prioritize the resumption of negotiations around the 2019 Midwife Master Agreement.
2. Designate and recognize midwives as essential healthcare workers who should receive the same support as other frontline healthcare professionals, such as pandemic pay, funds to adapt health clinics, and sickness benefits.
3. Provide midwives with government-funded, high-quality PPE to mitigate their risk of contracting COVID-19. PPE should be available for use in all services offered by midwives and provided in an accessible way that considers the unpredictable nature of their work.
4. Remove barriers that limit midwives' ability to claim COVID-19 as an occupational risk and access coverage for sick pay and disability benefits given their high risk of contracting COVID-19 and the resulting financial implications.
5. Provide proactive support for mental ill-health and burnout, such as opportunities for education around burnout prevention and access to counseling.
6. Implement strategies that support midwifery students and educational efforts, including providing larger incentives for preceptors to mentor students.
7. Acknowledge the essential work midwives are doing and the risks they are taking to provide high-quality care in messaging and media statements.
8. Create opportunities for increased midwifery representation in leadership and decision-making to enable them to advocate for policies that meet their needs and the needs of their clients.

The issue

Midwives are involved in the care of 22% of pregnant people and deliver 15% of all infants in BC, with this province holding the highest rate of midwife-assisted births in Canada[1]. BC reported around 300 registered midwives in 2019, all of whom were women[2]. Midwives in BC provide maternal care through pregnancy, birth, and six weeks postpartum[3]. While patients of physicians are typically restricted to hospital births, midwives present their clients with the additional option to give birth in their homes and adopt an explicitly woman-centred approach[4].

Midwives in BC entered the pandemic in a precarious position, in the middle of contract re-negotiations after the MABC rejected the 2019 Midwife Master Agreement contract proposed by the provincial government. Midwives were arguing for fair wages and benefits and a greater support for their well-being[5]. The pressures of working on the frontline of the COVID-19 pandemic has placed midwives at an even higher risk of burnout. A recent survey conducted by the MABC

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indicates that the number of midwives reporting moderate to high occupational burnout went up from 45% in 2017 to 77% during the pandemic, with 20% of midwives actively taking steps to leave the profession during the COVID-19 pandemic. Midwives also reported a significant disparity in the support they received from the government compared to other frontline healthcare providers, including a lack of government-funded PPE, government-sponsored mental health programming, or financial subsidies[6].

Main findings

Midwives expanded their usual services to support clients and colleagues

Midwives experienced sudden and drastic increases in their workloads during the pandemic, in part due to a higher demand for home births. Midwives felt guilt when COVID-related restrictions limited their ability to provide the same level of care as before the pandemic, leading them to compromise their own well-being to provide essential services that heightened their risk of contracting COVID-19.

In some cases, midwives were compelled to advocate for their client's rights when health leadership mandated that they stop providing home births. While midwives acknowledged that it may be safer for them, as healthcare professionals, to limit care to hospital settings, this would limit women's autonomy and put clients at a higher risk of contracting COVID-19 in the hospital.

Midwives also took on additional work responsibilities and supported colleagues in other healthcare professions through training, COVID-19 swabbing, and surgical assistance. One midwife explained her choice to volunteer at the hospital's staff testing centre:

Overwhelmed
Underappreciated
Demoralized
Undervalued
Overworked
Emotionally draining

Above: Midwives were asked to share one word that captured their experience working during the COVID-19 pandemic.

> ***"Midwives have to make an extra effort to really be respected and play at the table sometimes with our physician colleagues. So, I wanted to step up and to be offering care to just demonstrate that midwives have these skills, we can be useful and helpful and we're team players in the context of our hospital setting."-***
> **Midwife, interview**

Midwives were under recognised and under supported

Midwives expressed frustration that their efforts to support clients and colleagues were largely unrecognized, unsupported, and undervalued by health leadership.

Lack of access to adequate Personal Protective Equipment (PPE)

Midwives experienced substantial anxiety related to the supply and quality of PPE, viewing PPE as an important source of protection and symbolizing support from health leadership. Their role includes close contact with clients which made them vulnerable to COVID-19 transmission. Barriers to accessing PPE caused fear and stress around contracting and transmitting COVID-19, given concerns around the increasing number of coworkers and patients testing positive for the illness.

Midwives recounted being "forgotten as first line providers" and being excluded from the hospital's and health authorities' PPE provisions for essential workers, revealing a systemic lack of consideration for the risks involved in their profession. Insufficient access to PPE required them to problem-solve by hand sewing their own materials, requesting donations from community members and clients, and coordinating advocacy efforts.

> *"Hearing of other midwives sewing gowns and stuff like that, which for me that was like saying you're less or you're not valued as much as other care providers, that you're willing to do the risky work without the safety equipment. I was very triggered by that... lack of forethought [that] midwives are keeping people out of the hospital with their home births, or midwives are keeping people out of the clinics by doing their home postpartum visits."*
> **Midwife, interview**

Government-funded PPE was finally provided months into the pandemic.

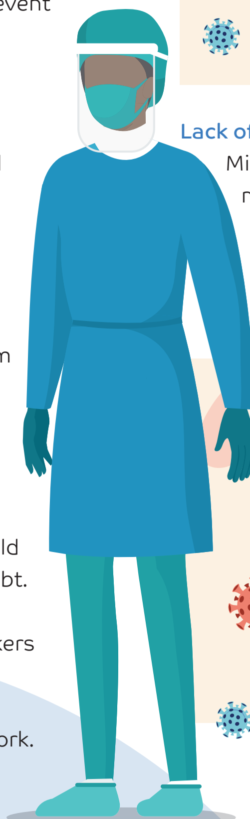
Lack of financial support

Midwives were frustrated and discouraged that they were not offered the same financial assistance as other frontline healthcare workers. For example, temporary pandemic pay was offered to many other healthcare and social services workers in BC, such as nurses and physicians. Lack of additional compensation was especially frustrating given that midwives were expected to provide pandemic response services, such as COVID-19 testing. In addition, they did not receive funding for COVID-19 related safety measures which were provided to physicians in clinical settings. This led some to self-finance interventions to prevent the spread of the virus.

Lack of benefits and coverage for occupational exposure

Participants raised concerns around the financial implications of taking time off during the pandemic due to suspected or confirmed COVID-19 infection, as well as the burden this placed on coworkers and clients. Midwives explained that they had no or limited access to sick leave, sick pay, and short-term and long-term disability. If midwives had to take time off, a large portion of their salary went to paying for a replacement to fill in for them. Several midwives contracted COVID-19 and were unable to work. As the main income earners in their families, taking time off without any benefits could be financially devastating and result in severe debt.

Midwives said they felt invisible as frontline workers and emphasized the inequities in their ability to access coverage and benefits from WorkSafe BC when they contracted COVID-19 through their work.



For example, a few months into the pandemic, WorkSafe BC labelled COVID-19 as an occupational risk illness for nurses, enabling quick access to coverage after exposure[7]. However, midwives had to put in substantial effort to prove they had contracted COVID-19 at work before they could access benefits.

> *"You're already feeling overworked, underappreciated, and then you realise, not only that, the province is not going to insure me when I'm sick. It just feels like one final blow."*
> **Midwife, interview**

Lack of recognition from the health system

Midwives felt their work was undervalued and misunderstood, which was exacerbated by the lack of recognition of the crucial contributions they made to the response to the pandemic. This was exemplified by the provincial health leadership's refusal to prioritize contract negotiations.

> *"We've been in negotiations for greater than a year and without a contract for a longer time... We wanted to go to arbitration and then the pandemic happened, and it's been another excuse to push back on negotiations even though midwifery needed more support than ever to continue with our jobs. From the provincial level it's quite clear that [midwifery is] not a priority."-*
> **Midwife, focus group**

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The pandemic magnified existing inequities, and many felt that this inequity was due to the feminised nature of the sector – with women providers caring for women clients. Midwives were also isolated from decision-making around COVID-19. Their lack of engagement and leadership in these processes led to protocols and policies that did not meet their needs.

> ***"It's disappointing. It's been for sure eye opening... how little I feel we are heard as a profession. I know we're relatively small, but midwifery is like the oldest profession in the history of people, right? So, it just doesn't make sense to me."***
>
> **Midwife, interview**

Burnout

Inequitable support and recognition compared to other frontline healthcare professions was a major contributor to midwife burnout, resulting in midwives leaving the profession.

> ***"What are the GPs getting, or what are the nurses getting, or are we seen as equivalent or as valued or being treated fairly? The answer unequivocally is no, we're not, so when people see GPs getting scads of money for converting their own offices, buying PPE for their offices, and putting up plexiglass, the pots of money being made available to them for that is not there for midwives. Frontline worker pay is not available for midwives. So, little things like that contribute to the burnout. It's like 5,000 cuts, it's not really one big thing, but it might just be the last straw for a lot of midwives."***
>
> **Midwife, interview**

Burnout was also exacerbated by staffing shortages where midwives found it extremely challenging to find a replacement to pick up their shifts if they had to take time off. Midwives faced guilt around taking time off to quarantine if they suspected they had COVID-19 due to the additional strain it would put on their small work teams.

> ***"We easily have a waitlist of 14 to 16 people a month that we can't take... There's this pressure from the community and from your own wish to expand the service and serve people. But there's this lack of resources to take care of those people, and then something like COVID comes along and one [midwife] gets sick and you realise we're way in over our heads because we've already taken more clients than we would normally want to take care of, and now we're down one person."***
>
> **Midwife, focus group**

An additional factor that contributed to burnout was the restrictions put in place to prevent COVID-19 transmission. Midwives found it difficult when they could not provide comforting touch to their clients or when client's partners were barred from attending births as this hindered their personal connections with their clients, impacting job satisfaction.

Many participants considered leaving midwifery, or left their jobs because of burnout, mental illness, COVID-19 infection, and/or the absence of crucial support for their work.

Impact on midwifery education

Midwifery students and graduates were disillusioned to be entering a profession in contract negotiations in the middle of a pandemic. Some found it difficult to find mentors as established midwives were already overwhelmed by their duties. This has alarming implications for the future of the profession. One preceptor for midwifery students revealed wanting to encourage midwifery students to pursue a different profession because of the challenges and inadequate support midwives were facing.

> ***"This profession has got to become sustainable and take care of the new ones coming in... to make sure that by the time [midwifery students] graduate there's a good contract with good leave, with benefits and all these things, because [right now] it's just not a vocation."-***
>
> **Midwife, focus group**

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Closing of midwifery practices

Several midwives owned their practices and raised concerns around the implications of the pandemic on their ability to afford and maintain their businesses. Midwives leaving the field and the financial burden of adapting practices to account for COVID-related safety measures had an impact on midwifery practices. Midwives recounted knowing colleagues that had to close their clinics due to challenges with PPE and additional costs incurred because of COVID-19, in addition to a lack in financial support from the government.

Conclusions

> ***"You get into midwifery because you love the people... you love the work itself, you love the adrenaline, the way you use your heart, your hands, your skills- you love all of that. But it's not easy. And it's not perfect and there's a lot of work that needs to be done on so many levels- in communities, in practices, in governments, so that midwifery can keep being presented as an option to people."***
>
> **Midwife, interview**

Midwives have gone above and beyond to provide care within BC during the pandemic, risking their own well-being to meet the increasing demand for essential maternal care services. However, being excluded from government-provided PPE, temporary pandemic pay, and WorkSafe BC occupational exposure benefits left midwives feeling largely unsupported and unrecognized by health leadership. They described the pandemic's role in both exacerbating and exposing existing inequities within the healthcare system, noting the disparities between the support they were able to access compared to other frontline healthcare providers.

Feeling unsupported and undervalued by the healthcare system at large was a significant contributor to burnout, especially in conjunction with reduced job satisfaction resulting from COVID-related restrictions that impaired midwives' ability to form deeper bonds with their clients. Additionally, midwives faced a high risk of contracting COVID-19 given the nature of their work and the inaccessibility of PPE. A lack of midwife representation in leadership developing COVID-19 guidance was a missed opportunity for this important cadre to ensure that their views and needs were represented in policymaking.

When midwives had to take time off due to illness, this placed a large burden on their already short-staffed teams, resulting in even more burnout. These issues compounded to create substantial impacts on the midwifery profession at large, leading to midwives leaving the profession, the closing of midwifery practices, and even concerns around midwifery education and retention of new midwives entering the field during the pandemic.

Measures to support midwives should include strategies that combat inequities in the healthcare system to help mitigate the risks of COVID-19 exposure, improve mental health, address burnout, and ensure professional and financial impacts that can have long-lasting implications on the sustainability of the midwifery profession.

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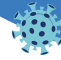
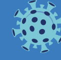
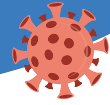

Key resources

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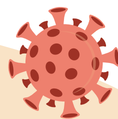

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