



Perceptions of primiparas on a postnatal psychoeducation programme: The process evaluation



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ABSTRACT

Objective: to explore the perceptions of primiparas on the contents, delivery and personal impact of postnatal psychoeducation programme.

Design and settings: a descriptive qualitative study was conducted in a public tertiary hospital in Singapore in 2013.

Participants: 18 primiparas who were able to read and speak English were recruited from the intervention group of a randomised controlled trial.

Measurements: a semi-structured interview guide was used to interview participants' perceptions on a postnatal psychoeducation programme at participants' home, which was developed based on the principles of self-efficacy and social exchange theories, between six and nine weeks post partum. The programme comprised of a 90-minute home visit, three weekly telephone follow-up and an educational booklet.

Findings: the qualitative interviews revealed that the participants faced many challenges such as negative emotions and difficulties in breast feeding and support issues in the early postpartum period especially after the hospital discharge. However, all the participants in the intervention group perceived the postnatal psychoeducation programme to be helpful in increasing their confidence in newborn care, fostering help-seeking behaviour, improving emotional well-being and increasing their knowledge in newborn and self-care as well as in breast feeding. Suggestions for programme improvements included more home visits, more telephone follow-up and web-based psychoeducation as well as recommending postnatal psychoeducation programme to be offered as a routine care. Overall, there was a high satisfaction and acceptability with the programme.

Conclusions: our findings indicate that the programme is beneficial for maternal well-being and confidence in maternal roles and, therefore, is promising to be introduced to the multiracial primiparas in Singapore.

Implications for practice: the challenges mothers experience during the postnatal period suggest that it would be worthwhile to devote more resources in providing follow-up support to the mothers in the early postpartum period. Midwives could incorporate a self-efficacy enhancing intervention with a family-centred approach to enable women to have a smooth transition to motherhood.

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Introduction

The early postpartum period is a stressful transition period for new mothers especially the primiparas (first-time mothers) (Kapp, 1998; Leahy-Warren et al., 2011; Ong et al., 2014). The primiparas face numerous physical and emotional challenges in the early postpartum period (Tarkka et al., 1999; Leahy-Warren et al., 2011; Ong et al., 2014). Lack of support during this period could lead to

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mothers feeling depressed and low self-efficacy in looking after their newborns (Haslam et al., 2006; Leahy-Warren et al., 2011; Shorey et al., 2013). The support available for the mothers in the crucial early postpartum period is thus critical for the smooth transition to motherhood. However, Bick (2003) reported that there was a lack of recognition for postnatal care provided to mothers globally.

The main focus of maternity care remains pregnancy and childbirth. The postnatal support available internationally varies from a few home visits to no home visits (Morrell et al., 2000; D'Amour et al., 2003; Fenwick et al., 2010). The details on the types of educational interventions delivered to the new mothers at home and how successful they are, is inconclusive (McNaughton, 2004).

There are various unmet needs of mothers in the early postpartum period (Kapp, 1998; Bick et al., 2008). The primiparas tend to feel more stressed and lower self-efficacy in newborn care tasks as compared to the multiparas (Tarkka et al., 2000; Forster et al., 2008; Ngai et al., 2009). Many studies have explored mothers' experiences and the challenges they face during the postnatal period (Martell, 2001; Leahy-Warren, 2005; Lof et al., 2006; Kanotra et al., 2007; Ong et al., 2014). These studies confirmed that transition to motherhood is an overriding concern for new mothers, especially for their infants and the need to develop adequate skills and confidence in mothering abilities. The mothers reported that they were simultaneously confronted with the demands of caring for their infant and the physical, emotional and social changes that ensue after childbirth (Leahy-Warren, 2005). These mothers suggested the need to have follow-up support for mothers, especially after early hospital discharge (Lof et al., 2006). In Singapore, an exploratory qualitative study (Ong et al., 2014) on primiparas reported the need for more information from health care professionals, access to health care services and continuity of care in the form of home visits after their early discharge from the hospital.

The follow-up support post childbirth varies from home visits by the midwives and community health nurses to hospital visits by the mothers to see their consultants (McNaughton, 2004; Ong et al., 2014). There are limited psychoeducational programmes available globally during the postnatal period (Kapp, 1998; Ip et al., 2009; Ngai et al., 2009). Psychoeducational interventions mainly focus on providing knowledge relevant to a health condition and its treatment, in addition to promoting increased coping or behavioural adjustment (Lincoln et al., 2008). Two studies showed that psychoeducational interventions could enhance maternal psychosocial well-being during pregnancy and birth (Ip et al., 2009; Ngai et al., 2009); however, no study has examined the use of this intervention for postnatal mothers. Therefore, a home-based postnatal psychoeducation programme (PPP) was developed (Shorey et al., 2014) based on self-efficacy theory (Bandura, 1997) and social exchange theory (Homans, 1961; Blau, 1964). A randomised controlled trial testing its effectiveness on enhancing maternal parental self-efficacy, social support and reducing postnatal depression symptoms was conducted with multiracial primiparas (Shorey et al., 2014; Shorey et al., in preparation).

Bandura (1997) underlined four self-efficacy enhancement factors (mastery experience, verbal persuasion, vicarious experience and physical and affective states) in the theory. All these factors were incorporated in the PPP. For example, mothers were provided with opportunities for hands on infant care tasks and to learn from their own experiences (mastery experience). In addition, based on social exchange theory (Homans, 1961; Blau, 1964) both formal support (from midwife) and informal support (from significant others) were provided to the primiparas. The PPP was designed based on the local needs of multiracial Singaporean mothers (Ong et al., 2014). The PPP fills the gap in the literature

where the support, provided in the form of home visits, focuses mainly on instrumental support with infant care tasks or the screening of the infant by the varied support providers including midwives, community health nurses and non-health care professionals such as home care workers (Morrell et al., 2000; D'Amour et al., 2003). There is an inadequate description and analysis of the interventions being executed during these home visits.

McNaughton (2004) reported the need to evaluate the interventions delivered at home. The process evaluation of an educational intervention is one way of understanding why and how the intervention worked and how it could be improved further (Breitmayer et al., 1993). The aim of this study was to report the qualitative process evaluation of the PPP delivered to multiracial primiparas in Singapore. The focus was to explore mothers' perceptions on the content, delivery methods, impact and suggestions for improvement of the intervention.

Methods

Design

A descriptive qualitative study was conducted.

Sampling

Participants were recruited from a randomised controlled trial examining the effectiveness of a PPP on maternal outcomes including self-efficacy in newborn care, social support and postnatal depression. The study venue was the postnatal wards of a public tertiary hospital in Singapore. The purposive sampling was used to select primiparas who were able to read and speak English with different maternal self-efficacy scores at six weeks post partum from the intervention group ($n=61$). The modified Perceived Maternal Parental Self-Efficacy (PMP S-E) scale, a domain specific scale that was originally developed by Barnes and Adamson-Macedo (2007), was used to obtain the scores of maternal self-efficacy. The original PMP S-E scale contained 20 items. On the basis of the face and content validity evaluated by an expert panel, three items were removed due to repetition. The modified scale consisted of 17 items with each item rated on a 4-point Likert scale: 1='strongly disagree' to 4='strongly agree', which gave a total score from 17 to 68. Higher scores (above median score of 42) represent higher self-efficacy in newborn care. The modified PMP S-E scale was valid and reliable as shown in a local study (Shorey et al., 2013). Originally, it was planned that participants with self-efficacy scores of higher and lower than median score of 42 would be recruited. However, the results showed that all participants in the intervention group had self-efficacy scores over 42; therefore, all participants from the intervention group were approached. Data saturation was achieved at the 15th participant. Three additional interviews were conducted and no additional information yielded (Schneider et al., 2007), giving a total sample of 18 mothers.

Intervention

The control group received routine care, which included educational support on newborn care including breast feeding support when the mothers were in the hospital and follow-up hospital visit with their consultants. The intervention group received the PPP in addition to the routine care. The PPP was planned to provide follow-up care to the first-time mothers after the hospital discharge from as early as day five to two weeks post-childbirth. The interactive educational programme was based on

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