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Australian midwives knowledge, attitude and perceived learning needs around perinatal mental health

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ABSTRACT

Design and aim: a cross sectional survey was undertaken to explore midwives' knowledge of, and attitudes towards, mental health disorders in childbearing women vis-à-vis their perceived mental health learning needs.
Setting and participants: a 50.1% response rate included 238 midwives employed in the only public tertiary maternity hospital in Western Australia from March to June 2013.
Method and findings: The survey comprised a mixture of custom-designed questions and vignettes presenting various disorders. Only 37.6% of midwives felt well-equipped to support women, whilst 50.2% reported insufficient access to information. Demand was highest for education on: personality disorders (77.8%); the impact of childbearing on mental health disorders (74.2%); and skills for handling stress and aggression (57.8%). Knowledge scores were variable: on average eight out of a maximum 13 questions were answered correctly, but few (2.7%) answered more than 11 correctly, and 3.7% scored ≤ 4 correct. Across disorders, recognition from vignettes was highest for depression (93.9%), and lowest for schizophrenia (65.6%). Surprisingly, there were no associations between general knowledge scores and previous mental health experience, recent professional development, or access to information around mental health. The majority endorsed positive beliefs about midwives' role in mental health assessment, and belief in women's recovery (83.5%), however, cluster analysis of warmth and competence ratings revealed negative stereotyping of mental health disorders.
Key conclusions: Midwives accept it is their role to assess the mental health status of women but many feel ill-equipped to do so and express a strong desire for further knowledge and skills across a range of perinatal mental health topics. Attitudes to recovery are positive but negative stereotypes exist; therefore awareness of potential bias is important to negate their influence on care.
Implications for practice: Learning needs may change due to trends in clinical practice. Strategies are needed to recognise negative beliefs and to ensure education is responsive to local contexts.
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Introduction

In the Australian public health system, midwives play a major role in the care of childbearing women, having regular contact and opportunity to support and improve their mental well-being. Midwives are ideally placed to provide identification, referral and support for mental health disorders across the perinatal

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period. Therefore, to assist in the implementation of this support, an investigation of the perceived perinatal mental health learning needs of Western Australian midwives was undertaken. To supplement this evaluation a brief assessment of midwives current knowledge of, and attitudes towards, mental health disorders was undertaken to inform how professional development education could better address existing needs.

Background

International studies, all from the United Kingdom (UK), have found that although midwives are willing to learn and progress their perinatal mental health roles (Ross-Davie et al., 2006), the majority feel under-skilled to adequately manage mental health disorders (Stewart and Henshaw, 2002). In fact, a majority of British midwives (94.3%) felt they had an important role in the management of mental health disorders during pregnancy and after birth (Stewart and Henshaw, 2002). As such, UK midwives have expressed considerable concern regarding their confidence and skills in caring for childbearing women with mental health problems. Importantly, these studies emphasise that midwives often perceive they have insufficient knowledge about available resources related to mental illness during pregnancy (Jomeen et al., 2009; Rothera and Oates, 2011).

The need for prevention, early identification and prompt treatment is clear given the potential life threatening consequences of mental health disorders during pregnancy (Sharp, 2009). Three UK Enquiries have highlighted suicide as a leading cause of maternal death, with more than half experiencing an underlying history of mental health disorders (Lewis, 2001, 2004, 2007). The UK review of maternal deaths from psychiatric causes (2006–2008) suggests that: having a psychiatric disorder is common in pregnancy and after birth; pregnancy is not protective against these disorders; and care needs to be taken not to equate suicide risk with socio-economic deprivation. In addition, although previous history of mental health disorders is important, 10 (34%) of 29 maternal suicide events had no history and represented a first episode (Centre for Maternal and Child Enquiries, 2011).

In Australia, results from a recent National Health Survey confirmed that 13.6% of the population reported a mental or behavioural condition (Australian Bureau of Statistics [ABS], 2011). Additionally, the National Survey of Mental Health and Wellbeing revealed 20% of Australians (16–85 years) had experienced disorders lasting at least 12 months (ABS, 2008). A Western Australian (WA) study with data from 1990 to 2005 also confirmed an increase in the prevalence of prior mental health disorders for mothers (O'Donnell et al., 2013). This trend represented a 4.7% increase in odds per year of mental health service contacts in the year preceding birth (O'Donnell et al., 2013).

Mood related conditions such as anxiety and depression are particularly relevant for maternity clinicians, as women experience higher rates of these disorders (ABS, 2008). The prevalence of antenatal depression in Australia is approximately 9%, whereas the rate of depression for women between 1 and 12 months post birth is around 15% (Beyond Blue, 2013). Specific rates for anxiety in childbearing women are not currently available; however, many women experience anxiety and depression concurrently. Although less prevalent, puerperal psychosis affects 1 to 2 women per 1000 and women with bipolar disorder are known to be at greater risk for psychosis (Beyond Blue, 2013). Similarly, schizophrenia is recognised as a low prevalence disorder, with approximately 1% of Australians living with the illness (Schizophrenia.com, 2010). However, in recent years the number of women with schizophrenia having babies has increased, leading to a call for specialist maternity services and staff to assist with their care (Vidog et al., 2012). Of note, these women also present with increased rates of obstetric and neonatal complications necessitating a comprehensive approach to care (Nguyen et al., 2012). Some insight into how to facilitate such care was recently obtained in a qualitative study of pregnancy in Australian women with an enduring mental illness. This study found that these women valued building a relationship with a small known team of health professionals who could provide respect and understanding without stigma, while offering care that acknowledged their special needs (Hauck et al., 2012). Despite the importance of these issues, there is limited evidence on the knowledge and attitudes of midwives to mental illness.

Australian midwives are involved in providing care to all childbearing women, therefore it is essential they possess knowledge and skills to effectively care for vulnerable women (McCauley et al., 2011). Australian research on midwives knowledge has focussed primarily on perinatal depression, the most prevalent disorder (Buist et al., 2006; Miles, 2011; Jones et al., 2012). Whilst having regular exposure to women with mental health disorders, including depression, anxiety, bipolar, schizophrenia, and personality disorders, 93% of midwives in Victoria felt they could be better prepared to provide support to these women (McCauley et al., 2011). Regular updates and study days offer one strategy to improve midwives' mental health knowledge and history taking (Elliott et al., 2007; Ross-Davie et al., 2007). However, perceptions of needs must also be assessed to ensure education is appropriately focussed.

Although existing evidence predominantly from the UK has confirmed that midwives would like more information around perinatal mental health (Jomeen et al., 2009; McCauley et al., 2011; Rothera and Oates, 2011; Stewart et al., 2002), further information is necessary to inform what should be included within continuing professional development education in the Australian context. Perinatal depression has been the focus of existing research, due to its higher prevalence; however, midwives must also support women with low prevalence disorders. Targeted examination of midwives' learning needs is important to address this gap in knowledge and guide professional development education for midwives. Obtaining local evidence is essential for health services to be able to tailor professional development opportunities to the needs of their workforce.

Study context

Western Australia is Australia's largest state with a total land area of 2.5 million km^2, a population of approximately 2.4 million and 30,843 reported births in 2010 (Joyce and Hutchinson, 2012). The majority of the population (two million) reside in the Perth area, where the study hospital is located. King Edward Memorial Hospital (KEMH) is the state's only tertiary maternity hospital and referral centre for women with highly complex pregnancies. KEMH had 5773 reported births in 2010. The Department of Nursing and Midwifery Education and Research at KEMH have offered a full day professional development session on motherhood and mental health topics since 2004. This session is offered at no cost to hospital employees. However, in recent years demand to attend this session has increased. Full enrolments and waiting lists are common and repeat sessions have been requested to address growing interest.

Method

Design and aim

A cross sectional study design was undertaken to explore the perceived perinatal mental health learning needs of midwives working at the only public tertiary maternity hospital setting in

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