Midwifery 30 (2014) 491–498

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

The impact of peer support in the context of perinatal mental illness: A meta-ethnography

Catriona C.G. Jones, RM, MSc (Lecturer (Midwifery), Research Associate)*, Julie Jomeen, PhD, RM, RGN (Professor of Midwifery), Mark Hayter, PhD, RN, MMed.Sci (Professor of Sexual and Reproductive Health)

Faculty of Health and Social Care, University of Hull, Cottingham Road, Hull HU67RX, United Kingdom

ARTICLE INFO

Article history:
Received 8 April 2013
Received in revised form
16 July 2013
Accepted 4 August 2013

Keywords:
Mental health
Peer support
Midwifery
Meta-ethnography

ABSTRACT

Objective: this paper is a report of a systematic review and meta-ethnography to explore the impact of peer support in the context of perinatal mental illness (PMI).
Method: systematic review methods identified five qualitative studies about women's experiences of PMI, and the impact peer support has on their journey towards emotional well-being. Findings from the identified studies were synthesised into themes, using meta-ethnography.
Synthesis and findings: the meta-ethnography produced four themes; 'Isolation: the role of peer support', 'Seeking validation through peer support', 'The importance of social norms of motherhood', and 'Finding affirmation/a way forward; the impact of peer support'. These themes represent women's experiences of PMI, their encounters with peer support groups within that context, and the impact of such encounters on their mental health status.
Key conclusion: recognising the risk of isolation and having pathways of referral to peer support networks is important, as are practitioners roles in nurturing peer support networks in perinatal care. More research is required to establish the most successful formats/structures of peer support. Practitioners should also recognise their individual and collective professional duty to challenge stereotypical depictions of motherhood wherever they arise, as this 'gold standard' benchmark of good mothering engenders guilt about not being good enough, often leaving women feeling inadequate.
Implications for practice: isolation is a key factor in PMI. Practitioners should be instrumental in their acceptance and development of peer support for PMI, ensuring these networks are valued, nurtured and encouraged. This study illustrates the powerful effect of professional and social forces on how new mothers feel about themselves.

Contents

* Corresponding author.
E-mail address: c.jones@hull.ac.uk (C.C.G. Jones).

0266-6138/$ - see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.midw.2013.08.003

Introduction

PMI is now acknowledged as an important global public health problem. Postnatal depression (PND) is a universal experience, affecting 3–25% of all new mothers (Dennis, 2003; Postmontier and Horowitz, 2004; Horowitz, 2006; Beck, 2008; Dennis and Hodnett, 2009). In high-income countries, 10% of pregnant women and 13% of mothers of infants have significant mental health problems, depression and anxiety being the most common (O'Hara and Swain, 1996; Hendrick et al., 1998; Fisher et al., 2010). Rates are much higher in resource-constrained countries (Fisher et al., 2010).

Definitions of the perinatal period differ, with the WHO (1992) defining it as 'at 22 completed weeks (154 days) of gestation (the time when birthweight is normally 500 g) and ending seven completed days after birth' yet other guideline based definitions define the perinatal period as pregnancy and the first year after birth (National Institute for Health and Clinical Excellence (NICE), 2007; Government of South Australia, 2012). The nature of mental illness in the childbearing period is that it can occur both antenatally and postnatally and may for many women exist across a continuum of both. Therefore the use of the term perinatal, in this paper, aims to facilitate both a conceptualisation of that continuum model and encompass the broader definition of the perinatal period as lasting up to a minimum of a year post birth.

PMI can have deleterious consequences for women's life-long mental health, and the well-being of their children and families (NPMHDU, 2011). United Kingdom (UK) figures broadly emulate the global figures and suggest that approximately 13% of women experience PND and the incidence is matched by that of antenatal depression (AND) (Rubertsson et al., 2005; Bennett et al., 2004). AND has become recognised as a condition in its own right, and as a significant issue for many pregnant women (NICE, 2007).

Recognition of the range of PMI is an important step in preventing women developing serious problems at the far end of that spectrum. The role of peer support for women experiencing emotional distress is growing significantly and now forms a substantive part of maternity care. It is important to gain an understanding of the successful features of peer support alongside those factors which inhibit success. There are a growing number of qualitative studies on this issue, and there is an urgent need to bring them together and synthesise the key messages for practice – which is the central aim of this paper.

Background

Support from other women with children is an important aspect of the recovery from low mood and emotional distress (Mauthner, 1997, 1999; Tammentie et al., 2004; Hanley and Long, 2006). A number of quantitative studies illustrate that some forms of peer and social support may have a positive impact on reducing perceptions of isolation and low self-esteem experienced by women before and after childbirth (Johnson et al., 1993; Fogarty and Kingswell, 2002; Dennis, 2003; Dennis et al., 2009; Leahy-Warren et al., 2011). The recent NICE (2007) guidelines urges healthcare professionals to consider regular informal individual or group based social support as an intervention for women experiencing a first episode of childbirth related depression not meeting diagnostic criteria.

Despite the absence of a consistent definition of peer support, and little consensus regarding its operational scope, its benefits are sought after as a means of improving health outcomes (Dennis, 2003). It is recognised that people who have endured or overcome adversity can offer useful support, alongside encouragement and hope to others facing similar situations (Davidson et al., 2006). The activities of peer support are wide ranging. Mead and MacNeil (2006) refer to the peer principle as finding affiliation with someone with similar life experience and having an equal relationship. Broadly defined, peer relationships involve an exchange of resources between individuals of equal status, similar adverse experiences, founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful (Dennis, 2003; Mead, 2003; Davidson et al., 2006; Corrison et al., 2008; Pfeiffer et al., 2011). Peer support maybe financially compensated or voluntary (Solomon, 2004), with key characteristics being based upon notions of shared hardship, provided by non-professional parties; a vantage point considered crucial (Mead and MacNeil, 2006).

Peer support, within other aspects of maternal health has been found to be beneficial for meeting the diverse needs of populations, including the provision of one to one support in labour by doulas (Scott et al., 1999) and breast-feeding support workers (Jolly et al., 2012). A number of studies have evaluated the impact of peer, lay, non-professional and para-professional support on the prevention of PND and the improvement of emotional well-being using a variety of methods. These studies focus not only on women with a PMI diagnosis, but also on women who are identified as vulnerable and are therefore considered to be at risk of PMI (Morrell et al., 2000; Fogarty and Kingswell, 2002; Wiggins et al., 2005; Letourneau et al., 2007).

Quantitative studies have dominated the field of peer support interventions in the field of emotional well-being; however this approach has provided mixed evidence of efficacy, and offers only limited insight into the subjective meanings attributed by mothers themselves. At the very least, the data drawn from existing quantitative sources demonstrates how claims to provide effective support for parents, need to be contextualised by looking at how 'support' processes work in practice; an issue first identified by Oakley et al. (1998).

Methods

We used systematic review methods to identify qualitative research about women's experiences of peer support when suffering PMI. One key criterion therefore was that the women in the studies were identified as experiencing PMI within the paper. We followed the seven steps in meta-ethnography as identified by