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Women's perceptions and experiences of severe maternal morbidity – A synthesis of qualitative studies using a meta-ethnographic approach

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ABSTRACT

Background: maternal mortality is a relatively rare event in high-income countries and some middle-income countries. There is however a rising trend in the overall rate of severe maternal morbidity in many of these countries due to the increasingly complex obstetric and medical needs of women who become pregnant. With the aim to identify how women's experiences of health services following severe maternal morbidity could be improved, we explored women's perceptions and experiences of severe maternal morbidity (defined as major obstetric haemorrhage, severe preeclampsia, eclampsia, HELLP syndrome, critical care unit admission) by synthesising evidence from qualitative studies.

Methods: a systematic search of the literature was conducted using multiple databases, including MEDLINE, PsycINFO, EMBASE, CINAHL, British Nursing Index (BNI), Web of Science and Scopus, using predetermined search strategies. Studies were selected based on pre-defined inclusion and exclusion criteria. The methodological quality of selected qualitative studies was assessed using relevant CASP appraisal tools. Evidence synthesis was undertaken using meta-ethnography. The synthesis involved three steps: (1) ascertaining how studies were related or dissimilar through comparison; (2) translating one study's findings into another and (3) synthesis of the translation.

Findings: 12 studies met inclusion criteria. Synthesis of these studies showed that women's experiences of severe maternal morbidity can be broadly categorised into three areas: experiencing the event of severe maternal morbidity, the immediate reaction to the event (physical experience, perception/interpretation of their situation, and emotion), and the aftermath (either a negative or positive experience), which are all interconnected. Women's experiences of severe maternal morbidity may be influenced by other factors such as the individuals' personal characteristics, pre-existing health conditions, feeling safe within the care provided, availability and accessibility of high quality health care, and their wider social support networks. Importantly, women's perceptions and experiences of severe maternal morbidity could be compounded by inadequate clinical management and care.

Conclusions: an experience of severe maternal morbidity and its subsequent management are physically and emotionally distressing, conjuring negative feelings and emotions and possibly poor postnatal outcomes. Findings suggest the importance of ensuring that the safety and quality of intrapartum interventions and models of postnatal care are enhanced, to reduce or prevent subsequent implications of an acute medical event on women and their families.

Contents

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Introduction

Maternal mortality is a relatively rare event in high-income countries and rates are declining in some middle income countries (World Health Organization, 2011), although a disparity of reported rates of maternal mortality between the wealthy and poor of these countries persist (United Nations, 2012). In countries where maternal mortality has declined, severe maternal morbidity is gaining increasing attention as an important indicator of safety and quality in maternity care (Baskett, 2008). Although there is no general agreement as to what comprises severe maternal morbidity (Ronsmans, 2001a, 2001b), commonly used criteria include major obstetric haemorrhage, severe preeclampsia, eclampsia, HELLP syndrome (a syndrome involving haemolysis, elevated liver enzymes and low platelets), and/or critical care unit admission.

Earlier studies have shown that there is a rising trend in the overall rate of severe maternal morbidity in many of these countries largely due to the increasingly complex obstetrics and medical needs of women who become pregnant (Baskett, 2008; Knight, 2008). In high-income countries, severe maternal morbidity such as post partum haemorrhage and hypertensive disorders which are frequently associated with maternal morbidity, are considered well-managed medical emergencies; the majority of women's lives are saved by prompt and appropriate medical intervention. However, general trauma literature shows that life-threatening events are likely to lead to psychological problems even when medical treatment is timely and effective (Vincent, 2006). There is also a growing recognition that a high level medical intervention during birth and women's memories and perceptions of birth may contribute to poor postnatal psychological outcomes (Astbury et al., 1994) including post-traumatic stress disorder (PTSD) (Creedy et al., 2000).

It is a matter of concern that much maternal morbidity, including mental health problems, remains relatively 'hidden' despite the longer-term consequences for women, their families and for public health (Ayers et al., 2007; Bastos et al., 2008). Studies have identified longer-term negative impacts of maternal mental health problems on child development (Sharp et al., 1995; Halligan et al., 2007) and maternal morbidity, which not identified or managed, could increase use of secondary health care services by women and their families (Furuta et al., 2012; MacArthur et al., 2003; Waterstone et al., 2003).

To enhance the safety and quality of care and improve women's experiences of giving birth, it is important to understand their perceptions and experiences of such an event and how it could