



# **Midwife as Counsellor: Midwives' Experiences Counselling Women Through Pregnancy, Birth and the Early Postpartum**

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Counselling women through pregnancy shapes the experience of midwives, encompasses a wide range of issues, and requires extensive general counselling skills in everyday practice.

## ABSTRACT

**Introduction:** Pregnancy and childbirth are transformative life experiences that can create or exacerbate significant emotional, physical, social, and relational challenges. Midwives help women to feel confident and knowledgeable, to cope with anxiety and fear, and to prepare for considerable shifts of identity, responsibility, and family life. Research shows that counselling has the potential to positively impact women's birth experiences and outcomes; however, less is known about how midwives understand and experience their role in counselling women.

**Methods:** In the current study, nine practicing midwives in British Columbia, Canada, participated in a semi-structured interview. Interview transcripts were coded for themes.

**Results:** Five themes emerged from the qualitative analysis of the interview responses, including: counselling as “part of the job”, the importance of “meeting people where they are at”, feeling that “sometimes we're out of our depths”, “learning by doing”, and the importance of “taking care of the midwife.”

**Discussion:** Findings from this study suggest that counselling is a prevalent part of midwifery care in British Columbia. Future studies should focus on exploring the impact of midwives' accessibility to their clients when specialized counselling services are not available, collaborative ways for midwives to participate with mental health professionals in the broader community, and tailoring professional development for midwives in both health and mental health counselling.

## KEYWORDS

Counselling, Midwife, Pregnancy, Postpartum, Prenatal care

This article has been peer-reviewed.

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## INTRODUCTION

As part of their role in providing comprehensive and holistic maternity care, midwives support women facing significant changes in their bodies, relationships, and identity. Research suggests both health and mental health counselling from maternity care providers can positively impact women's perinatal experience.<sup>1,2</sup> Women report counselling is helpful as they make decisions about clinical issues such as antenatal testing<sup>1</sup> or delivery options after having had a previous cesarean.<sup>2</sup> Women also report that counselling helps meet their emotional needs.<sup>3,4</sup> In 2013 Fenwick et al<sup>3</sup> demonstrated that women feel better able to cope when emotional health needs are addressed in postpartum care, and in 2014 Toohill et al<sup>4</sup> demonstrated that through counselling midwives

can effectively help women overcome fear of childbirth which, if left unaddressed, can lead to increased obstetric interventions and poor mental health.<sup>5,6</sup> When caregivers establish relationship with clients, their health education and decision-making support efforts are more effective, and a woman's ability to handle challenging circumstances is enhanced.<sup>7,10</sup>

Midwives are not professional counsellors; however, aspects of counselling appear to be inherent in midwifery work. The International Confederation of Midwives [ICM] states that the midwife's role is “to give the necessary support, care, and advice during pregnancy, labour and the postpartum period.”<sup>11</sup> The College of Midwives of British Columbia [CMBC] adds that the full scope of this care includes, “education, counselling,

Midwives sometimes encounter mental health situations beyond their scope of practice, yet are not always able to access appropriate services for clients.

advocacy, and emotional support.”<sup>12</sup><sup>[p2]</sup> Despite this mandate, limited research has been done investigating midwives’ experiences counselling women. One study reported that midwives felt ill-equipped to deal with mental health challenges.<sup>13</sup> A Dutch study found that midwives appreciated training in the use of a specific counselling tool designed to reduce prenatal alcohol use.<sup>14</sup> Similarly, an Australian study found that midwives valued training in a specific strategy to counsel women with post-traumatic stress after birth.<sup>15</sup> Although these studies have provided insight into midwives’ experiences in addressing particular issues, there remains a dearth of research examining how midwives’ experience counselling more generally, and how they integrate counselling into the full scope of their midwife responsibilities in the everyday antenatal and postnatal care of clients. The purpose of this study is to explore how midwives define, understand and experience a counselling role in the context of midwifery practice in British Columbia. By listening to midwives we can better understand the scope of counselling in BC midwifery and better tailor continued counselling education, training, and support.

## **METHOD**

### ***Approach and Rationale***

As little is known about the midwives’ experience of counselling within the context of their clinical role, we used an explorative, qualitative research approach to the topic.

## ***Inclusion and Recruitment***

In this qualitative pilot study, an email was distributed to the midwifery community via the Midwives Association of BC listserv inviting registered midwives (RMs) to participate. The target population for this study was registered midwives currently practicing in British Columbia who had a minimum of one year practice experience. RMs were given from February 1 to March 20, 2015, to respond to the invitation. Interested RMs were then contacted by the principal investigator and emailed a consent form, which was completed prior to initiation of the interview. In-person or telephone interviews were arranged at the midwives’ convenience. Interviews were conducted by the principal investigator, audiotaped with the participants’ permission, and transcribed prior to analysis. Ethical approval for the study was obtained through the University of British Columbia’s Behavioral Research Ethics Board. Of note, the principal investigator was a 3<sup>rd</sup> year midwifery student at the time of this research.

## **MEASURES**

Semi-structured interviews were conducted based on the following four questions: 1) What have been your experiences providing counselling to your clients? 2) What is the role of counselling in midwifery practice? 3) How have you been equipped for counselling women? 4) How do you engage in self-care related to your counselling activities?

## **ANALYSIS**

Data were analyzed through a thematic analysis framework, appropriate for open-ended investigations that are not tied to an overarching theoretical framework and a conducive approach for linking research outputs to policy direction.<sup>16</sup> The approach to analysis was informed by Braun and Clarke’s 6-step method: [1] immersion in the data until a clear understanding of the phenomenon was obtained; [2] independent coding by two study team members to ensure congruence of understanding of key messages from the transcripts as a pre-cursor to coding the entire dataset; [3] consolidation of codes into logical groupings [themes] from the text; [4]

refinement of themes to ensure coherence and comprehensiveness [i.e., that no data was missing]; [5] solidification of final themes in representing the data collected and [6] report writing.<sup>17</sup>

## **FINDINGS**

Nine midwives were interviewed for this study. Respondents practiced midwifery in a range of rural, semi urban, and urban centres across BC. All participants opted for the interviews to be conducted over the phone, and each interview lasted between 20 and 90 minutes, with the average interview lasting 45 minutes.

Through careful analysis of the transcripts, the following five themes were identified in relation to registered midwives' experiences with counselling: counselling as "part of the job," the importance of "meeting people where they are at," feeling that "sometimes we're out of our depths," "learning by doing," and the importance of "taking care of the midwife."

### **A. "Part of the job"**

All participants identified counselling as a significant aspect of midwifery work, most estimating that it filled more than 50% of their time. Participants expressed, "It's just part of the job" [#2] and "It's just kind of woven throughout everything we do." [#7]

Participants enjoy counselling. In fact, two participants in this study pursued midwifery as a career specifically because of the counselling component. Respondents were motivated to address their clients' capacities to face challenges. Emotional or physical distress were considered a hindrance to birth and postpartum adjustment and thought to impede a woman's health and relationships for years. Conversely, a well-adjusted mother was considered better able to care for herself and her baby.

Participants recognized that longer midwifery clinic visits facilitated growth of the midwife-client relationship allowing women to open up about "all issues of life." [#1] According to the RMs, common issues raised during care were pregnancy concerns, the emotional impact of a changing body, anxiety about becoming a parent, tensions in family, inter-partner violence, grief and loss,

past traumatic birth, postpartum depression, guilt associated with breastfeeding difficulties, and childhood abuse. Participants also identified that informed choice discussions (ICDs), a cornerstone of midwifery care in BC, are a pivotal form of health counselling.

All participants emphasized the importance of staying within the midwifery scope of practice and consulting as appropriate. One midwife discussed sending a client with an elevated serum integrated prenatal screen (SIPS) result to a genetic counsellor, and a client experiencing mental health issues to a clinical counsellor. For both of these clients she initially offered counsel but then referred appropriately. Participants also expressed that counselling ought not trump other responsibilities such as obtaining appropriate clinical information in a timely manner or being present for other clients. One midwife noted that in her experience, counselling is sometimes at odds with clinical care due to the fact that as a healthcare provider she has vested interest in the woman's health outcomes. Offering recommendations for an unwanted intervention, for example, may cause a woman to feel invalidated and limit the effectiveness of future counselling efforts.

Some participants felt midwives' role in counselling is not acknowledged by the wider healthcare community. One participant exclaimed, "There's a real lack of knowledge about what it is we do and how much time we spend with our clients and how, you know, that if I'm calling and saying I have concerns about someone who's day five postpartum it means that I've probably just spent an hour at her house." [#9] Another participant lamented a missed opportunity for midwives to work more closely with mental health workers, offering insight and knowledge from their intricate understanding of clients' situations. She stated, "My experience of it here has certainly been that we were very much kept on the peripheries and our insights were not really all that valued." [#6]

### **B. "Meet people where they are at"**

In discussing their role as counsellors, participants identified the individualized, women-centered focus of midwifery care as fundamental. Participants appreciated that midwifery is not

## Midwives may benefit from specialized counselling training.

“cookie-cutter care”, nor is it about “checking tick boxes.” Rather, midwifery is about helping women embrace pregnancy as a powerful, transformative experience and opportunity exists to contextualize it for each woman. One participant declared, “Why not use [clinic] time... to meet people where they are at?” [#5] In doing so midwives help women make sense of what is happening in their bodies as well as the myriad of decisions they encounter. One participant stated, “I call it, ‘We are looking for your yes. Where is your yes?’ You know? When women have to make decisions, or you know they are not quite sure what way to go then it is always really important to find the yes.” [#1]

Midwives care about their clients, and exhibited a sort of activism in helping their clients to overcome challenges. One respondent expressed clinic time as an “opportunity for healing” and a chance for women “to find strength.” She noted, “I don’t ever skirt over things or not acknowledge things, or ignore things that are big for people because I see how their own stuff ... impacts their own changes and experiences.” [#2] All participants reiterated this sentiment. However, midwives can find it difficult when clients do not respond to their efforts in promoting positive change in their lives.

Respondents articulated that sometimes meeting women where they are at involves engaging with their family-dynamic. Some found it challenging to counsel in the presence of children or other family members, but others found it enhanced the process. One participant spoke of having a deeper connection with women whose

kids she has met, noting, “if she comes into the office and she’s frazzled and you’ve not met her kids, it paints a very different picture than if she’s frazzled and you see her kids have special needs or her kids are, you know, bullies.” [#6] This same midwife went on to describe caring for a woman with significant mental health issues who brought several family members to her clinic visits, and the privilege she felt being a part of a supportive family dynamic.

### **C. “Sometimes we’re out of our depth”**

All the participants expressed a fair amount of confidence in their counselling skills and most felt they maintained clear boundaries. Still, some participants noted that they sometimes encounter situations outside their depth. One participant described the time a client called in the middle of the night with thoughts of harming her baby noting, “I was the person she called because she trusts us, and we’re accessible to her. And imagine if... she hadn’t had someone that she could easily access?” [#9] She went on to say,

I often tell people, ‘Look, you know, if you are in crisis, if you need to be talked down, if you’re having thoughts that scare you please call us.’ And so even if I’m triaging and trying to get them more help, I’m also doing some counselling in those moments – I have to! If they’re in crisis then I’ve got to do the best I can. [#9]

Counselling women in crisis can become particularly difficult when a midwife is unable to access appropriate resources. Several participants shared stories of their attempts to obtain treatment for clients with postpartum depression, noting that it can take two to four months for reproductive mental health consults to be approved. One participant observed that the cost of seeing a registered psychologist can be too expensive for clients who do not have extended health benefits, and several participants noted that services offered do not always take the unique needs of a new mother into consideration. One participant told the story of a client with a

history of postpartum depression who sought preventative treatment at the local hospital: “And they were, like, if she needs to be admitted then she can’t take the baby and she has go to [the psych ward]... which he didn’t feel was a good solution and I agreed with him.” [#3] Another participant acknowledged, “Ultimately there’s a lot that we refer for, but when there is a dearth of resources, sometimes you’re all people have.” [#2] Still, all participants addressed the importance of taking time to know what resources are available locally as they provide important support. One participant shared her experience accessing a postpartum counsellor for a suicidal client noting,

[S]he called them right back, on a Friday, at like 9 o’clock at night. Right? So you don’t necessarily feel like you’re just abandoning that person till the next morning or until Monday morning or something like that. You also don’t have to feel like you have to go sit at their house for three days to make sure they’re not doing anything. [#3]

Several participants noted that some clients opt not to access counselling services even when they are available, and rely instead on the connection they have with their midwife. One participant expressed, “I felt like she was in need of seeing a counsellor... and at the end of it, like, I asked again, ‘Would you like to see a counsellor?’... and she was like, ‘Well, I think talking about it feels good, like I feel better already. I feel better after talking to you.’” [#4] Another participant admitted that in instances such as this she felt an additional burden to follow up because she knew she was the only health practitioner providing care.

#### **D. “Learning by doing”**

Participants expressed that learning to counsel is ongoing through practice, self-directed learning and discussion with colleagues. Only one participant received formal counselling training during her midwifery education; the rest learned on the job. One participant asserted, “I think if midwives were trained in mental health it would point to an awareness to the public that midwives actually do this sort of informal level of counselling, but it would also, you know, help

us in our practice as well.” [#6] Interestingly, over half of the participants had participated in crisis or suicide prevention training prior to their midwifery degrees and found it useful in midwifery work.

Participants’ desires for resources included the opportunity to debrief situations with a trained counsellor to learn strategies for complex situations, and for specific counselling training for maternity care such as learning the nuances of reproductive mental health issues. One participant wondered if financial compensation for prenatal or postpartum clinic could be separate from working on-call for births thus allowing some midwives to focus their efforts in this area, and another suggested developing a mental health component to the Midwifery Emergency Skills Program in BC.

#### **E. “Take care of the midwife”**

Participants expressed that counselling can be draining. One participant described what can be a familiar scenario in the case of a woman struggling with postpartum depression: “And every time I go there she just cries and I sit there for an hour and she cries and cries and cries...” [#5] Another midwife described the day a repeat client came to clinic for support after having received confirmation she had had a fetal demise. The midwife expressed, “I was railed by that day. The whole rest of my day was really hard.” [#8] Some recognized that acknowledging the chronic stress is often more difficult than a traumatic event such as a poor birth outcome due to the lack of acuity. The more prolonged stress of counselling, however, was seen to be equally draining for some. Most participants saw debriefing with colleagues as a crucial part of sustainability, as it provided them with the ability to “let it go” after the conversation. Some participants recognized the importance of this and created a space that allowed for such expression. One participant acknowledged, “We do a lot of [debriefing] in my practice. Anytime there’s anything that is outside the realm of our comfort level whether that’s counselling wise or physical things that happen we tend to spend a lot of time talking about it with one another.” [#3]

In addition to debriefing, several participants commented that the ability to control or change aspects of their practice environment was an

Consideration should be given to exploring the role of midwives in mental health counselling as well as collaborative ways to participate in mental health teams providing care to their clients.

important means of self-care related to the counselling side of their work. Respondents suggested this could involve limited client intake where possible to avoid burn-out or reducing clinical days, typically seen to be the most exhausting.

## DISCUSSION

To our knowledge, this is one of the first studies to examine midwives' experiences counselling in the context of their daily work as midwives. The definition of counselling was left open to the midwives' interpretation, as this study sought to explore how registered midwives defined, understood, and used counselling in their practice.

Midwives experienced counselling as an enjoyable and substantial part of their everyday work. Despite their lack of professional counselling accreditation, the nature of the counselling described in this study closely resembles a definition of counselling described by the Canadian Counselling and Psychotherapy Association (CCPA):

Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources... Counselling relationships... may be concerned

with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others.<sup>18</sup>

Counselling in midwifery encompasses both informational and emotional needs, and midwives incorporate skills such as active listening, reflecting, and deflecting. They disseminate information in a way that is accessible and comprehensive, and strive to check in with women's experiences, values, and beliefs as they make decisions throughout their care.

Midwives in this study agreed that the longer appointment times facilitated by the midwifery model of care afforded relationship building, which helped women to open up. This result is supported by research demonstrating that improved relationships lead to more effective health education, decision-making, and ability to cope.<sup>7-10</sup>

Participants in this study highlighted an area of growing concern. As frontline workers, RMs are an entry point to the healthcare system; however, most participants in this study had experienced difficulty accessing adequate maternity-specific mental health services for clients. This led them to feel they had to "take it on" and "do what we can to help people" even when it pushed the boundaries of midwifery scope. In these instances midwives "stand in the gap" and initiate counselling while pursuing qualified specialists.

The midwives talked about the emotional toll of counselling in midwifery and employed strategies such as debriefing and controlling the clinic schedule as important means of self-care; however, it is important to acknowledge that midwifery work as a whole is emotionally draining.

## IMPLICATIONS

First, given the extensive general counselling skills used in everyday midwifery practice it makes sense that midwives be equipped for the work; yet, only one participant in this study had formal counselling training as part of her midwifery education. Indeed, midwives can benefit personally and professionally from additional training<sup>13,19,20</sup> suggesting this should be provided to all midwives.

Indeed, most participants in this study had suicide prevention training (apart from their midwifery education) and found it helpful. In recent years the UBC Midwifery education program implemented an entry-level counselling course, and follow up with future UBC graduates could provide additional insight into training needs.

Second, there is opportunity to better support midwives caring for clients unable to obtain mental health services. Research suggests as many as one in five women will experience a mental health disorder in pregnancy or postpartum,<sup>21(p 15)</sup> and when midwives are unable to obtain timely specialist services, their accessibility combined with a genuine desire to prevent harm and support women can hinder their ability to remain available to other clients, put additional pressure on colleagues, and may lead to burnout impeding motivation as well as emotional health and family lives.

Third, Leinweber and Rowe<sup>22</sup> report on research indicating midwives experience high rates of work-related, client-related and personal burnout. This current study suggests counselling contributes to the emotional toll. Healthcare workers in general are susceptible to burnout, featured by emotional exhaustion, depersonalization, and feelings of ineffectiveness or lack of personal accomplishment.<sup>23</sup> They may also be susceptible to secondary traumatic stress, featured by flashbacks, nightmares, and intrusive thoughts.<sup>23</sup> Perception of co-worker support and work atmosphere are significant predictors of burnout<sup>23</sup>, and most of the midwives in this study recognized the importance of debriefing with colleagues and having a measure of control over practice scheduling. Midwives should be encouraged to find practice settings that meet their needs. Interestingly, “compassion satisfaction,” a term used to describe one’s positive evaluation of the benefits of counselling clients, as well as the practice of mindfulness, may be protective against burnout.<sup>23</sup>

## **FUTURE RESEARCH**

More research is warranted to tailor professional development for midwives in health and mental health counselling, and to probe

how they learn about and incorporate these counselling strategies into practice. Future studies should also focus on exploring the impact of midwives’ accessibility to their clients when specialized counselling services are not available. Midwives’ role in maternal mental health and wellbeing has already been identified as an area in need of further study<sup>24</sup>, and more research could identify collaborative ways for midwives to work with mental health professionals in the broader community.

## **CONCLUSION**

Midwives in British Columbia enjoy counselling women through pregnancy, labour, and postpartum, and it shapes their experience as midwives. Counselling in midwifery encompasses a wide range of issues, and this study has provided evidence of the extensive general counselling skills employed by registered midwives in everyday practice. Given the amount of time spent counselling, ways to support midwives should be examined, both through further education and by developing resources to lessen the emotional demands. Future research should expand on these findings.

## **LIMITATIONS**

As with all qualitative research, this study was limited by the potential for participant bias in that those interested in and having strong feelings towards their counselling role may have responded. It is thus possible that the findings from this study are not applicable to the wider community of midwives in Canada or to other jurisdictions.

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## **ACKNOWLEDGEMENTS**

We would like to extend warm thanks to the midwives who consented to being interviewed for this study and thank Dr. Zoe Hodgson for her helpful comments on the manuscript.

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