



Original Research - Qualitative

Women's mental health during pregnancy: A participatory qualitative study



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ABSTRACT

Background/objectives: British public health and academic policy and guidance promotes service user involvement in health care and research, however collaborative research remains underrepresented in literature relating to pregnant women's mental health. The aim of this participatory research was to explore mothers' and professionals' perspectives on the factors that influence pregnant women's mental health.

Method: This qualitative research was undertaken in England with the involvement of three community members who had firsthand experience of mental health problems during pregnancy. All members of the team were involved in study design, recruitment, data generation and different stages of thematic analysis. Data were transcribed for individual and group discussions with 17 women who self-identified as experiencing mental health problems during pregnancy and 15 professionals who work with this group. Means of establishing trustworthiness included triangulation, researcher reflexivity, peer debriefing and comprehensive data analysis.

Findings: Significant areas of commonality were identified between mothers' and professionals' perspectives on factors that undermine women's mental health during pregnancy and what is needed to support women's mental health. Analysis of data is provided with particular reference to contexts of relational, systemic and ecological conditions in women's lives.

Conclusions: Women's mental health is predominantly undermined or supported by relational, experiential and material factors. The local context of socio-economic deprivation is a significant influence on women's mental health and service requirements.

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Statement of significance

Problem or issue

There is limited public involvement in research about the factors that contribute to women's mental health problems during pregnancy.

What is already known

Professional and academically driven research has identified a wide range of factors associated with poor mental health during pregnancy. These include socio-economic adversity;

lack of support; self-criticism/judgement and judgement by others; experience of current and historic abuse; confounded expectations; stigma and shame; relationships; the role of alcohol and drugs.

What this paper adds

This paper adds a detailed qualitative analysis of women's accounts of the factors they associated with their mental health problems. This research was designed and conducted with and by women who have firsthand experience of poor mental health during pregnancy.

1. Introduction

Department of Health (England) policy and guidance promotes service user involvement in health care and research.¹ Although there is the expectation of patient and public involvement, collaborative research remains broadly underrepresented in

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antenatal mental health literature, and collaborative research does not feature in current National Institute for Health and Care Excellence (NICE) guidelines in the UK on Antenatal Mental Health.²

The aim of this participatory research was to explore women's and professionals' perspectives on mental health during pregnancy, and particularly those factors that are viewed as undermining mental health and well-being.

2. Background

2.1. Literature

Maternal mental health during pregnancy has been widely researched and associated with negative outcomes for affected women's children. The effects of poor mental health include preterm labour, low birth weight and early neonatal complications,^{3–5} childhood neurodevelopmental problems and adolescent mental health and behavioural problems.^{6,7}

Beyond the potential impact on her children, a woman's mental health during pregnancy is also closely connected to her risk of ongoing mental health problems after delivery. A review of the research literature establishes the association between antenatal and postnatal depression. Particular factors associated with postnatal depression were pre-existing depression, anxiety, life stresses and low levels of social support during the pregnancy.⁸ Enquiries into maternal deaths in the UK (CMACE) have illustrated the relatively rare but tragic consequences of poor maternal mental health for families with new babies. These reports show statistics of 71 maternal deaths from 'psychiatric causes' recorded from 1994 to 2008.⁹

A review of qualitative literature exploring women's experience of mental health problems during pregnancy was undertaken at the outset of this research. The literature search included specific common mental health conditions such as depression, anxiety and severe childbirth fear, and self identified mild to moderate emotional distress. This search also identified research that focused on conditions in women's lives that were associated with mental health problems such as intimate partner abuse,¹⁰ diagnosis as HIV positive,¹¹ a history of sexual trauma in childhood or adulthood^{12,13} and previous perinatal loss.

Major themes identified in this literature included the causes of distress such as

- Socio-economic adversity.
- Lack of support.
- Self-criticism/judgement and judgement by others.
- Experience of abuse.
- Confounded expectations.
- Stigma and shame.
- Relationships.
- The role of alcohol and drugs.

Many papers described pregnancy/mental health interactions and women's strategies for managing mental health problems (both positive and negative). Further common themes examined self and identity, and hopes or anxieties about being a good mother.

3. Method

The research was initiated by the first author (WF) as part of her PhD studies, supervised by the other two authors (KC and BP).

3.1. Researcher subjectivity

As a qualitative study, the authors recognise the importance of reflexivity and transparency regarding researcher subjectivity.¹⁴ The first author had prior experience as an NHS clinical psychologist in the researched locality and was inspired by community psychology.¹⁵ The second author is a registered midwife with an interest in mental health and the third author has background in social work, mental health and interest in women's well being and intimate partner abuse.

3.2. Developing the research team

The process of the research began by consultation with local professionals for discussion on the research topic and approach and to contact local mothers with experience of mental health problems who might be interested in taking part in the research. After attending many local mothers' groups and following up recommendations from professional contacts, three community members were recruited to the research team. All had first-hand experience of mental health problems during pregnancy. Two were pregnant during the early stages of the research and one had three children, one of whom was approximately one year of age at the start of the study.

All members of the team were involved in study design, recruitment, data generation and analysis. The non-academic members of the research team received some basic training on qualitative interviewing and analysis from the first author (WF) and due to their limited experience of this approach, a relatively straightforward design of thematic analysis was recommended by the academically trained members of the team. Epistemology was discussed within the team and a realist approach was agreed for the purposes of this project. Research Questions were decided within the team to focus on 'what undermines and supports women's mental health during pregnancy, and what are their experiences of health services'. Additional questions were included for professionals about their own experience of work and training about pregnant women's mental health.

3.3. NHS research ethics process

Ethical approval was gained from the National Health Service Research Ethics Committee (Reference number 09/H0301/69). A full account of the complex issues arising within this process for participatory research is provided elsewhere.¹⁵ Prior to approval, the Research Ethics Committee required inclusion of assurances of confidentiality, support to be made available to participants who experienced distress during data generation, and actions to be taken as legally required in the event of concerns arising from disclosure of harm to children. Plans were in place to refer participants for support in the event of distress arising during interviews. There were no occasions on which these issues emerged during data generation.

3.4. Participants

Maximum variation and theoretical sampling^{16,17} were used to guide sampling decisions as the research progressed. Decisions were informed by emerging themes from preliminary analysis of the initial data and discussion in the research team, together with developing familiarity with the community being researched and advice from relevant local professionals. The aim was to incorporate into the study design an appreciation of the issues from as diverse a range of perspectives as was feasible within the timescale of the research.

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