



Research Article

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Midwives trapped under the rubble of professional complaints: A qualitative study

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ABSTRACT

Since patient complaints against midwives are on the rise, the present study aimed to explore the effects of complaints on midwives' lives during the trial. It also sought to clarify the support provided by the authorities during this process. This qualitative study was conducted in Iran in 2013. Purposive sampling was adopted to recruit 13 working midwives with a history of appearing in at least one court. Data were collected using semi-structured interviews. Data collection was continued until a point of saturation was reached. The interviews were conducted in the participants' workplace and focused on their personal experiences of dealing with complaints. Data were analyzed according to stages proposed by Granheim-Lundman. Analysis of data led to emergence of three main themes (stresses during the trial, summons disease and thirst for support) and 11 subthemes. Because of unfamiliarity with the laws and legal proceedings, dealing with patient complaints was a distressing experience for midwives. Tensions caused by long litigations, imprisonment sentences, compensation payments, and lack of support are devastating and may lead to unforgettable harm in midwives.

Keywords: Midwifery, Malpractice, Complaint, Iran

INTRODUCTION

This study focused on Iranian midwives providing care for mothers and infants in hospitals and clinics and having to deal with patient complaints. Due to Islamic considerations, all midwives in Iran are female. According to their job description, midwives in Iran can act independently in many tasks related to natural childbirth and prenatal and postnatal cares. They are hence legally responsible for the mistakes they make (1) Recent scientific and technological advances have not only complicated pregnancy care and midwifery practice, but also turned the achievement of professional standards into a challenge (2). Shortage of midwives, long working hours, night shifts, emergency midwifery cases, and frequent absence of doctors may increase the likelihood of negligence (3,4). International reports have shown the growing number of complaints about healthcare providers (5,6). In 2015, in Iran, Beigi et al. concluded that although gynecologists and midwives comprised only 2% of health personnel, they ranked respectively the second and the 18th in terms of complaints received (7). The existing conditions seem to be worsened by new governmental policies (implemented since 2014) which encourage population growth, discourage

cesarean sections, and provide free natural delivery services in public hospitals (8,9). Hence, due to the possible increase in future birth rate and the upward trend in complaints in Iran, every midwife may deal with at least one complaint during her years of work.

The Medical Council and the Office of Public Prosecution are in charge of handling complaints of medical negligence in Iran (10). According to the rules of procedure in Iran, the midwife is accused of misconduct and has to defend herself if the patient does not recover properly or if any complications occur (11). A midwife who is found guilty of harming a patient has to pay *Diyya* (the ransom determined by the legislator). While midwives guilty of involuntary manslaughter are sentenced to prison according to Article 616 of Islamic Penal Code, they only have to pay blood money if they obtain the plaintiff's consent (13). Although the professional liability insurance should cover the blood money, sometimes insurance companies refuse to pay the money so the guilty health care providers have to pay on their own (14). Health care providers may hence experience a breakdown due to the considerable physical and psychological consequences of the overwhelming pressure of punishment and absence of attorneys in hospitals.

Midwives have been traditionally considered as the first people to touch life and as the mother and infant's companion. Therefore, like all other medical team members, midwives have to be understood and their personal rights and social standing have to be respected.

A few studies have evaluated the frequency and causes of malpractice among midwives in Iran. Considering the specific sociocultural context and legislations, this is the first qualitative study attempted to clarify the effects of complaints and penal laws on midwives' lives.

Methods

Since qualitative studies seek to interpret human phenomena and to reflect the role of sociocultural conditions in the obtained data (18), maximum variation sampling was used to select the participants from around the country. In order to help the participants develop greater trust in the research team and to allow them to ponder, four individuals were interviewed twice and one was interviewed three times. The mean duration of the interviews was 55 ± 11 minutes. Although the analysis of the 18th interview did not yield a new code, a 19th interview was also conducted to ensure data saturation.

Interview guide questions were designed based on the available literature. All interviews were started with a simple general question about the midwives' professional history and continued with more specific questions such as "Can you describe your experience of the complaint?", and "Please explain the effects of the litigation on your life." In order to develop a deeper understanding of the participants' experiences, further follow-up questions were raised depending on their responses. All interviews were recorded and immediately transcribed. Data analysis was performed based on the process described by Graneheim-Lundman (2004). First, the researcher read the transcripts several times to develop a general understanding of the phenomenon under study. Words, sentences, or paragraphs were considered as meaning units and were combined according to their contents. The meaning units were then abstracted and coded based on their content. In the next stage, the codes were compared and classified in more abstract categories based on their similarities and differences. Finally, the developed categories were carefully evaluated and the main themes were extracted (19)

Ethical considerations

The study protocol was approved by the Ethics Committee of Tehran University of Medical Sciences and Prior to the interviews, all participants were asked to sign an informed consent form.

Results

The participants' mean age was 41.6 years. Four participants had received more than one complaints. Table 1 presents the characteristics of the participants.

Data analysis resulted in the extraction of 1131 codes, from which three main themes, including stresses during the litigation process, summons disease, and thirst for support, and 11 subthemes emerged.

Due qualitative approach analysis, midwives after the litigation, felt like being trapped under the rubble caused by an earthquake. In fact, the midwives received a summon from the Medical Council while they were still grieving over the unintentional damage to the patient. In the absence of any support systems, the midwives, who were unaware of the solution to their problem, could barely tolerate the pressure of caused by the lawsuit.

1- Stresses during the litigation

Midwifery practices aim to ensure maternal and neonatal health. Midwives are stressed by patients' dissatisfaction and try to provide better services. However, receiving summons puts them under huge amounts of stress. Stresses during the litigation process emerged as a main theme and included the following five subthemes:

Fearing of being judged

While people are generally unfamiliar with the professional problems and responsibilities of midwives, they unfairly judge a midwife who receives a compliant and consider her guilty. Therefore, when receiving summons, midwives feel embarrassed and want to avoid people's judgments and advices. They feel like their character and professional pride have been wounded by the complaint. They hence try to hide the summons from everyone. Shiva was so worry about this issue. She said:

"One of the things that still makes me anxious is the letters I received from the Medical Council. No one knew what was going on. A piece of paper summoning me to the court was just thrown into my yard. Anyone could take that piece of paper, not knowing what had happened to me, and I could lose my pride..."

Fearing retribution from the complainant

Patients and their relatives generally refuse to accept care events and exhibit a variety of behaviors. They sometimes get too furious to allow the midwives to sympathize. These individuals need not only to be explained about the existing conditions, but also to be emotionally supported by social workers and psychiatrists. The studied midwives, especially those working in less populated cities where people knew their address, felt insecure as the complainants sometimes threatened them and their families.

"When the patient's husband heard about their child's death, he broke the windows of the maternity ward and called us murderers! He then went to my colleague and threatened her. Afterward, I was too afraid to get out of the house "recalled ellahe with five years' experience.

The ordeal of appearing in court

After many years, some midwives could not forget how they felt when they entered an unfamiliar setting alone and thought they would be convicted. They referred to the time in the court as the hardest moments in their lives. When a midwife who has never been to the court and has always tried to provide flawless services is summonsed for the first time, she will be filled with a variety of strange feelings accompanied by anxiety. Tolerating the offensive behaviors of some judges will also be very hard.

"In the first session, they told me I was lying! I really hated going to the court again. I was more worried about their insults than about the final verdict! ", stated Ziba.

However, some midwives did not blame the judge and believed that he had to be very strict. Meanwhile, the bias during the litigation really annoyed them and made them feel they were already convicted. Therefore, they did not to appear in court. Such stresses were intensified by the disorder in the judicial system.

The anxiety caused by the long process of the litigation

A prolonged litigation is a defect of the judicial system which can cause not only negative personal and social effects, but also unbearable stress for many people. Referral of many professional complaints to high courts (for further investigation) usually prolongs the litigation process.

Some midwives in the present study were involved in a litigation for more than 10 years. While some of them had changed their workplace or place of residence during this time, they had to return to the previous city for their cases.

"I was summoned to the Medical Council of my hometown for a couple of times. Then, my case was sent to Tehran (capital). I travelled to Tehran three times to be questioned by medical commissions. This took at least five years and during which I was always worried about the outcome", said Zeinab who has had 19 years' professional experience at the time of complaint. Such constant anguish affected the midwives' physical health and quality of provided care.

Being worried about Diyya (blood money)

Given the ruling judicial laws in Iran, many midwives are seriously worried about the compensation they may have to pay following patient complaints. Since their monthly income is negligible compared to the costs of medical negligence, they would be mainly concerned about how to raise the money required to pay the determined Diyya. Normally, the amount of Diyya is increased every year. Sometimes, complaints are brought against midwives several years after the event and since the amount of compensation is determined at the time of the sentence, the insurance company refuses to cover the whole amount of Diyya.

"I panicked after hearing the amount of compensation I had to pay the patient. Because I had no insurance, if I was not acquitted, I had to pay out of my own pocket. The blood money was 17-18 million Tomans and my salary was 800 thousand Tomans! ", recalled Bahareh who has had three years of teaching experience at the time of complaint.

2- Summons disease

The World Health Organization defines health as a relative state of physical, mental, and social wellbeing. Since all participants had developed a variety of physical, mental, and social disorders following the complaints, the second theme extracted was called the "summons disease". These theme consisted of the following three subthemes:

Physical harms caused by the complaints

Most midwives do not consider themselves as negligent. Since they never think someone might sue them, facing with a complaint disrupts their physical and psychological conditions. Even after several years, some of them reported the unfair complaints and judgments to be responsible for their diseases. Most midwives were shocked when they first heard about the complaint. They experienced psychosomatic diseases such as recurring gastrointestinal disorders, headaches, palpitations, and hair loss. Some were even concerned about developing unknown and autoimmune diseases.

"I was the first person in the hospital to have received a complaint from the Medical Council. This was the most shocking event in my whole life until that day. I felt helpless. I felt dizzy and I thought I was about to fall. I felt like I was turning into a stone, I could not move! ", recalled Shiva who was sued by parents of a child with cerebral palsy 13 years before the study but her case is open.

This physical distress was not limited to the first few days and lasted until the end of the litigation.

The psychological consequences of summons

The midwives were sometimes strongly affected by the mental pressure of the event for which they were sued. While they tried not want to recall the incident, they unconsciously pictured the process leading to the negligence and felt anxious and depressed.

Sometimes, they thought their life was over and they had no chance of regaining it.

"I went mad when I heard I had to go to prison. I could not talk or walk. I felt awkwardly nervous. I cannot describe that feeling, I felt like I had lost a loved one or even worse, I felt I was dying and being separated from everyone I loved", explained Zeinab who was sued for the intrauterine death of an infant.

Depression and anxiety was overtly clear in the actions and faces of the participants who were still on litigation. Occasionally, crying prevented them from talking, but they did not wish to stop the interview. They wanted unburden themselves by discussing things they believed the authorities should have heard. On the other hand, most participants regretted the harm caused to the mother or the baby.

"I am not just a midwife; I am a mother and I understood her pain well and thought she needed support just like I did", said Kobra.

A feeling of social humiliation

Most midwives felt bad about themselves. They felt they had been disrespected and devalued and considered themselves worthless. During their wait for the litigation to finish, midwives sued for the death of a mother or an infant can only bail out by leaving property documents or large sums of money with the court.

"When you go to the court, you are not treated as an educated person. You are seen as a criminal. You have to hand over all your belongings like your cell phone and other stuff. They treat you really badly. They treated me like a thief and a drug addict", said Azam with 5 years Professional experience.

The participating midwives believed that judges had to be disciplined and organized people. However, they felt humiliated and even convicted because of the cold and harsh behaviors of some judges. They argued that one failure should not mean incompetence and one undesirable outcome should not ruin their years of experience and effort.

3- The thirst for support

After receiving the complaint, the midwives who were longing for supportive and caring friends were disappointed by the fact that they had no support. Some midwives believed that the hospital attorney attended the court only to defend the hospital manager (because his conviction would force the hospital to incur the costs). They felt they were not important to the hospital. The thirst for support contained the following three subthemes:

Lack of support from authorities

Considering their years of valuable, yet unappreciated, services, the midwives expected hospital authorities to at least listen to them or ask them if they needed any help following the receipt of the complaint. However, according to most of our participants, instead of showing support, hospital authorities had punished them and treated them with aggression. Furthermore, because of the close cooperation between midwives and gynecologists, midwives expected gynecologists to support them. However, this group of specialists only defended themselves at the litigation.

"With this case, I felt really lonely. A doctor friend, who was actually responsible for the case, wisely dissociated herself from the case. I really wish she could at least once accompanied me in the court. She should have told me not to worry and that she would take responsibility for what had happened, but instead, she misreported the case and had me convicted", recalled Nargess who has had 22 years' experience.

The need for legal support

When accused of a crime, many people, even the educated class, have no knowledge of their legal rights. Therefore, in order for them to successfully defend themselves, they need to be guided and supported by experienced professionals. Some midwives asked if they had any rights. Some wondered if they could file a countersuit. Generally, the midwives, who had never been involved in legal processes, were relieved after obtaining knowledge about the process of litigations and making an initial contact with legal consultants. The majority of the participants

had felt the need for a lawyer or a legal consultant after their first appearance in court and were disappointed by the fact that hospital authorities had not guided them.

"We had a real dispute at the Medical Council. They were trying to convict us. We then appealed against our convictions but it was useless because we had no one to defend us. To prevent things from getting worse, we decided to hire a lawyer. Now, whenever a colleague gets sued, we advise them to hire a legal consultant or a lawyer", explained Khadige who works in a small town.

Some participants reported lawyers to be unaffordable. They basically felt that having a lawyer could not help them because they would ultimately need to obtain the plaintiff's consent by paying the blood money.

The need for mandatory civil liability insurance

Due to the high frequency of incidents and hazards caused by midwifery practices and midwives' responsibility in cases of adverse events, this group of medical professionals need to be covered by a liability insurance. The participating midwives felt they could be repeatedly sued and complained that the authorities did not provide them with group insurance. Since the legal system expects the defendant to pay compensation to the plaintiff, they considered liability insurance to be essential. In fact, if the service provider is not covered by a liability insurance at the time of the complaint, she will have to pay the compensation herself.

"When I started working, I was not insured. We didn't know we had to be insured and the authorities who knew hadn't insured us. They hadn't even told us about the consequences of not being insured. We were forced to fork out for the blood money ourselves", commented Ziba who has had eight years' experience.

The participants believed that although most medical service providers are now insured, the compensation they have to pay to bail out of prison made them truly anxious.

Discussion

Some of our findings about the effects of lawsuits on health care providers were also discussed by previous studies (17, 20, 22). Nevertheless, the present study shed light on how complaints affected midwives in Iran. After receiving the complaint and during the litigation, the studied midwives felt like they were trapped under the rubble of complaints. The stress caused by the complaint, fear of attending a litigation, and lack of adequate support made them feel devastated.

Although being summonsed does not necessarily imply a misconduct and a harm to a patient does not mean an error on the midwife's part, having to attend a legal meeting puts people in an awkward emotional situation. Midwives living in the sociocultural context of the Iranian society were concerned about people's judgment following the disclosure of the lawsuit. The participating midwives argued that knowing about the complaint would not only decrease people's belief in their competencies, but also allow others to blame them. According to Ryll et al., the summons itself made the midwives, even those acquitted, to feel a loss of dignity (22). This feeling is intensified by the aggressive behaviors of hospital authorities and patients.

In the current study, sometimes the plaintiff's threats evoked a feeling of insecurity in midwives, forced them to hide, and increased their stresses. In a study in Australia, more than half of the participants were treated aggressively in the workplace and 36% of such behaviors were exhibited by patients and their relatives (23). The long procedure of the litigations and the wait for the final sentence increased midwives' stress. Some participants who were engaged in a lawsuit for more than five years stated that they had actually forgotten the meaning of peace in life. While we found no reliable evidence about the duration of litigations in Iran, McCool reported the mean duration of litigations in the US as 8 years (16).

One of the defects in the Iranian judicial system is the long process of litigations. In order to solve this problem, the legislator has determined the maximum length of different litigation types (e.g. three months for criminal litigations and five months for lawsuits). In practice, however, the litigations proceed very slowly and frequent objections by plaintiffs and the defendants further prolong the process. Meanwhile, the emphasis on efforts to accelerate legal

processes indicates a common concern among people and authorities (24,25). As described by our participants, every appearance in court increased their suffering and stress. As a result, they sometimes preferred to accept an unfair sentence than to file an appeal.

Another highly stressful issue for the midwives was the payment of compensation which was replaced by fear of imprisonment in cases of maternal or neonatal death. Under such circumstances, midwives considered themselves as victims. Since the midwives were not covered by any relevant insurance, in order to avoid imprisonment, they had to pay huge sums of money on their own. Those who could not afford the compensation had to go to prison and felt they had lost all their lives because of their careers. Due to the absence of organizations like the National Health Service (NHS) in Iran, no organization pays the compensation to patients or support practitioners (26). Hence, Iranian midwives face more significant problems because they are not only blamed for their actions, but also forced to pay the compensation and tolerate the consequent stress. Thus, the defendant will have to deal with her anxiety until the final sentence. The midwives in the current study reported that their whole lives were influenced by the litigation and that they had no physical, psychological, or social comfort until the problem was solved. Ryll et al. concluded that after witnessing a harmful event, one would experience flashbacks, nightmares, fearful thoughts, obsessive rumination, and feelings of guilt, depression and anger (22). In the present study, the psychological problems of the midwives were exacerbated by a sense of losing control over life, possibility of losing assets, and lack of knowledge about the legal process.

Our participants also reported a feeling of social humiliation. According to Procedure Rules in Iran, non-professional members of the court should have no conflict of interests with the litigants but inspectors of midwives' cases in the Medical Council and the Forensic Medicine Center are mainly doctors. Therefore, our participants felt that they were disrespected and their rights were ignored during the litigation. They expected the authorities and judges to appreciate their efforts and accept that midwives, like any other person, might make mistakes. They believed that they did not deserve to lose their social value and dignity or to be depreciated following a mistake. Such effects on one's character were devastating and could trigger or exacerbate a variety of diseases. Likewise, Robertson et al. reported that even one summons could cause a feeling of humiliation in the individual (17).

The midwives in the present study felt forsaken and complained about the lack of emotional and financial support from hospital authorities. In fact, while the managers could have helped the midwives to cope with stresses through counseling, they not only refused to provide the midwives with support, but also hurt their feelings with their occasional bitter words and unfair criticisms.

The absence of a lawyer during the litigation was also highlighted by the participating midwives. Due to their unawareness of the stages and results of litigations, midwives accused of negligence felt higher levels of stress. In some countries, a number of medical malpractice insurance companies and medical centers have developed programs to successfully provide healthcare providers with emotional support through individual counseling (27). While Iranian midwives require greater support (considering the possibility of imprisonment), some midwives were still unaware of their right to ask for a lawyer in professional courts.

Conclusion

Given the dramatic tensions caused by summons, it is essential to train midwifery students and clinical midwives on the main reasons of complaints and skills to protect them. They should also be taught on how to defend themselves in a court. By admitting to being afraid of the litigation and expressing their stresses, midwives will be avoided from future diseases. They should be able to talk with someone about their feelings. Sharing common experiences and establishing an open and honest relationship with the hospital legal team can provide the employees with explanations about their negligence through rational and respectful responses. As midwives were mainly concerned about imprisonment, the existing laws need to be revised to eliminate the possibility of imprisonment and update laws related to blood money .

Moreover, all midwives should be insured by the Midwifery Council before starting to work. The council should also be responsible for hiring a legal consultant (to help midwives defend themselves) and paying the blood money

or compensation in cases of maternal or neonatal death. These changes will undoubtedly promote midwives' health and increase their professional interest.

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Number of participants	Professional experience when the complaint was made / years	The cause of complaint	Final Verdict
1	3	Shoulder dystocia	Exoneration
2	22	Asphyxia and neonatal death	Exoneration
3	5	Prolapsed umbilical cord - Infant death	Blood money and cash fine
4	10	Asphyxia, cerebral palsy	Blood money
5	7	Asphyxia and neonatal death	Blood money and cash fine
6	8	Neonatal death	Blood money
7	19	Still Birth	Blood money and cash fine
8	5	Maternal and neonatal mortality	Blood money and cash fine
9	16	Erb's palsy of infant's hand	Exoneration
10	3	Intra uterine death of infant	Exoneration
11	19	Infant death during delivery	Blood money
12	3	Torsion ovarian cyst - patient death	Blood money and cash fine
13	22	Prolapsed cord - Infant death	Blood money

Table 1: Demographic characteristics, causes of complaints and the final verdict