



Midwifery education in practice

Assessing the knowledge of perinatal mental illness among student midwives



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ABSTRACT

The experience of perinatal mental illness (mental illness occurring around the time of pregnancy) currently affect 1 in 10 women and can have adverse effects on the mother and her child (Massie and Szajnborg, 2002; O'Connor et al., 2002). The care and effective management of women experiencing perinatal mental illness is therefore an important issue for health care staff, managers, psychiatrists, commissioners and campaigners. Midwives play a significant part in caring for women throughout their pregnancies, during labour and up to the first month after birth. Midwives are in a unique position to assess a woman's well-being and to offer appropriate support. However, previous research has revealed that midwives often have poor understanding and knowledge of perinatal mental health issues and require improved training (Ross-Davie et al., 2006; McCann and Clark, 2010).

This research project aims to systematically assess student midwives awareness of perinatal mental illness. The findings of this study will inform curriculum development for graduate and post-graduate midwifery students therefore improving the care and support women with mental illness receive from antenatal services. The findings from this study will also be used for the formation of an educational web-based programme for student and qualified midwives.

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Introduction

Experiences of emotional distress are common during pregnancy and following childbirth, and there is much reference to the 'baby blues' that occur normally in the few days following birth (Spinelli and Endicott, 2003; Evans et al., 2001). Having a child is a major adjustment for a woman that involves major changes in her sense of self, her roles, and relationships with others (McCourt, 2006). Many women feel overwhelmed about becoming mothers and express these in a range of ways, such as feeling loss, sadness and ambivalence.

There is strong research evidence that women are at greatest risk of developing a mental illness during the process of having a baby than at any other time in their lives (Dearman et al., 2007). Women are twenty times more likely to be admitted to a psychiatric hospital in the two weeks after childbirth than at any time in the two years before or after (NICE, 2007). During pregnancy and up to one year following childbirth, perinatal mental illness (mental

illness occurring around the time of pregnancy and birth) is a leading cause of maternal death (Confidential Enquiries into Maternal Deaths, 2004; Lewis, 2007). The impact of perinatal mental illness on family members has been researched widely (Murray et al., 1996; Poobalan et al., 2007). Research evidence also suggests that perinatal mental illness in the mother has an impact upon the child's emotional, cognitive and physical development (Dearman et al., 2007).

There are very few research studies that focus upon the knowledge of student midwives of perinatal mental illness. In relation to this, it is vital to consider the ways in which midwives are trained, and the attention given to perinatal mental illness in the midwifery curriculum and in placement experiences. This research aims to systematically assess student midwives knowledge of perinatal mental illness and to subsequently inform curriculum development for midwifery students at both undergraduate and postgraduate levels. This study also aims to contribute towards improving the care and support women with perinatal mental illness receive from antenatal services. Consequently, the findings from this study will also be used for the development of an educational web-based resource for student and qualified midwives.

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Background/literature

The role of the midwife

The NICE guidelines (2007) 'Antenatal and postnatal mental health: clinical management and service guidance' recommend that all pregnant women need to be screened for mental illness at first contact with a healthcare professional. This first booking appointment is where pregnant women are directly asked by a midwife if they are experiencing symptoms of mental illness, or have a previous or current diagnosis of mental illness (Whooley et al., 1997). Following disclosure of mental illness, an appropriate and relevant plan of care should be devised involving the woman that outlines her treatment and care. Midwives are therefore in a unique and privileged position to assess a woman's well-being and to offer appropriate support. Therefore, it is vital that midwives are equipped with the necessary skills to ask appropriate questions with regard to the experience of mental illness in order to make an assessment, and to then refer the woman to relevant services, and to work collaboratively with other health professionals.

Midwifery training

To investigate studies that have explored student midwives knowledge of perinatal mental illness, the health literature considered in this literature review was accessed using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) 1990–2012. Keywords 'student midwives'; 'mental health'; 'perinatal'; 'knowledge' and 'training' were used. It was found that previous research has highlighted that qualified midwives often have poor understanding and knowledge of perinatal mental health and require improved training (Ross-Davie et al., 2006). An Australian research study found that student midwives have a limited understanding, or a 'lay-persons' view of perinatal mental illness (McCann and Clark, 2010). In addition, research has found that midwives frequently feel unconfident in their role in appropriately assessing and referring women who experience perinatal mental illness to relevant specialist services (Stewart and Henshaw, 2002; McCauley et al., 2011). Other research has recommended the need for midwives to receive formal training on post-natal depression as many symptoms overlap with those experienced in pregnancy and following birth (Jomeen et al., 2009). Therefore, a small number of research studies were found relating to midwives awareness and knowledge of perinatal mental illness, but there were none on the knowledge of student midwives specifically.

The study

Aims

This research aimed to systematically assess student midwives knowledge of perinatal mental illness and to subsequently inform curriculum development for midwifery students at both undergraduate and postgraduate levels. This study also aimed to contribute towards improving the care and support women with perinatal mental illness receive from antenatal services. This study reports on Phase 1 of a two Phase project. Phase 1 was funded by the Florence Nightingale Foundation Trust.

Design

The researchers decided to use the qualitative method of focus groups to assess student midwives knowledge of perinatal mental illness. The researchers valued the collective nature of the focus group method, and did not wish to reach a consensus but to

encourage a range of responses from the group. This method enabled the researchers to enter the world of student midwife group and their experiences which were, as Kitzinger states about the value of focus groups, "articulated through social interaction". The researchers were also able to observe how the group interactions related to peer communication and group norms (Kitzinger 2005: 58).

Setting

The focus groups were conducted at a time when the students were attending their placements. The focus groups took place in an education centre a short walk away from the students' placement areas. The room had been booked prior to the focus groups and were free of any interruptions and disturbances. The rooms booked allowed adequate time for the focus groups and for any de-briefing needed following the group.

Participants

A purposive sample of nine student midwives was recruited to the study. Those student midwives who were near completion (within six months) of a BSc honours degree in Midwifery (3 year and 78 week cohorts) were asked to participate in the research study consisting of two focus groups. The focus groups lasted for 1 h, and were not taken out, and did not interfere with, teaching and learning time. To encourage the participation in the research study and to ensure minimal inconvenience to student midwives, the focus groups were conducted at a time when the students were attending their placements. It was made clear that the focus groups were not an exam or a test. Taking part in the study was completely voluntary. The researchers made it clear that if students decided that they did not want to take part in the research study, they did not have to give a reason and there would be no adverse effects on the student or the continuation of their midwifery training course. If after signing the consent form, the students wanted to withdraw some of comments or statements they had made in the focus groups, they were free to do so. The small group discussions were moderated by two researchers.

Due to the potentially sensitive subject of the research topic, students showing any signs of distress during or after the focus groups were to be given additional time to debrief. If necessary, referral to university based occupational health or counselling services was to be offered. Students could also seek support from their personal tutor. The researchers' contact details were provided on the participant information sheets and students were reminded that they could contact the researchers' if they wished following the focus groups.

The administrator for the 3 year and 78 week cohorts was requested to distribute information about the project to every student midwife who was within six months completion of their degree. Student midwives were given a period of two weeks to consider their participation in the study and were asked to indicate via email to the researchers their intention to participate.

Methods

At the start of the focus groups, ground rules were decided and participants were reminded about support available to them following the focus groups. The students were informed that one researcher would be taking field notes. The researchers reminded the students of the aims of the study. They explained that following introductions, the students would be asked to describe any

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