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## Mothers with mental health problems: Contrasting experiences of support within maternity services in the Republic of Ireland

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### ABSTRACT

**Objective:** to explore the views and experiences of women with mental health difficulties, in the Republic of Ireland, accessing and receiving care from publicly-funded maternity care services during pregnancy, childbirth and immediate postnatal period in hospital.

**Participants:** in total 20 women with a range of mental health problems were recruited. The women had given birth within maternity services with and without specialist perinatal mental health services.

**Design:** a qualitative descriptive design using in-depth face to face interviews was used to explore women's experience. Data were analysed using an inductive thematic process.

**Findings:** the study offers valuable insights into the maternity care experiences of women with mental health problems, and highlights the deficits and fragmentation of care in maternity units that do not have a specialist mental health service. Even when the women voluntarily disclosed their difficulties, midwives appeared to lack the knowledge and skills to respond sensitively and responsively.

**Key conclusions and implications for practice:** there is a need to expand perinatal mental health services in the Republic of Ireland, so that quality service provision is not dependent on geography. In addition, there is a need for education to address the lack of knowledge and understanding of perinatal mental health problems amongst maternity care practitioners.

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### Introduction

For most women, pregnancy and motherhood is a positive psychological process. However, for some women this life-changing event can result in the development of a new mental health problem or the re-emergence of an existing problem. It is estimated that 15–25% of women will develop a mental health problem either during pregnancy or the first year post pregnancy (National Institute for Health and Clinical Excellence (NICE), 2014). Fifteen per cent of women will experience depression during pregnancy and between 15% and 20% of women will experience some form of depression in the first 12 months postnatally. Post-traumatic stress disorder is estimated to occur in 3% of women, and 6% following emergency caesarean section (Ross and McLean, 2006). The rate of anxiety disorder is estimated to be between 14%

and 15%, with a recognition that anxiety disorder is often comorbid with depressive disorders, and one to two women per 1000 births experience the onset of psychosis, often termed post partum or puerperal psychosis (Higgins et al., 2012, National Institute for Health and Clinical Excellence (NICE), 2014).

A number of studies have also highlighted the potential for reoccurrence and/or the worsening of existing mental health problems. In particular, the reported reoccurrence rates for bipolar disorder are approaching 50% in the antenatal period and 70% in the postnatal period (Viguera et al., 2007). Women with a diagnosis of schizophrenia are at an increased risk of psychosis (Munk-Olsen et al., 2006, Munk-Olsen et al., 2009), whilst women with a history of depression are also at an increased risk of its recurrence, continuation, or exacerbation (NICE, 2014). Pregnancy can also worsen symptoms for women with pre-existing binge eating disorder (Watson et al., 2013); hence the importance of mental health support throughout pregnancy, birth and early motherhood.

Untreated maternal mental distress, either in pregnancy or postnatally, can have potential negative consequences on the mother, fetus and infant, including in the extreme case, maternal

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suicide (Oates and Cantwell, 2011). Maternal mental distress can be associated with increased rate of stillbirth, pre-term birth, post-natal specialist care for the infant, and low birth-weight babies (Ding et al., 2014, Kim et al., 2013). Untreated mental health problems in pregnancy are also associated with poorer long-term outcomes for children, including decreased emotional and cognitive development, and difficulties developing and maintaining relationships and attachment (Fendrich et al., 1990, Goodman and Brumley 1990; Hammen et al., 1990, Kelly et al., 1999; Mullick et al., 2001). Although perinatal mental health issues are a major health concern, early detection, prompt intervention, and support can improve maternal and infant outcomes.

The focus of this paper is on the findings of a study into the experiences of women with mental health difficulties as they access and use Irish maternity care services. The study was part of a larger research programme exploring the strengths and weaknesses of publicly-funded health services, in the Republic of Ireland, provided to five different cohorts of women with disabilities (women with visual impairment, hearing impairment, physical disability, mental health difficulty or intellectual disability) in relation to pregnancy, childbirth and early motherhood (up to 2 years). This article reports the findings pertaining only to data collected with women with mental health difficulties, and specifically focuses on their interaction with maternity care services during pregnancy, birth and the immediate postnatal period in the maternity hospital.

## Methods

Both phenomenology and grounded theory approaches were considered, but as the aim was not to develop a theory for testing, nor to conduct an in-depth exploration of women's experiences, a qualitative descriptive design was chosen. This design lends itself to initial exploration of a wide variety of participants' views in order to learn from them.

### Objective

The objective of the study was to explore the views and experiences of women with mental health difficulties, in the Republic of Ireland, accessing and receiving care from publicly-funded maternity services during pregnancy, childbirth and immediate postnatal period in hospital.

### Inclusion criteria

To be included in the study women had to:

- have experienced mental health challenges which required contact with the mental health services prior to becoming pregnant.
- have experienced a new mental health problem during pregnancy or in the postnatal period (up to two years postnatally).
- be currently pregnant, and/or have given birth in the previous two years.
- have experience of public maternity services in the Republic of Ireland
- be English speaking and aged 18 years or over.

### Participant recruitment

A multipronged approach to recruitment was undertaken. Recruitment strategies included posters advertising in maternity hospitals, and a national advertising campaign via specialist magazines, newsletters and websites of key representative bodies.

Information about the study was also disseminated to mental health support groups, and psychiatric teams and medical social workers in the only two maternity hospitals that provided specialist mental health services within the Republic of Ireland. As the study progressed, some women were recruited through snowballing as the women passed on information leaflets to others.

### Consent and ethics

An initial letter and information brochure was sent to all women who fulfilled the inclusion criteria, and contacted the team offering to take part. Those who indicated their willingness to be interviewed were contacted by a member of the research team, who answered any questions and arranged a suitable time and venue to meet and conduct the interview. Each participant was asked to sign a form prior to interview, consenting to be interviewed and the interview being digitally recorded, and a second form at the end of the interview consenting for data to be used in the study and publications. At all times the women's well-being took priority over the research. The name and contact details of people within the maternity and mental health services who were willing to give follow-up emotional support were given to women, if required, in addition to an information sheet of contact details for support groups, services, and web-site information. The team also had access to a registered clinical psychologist who acted as a mechanism of referral for any woman who might require such a service. Ethical approval to conduct the study was received from the university ethics committee and services involved.

### Study sample

A sample size of 18 women was initially planned, but recruitment and data collection continued until saturation was reached. In total twenty women recounted their experiences

of accessing health services during pregnancy, childbirth and in postnatal period. A total of 22 interviews were conducted, as one woman was interviewed on three occasions, in pregnancy, in the first 6 months post partum and in early motherhood. The age range was 23–40 years (mean = 33.05 years, SD=4.17). Sixteen women were married and four were cohabiting. Seven described their occupation as professional, three as skilled, two as semi-skilled and eight as homemaker. Five women received fertility treatment. Six of the women had caesarean sections.

Ten of the women interviewed had a diagnosis of mental health difficulty prior to becoming pregnant, including a diagnosis of psychosis, obsessive compulsive disorder (OCD), bipolar disorder, post-traumatic stress disorder (PTSD), depression, depression with anxiety, anxiety, phobia and substance misuse. Of the ten women who developed mental health problems during pregnancy or in the postnatal period, six were given a diagnosis of postnatal depression, the remainder experienced depression during pregnancy, anxiety, or psychosis. Ten women discussed their experiences during their first pregnancy and ten recounted their experiences during their second or subsequent pregnancies. Six women were interviewed during pregnancy, and 16 were interviewed in the post-natal period.

### Data collection

Interviews were conducted by two of the authors (AH and TT). A flexible interview guide, developed from a comprehensive literature review, and modified in response to individual and group-specific needs, was used (see Table 1). Positively phrased open questions, paraphrases and prompts were used to elicit maximum information from the women and seek clarity. The duration and

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