Continuing Education Module

Commentary — Chronic Moral Distress Among Childbirth Educators: Is There a Cure?

Marilyn Curl, RNC, CNM, LCCE, FACCE

ABSTRACT

Childbirth educators who express frustration with the perceived lack of power in their practice may be suffering from moral distress. Although the impact of moral distress has not been thoroughly explored among health-care professionals, the topic is emerging as an important ethical concept. In this article, the concept of moral distress is explored, and suggestions are made for moving from moral distress to moral action.

Journal of Perinatal Education, 18(1), 48–50, doi: 10.1624/105812409X396237

Keywords: childbirth education, moral distress, moral action

Lamaze International has created a continuing education home study based on this article. Please visit the Lamaze Web site (www.lamaze.org) for detailed instructions regarding completion and submission of this home study module for Lamaze contact hours.

For more information on current practices in U.S. maternity care and the growing body of research supporting better quality of care, see Sakala and Corry's (2008) report *Evidence-Based Maternity Care: What It Is and What It Can Achieve*. The report is available on Childbirth Connection's Web site (www.childbirthconnection.com). Also, see Corry and Jolivet's guest editorial in this issue of *JPE* (pp. 7–11).

With the excesses of the recent 2008 U.S. presidential election year fading in the rearview mirror and the promises of change still on the horizon, health care in America remains the same. Childbirth, the most common reason for hospital admission, appears low on the priority list, despite a growing body of research that proves the care being provided is not only inappropriate but potentially harmful (Sakala & Corry, 2008). High-profile ethics cases in the obstetrical arena have been rare, but national statistics confirm an increase in maternal mortality for the first time in decades—a fact that could have ethical implications in the future.

Traditional exploration of what is called an “ethical dilemma” provides a framework for answering the question, “What is the right thing to do in this situation?” This framework has been useful when

the situation being examined is complex and the course of action is unclear. The process is cumbersome and has limited use as an approach to guide individual practices. It has become increasingly clear that a greater challenge in maternity services may be finding ways to “do the right thing” in an unsupportive environment. An emerging ethical term, *moral distress*, addresses the concerns of caregivers who feel thwarted in efforts to provide quality care. The concept was applied in the perinatal setting nearly a decade ago by Tiedje (2000), who noted that “nurses are accountable to both patients and large bureaucratic systems, yet nurses often lack power in the hierarchy of health care professionals” (p. 37). A strong case can be made for childbirth educators who face similar constraints and are equally at risk for developing moral distress.

A more recent study by Carlton, Callister, and Stoneman (2005) examined the decision-making processes among laboring women. Of interest to childbirth educators is the researchers' observation that "generic hospital-based perinatal educational offerings served to orient women to hospital routines" and failed to educate them "about the risks and benefits of available options" (p. 150). Such statements contribute to the moral distress experienced by educators whose influence is too often limited by powerful others. The common stories of these educators consistently include the following themes:

- Employers insist information presented in class must reflect *hospital* practice, not necessarily *best* practice.
- Class size is driven more by a desire to contain cost than by a desire to provide quality instruction.
- Instructors are directed to include educational materials produced by feeding-formula companies, cord-blood registries, and makers of disposable diapers.
- Class time is diminished by mandates to include guest speakers—most commonly anesthesiologists, who tend to provide a one-dimensional view of pain management.
- Health-care providers give class participants information that is in conflict with current evidence, placing instructors in an awkward position.

To complicate the issue further, consumer attitudes have shifted, with women viewing childbirth classes as a "burden," despite the best efforts of educators (Tiedje, Price, & You, 2008).

STRATEGIES TO MOTIVATE MORAL ACTION

Childbirth educators face significant challenges if they choose to move from moral distress to moral action, as Tiedje (2000) advises. Tiedje's study identified four distinct strategies that can be used to help childbirth educators find the inner strength needed to make the transition.

Identify Inspirational Role Models

The history of Lamaze International began with Marjorie Karmel. If you've never read Karmel's book, *Thank You, Dr. Lamaze*, it's time. (The library may need to remove it from storage! It was first published in 1959.) Locate an educator who taught childbirth classes at the library or at home before hospital-sponsored classes became the standard.

It has become increasingly clear that a greater challenge in maternity services may be finding ways to "do the right thing" in an unsupportive environment.

Find out what challenges were encountered and how they were overcome.

Collect the Stories of Others

Organize a "meet-and-greet" event for other childbirth educators in the community. Select a neutral location (e.g., a coffee shop or the local library) and provide a forum where common concerns and similar challenges can be identified. Become active in a birth network. If none exists, start one.

Take Ownership

Take ownership of marginality, recognizing the potential benefits of being an outsider. Consider the financial and emotional costs of establishing an independent practice as a childbirth educator. Look for others who share the same vision, and work together to devise another model for childbirth education.

Acquire a Coach or Mentor

After making the decision to move from moral distress to moral action, connect with someone who can provide support and guidance. Change requires taking risks, and a coach or mentor can assure you that both success and failure are opportunities for growth.

SEIZE THE OPPORTUNITY

Like the perinatal nurses cited in Tiedje's (2000) study, childbirth educators who are unable to move from moral distress to moral action may experience diminishing effectiveness in their chosen role, leaving expectant women with even fewer resources for informed decision making. Childbirth educators have great potential to establish themselves as key players in maternity services, but they must be willing to risk leaving environments that cause moral distress. If childbirth educators cannot seize this opportunity, it may be out of reach forever.

REFERENCES

- Carlton, T., Callister, L. C., & Stoneman, E. (2005). Decision making in laboring women: Ethical issues for perinatal nurses. *The Journal of Perinatal & Neonatal Nursing*, 19(2), 145–154.

Childbirth educators face significant challenges if they choose to move from moral distress to moral action.

A 2005 reprint of Marjorie Karmel's classic, *Thank You, Dr. Lamaze*, is available from amazon.com

- Sakala, C., & Corry, M. P. (2008). *Evidence-based maternity care: What it is and what it can achieve*. New York: Milbank Memorial Fund.
- Tiedje, L. B. (2000). Moral distress in perinatal nursing. *The Journal of Perinatal & Neonatal Nursing*, 14(2), 36–43.
- Tiedje, L. B., Price, E., & You, M. (2008). Childbirth is changing: What now? *MCN. The American*

Journal of Maternal Child Nursing, 33(3), 144–150.

MARILYN CURL is a member of the Lamaze International Board of Directors. She is also a Lamaze Certified Childbirth Educator and a certified nurse-midwife currently employed as a labor and delivery nurse at a teaching hospital located in the U.S. Midwest.

Mary Lou Moore: Advocate, Mentor, and Role Model

Although Mary Lou Moore, PhD, RN, recently retired as an associate professor in the Department of Obstetrics and Gynecology at Wake Forest University School of Medicine, she will always be an amazing example of ongoing commitment to Lamaze International and involvement in maternity care, worldwide. In addition to her valuable contributions to improving the lives of women and their families, she remains a treasured and influential mentor to numerous colleagues and friends.

Mary Lou became Lamaze certified in 1980. In 1989, she began a Lamaze Education Certification Program through Wake Forest University School of Medicine. In 2005, she mentored the Duke Area Health Education Center so it could assume responsibility for the program and continue the work she initiated. She also has received many awards, including the first annual Lamaze Outreach Award, and has been an author and regular columnist in past issues of *The Journal of Perinatal Education*.

Mary Lou has always been on the cutting edge of maternity care issues, finding solutions to current problems. For example, in response to the growing Spanish-speaking population in North Carolina, she developed and led a language program for the state's health-care workers to improve their communication skills with Hispanic clients. Moreover, she often interpreted and read Lamaze course designs in Spanish.

Mary Lou's willingness to help others develop Lamaze and maternity care programs in the United States and internationally is a model of mentorship. I recently asked colleagues how working with Mary Lou affected their lives and careers, and here are some of the answers I received:

- *Mary Lou always treated every one of us with gentle, loving kindness. She never intimidated, but amazed me with her warmth, listening powers, and wonderful wisdom.*
- *When someone says the word mentor, one person comes immediately to mind for me—Mary Lou Moore. She was innovative in...decreasing infant mortality in African-American communities...and looked at other creative approaches. She believed in outreach. She believed in mentoring. She connected people together.*
- *[Mary Lou's] depth of wisdom and expanse of knowledge, combined with her sincere affirmation of others, had an impact on childbirth education in the entire country of Kenya.*
- *I've witnessed her calming spirit, her tenacity to get things done, and her never-ending love of family and people.*
- *Mary Lou always made me feel valued and welcomed—just one example of her ability to encourage other women to do, on a small scale, the wonderful things that have led to her many accomplishments in writing, teaching, and human development.*

I, too, am honored to be a recipient of Mary Lou's trust, encouragement, and guidance, which inspired me to work more actively with Lamaze on a national and international level.

Mary Lou offers us a legacy of important work to continue on behalf of women and their families. She also serves as a role model for leadership in our personal efforts to guide others. We wish her health, wellness, and lots of time for her many pet projects in her retirement.

With respect and gratitude,
Ann Tumblin, CD(DONA), LCCE, FACCE