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Improving psychoeducation for women fearful of childbirth: Evaluation of a research translation project

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ABSTRACT

Background: Psychoeducation counselling delivered by midwives has been demonstrated to reduce maternal fear and improve women's confidence for birth. Translating the evidence in practice presents challenges. A systematic approach to the implementation of evidence and evaluation of this process can improve knowledge translation.
Aim: To implement and evaluate the translation of psychoeducation counselling on (1) midwives' knowledge, skills and confidence to provide the counselling; (2) perceived barriers and enablers to embedding the psychoeducation counselling in practice; and (3) pregnant women's levels of fear.
Methods: Using a mixed methods approach, data were collected using a pre (n = 22) and post (n = 21) training survey, recorded interviews (n = 17), diaries (n = 6), and retrospective audit of fear of birth scores. Data were analysed using descriptive statistics, independent sample t-tests, and chi-square tests. Latent content analysis was used to analyse the qualitative data.
Results: Training in the counselling framework significantly improved midwives' knowledge, skills and confidence to counsel women on psychosocial issues and reduce fear scores for women reporting high childbirth fear. The main barriers to midwives introducing counselling into routine care related to the fragmentation of care delivery during pregnancy. Conversely continuity of care by a known midwife was considered an enabler.
Conclusion: Psychoeducation provided by midwives is of benefit to women experiencing high levels of birth fear. While psychoeducation training was successful in enhancing midwives' knowledge, skills and confidence; embedding the counselling framework in everyday practice was challenging. Counselling is more easily implemented within midwifery caseload models which enable midwives to build relationships with women across their pregnancy.

Statement of significance

Issue

A brief psychoeducation intervention delivered by midwives has been demonstrated to reduce levels of birth fear and increase women's confidence for normal birth. Translating the evidence into mainstream midwifery practice is the next step in meeting the needs of women with high levels of birth fear.

What is already known

Knowledge translation in practice is fraught with challenges. Using a systematic approach to knowledge translation can assist the successful implementation of evidence into practice.

What this paper adds

The findings from this implementation science project provides a greater understanding of the perceived organisational barriers and enablers which may stand to help or

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hinder the successful implementation of evidence based interventions into clinical practice.

1. Introduction

The impact of childbirth fear on a woman's ongoing psychological wellbeing both prior to and following birth are far reaching and significant.[1] Fear of birth is associated with increased birth intervention and caesarean section.[1–4] The proportion of women requesting elective caesarean section due to fear of birth is significant in developed countries.[5,6] Australian researchers recently conducted a randomised controlled trial which demonstrated that a brief psychoeducation intervention known as BELIEF[7] delivered by trained midwives was effective in reducing high childbirth fear levels ($p < 0.001$) while also increasing maternal confidence for normal birth ($p = 0.002$). The BELIEF trial also demonstrated that the intervention was cost neutral.[8] In line with best practice, the next step in the research process was to translate the evidence into practice. However, there are well-documented challenges to translating evidence into routine care including resistance of staff to introduce new practices.[9,10] When translating evidence into practice, Lockwood, et al.[11] highlighted the need to understand 'the local context' and use sustainable approaches. Practice change requires behavioural change as well as competence in the use of new procedures or technology.

With these principles in mind, the MIPP study (*Midwives Improving care through Psychoeducation in Practice)* was designed as a two phase knowledge translation project. Phase one aimed to identify and address organisational factors that may impact on midwives' ability to successfully apply and embed the psychoeducation counselling framework into practice.[12] This current paper reports on Phase two (knowledge translation) whereby the training program, the evidence-based intervention offered to midwives, was evaluated using a mixed methods approach. The specific objectives were to implement and evaluate the training program in terms of (1) midwives' knowledge, skills and confidence to provide psychoeducation counselling; (2) perceived barriers and enablers to embedding the BELIEF midwifery counselling framework in practice; and (3) change to women's fear levels.

2. Methods

The mixed methods approach included a pre-post training survey, midwife participant diaries and interviews, and clinical audit of women's fear levels. Connor's conceptual model for research utilisation evaluation guided our research translation framework.[13] In addition we used the evaluation data collection checklist promoted by the Cochrane Effective Practice and Organisation of Care Review Group.[14]

2.1. Setting

The study took place at one South East Queensland maternity unit providing care to approximately 4600 childbearing women per year.

2.1.1. Identifying women with fear of birth

All women booking into the service are routinely screened for childbirth fear using the Fear of Birth Scale (FOBS).[15] The two-item visual analogue scale (VAS) has been validated for use with Australian women, and has good reliability (Cronbach's Alpha of 0.91).[15,16] Using a computer screen during the booking appointment and again at 36 weeks, women are asked: "How do you feel right now about the approaching birth?" Using two visual analogue scales the respondent gives a score between 0 and 10 to indicate the severity of their feelings for (a) "calm" to "worried" and (b) "no fear" to "strong fear". The two scores are averaged to create a score ranging from 0 to 10 with high scores >6 indicating high levels of childbirth fear. Throughout the period midwives were educated to provide psychoeducation that addressed childbirth fear. Other clinicians could also refer fearful women to a 90 min 'fear of birth' workshop facilitated by a midwife trained in the BELIEF framework.[16] This was considered an interim measure until enough volunteer midwives completed the training and were deemed competent. Once trained, it was anticipated that midwives identifying women with fear of birth would integrate the psychoeducation counselling into their everyday practice.

2.2. Recruitment and participants

Information sessions provided midwives with an overview of the project and aimed to promote staff participation. Attendance at multi-disciplinary educational events, meetings with organisational leaders, in-service sessions at unit meetings and an article in the service newsletter also provided opportunities to inform staff about the study. Information sheets and consent forms were made available in each clinical area.

A convenience sample of 22 midwives, who routinely provided pregnancy care, declared their interest and were offered the competency-based training to deliver psychoeducation counselling (BELIEF intervention) for women who identify as fearful of birth. All commenced training, however, one withdrew prior to completion due to significant family reasons. Twenty-one midwives completed all three training workshops (the first midwives finished training in late January 2016 with the last group completing their training in early April 2016). Two midwives subsequently withdrew after unsuccessful completion of their first competency video.

2.3. Training program and competency evaluation

The midwife-led psychoeducation intervention aims to support the expression of feelings and provides midwives with a counselling framework to help women identify and work through distressing elements of childbirth (Fig. 1). The intervention develops women's individual situational supports for the present and near future, affirming that negative things can be managed by developing a simple plan for achieving this.

The BELIEF training program consisted of three half-day workshops conducted over a 3–4-week period. The format of the psychoeducation training and effectiveness of the assessment process had been previously tested.[7] Pre-reading of 1–2 h, was required prior to each workshop. During the workshop sessions midwives reviewed, discussed, demonstrated and reflected upon the therapeutic relationship, their micro-counselling skills, evidenced based knowledge and processes that promoted psychological safety. Through case-based scenarios midwives demonstrated and received facilitator and peer feedback of their psychoeducation skills. Midwives were also required to provide a digital recording demonstrating their ability to use the psychoeducation counselling in practice. Competency was assessed against set criteria for the BELIEF framework (Fig. 1). Demonstrating the application of micro-counselling skills was necessary for midwives to identify and address women's knowledge, misconceptions, and needs surrounding pregnancy, birth and the early parenting period.

When using the psychoeducation counselling framework in practice, the midwives were offered additional support. This took

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