Description

A ‘Clique’ not a ‘Click’: How to Deal with Toxic Cultures in Maternity Settings

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The word ‘clique’ doesn’t conjure up positive connotations for me, though I understand that ‘clicking’ with others and ‘finding your tribe’ is a human trait that has enabled human existence. I certainly have my tribe of support who guide and nurture me in my personal and professional life and I encourage others to do the same – especially student midwives and all midwives who seek my advice. There’s a difference and I can explain why.

First, just read this, posted anonymously in a Facebook group for student midwives. My heart sank when I absorbed each sentence, so familiar to me. I reached out to her, asked permission to use her words, and she will be reading this blog post when I send it to her. I promised to do that.

‘*Can we talk about the disgusting and toxic culture on CDS* (Central Delivery Suite, also known as Labour Ward, or Birth Suite’?!

I don’t know if it the same in most trusts (hospitals in the UK), *but that ‘cliquey’, if your face fits and if not then ‘you-can’t-sit-with-us’ culture is gross from full grown women. I’ve just finished with a moody supervisor who I was walking on eggshells with every single day, who wrote me a basic ‘couldn’t really be bothered’ feedback form, but the feedback was good. Then went behind my back to my Practice Assessor and said something completely different. The midwives slag*

off students in my cohort while I'm in the room, sit there watching and judging other people's CTG (fetal monitoring during labour and birth) *on the centralised board. Talk terribly about one another, often not nicely about the women.*

It's such an awful place and I'd rather put pins in my eyes than do rotations there'.

I've been aware of this toxic behaviour on labour wards, this playground-like bullying, since I entered the midwifery profession in 1977. Sometimes the negative actions are covert such as eye-rolling, intentions and 'in-jokes' about others. I was witness to it all, continuously for decades. The sad thing is, when it was all around me, I didn't do anything about it, except I NEVER joined in. That wasn't always easy, being the odd one out in a room. I felt unsafe, uncomfortable and afraid, yet I didn't report it or challenge the perpetrators. Big regret – one I can do something about now. Since I've been sharing my experiences and knowledge as a midwife during presentations to midwives and student midwives for the past 15 years, I talk about this phenomena and offer some words of wisdom. My midwife daughter Anna does the same, too.

How can student midwives and midwives look after themselves (and their colleagues) in these challenging situations? Can they ever influence negative behaviours at individual, shift or departmental level?



Here's what I suggest:

1. Remember you're not alone – this isn't your fault or even anything to do with you. It is a symptom of the culture of the department, ward, service, and reflective of the personalities of those you are working with.
2. There are NO excuses. When some say 'oh well, they mean well but they're under pressure. No. There are no excuses at all.
3. Never 'fit in' with negative cultures or the criticism of others – when you're desperately trying to fit in. The image above is a copy of the slide I use to to talk about this. Just remember that the people condemning others will very likely be having an opinion on you too. This behaviour makes services unsafe.
4. Document all incidents you witness and speak to your university lecturers or if you are a qualified midwife, your manager or supervisor, Professional Midwifery Advocate or someone in a senior position who can take action if necessary. You may want to approach your union too.

If you feel able, and you may need support from your peers or trusted supervisors or seniors to do this, respond to any criticism you hear. For example, consider the following phrases:

- 'Did you really mean to say that'?
- 'That's not how I see them' (the person being criticised)
- 'Does [name of person being criticised] know you feel this way'?
- 'How do you think [person being criticised] they would feel if they knew'?

All these phrases are non-confrontational, but none of this is easy. It takes courage to do the right thing, when the pressure to be one of the team is compelling. And it may make you unpopular, but only for a time. Because there will be others who feel like you, who also feel afraid to speak up – and they will be grateful for your leadership. Eventually, like-minded colleagues will want to work with you, they will feel safe with you. If it feels too hard, as I encouraged previously, seek the counsel of others to support you.

- When you find your tribe, your peer support network, be inclusive. Don't form another 'clique'. Keep your circle of support 'horseshoe shaped' so that it's always open to others, **be inclusive**. Invite those who seem alone or lost, be the change you want to see.
- Lastly and most importantly, **learn from negative experiences if you can** and influence future care provision by never repeating this toxic behaviour.

I hope this helps. If you're reading this and have other suggestions – **please add them in the comments!** I am always learning and always grateful.

To the student midwife who allowed me to publish your comment, thank you. You speak for hundreds of others, and you have enabled the potential to make it easier for others too. Hopefully, and especially, for you. I send you my love and encouragement.

Recommended Reading

Flourish: A Practical and Emotional Guidebook to Thriving in Midwifery by Kate Greenstock

Nurturing Maternity Staff: How to tackle trauma, stress and burnout to create a positive working culture in the NHS by Jan Smith

Love and Midwifery by Diane Menage and Jenny Patterson

And Then There's Us – The Challenge of Being a Student Midwife. Ellie Durant Series in The Student Midwife journal

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