



Introduction & Background

Midwives form the backbone of maternal and child health care in South Africa. The care provided by midwives during childbirth is a unique life experience and they are therefore expected to comply with policies/legislation/ethical principles governing their profession (Maputle and Hiss, 2010). Midwifery practice is guided by knowledge and skills which provides grounding to ethical clinical decision making

Aim

The purpose of the study was to enhance awareness of ethical behaviours and professional malpractices in midwifery practice.

Study Objectives

The objectives of the study were:

- To explore the midwives' understanding and experiences of unethical behavior and professional malpractice in labour units
- To explore and describe the factors that contributes to unethical behavior and professional malpractice by midwives in the selected labour units in Tshwane, Gauteng Province
- To develop recommendations aimed at reducing professional malpractices and unethical behavior by midwives in the labour units

Theoretical Framework

- Principlism as a basis by incorporating the four basic ethical principles
- Autonomy
- Beneficence
- Non-maleficence
- Justice

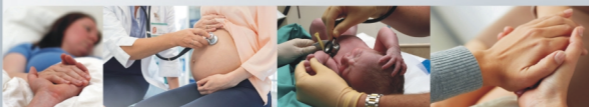


Research Methodology

A qualitative, exploratory, descriptive and cross-sectional design was applied in this study. In-depth interviews were used. Purposive sampling was used (Moule and Goodman 2014). The target population was all midwives with two or more years' experience working in the selected labour units in Tshwane Gauteng Province. Informed consent obtained and voluntary participation was ensured

Data Collection & Analysis

- Individual in-depth interviews using open ended questions was used
- Interviews were conducted at a natural setting in a private room close to the labour ward
- Interviews were recorded and transcribed verbatim. Data saturation was reached with the eighth participant
- Data analysis started during interviews and continued throughout the transcription of recorded interviews (Burns & Grove, 2013)
- Thematic analysis led to the emergent of major and sub-themes



Ethical Consideration

Ethical clearance was obtained from the University Of South Africa Higher Degree Ethics Committee and Tshwane Research and Ethics Committee. Consent to participate was requested and all participants signed the forms. As a basis for this study the ethical principles set out by the International Council Of Nurses' Code of ethics for nurses [2006] and the South African Nursing Council (2013) was followed as a guide



Recommendations

- Midwives to adhere to the "Scope of practice , maternal guidelines, protocols and policies as described by the profession
- Assess clients correctly following use of BANC and maternal guidelines
- Management to offer support and encouragement to midwives when faced with adverse events incidents (give praise where due) and have debriefing sessions after SAE (Serious adverse events) (P1; P2; P3; P4; P5; P6; P7)
- Adequate material, structures and human resources so that quality obstetric care can be provided (P4;P5;P7;P8)
- Regular in-service training, seminars and workshops on ethical matters
- Increase the frequency of visits by obstetricians for the MOU
- Create a workplace Ethics Committee

Conclusion

The findings of this study revealed that midwives do understand the importance of ethical code of conduct, however none could align their practice to the four ethical principles. It is hoped that the findings of this study will make

contributions to midwifery training and practice regarding ethical practice. The findings further revealed the difficult circumstances under which midwives functions. With the stated contributing factors, it is difficult to envisage how efforts to reduce professional malpractices and provide quality obstetric care can be effective if they rely on tired and overworked staff to achieve the best results

MAJOR THEMES	SUB-THEMES
Midwives work experiences	Noble, fulfilling and satisfying career, has challenges and frustrations
Ethics and professional malpractices	Minimal understanding of ethics, failure to follow practice standards, policies, protocols, rules and guidelines
Ethical decision making	Poor decision making Fear to make decisions
Litigation experience	Patient delivering alone Failure to refer the patient timeously Failure to administer magnesium sulphate
Contributing factors	Staff attitudes, shortage of both human and material resources, informed community
Impact of professional malpractices and litigations	Low staff morale, conflict amongst staff members, emotional and psychological impact