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## Abstract

**Objectives:** To investigate midwifery students' experiences of viewing childbirth on mainstream factual television and to explore implications for student career intentions and potential pedagogical uses of television excerpts in midwifery education.

**Design:** Twenty-two undergraduate midwifery students at one of two universities took place in focus groups between February and June 2019. Ethical approval was obtained at both sites. Thematic analysis was employed to generate key themes from the data.

**Setting:** Two UK universities based in the East Midlands and East Yorkshire regions of England.

**Participants:** Twenty-two midwifery students at any stage of their studies.

**Findings:** Researchers generated four key themes from the data a) Changed Perspectives on Televised Childbirth, b) Representations of Midwives and Social Implications, c) Representation of Childbirth and Social Implications and d) The Role of Televising Childbirth in Midwifery Education.

**Key conclusions:** Midwifery students often experience a change of perspective on birth on television as they acquire new knowledge and skills. They recognise the potential social implications of how childbirth and midwifery are represented on television. Pedagogical use of televised birth has potential benefits but needs further investigation in the context of midwifery education.

**Implications for practice:** Midwifery students are likely to begin their studies with pre-existing views and experiences around how birth is represented on mainstream factual television. They may need support to reflect on these to consider their expectations of the profession, to effectively support childbearing women and to potentially influence future production of media images of childbirth.

## Keywords

Midwifery students; midwifery education; career intention; factual television; childbirth; media

## Introduction

The midwifery profession has been critical of the ways in which childbirth is shown on mainstream television; key areas of concern include over-representation of medicalised childbirth and obstetric emergencies, inadequate and potentially damaging representations of the midwifery profession and the risk that fear of birth may increase among women as a result of such representations (Roberts et al., 2017). Research around representations of birth on popular television has partly corroborated these concerns, finding that medicalised childbirth predominates (De Benedictis et al., 2019; Sears

and Godderis, 2011) and midwifery models of care are undermined (Kline, 1997; Kline, 2010); however, a direct impact on how women feel about childbirth is harder to substantiate (Roberts and De Benedictis, 2019; Bessett and Murawsky, 2018).

Medical television emerged in the 1950s and proliferated in the mid-1990s in the UK and US contexts (Hamad 2016). The genre remains popular in many parts of the world both in terms of global distribution and local production of shows (see for example, Bull, 2016; Gao, 2016; Riahi et al., 2020). Medical television drama is popular viewing among medical and nursing students (Glerean et al., 2019; Czarny et al., 2008). Medical television has been credited with encouraging applications to nursing education (Weaver et al., 2013) although it has also been mooted that unrealistic expectations of healthcare professions – whether derived from media, career counselling or friends and family - could contribute to attrition rates (Glerean et al., 2019). Television may also influence students' choice of specialism. For example, American drama series *ER* is credited with increasing applications for emergency medicine residencies (O'Connor cited in Hoffman et al., 2018). Less is known about these trends in midwifery: the news media have linked television focused on birth with increased applications to midwifery education (Flint, 2017) but there has been no published research. Drawing on research findings in medicine and nursing may suggest that understanding the role of the media in career intention has a role in addressing international shortages of midwives and retaining midwives in the profession (see Bloxsome et al., 2019).

There is considerable interest in the use of film and television clips in health sciences education, alongside more traditional curriculum content and educational approaches (Hoffman et al., 2018). Research has reported on the use of medical television in medical education around topics such as professionalism and ethics (Weaver and Wilson, 2011; Shevell et al., 2015; Klemenc-Ketis and Kersnik, 2011) and communication skills (Wong et al., 2009). Such approaches are popular with students and, when used well, have potential to enhance education, despite limitations in the way that healthcare and healthcare professionals are represented (Hoffman et al., 2018; Hirt et al., 2013; Law et al., 2015). There are fewer published examples of using mainstream media clips in midwifery education. A few studies have investigated media effects by exposing university student participants to particular documentaries about maternity care and assessing attitudes and beliefs (Hans and Kimberley, 2011; Thomson et al., 2017; Vitek and Ward, 2019; ) but in these cases the students stand for the general population rather than being seen as a professional group. Some examples exist of exposing healthcare students to more creative, less mainstream content for educational purposes. For example, Patel et al. (2017) report the use of a creative documentary to prepare students for

placement in a neonatal intensive care unit and promote empathy with the parents' perspective. Uppal et al. (2016) describe exposing midwifery students to 'undisturbed birth' via a collection of images created by artist Helen Knowles and available via YouTube. The acceptability of using mainstream television clips in midwifery education, where depictions of birth are particularly controversial (Roberts et al., 2017), is less well explored.

The aims of this qualitative study were to:

1. explore midwifery students' views, experiences and perspectives on the way childbirth and midwifery are represented on mainstream factual television;
2. determine whether representations of birth and midwifery on television had any influence on students' career intentions;
3. explore the potential to use televised birth as a pedagogical resource in midwifery education.

## Methods

The research was undertaken by an interdisciplinary team of researchers with backgrounds in midwifery clinical practice, education and research and sociology and two undergraduate midwifery student co-researchers. The research was part of a larger project with the aim of introducing midwifery students to research and offering them practical experience of conducting research. The educational project is reported separately (reference removed).

A qualitative methodology was adopted to address the study aims. The views and perceptions of midwifery students were sought to address the research aims therefore two universities where undergraduate midwifery education is provided were selected as research sites; these were based in the East Midlands and East Yorkshire regions of England respectively. A purposive sample of undergraduate midwifery students in any year of study was recruited to participate in the study. Exclusion criteria included qualified midwives, and student midwives on study interruption. Sample size was determined by data saturation.

The recruitment process lasted five months, from February to June 2019. An informative email about the study was forwarded to all potential participants. Students who wanted to participate in the study were asked to contact the research team by telephone or email to receive more information, including the participant information sheet, and to ask any questions. Two focus groups were convened at each site. Potential participants were provided with a choice of times. Consent forms were completed at the start of each focus group.

A focus group topic guide was developed considering existing evidence and agreed by the research team. The focus group topic guide was semi-structured, characterised by open-ended questions to encourage participants to share their perspectives on the study topic. However, they also enabled a balance between making the focus group open and focusing on significant areas (Rees, 2011; Rose, 1994). Key questions focused on examples of factual television shows about childbirth watched by the students; frequency of watching televised childbirth; what students think of these programmes before and during their midwifery studies; influence on their decision to study midwifery; motivations for watching these programmes; perspectives on shows on childbirth having (or not having) a place in midwifery education as a learning resource.

Four digitally recorded focus group discussions were conducted. The average duration of the focus groups was 50 minutes. One facilitator and two student co-facilitators conducted the focus groups. Following full transcription from a third-party transcriber, scripts were read and re-read to identify the relevant themes. Line by line manual thematic analysis (Braun and Clarke, 2013) was performed across the entire data set. A first round of thematic analysis was conducted by two co-researchers Bennett and Slack supervised by Roberts and Borrelli to identify emergent themes. The analysis was refined in discussion with the PI and shared with all team members before consensus was agreed. This facilitated skills development of the student co-researchers, enabled reflection on and further development of the themes and ensured the analysis drew on the varied expertise in the research team.

Student co-researchers Bennett and Slack and Roberts engaged in reflexive processes throughout the research. An expression of interest in joining the educational project provided a basis for initial discussion about their pre-understanding of the topic and existing research in the field. The team were mindful of the potential benefits and drawbacks of the 'insider' status of Bennett and Slack as midwifery students. Their knowledge and experience benefited recruitment in terms of reviewing recruitment materials and contacting potential participants to arrange focus groups. Their presence in the focus groups helped to put participants at ease and aided rapport building. They co-facilitated focus groups at their home institution, with Roberts taking the lead, but led facilitation at the institution where they did not know participants to minimise any influence on the data. Debriefing took place after each focus group both to meet the educational goals of the project and to manage the emotional work of research as 'novice insiders' (Darra 2008). Roberts was mindful of the dominant views around childbirth on mainstream television (Roberts et al., 2017) and encouraged

the expression of a range of views without judgement. Although Roberts 1 is a member of research staff at one of the recruitment sites, they have limited student contact and were not involved in assessment of any students during the timeframe of the research. Confidentiality was assured. Further detail of student co-researchers' reflections on the research process can be found in Borrelli et al. (2020).

Ethical approvals were obtained from the Research Ethics Committees of the two Higher Education Institution sites before commencing the study.

## Results

Twenty-two undergraduate midwifery students participated across four focus groups at two universities. Students were enrolled in a three-year course and were from a mix of year groups (see table 1). Twenty-one participants were female, one participant was male.

**Table 1. Participant characteristics**

Year of study	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Site 1	2	8	4
Site 2	2	4	2
<b>Totals</b>	<b>4</b>	<b>12</b>	<b>6</b>

Four key themes were developed from the data: a) changed perspectives on birth on television; b) representations of midwives and social implications; c) representation of childbirth and social implications and d) potential role for television in midwifery education. These are reported below with illustrative quotations from the participants.

### Changed Perspectives on Televised Childbirth

Most participants had experience of watching birth on television as both members of the public and latterly as student midwives. They reflected on a shift from watching such programmes to not watching them or actively avoiding them since beginning their midwifery degree:

*Before I was a student midwife, quite a lot. Now I'm a student midwife, not so much. (FG3)*

*I used to constantly watch it. And now I don't touch it. (FG2)*

Students described how mainstream portrayal of birth on television could now be irritating and was therefore no longer pleasurable:

*I guess irritating is a good word, but I think it's just, you know when you feel you just want to shout at the TV, saying that's total rubbish. (FG2)*

Other participants could often empathise:

*It just makes me a little bit angry. (FG1)*

*I just find myself getting cross at what's going on, on the telly (FG3)*

However, for a small number of student midwives, watching birth on television had become a guilty pleasure:

*They do feel a bit sneaky to watch...some of the episodes are a little bit trashy. And you think, oh but secretly I'm enjoying watching it a little bit. (FG4)*

Mainstream programmes about birth were seen as unrealistic and participants found themselves evaluating the practice they saw on screen:

*I'm like well why are they doing that?...why haven't they done this? kind of thing. And it gets me a little bit cross. (FG3)*

Viewing birth shows became less like leisure and more like 'work':

*They should be doing that, or I need to do the partogram, and you can't really like focus on like, just enjoying it. So yeah, it's not really, it's not like relaxing anymore, it's sort of like work. (FG1)*

Avoidance or critique of birth television appeared to be part of a professional culture to which student midwives were inducted as they developed their professional identity, and sometimes before commencing their studies:

*I think because from talking to other midwives that I've met, they said they didn't like it, so I kind of stopped watching it. (FG1)*

Some had been explicitly advised to avoid mention of popular birth shows:

*I avoided One Born Every Minute before I became a student midwife because I was advised that if I turned up to my university interview and went, I want to be a midwife because of One Born Every Minute, they'd kick me out the door straight away. So, I completely avoided it because then I wouldn't say anything like that. (FG4)*

*I think what everyone said to me about going into midwifery was e don't talk about One Born Every Minute, I'm absolutely not talking about that. And at the interview, don't mention it. (FG3)*

### Representations of Midwives and Social Implications

There was broad agreement that the representations of midwives on television is inadequate.

Television shows do not display the reality of working in maternity services or the breadth of the midwifery role:

*It almost shows you kind of the best bits, if you like. Not the paperwork, like you say, and missing your breaks, bladder being the size of a ... all of that. You don't see that on it, do you, because that's not good for entertainment purposes. (FG3)*

These absences in how midwifery is shown on television arguably distance the programmes from contemporary issues and the politics of healthcare provision:

*They're not engaged in those kinds of politics around the service and the problems at the minute. (FG1)*

Participants expressed concern that the television may lead to a lack of public understanding of the midwife's role due to inaccuracies and a very limited focus:

*TV focusses on the labour and birth as the role of the midwife, and nothing of the antenatal and postnatal periods. (FG1)*

*If you don't see all the work we're doing behind those screens, and the communication that's involved with the labouring process, and examinations. And there's just so much missing from it, and I think that's what annoys me. (FG2)*

*Midwives are not just there for birth... I think it's really nice to know how varied the role is and how much I haven't even quite realised that in watching those programmes. (FG4)*

There were concerns that women might come to fear poor care from midwives, who appeared on television to be frequently distracted and absent from the labour room:

*I would maybe think, well am I going to be completely left alone when I go in, in labour? And that's really damaging to our reputation and to sort of women's views of us. And it doesn't help to build that kind of supportive relationship when they first come in. (FG4)*

This did not match participants' experience of their workplace:

*If they were not in the room, they're sipping tea and eating cake in the office. And that's a really damaging attitude... pretty much every midwife I have met would stay in the room all day and not even go out for a cup of tea, unless she had the time to or the situation allowed it. (FG4)*

Despite this, participants could also think of examples where the relationship between midwives and women in their care had been portrayed well on television, showing both skill and compassion:

*They do show the midwife being able to adapt to each mum...So that's quite important, because that's a good skill to have. (FG2)*

*...when emergencies work well, and you ... do your job, and everyone else is also doing their job, it's nice to see. So, I think I quite liked watching that cord prolapse one, just because like, it does, it can work really well if it can be handled properly (FG1)*

Participants expressed contradictory views about how televised representations of midwives might influence people considering the profession. On the one hand, a small number of participants said that watching birth shows had given them motivation and proud anticipation of their own careers in midwifery:

*It didn't influence my decision because I was always very stubborn, this was always what I was going to do. But watching the show it was like that's going to be me soon or, you know, that's, that's my job, and it makes me, it does make me feel proud. (FG3)*

*When I...took a year out, that was when I was watching... I was a bit midwifery obsessed and I was like, this is it, I'm going to get back in. And I did find ... some of the programmes a big motivation... that was kind of keeping me going. (FG4)*

However other participants suggested that television could give other potential midwives a false impression of the job and set them up for failure:

*They'd watched programmes and thought...I want to go and do that exact thing. And then when they get here it's, the reality is very different. I don't know. I think some people then obviously don't, can't cope with that, or it's not what they want to do in the end. (FG1)*

They speculated that this could be contributing to attrition rates:

*Is it increasing the drop-out because the expectations of midwifery aren't as they're portrayed on the TV? (FG1)*

Conversely, different types of representations might have a role in preparing students for their midwifery studies:

*You know, there's so many people leaving the profession...Because they don't expect it to be that difficult. And I think if it was portrayed in the media, if it was a bit more realistic, then at least they'd be prepared for it and it wouldn't be as much of a shock. (FG4)*

Attrition from midwifery education and the profession appeared to participants to be a potential risk associated with how midwives are represented in the media although this had not been their experience and they did not provide specific examples.

### Representations of Childbirth and Social Implications

The ways in which childbirth is represented on television was also recognised by participants to have potential social implications. Student midwives first responses were to describe representations of childbirth on factual television as over-edited, medicalized, and highly dramatized:

*They edit it to look dramatic and they do it for entertainment purposes. (FG4)*

Representations are formulaic and lacking key elements of the birth process:

*There is a lot of the usual, on your back, epidural, push. (FG3)*

*Do you notice that on any factual television, the placenta doesn't exist? (FG2)*

Participants recognised the need for mainstream television to be entertaining, but feared the consequences of these representations for the public, including the possibility that women could come to fear labour:

*I think that must be so damaging...those sorts of programmes must be really frightening (FG4)*

*They end up making mums worried, as opposed to reassured. (FG2)*

Screening scenes of birthing women at vulnerable moments felt uncomfortable to watch and inappropriate:

*I don't need to watch this poor woman sit there, waiting for that baby to cry. I just, I think its voyeurism, I just don't like it from that point of view. (FG2)*

As discussions continued, participants were also able to identify examples when television shows (factual and fictional) have broken the stigma around sensitive topics, such as stillbirths, postpartum depression, and postpartum psychosis. These shows were seen to have potential value in raising awareness, reflecting people's experiences, and even preparing the public for rare situations that could occur:

*I think other people going through that, or have gone through that, it's quite helpful...they're not alone. (FG1)*

*They did cover baby loss as well...which I think was really nice, because it kind of isn't always covered. (FG2)*

And reassure viewers that their midwife and other healthcare professionals were prepared and could respond appropriately:

*Not that they should expect an emergency, but I think if it was to arise that things would be handled well. (FG1)*

### The role of televised childbirth in midwifery education

Questions regarding the potential use of childbirth scenes from mainstream television in midwifery education were initially met with scepticism and even derision. However, with further reflection, and an example from one of the co-facilitators who had experienced learning about compassion that included showing television clips in the classroom, some students could think of examples where media clips had been used well:

*When we were talking about birth partners, we had a clip of One Born Every Minute where they showed the father and how they reacted. (FG1)*

*I think we had one where they showed a picture of Nurse Crane from Call the Midwife, and then saying like, how does she show compassion?...and we were like, naming aspects of her character, and what we could apply to ourselves. (FG1)*

There was cautious support for using television excerpts in the classroom, if used effectively and alongside other resources:

*There might be a potential in there for being beneficial if you're using it as kind of a learning point to open up the discussion to the class about how you would deal or approach the different situations. (FG2)*

Television clips were also thought to have potential for supporting visual learners:

*I'm quite a visual learner, so for me personally, it was a good way of learning those particular skills, rather than feeling talked at. (FG3)*

*It could help...with just being able to visualise it...the theory is great, but it is hard to put it into like the practice in your head. (FG1)*

Some experiences are not easily come by in practice and television excerpts could be used to fill a gap:

*It might be better as well to show things that you mightn't necessarily come across very commonly in your training. (FG2)*

However, some students remained hesitant about the potential education value because of perceived limitations of mainstream representations and in comparison, to 'real world' opportunities in practice:

*I don't really see much educational value. Just because of the sheer fact that they are, they are reality sort of TV, it's more entertainment, it's not particularly factual. (FG3)*

*Why watch a programme when we can go out and practice, and actually live it? (FG1)*

## Discussion and Conclusions

This is the first research study to provide insights into midwifery students' perspectives on childbirth on television. Midwifery students, like other healthcare professionals, occupy a unique position, able to look back on their viewing habits before commencing their training, and reflect on how their professional knowledge and values have changed their relationship with the representation of their profession on television.

The research benefited from the expertise of a multi-disciplinary team spanning midwifery research and education and sociology who provided multiple perspectives on the data and were able to contextualise the findings in existing research and contemporary practice. The inclusion of midwifery students as co-researchers strengthened the research as they were able to provide insights into the study population to inform the study design and the analysis and to facilitate recruitment. That the student co-researchers knew some of the participants may be considered a limitation of the study. Their presence in the focus groups, as well as the presence of academic staff on the wider research team who were known to some of the participants, may have inhibited the expression of views. However, participation was voluntary and did not necessarily require highly personal disclosures. Overall, the presence of student co-researchers seems to have been a benefit in terms of building rapport and putting participants at ease.

In many ways, midwifery students' concerns about the social implications of how birth and midwives are represented on television, mirror those of the birth community more broadly: birth is overdramatised and representations incomplete; the midwife's role is inadequately represented and midwives can appear unprofessional and inattentive (Roberts et al., 2017). However, participants also saw potential social good in screening emergencies handled efficiently and in challenging the stigma around stillbirth or mental health. Participants keenly felt the lack of realism in how midwives are depicted on television. This reflects international literature that has found the dominance of medicalised birth and inaccurate, unflattering, or incomplete representations of midwives (Kline, 1997; Kline, 2010; Bull, 2016). Our participants' critique focused specifically on what was missing from representations on television, particularly the breadth of the midwife's role, the challenges of the job, and the dedication of midwives.

Although no participants expressed a strong view that television had influenced their choice of career, there were concerns that other people might be given a false impression of the midwife role and that this could be contributing to attrition rates in midwifery education and practice. Attrition and retention in midwifery are urgent issues of concern internationally (Bloxsome et al., 2019) and

while this study does not provide data to directly support the idea that the media plays a part in this, read in combination with previous research, it suggests that this is an area worthy of further research. Researchers have suggested that seeing birth on screen, via programmes like *One Born Every Minute*, influences some young people to pursue a career in midwifery by fostering a fascination with birth and providing some insight into what birth and intrapartum care are like; this is especially the case for young people who have not had direct exposure to the profession, through their own birth experiences or those of close friends or family (Cullen et al., 2016; Gehrau et al., 2016). Representations of healthcare professions on television are one of the ways in which people learn about those professions as career options (Gehrau et al., 2016; Raymond et al., 2018) and there is tentative evidence that applications to educational programmes increase after a successful factual or reality programme (Van den Bulck and Beullens, 2007). In this sense, there may be advantages disadvantages as well to the way midwifery is represented in popular factual television. To mitigate the risk of incomplete and unrealistic representations of childbirth and midwives, educators may look to previous studies of the views and beliefs of starting midwifery students that have suggested that students need to critically explore their assumptions in order to be better prepared for the lived reality of the role (Fraser and Hughes, 2009; Carolan and Kruger, 2011).

Midwifery students' views on reality television as 'trashy' and a guilty pleasure mirror broader social attitudes towards reality television (Skeggs and Wood, 2012). However, student midwives' views are additionally informed by new knowledge and values acquired during their midwifery education. Students are likely to experience a process of professional socialisation and a 'values journey' during their training (Groothuizen et al., 2019) and indeed our data suggests that participants experienced a shift in values fairly early in their training which significantly changed the way that they related to representations of birth and midwives on popular television. The finding that, as potential applicants to a midwifery programme of study, some participants had been advised not to watch childbirth television (or at least not to mention it at interview) is concerning. While potential entrants to the profession might reasonably be expected to have researched the role beyond what is shown on television, being advised *not to mention* contemporary media suggests potential for socialisation into perceived professional norms to occur even before commencement on an educational programme. Education providers may wish to consider how contemporary culture and media are referenced in their outreach activities to avoid perpetuating these perceptions and influencing the recruitment process.

Contemporary midwifery education programmes include a wide range of approaches to learning including elements of simulation and storytelling (Scammell and Hanley, 2017; Williams et al., 2018). The inclusion of excerpts from mainstream factual television has been reported in medical and allied health education (Weaver and Wilson, 2011; Shevell et al., 2015; Klemenc-Ketis and Kersnik, 2011; Wong et al., 2009). Our study suggests that this is also an acceptable and potentially valuable way to learn for midwifery students. Participants suggested that media clips could be used to open up classroom discussions, provide some access to some uncommon issues that they may not see in practice during their training and to support visual learners. Selected extracts from mainstream depictions of childbirth and maternity care could be used to show both good and poor practice and to prompt student reflection on evidence-based practice and what good care looks like. However, the highly critical perspective of midwifery students on mainstream representations of birth mean that such educational use requires careful introduction and framing to ensure students benefit. Further research is needed to explore which aspects of the midwifery curriculum could benefit from this approach and how television excerpts can be effectively employed.

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