



A systematic review of systematic reviews of interventions to improve maternal mental health and well-being

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ABSTRACT

Objective: to identify non-invasive interventions in the perinatal period that could enable midwives to offer effective support to women within the area of maternal mental health and well-being.

Methods: a total of 9 databases were searched: MEDLINE, PubMed, EBSCO (CINAHL/British Nursing Index), MIDIRS Online Database, Web of Science, The Cochrane library, CRD (NHS EED/DARE/HTA), Joanne Briggs Institute and EconLit. A systematic search strategy was formulated using key MeSH terms and related text words for midwifery, study aim, study design and mental health. Inclusion criteria were articles published from 1999 onwards, English language publications and articles originating from economically developed countries, indicated by membership of the Organisation for Economic Co-operation and Development (OECD). Data were independently extracted using a data collection form, which recorded data on the number of papers reviewed, time frame of the review, objectives, key findings and recommendations. Summary data tables were set up outlining key data for each study and findings were organised into related groups. The methodological quality of the reviews was assessed based on predefined quality assessment criteria for reviews.

Findings: 32 reviews were identified as examining interventions that could be used or co-ordinated by midwives in relation to some aspect of maternal mental health and well-being from the antenatal to the postnatal period and met the inclusion criteria. The review highlighted that based on current systematic review evidence it would be premature to consider introducing any of the identified interventions into midwifery training or practice. However there were a number of examples of possible interventions worthy of further research including midwifery led models of care in the prevention of postpartum depression, psychological and psychosocial interventions for treating postpartum depression and facilitation/co-ordination of parent-training programmes. No reviews were identified that supported a specific midwifery role in maternal mental health and well-being in pregnancy, and yet, this is the point of most intensive contact.

Key conclusions and implications for practice: This systematic review of systematic reviews provides a valuable overview of the current strengths and gaps in relation to maternal mental health interventions in the perinatal period. While there was little evidence identified to inform the current role of midwives in maternal mental health, the review provides the opportunity to reflect on what is achievable by midwives now and in the future and the need for high quality randomised controlled trials to inform a strategic approach to promoting maternal mental health in midwifery.

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Introduction

Pregnancy is characterised by physiological, social and emotional changes and demands which can impact on maternal well-being. Empirical studies suggest that 15–25% of women experience high anxiety or depression during pregnancy (Ross and

McLean, 2006; Lee et al., 2007; Figueiredo and Conde, 2011) and that anxiety and depression levels are higher during pregnancy compared with the postpartum period. Both antenatal anxiety and depression have been found to be associated with poor obstetric and neonatal outcomes (Mancuso et al., 2004; Marcus and Heringhausen, 2009; Dunkel-Schetter and Glynn, 2010; Dunkel-Schetter, 2011). In addition to short term morbidity, maternal mental illness can have an adverse impact on family functioning, and the cognitive, emotional, social and behavioural development of infants (Dennis and Hodnett, 2007; Talge et al., 2007).

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Women are in regular contact with health-care services during the perinatal period and midwives are in a key position to educate and support women about mental health and well-being and identify women at risk: those experiencing increased stress, women at increased risk of developing mental health problems or women with existing mental illness. The final report from *Midwifery 2020*, identifies the midwife as the key health professional to promote well-being for women with uncomplicated pregnancies and it outlines a pivotal role for midwives in co-ordinating the journey through pregnancy for all women. The co-ordinating role of the midwife ensures women are referred to other services when appropriate and that holistic care is provided to optimise each woman's birth experience regardless of risk factor (*Midwifery 2020 Final Report, 2010*). This is further highlighted by the CMACE report (*Lewis, 2011*), which recommends that midwives should be able to refer directly to psychiatry services to avoid women being lost in the system. However clarity is required on what effective interventions exist that would enable midwives to offer appropriate support and co-ordination of care within the area of maternal mental health and well-being. Gaps in knowledge also need to be identified, so that we provide an evidence based approach to the ongoing research and development of the role of midwifery in supporting maternal mental health and well-being.

This systematic review of systematic reviews was conducted as part of a larger review study on the public health role of the midwife for *Midwifery 2020* (*McNeill et al., 2010*). The review explored the education, support and screening roles of midwives through the reproductive pathway starting before conception through pregnancy, childbirth and the postnatal period. Looking towards 2020, the review explored interventions based on the everyday role of the midwife, which could be built on over the next decade to further develop the public health role of the midwife. The Royal College of Midwives (RCM) states that it is appropriate for midwives to gain competence in new skills, in accordance with NMC requirements, so that they can offer women a wider range of choices during maternity care including non-invasive therapies (*RCM, 2007*). Therefore this review also included interventions that could be conducted by midwives with specialist training.

In the presence of time and financial constraints, a systematic review of systematic reviews provides a coherent appraisal and summary of reviews, allowing the findings of individual reviews to be compared and contrasted, facilitating a broad scope of mental health interventions. The specific research aim of this review was to identify which non-invasive interventions in the perinatal period would enable midwives to offer effective care to women within the area of maternal mental health and well-being.

Methods

Search strategy

A total of 9 databases were searched: MEDLINE, PubMed, EBSCO (CINAHL/British Nursing Index), MIDIRS Online Database, Web of Science, The Cochrane library, CRD (NHS EED/DARE/HTA), Joanna Briggs Institute and EconLit. A systematic search strategy was formulated including key MeSH terms and related text words under the headings of Midwifery, Study Aim, Study Design and Mental Health (see *Fig. 1*).

Inclusion criteria were articles published from 1999 onwards, English language publications and articles originating from economically developed countries, indicated by membership of the Organisation for Economic Co-operation and Development (OECD). If the review did not clearly state the search strategy or include

MeSH terms

Midwifery

Midwifery / Obstetric nursing
Community Health Nursing
Pregnancy / Pregnant women
Prenatal care
Care, postnatal

Study aim

Evidence-based practice
Health promotion
Costs and cost analysis
Cost-Benefit Analysis

Study design

Review
Meta-Analysis

Mental health

Depression
Depression, postpartum

Mental health
Mental disorders
Stress, psychological / Anxiety
Stress disorders, post-traumatic
Mood disorders

Additional, associated text words

Midwife/ves / certified nurse midwife
Community midwife/ves
Antenatal care / services
(Supportive) Intervention(s)
Prevention(s)
Cost evaluation
Cost effectiveness / economic evaluation
Literature review
Systematic review
Pre-existing mental illness
Well-being / wellbeing / wellness
Postpartum psychosis

Fig. 1. Search terms.

search terms and databases accessed they were not deemed eligible for inclusion. The key terms for inclusion in the search strategy were discussed and agreed with the study Advisory group and the *Midwifery 2020 Public Health Stream* working group. Interventions that could be used by or co-ordinated by a midwife were broadly agreed to include education, screening and support. Ambiguity as to the suitability of inclusion in regard to the role of the midwife was discussed within the project team (which included a midwife and 2 others with significant experience of maternity care research). If consensus could not be reached within the study team inclusion was agreed with the Advisory group.

The following exclusion criteria were applied: reviews related specifically to obstetric interventions in pregnancy, rather than midwifery, and those which were not directly related to mental health and well-being of women from antenatal to the postnatal period. Reviews of interventions requiring specialist long term professional training such as psychotherapeutic interventions were also excluded unless part of a broader review.

The initial search was conducted in November 2009, with a final update of the search carried out in October 2010. The initial search was conducted as part of a larger review of reviews, the full methods and results of which can be found in *McNeill et al. (2010)*. A broader literature review on maternal mental health in the antenatal and postnatal period, beyond the remit of the current review of reviews on the role of the midwife in maternal mental health and well-being, can be found in the NICE guidelines (*National Collaborating Centre for Mental Health, 2007*).

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