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Midwives' perceptions and experiences of caring for women who experience perinatal mental health problems: An integrative review

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ABSTRACT

Background: perinatal mental health is an important public health issue and consideration must be given to care provision for effective support and care of women in the perinatal period.
Aim: to synthesise primary research on midwives' perceived role in Perinatal Mental Health (PMH).
Design: integrative review.
Methods: Whittemore and Knafl's (2005) framework was employed. A systematic search of the literature was completed. Studies were included if they met the following criteria: primary qualitative, quantitative and mixed methods research studies published in peer reviewed journals between January 2006 to February 2016, where the population of interest were midwives and the outcomes of interest were their perceived role in the management of women with PMH problems. The methodological quality of studies was assessed using the relevant CASP (Critical Appraisal Skills Programmes, 2014) criteria for quantitative and qualitative research studies. Data extraction, quality assessment and thematic analysis were conducted.
Findings: a total of 3323 articles were retrieved and 22 papers were included in the review (15 quantitative, 6 qualitative and one mixed method study). The quality of the studies included was good overall. Two overarching themes emerged relating to personal and professional engagement. Within personal engagement four sub themes are presented: knowledge, skills, decision making and attitude. Within professional engagement four themes are presented: continuous professional development, organisation of care, referral, and support.
Conclusions and implications for practice: the findings indicate midwives require continuous professional development opportunities that address knowledge, attitudes to PMH, communication and assessment skills. However educational and training support in the absence of appropriate referral pathways and support systems will have little benefit.

Introduction

While the perinatal period is primarily perceived as a time of joy it can also pose physical, biological and emotional challenges (Howard et al., 2014a, 2014b). Multifactorial reasons including biological changes, obstetric related factors, stressful life events and inadequate social support can significantly impact on maternal mental health (Kulkarni, 2010). Perinatal mental health (PMH) relates to the mental well-being of women during pregnancy and up to one year after birth (Austin, 2003; Austin et al., 2008; Galbally et al., 2010; Howard et al., 2014b). Women may experience a broad range of mental health difficulties including mood, anxiety and psychotic disorders during the perinatal period (Paschetta, 2014). Internationally PMH is acknowledged as an important public health issue with international estimates indicating that between 10% and 25% of women will experience depression and 25–45% anxiety during this time (Fisher et al., 2010; Rallis et al., 2014a). A number of adverse outcomes are associated with perinatal mental health problems (PMHPs). These include recurrent depression, increased risk of psychosis, less responsive care giving, increased risk of suicide (Knight et al., 2014), epigenetic modifications, preterm birth, low birth weight (Grote et al., 2010), adverse effects on infant's cognitive and socio-emotional development (Glasheen et al., 2010; Kingston et al., 2012), paternal perinatal depression and poor relationship satisfaction (Wee et al.,

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2011).

The perinatal period is a time of increased healthcare utilisation (Sockol et al., 2013) and offers midwives a unique opportunity to screen for PMH risk factors, ensure early detection and early intervention (Milgrom et al., 2008). However due to a myriad of factors PMH remains unrecognised and therefore untreated (Priest et al., 2008). Factors such as a reluctance of women to disclose how they are feeling, lack of recognition of the signs of PMHPs by women and healthcare professionals and a reluctance of professionals to identify women because of lack of skills or resources all contribute to unrecognition and under treatment (Priest et al., 2008).

The aim of this review is to explore midwives' perceptions of their role in PMH. The following two questions formed the basis of the review: (1) what are the experiences and perceptions of midwives supporting women with PMHPs? and (2) what supports a midwife in their role supporting women with PMHPs?. Findings from this review will inform future research, practice and policy initiatives (Whittemore and Knafl, 2005).

Methods

This review integrated evidence from qualitative, quantitative and mixed method research and was informed by Whittemore and Knafl's (2005) framework in which methods of a review are reported in five stages (problem identification, literature search, data evaluation and extraction, data analysis, and presentation of results).

Stage 1: Problem identification

A clear problem identification and review purpose were essential to provide focus, boundaries and facilitate all stages of the review. This was facilitated through the use of PEO where midwives were taken as the Population, PMHPs taken as the Exposure and perception(s)/experience(s) taken as the Outcome. Exploratory investigations highlighted a number of different terms encompassing PMHPs such as depression, anxiety, post-traumatic stress disorder and reviewing the broad range of PMHPs were central to providing a comprehensive understanding. Search parameters to guide the inclusion of papers are presented in Table 1. The time period January 2006 to February 2016 was identified as appropriate to ensure comprehensive coverage and currency of relevant literature and reflect developments and midwives' perceptions over time. This time period captures the recent global position statement in favour of universal perinatal psychosocial assessment (International Marce Society, 2013), international guidelines (BeyondBlue, 2011; Scottish Intercollegiate Guidelines Network, 2012; National Institute for Clinical Excellence NICE, 2014) and a growing body of PMH research.

Stage 2: Literature search

The Cochrane Database of Systematic reviews, MEDLINE, CINAHL, PsycINFO, EMBASE, SCOPUS, and Web of Science were searched based on the search parameters and an example of the search used in PsycINFO is outlined in Table 2. This was complemented with an ancestry search of the reference lists of the identified studies.

Stage 3: Data evaluation and extraction

Studies were appraised using the Critical Appraisal Skills Programmes Checklists for qualitative and quantitative research and each individual criterion was reported as met, unmet or unclear (Tables 4a, 4b). However, as the review sought to explore the totality of evidence relating to midwives' role in PMH, no disqualifications were made on the grounds of quality rather the quality assessment process assisted in building a picture of the underlying assumptions and methods that currently characterise the field. Initial data extraction captured the study characteristics including, setting, study design, sample strategy, data collection and summary of main findings identified in the research and subsequent data extraction collated findings (Table 3). Quantitative papers that reported qualitative data were jointly extracted and the focus was on the quantitative results e.g. McCauley et al., 2011.

Stage 4: Data analysis

Data were ordered, coded, categorised and summarised into a unified and integrated conclusion. Themes were identified from each study and synthesised to form final themes. This was an iterative process of engagement and reengagement with the studies and co-authors where the extracted information was compared and patterns recorded as they became apparent. This comparative analysis process was further scrutinised, from which it was possible to discern groupings of similar information and the identification of two key themes (Table 5).

Stage 5: Presentation of results

The results of the search process are presented using a flow diagram (Fig. 1) where twenty-two articles representing nineteen unique studies were reviewed. These comprised fifteen quantitative studies [descriptive surveys (n=13) and before and after survey design (n=2)], six qualitative studies [one ethnography, four qualitative descriptive, one naturalistic enquiry] and one mixed methods study. One study published its results across three papers (Jones et al., 2011, 2012a, 2012b). Lau et al. (2015a) and Eilliott et al. (2007) presented findings of their study across two papers. The articles country of origin included Australia (n=10), United Kingdom (n=7), Slovenia (n=2), USA (n=1), Netherlands (n=1) and Sweden (n=1). The total number of midwives included across studies was 3475.

Studies that examined healthcare practitioners' perceptions where included where midwives' perceptions could be clearly identified for example Buist et al. (2006) and excluded if midwives' perceptions could not be clearly identified for example Stanley et al. (2006), Gunn et al. (2006) and Yelland et al. (2007). Studies that examined psychosocial assessment defined by Yelland et al. (2007, p288) as 'the process of exploring who is at risk of increased risk of adverse outcomes particularly those of psychological nature' were included in this review (Mollart et al., 2009; McLachlan et al., 2011).

Table 1
Search parameters.

Inclusion criteria	Exclusion criteria
Midwives working in community or hospital setting	Studies that reported on midwives perceptions of caring for women who use alcohol or illicit drugs
Papers from peer reviewed journals published from January 2006-February 2016	Non-peer reviewed studies
Articles written in English	Non-English
Articles from Europe, North America, Australia and New Zealand due to their comparable maternity services	Low income countries or lower middle income countries with incomparable maternity services
Primary quantitative, qualitative and mixed method studies	Review articles that did not use a systematic process to identify the literature

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