

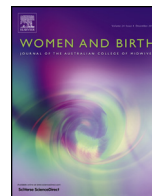


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Original Research – Qualitative

'Acupuncture for antenatal depression: It's worth giving it a go' – A qualitative study

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ABSTRACT

Background: Treatment strategies for the management of antenatal depression are limited by varied and often modest response rates, unpleasant medication side effects and uncertainty regarding foetal safety. Consequently, many pregnant women experiencing depression seek alternative non-pharmaceutical options. Acupuncture may provide a safe and potentially effective additional treatment, however further investigation is required. In this qualitative study, we explored the views of health professionals regarding the possible incorporation of acupuncture into mainstream care.

Methods: Two separate focus groups were run with 16 midwives. In-depth interviews were conducted with two maternity service managers and nine doctors (3 obstetricians, 2 psychiatrists and 4 general practitioners). Data was analysed using thematic analysis.

Results: Participants were generally positive about acupuncture and open to its possible inclusion in conventional care, on the proviso that it was safe and could be shown to be effective. The overarching theme to emerge was 'acupuncture for antenatal depression: it's worth giving it a go', which participants concluded after considering 'the dilemma of mental health' treatment during the antenatal period and the additional limitations this presented, along with the belief that 'if it doesn't do any harm, I'm not against it'. Practical considerations regarding potential 'barriers' and 'facilitators' to implementation were additionally explored in 'making it mainstream', whereby the different 'philosophical beliefs' held by participants were seen to influence perspectives.

Conclusion: Participants expressed an overall positive attitude towards the possible inclusion of acupuncture into mainstream care for antenatal depression, suggesting various hospital barriers could be overcome with further safety and effectiveness evidence.

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Statement of significance

Issue

Conventional treatment approaches for the management of antenatal depression are limited by insufficient effect, medication side effects and concerns regarding anti-depressant medication safety, consequently, women seek out alternatives

What is already known

Pregnant women experiencing depression are increasingly displaying interest in and use of complementary therapies for assistance with their mental health concerns. Preliminary findings suggest that acupuncture may be of benefit

What this paper adds

The views of midwives, maternity service managers and doctors were sought in relation to the possible incorporation of acupuncture into mainstream maternity care. This paper reports the perspectives and opinions of maternity service professionals, along with potential barriers and facilitators to implementation

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1. Introduction

Recent estimates suggest that up to 29% of women are affected by depressive symptomatology whilst pregnant,¹ with pre-existing and/or family histories of mental illness, medical co-morbidities and higher levels of exposure to social adversity being greater risk factors for the development of symptoms.² Reported impacts from depression during pregnancy to both mothers and children can be extensive, including compromised maternal 'self-care'³; obstetric⁴ and breastfeeding complications; impaired maternal responsiveness⁵; negative perceptions of infant behaviour⁶; postnatal depression⁷; and alterations to physiological and psychosocial development in children.⁸

Treatment guidelines recommend non-pharmacological options such as psychotherapy and psycho-education support for milder forms of depression, and the addition of medication for more severe cases.⁹ Whilst conventional treatments do provide benefits to many, it has been estimated that approximately 10% of women experiencing depression during the perinatal period obtain adequate management utilising these approaches.¹⁰ Uncertainty regarding antenatal medication safety with respect to possibly increased risks of malformations, obstetric complications, and longer term poorer child outcomes⁸ has also resulted in some clinicians exercising caution in prescribing medications, especially considering modest anti-depressant medication response rates,⁹ as well as reluctance by some women to take pharmaceutical medications.¹¹

Indeed, studies reveal that both pregnant women^{12–15} and the general public^{16,17} are turning to complementary medicines (CM) and therapies for assistance with mental health issues as a consequence of dissatisfaction with conventional options,^{11,18} as well as a desire for non-toxic,^{11,19} psychologically inclusive holistic approaches to health and disease.^{19,20} In Australia, recent data suggests that up to 73% of women used some form of CM during pregnancy,²¹ such as nutritional supplementation, herbal and homeopathic remedies, meditation, yoga and massage.

Acupuncture is an individually tailored, low-risk^{22,23} Chinese medical treatment that involves the insertion of fine needles into specific areas of the skin. Preliminary randomised or quasi-randomised controlled clinical studies investigating acupuncture for the management of depression^{24,25} or emotional disturbances²⁶ during pregnancy have demonstrated significant improvements to depressive or mental health symptomatology amongst acupuncture recipients, that are similarly reflective of findings in systematic reviews examining acupuncture for the treatment of depression^{27–29}; however further research is required. A randomised controlled trial (RCT) evaluating the effectiveness of acupuncture for antenatal depression was recently conducted in two hospitals in Western Sydney, Australia.⁵⁷ Alongside this, a qualitative exploration was undertaken to ascertain the views of acupuncture recipients regarding their experiences of depression during pregnancy as well as receiving the intervention (manuscript under review).

In order to further examine the possible role that acupuncture could provide as a supplementary therapeutic option for antenatal depression, we felt it was necessary to obtain the perspectives of maternal service providers who are routinely involved in the care of women experiencing depression during pregnancy. To this aim we sought to explore midwives', doctors' and maternity services managers' experiences with and opinions of acupuncture. We also aimed to understand their views of the potential barriers and facilitators to the implementation of acupuncture into mainstream maternity care. This paper presents the findings from this qualitative study.

2. Methods

2.1. Study design

As stated, this study arose from the RCT examining acupuncture as an adjunct therapeutic option for depression during pregnancy⁵⁷, that also incorporated in-depth interviews with women who had experienced acupuncture as part of the investigation. We considered it additionally important to gather the views of midwives working in the wards in which the RCT was run in order to also gain their perspectives regarding the issues they feel women experiencing depression during pregnancy face with conventional depression treatments, as well as their opinions of the possible role that acupuncture could provide as an additional therapeutic option for antenatal depression. Focus groups were chosen as the data collection method to achieve this aim, as they provide an opportunity to explore both individual and shared perspectives.³⁰

As an opinion expressed in the focus group sessions was that doctors were likely to be opposed to incorporating acupuncture in mainstream antenatal care, we additionally sought the perspectives of other maternity health service providers including obstetricians, psychiatrists, general practitioners and service managers in this regard. Undertaking focus groups with such a diverse range of professionals would however have been difficult to coordinate, and also likely to discourage some freely expressed opinions, consequently one to one in-depth interviews were determined to be the most suitable approach to explore the "subjective and complex experiences" [p 65]³¹ doctors and maternity service managers face when caring for women experiencing depression during pregnancy, as well as valuable detail³¹ regarding views of acupuncture and its possible incorporation into mainstream care for antenatal depression. The findings generated from the focus groups were used to inform the open-ended questioning prompts utilised during the interviews with doctors and maternity service managers.

A qualitative methodology was chosen as it was deemed to be the most appropriate methodology to enable the detailed exploration³² of participants' experiences of antenatal mental health management and their views of the possible role that acupuncture could provide within the 'context-specific settings'³³ of the hospital system. Qualitative research is appropriate for exploring and understanding experiences and attitudes of people towards issues or possible interventions in health care while quantitative research is appropriate for measuring frequency and outcomes.³⁴ In this study, our questions were qualitative in nature as we wanted to understand what health providers thought about acupuncture and its use in women who are experiencing depression during pregnancy. Little is known about this issue and so focus groups and in-depth interviews were ideal for exploring understanding and attitudes. We wanted to ask 'what', 'why' and 'how' questions, for which qualitative methodology is appropriate.

The overarching aim of exploring the perspectives of different antenatal healthcare professionals from focus groups (with midwives) and in depth individual interviews (with GPs, obstetricians, psychiatrists and maternity managers) was to obtain the opinions of all the key maternity health care providers about the role of acupuncture as an additional therapeutic option for antenatal depression, as well as the likely structural and organizational barriers to implementation into mainstream care. We were additionally interested in exploring whether attitudes and beliefs regarding acupuncture was seen to differ between midwives and doctors. It is important when testing interventions for effectiveness (reference removed to de-identify), that feasibility of upscaling for wide spread implementation is undertaken.³⁵

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