

Midwifery support and intervention in the framework of care for women with mental disorders during the postpartum period

Wsparcie i interwencja położnej w ramach opieki nad kobietą z zaburzeniami psychicznymi w okresie połogu

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A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query – a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodnie z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

WSPARCIE I INTERWENCJA POŁOŻNEJ W RAMACH OPIEKI NAD KOBIETĄ Z ZABURZENIAMI PSYCHICZNYMI W OKRESIE POŁOGU

Cel pracy. Okres poporodowy jest bardzo wymagający ze względu na zmiany hormonalne, zmieniające się role społeczne i obawy finansowe, tj. czynniki wpływające na zdrowie psychiczne i jakość życia kobiety. Opieka położnicza obejmuje również interwencje w tym obszarze holistycznej opieki. Niniejsze badanie ma na celu zidentyfikowanie i opisanie interwencji położniczych koncentrujących się na łagodzeniu zaburzeń psychicznych u kobiet w okresie poporodowym.

Metody. W 2022 r. w bazach danych Science Direct, Web of Science i PubMed przeprowadzono przegląd zakresowy zaprojektowany zgodnie z wytycznymi PRISMA - ScR.

Wyniki. Analizy artykułów zidentyfikowały dziesięć interwencji, które zostały następnie połączone w pięć kategorii: Zastosowanie skali pomiarowej w opiece nad kobietami; Wsparcie relacji matka-dziecko; Edukacja kobiet, poradnictwo dla kobiet; Położna - wsparcie dla kobiet; Wizyta położnej w środowisku domowym kobiet. Wszystkie interwencje, z wyjątkiem stosowania skal pomiarowych, wykorzystują umiejętności komunikacyjne.

Wnioski. W analizowanych badaniach przedstawiono szeroką gamę niefarmakologicznych interwencji stosowanych przez położne w opiece nad kobietami z zaburzeniami psychicznymi w okresie poporodowym. Położne wykorzystują umiejętności komunikacyjne, edukację, wsparcie i zachętę, aby kobiety czuły się bezpiecznie, a tym samym poprawiały swoje doświadczenia psychiczne po porodzie.

Słowa kluczowe:

interwencja, kobieta, okres poporodowy, położna, zaburzenia psychiczne

ABSTRACT

MIDWIFERY SUPPORT AND INTERVENTION IN THE FRAMEWORK OF CARE FOR WOMEN WITH MENTAL DISORDERS DURING THE POSTPARTUM PERIOD

Aim. The postpartum period is very demanding due to hormonal changes, changing social roles and financial concerns, i.e., factors affecting a woman's mental health and quality of life. Midwifery care also includes interventions in this area of holistic care. This study aims to identify and describe midwifery interventions focussing on moderating mental disorders by women in the postpartum period.

Methods. A scoping review designed following PRISMA – ScR guidelines in databases Science Direct, Web of Science and PubMed was conducted in 2022.

Results. The analyses of articles identified ten interventions, which were further merged into five categories: Use of measuring scale in women's care; Support of the mother-child relationship; Education of women, counselling for women; Midwife – support for women; Visit of a midwife in women's home environment. All interventions, except for the use of measuring scales, use communication skills.

Conclusions. The analysed studies outlined a wide variety of non-pharmacological interventions midwives use to care for women with mental disorders during the postpartum period. Midwives use communication skills, education, support, and encouragement to make women feel safe and secure and thus improve their mental postpartum experience.

Key words:

intervention, woman, postpartum period, midwife, mental disorder

INTRODUCTION

The postnatal care provides significant opportunity for optimization of health and well-being of women, it also supports the transitions to parenthood and at the same time helps to maintain good health of the whole family [1]. The World Health Organisation [2] characterizes respectful mother care as a care organised and provided to all women in a way that maintains dignity, privacy, and intimacy of women. It provides freedom instead of harm and ill-treatment and enables an informed choice and constant support for women in labour [3]. Women should be prepared for the postnatal period in such a way so that they know what to expect during this time [4,5]. During the transition to maternity, they can often encounter the feeling that, as new mothers, they are not sufficiently prepared for their role [5]. A midwife represents support in providing information to women [4]. Midwives not always educate women effectively during their hospitalization as well as after their release from the hospital. That can contribute to an increased risk of high levels of stress and postpartum depressions in women [6]. Howard et al. [7] stands the opinion that mental health disorders belong to the most frequent ones among women during pregnancy or postnatal period. Especially frequent are pre-labour depressions and anxieties, which occur in one out of ten, and one out of five women respectively [8]. Kim et al. [9] describes postpartum depressions as a mood disorder affecting 10-20% of women any time during the first year after the labour and lasting several months. Grief, fatigue, changes in eating and sleeping habits, decreased libido, anxiety, feeling of loneliness and emotional instability belong to the main symptoms of postpartum depressions [9]. These women suffering from depression in the prenatal period are usually exposed to higher risk of obstetric complications (e.g., premature delivery, low birth weight of the new-born, gestational hypertension, perinatal infant, and maternal mortality) [10]. Woolhouse et al. [11] report that in the early postnatal period the poorer mental health of women relates to bad physical health during the first 12 months after the labour. Therefore, the midwife should support a woman's mental health [11].

AIM

This scoping review aims to analyse the conclusions of empirical studies focussing on mental disorders in women in the postnatal period and to describe interventions of midwives that lead to the alleviation of these problems.

MATERIALS AND METHODS

This scoping review was based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extinction for Scoping review PRISMA-ScR [12] (Fig. 1).

The search for relevant articles was conducted in January and February 2022 in scientific databases Science Direct, Web of Science and PubMed. To search the sources, the following Medical Subject Headings (MeSH) terms were used: "Emotional disorder" OR "Mental disorder" AND "postnatal period" AND "intervention". The inclusion and exclusion criteria are listed in Tab. 1

Tab. 1. Exclusion and inclusion criteria for search

| Inclusion criteria | Exclusion criteria |
|--|---|
| <ul style="list-style-type: none"> articles published in English relating to the topic of emotional disorders in postnatal period articles published during the years 2011-2021 it considered qualitative and quantitative studies peer reviewed full text was available | <ul style="list-style-type: none"> all types of review studies non-English articles conference proceeds unnatural birth occurrence of diabetes mellitus home birth, HIV, AIDS, palliative care, obesity, mutilation, mortality, pathological foetus, premature delivery, birth injury |

The selected articles from the scientific database were evaluated in MS Excel and the 3-step method was used for the complete analyses [13]. In the first step, the titles and the abstracts were controlled. In the next step, the whole text of the article corresponding with the classification criteria was analysed. Here three independent authors evaluated the relevancy of selected articles with the defined research question. For the quality evaluation of the articles, Mixed Methods Appraisal Tool (MMAT-version 2018) was used, as it enables the critical evaluation of the methodological quality of qualitative, quantitative, and mixed methods studies. It is a tool divided into 3 categories with different methodological criteria. Each criterion was marked as "Yes", "No" or "Cannot tell" [14]. In the third step, we extracted and synthesised data from the analysed articles.

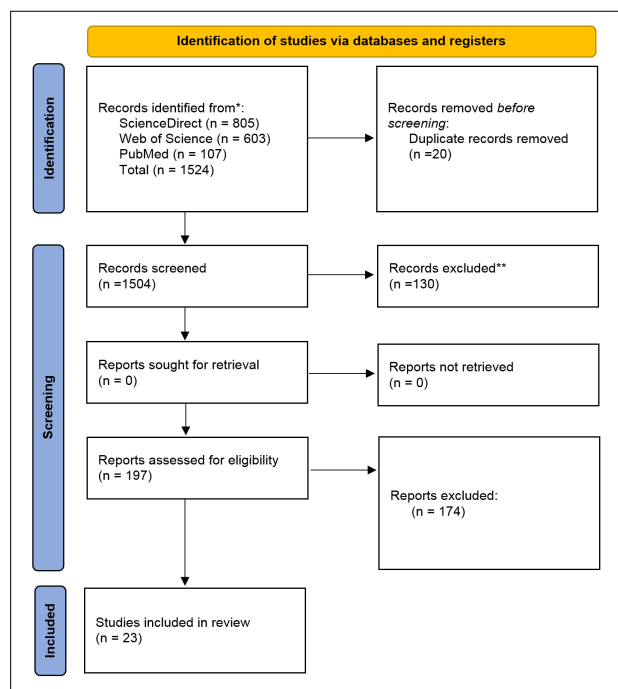


Fig. 1. PRISMA – ScR chart of searched relevant publications

RESULTS

In total, 1524 articles were displayed (805 Science Direct, 612 Web of Science, 107 PubMed). Out of these, 20 articles were excluded for duplicity (1504 articles). For the complex analyses a 3-step method was used. After the analyses of the article titles, 614 publications were excluded, after the abstract analyses – 693 articles were excluded. The final number reached 23 relevant articles. Via the

content analyses of foreign studies, 10 interventions, that midwives realise in prevention of mental health disorders, were detected (Tab. 2). The analysed studies indicated that midwives use these interventions as effective interventions or that their different forms are demanded by mothers or that mothers lack them, however, would be willing to use them. Some of the mentioned interventions are similar in their content as well as in the method of implementation, therefore we merged them and created 5 basic concepts.

Tab. 2. Overview of studies with midwifery interventions in the care for a woman with a mental disorder in puerperium

| Author /Year of issue | Research method | Country, region | Aim | Research sample | Midwife's intervention |
|-------------------------------|---|----------------------------------|--|---|---|
| Patel et al. /2013 | Qualitative study | Great Britain - England | To detect to what extent the women with postnatal depression are convinced about their illness and to propose a suitable model that will convince them to take care of their health. | 11 women after labour | Education of women Support for women |
| Patterson et al. /2019 | Quantitative interpretive phenomenological analyses | Great Britain - Scotland | To detect how women with PTSD-PC experience the interaction with a midwife during the labour and in an early postnatal period. To detect how midwives experience the interaction with women when providing care during the labour and in the early postnatal period. | 6 women, criterion – dg. PTSD 6 midwives, criterion - providing intrapartum care | Support for women Support for the mother - child relationship |
| Woolhouse, et al. /2014 | Prospective cohort study | Australia | To detect the relationship between physical health problems in women with symptoms of depression during the first year after the labour. | 1305 women | Support of women's mental health via evaluations and interventions focussing on postpartum problems of women in the field of physical health Visits in home environment of women |
| Alves et al. /2019 | Prospective longitudinal study | Portugal | To detect predictive validity of pre-natal and post-natal version of the revised inventory of predictors of postpartum depression of women with regards to two golden standards for diagnosing postpartum depression. | 140 women | Support of the mother - child relationship Support for women Focus on the identification of women with elevated risk of occurrence of postpartum depression |
| Toler et al. /2018 | Combined research | USA | Pilot study – improving quality, introducing screening, programme of treatment and recommendations for postpartum anxieties in the environment of postnatal centre. | 387 midwives | Education of women Support for women (including social support) |
| Taylor et al. /2013 | Prospect longitudinal correlation study | Australia | To detect the role of anxiety and other factors by women in prediction of postnatal fatigue in the period immediately after birth up until 6 months after the labour. | 540 women | Support for women (including social support) |
| Grylka-Baeschlin et al. /2015 | Cross-sectional two-phase study | South Germany, North Switzerland | To detect postnatal quality of life immediately after labour and its development during the first seven weeks after the labour. | 129 women | Counselling for women Support for women |
| Ilska et al. /2020 | Cross-sectional study | Poland | To detect the differences between women after vaginal labour and after Caesarean section (elective or urgent) with regards to early symptoms of postpartum depression and to evaluate the level of pain during the labour and in the early puerperium. To detect if the value of pain relates to depression symptoms. | 224 women | Education of women Counselling for women |
| Jenkinson et al. /2021 | Sequential two-phase study | Queenslan, Australia | To detect to what extent women experience respectful midwifery care and decision-making autonomy. | 10 women | Support for women |
| Dahlberg et al. /2016 | Qualitative study | Norway | To detect experience of women with the care from the side of midwives with regards to the visitor service in the early postnatal period. | 24 women | Education of women Support for women Counselling for women Support of the mother - child relationship Visits in home environment of women |
| Alderdice et al. /2020 | Descriptive cross-sectional online study | Great Britain | To detect expectations in the framework of postnatal care by women who are pregnant for the first time. | 283 women | Education of women Support for women Counselling for women Visits in home environment of women |

■ cont. Tab. 2. Overview of studies with midwifery interventions in the care for a woman with a mental disorder in puerperium

| Author /Year of issue | Research method | Country, region | Aim | Research sample | Midwife 's intervention |
|--------------------------------|---|-------------------------|--|---------------------------|--|
| McCarter-Spauling et al. /2016 | Quasi experimental study | Great Britain | To detect efficiency of educational actions on women during reduction or prevention of postpartum depression symptoms. | 231 women | Education of women Support for women |
| McCarter et al. /2019 | Randomised controlled study | Great Britain | To detect the efficiency of electronic nursing intervention at improving the mood and lowering the stress levels by women during the first six month after the labour. | 547 women | Education of women Support for women Counselling for women |
| Horowitz et al. /2013 | Randomised controlled study | USA | To evaluate the efficiency of intervention of behavioural coaching focussed on the relationship of a mother (with depression) and the child during the first nine months after the labour. | 134 women | Support of the mother - child relationship Visits in home environment of women |
| Ayers et al. /2019 | Cross-sectional study | Queenslan, Australia | To define the obstacles and making it easier for women to access to perinatal services of mental health. | 218 women | Education of women Social support of women |
| Reilly et al. /2014 | Longitudinal studies | Australia | To detect if the evaluation of the previous or current mental health of women (with or without recommendation for Further support) is linked to seeking help during pregnancy as well as after the labour. | 398 women | Medical history check |
| Edward et al. /2019 | Blind randomised controlled study | Australia | To evaluate the tool for own screening and a brochure with recommendations for women and their partners. | 140 women | Social support of women |
| Rouhi et al. /2019 | Mixed method concept mapping study | Australia | To detect the health problems of women requiring help and consequent behaviour regarding seeking help during the 12 months after the labour. | 81 women | Support for women Visits in home environment of women |
| Viveiros et al. /2018 | Qualitative descriptive study | Ottawa, Ontario, Canada | To detect what factors are perceived by women receiving midwifery care to prevent or facilitate the access to mental health care in perinatal period. | 16 women | Education of women Support for women Counselling for women |
| Zejnnullahu et al. /2021 | Prospective observational cohort study | Pristina, Kosovo | To detect prevalence and risk factors of postpartum depression in women. | 249 women | Support for women (including social support) |
| Panagopoulou et al. /2018 | Cross-sectional quantitative study | Greece | To detect what factors, affect women 's postnatal satisfaction. To identify specific areas that should receive greater attention in providing women 's care by health professionals. | 300 women | Support for women Support of the mother-child relationship |
| Staehelein et al. /2013 | Comparative nested case-control study | Switzerland | To identify the predictive factors of mental anxiety in providing home care to women by a midwife. | 935 women + 3651 controls | Support for women Visits in home environment of a woman - home care |
| Turan et al. /2021 | Quasi experimental model with control group before and after the test | Turkey | To detect efficiency of midwife 's care to women giving birth for the first time in connection with the maternal bond to the child. | 128 women | Support for women Counselling for women Support for the mother - child relationship Visits in home environment of a woman - home care |

Use of measuring scales in women 's care

Based on the analysed studies, the measuring scales in midwifery women 's care are used while collecting medical history [15]. The use of the Edinburgh Postnatal Depression Scale (EPDS) was supported by Patel et al. [16] in such a way that based on the data from medical history, health professionals should try to improve the accessibility of non-pharmacological interventions in case that women seek help when suffering postpartum depression (PPD). Woolhouse et al. [11] consider EPDS as the first step in identification of women with elevated risk of postpartum depression occurrence. Alves et al. [17] state that EPDS evaluation should be done approx. six months after the labour. Toler et al. [18] discovered that midwives can play significant role in supporting women during the first year after the birth and consider the support

of women as a crucial activity in the process of improving the results for women as well as new-born babies. Taylor et al. [19] was detecting via EPDS the relationship between predictive factors and the fatigue intensity in women in different time dimensions and emphasized that assessment of anxiety can be used when providing help to women with the aim to lower their anxiety level. Even other authors [20,21] used the EPDS scale in their studies to assess the symptoms of postpartum depression. Further use of Client-Provider Interaction (CPI) scale enables defining the importance of quality of the interaction provided by care providers together with perinatal mental support to women [22]. Alves et al. [17] mention the Postpartum Depression Predictors Inventory-Revised (PDPI-R) scale which can be used later after the birth. Fatigue and anxiety, which are frequent problems of pregnant women, new

mothers, and mothers in puerperium, are also tracked on Postpartum Fatigue Scale, the State-Trait Anxiety Inventory and Support Behaviour Inventory scales [19]. In their research Grylka-Baeschlin et al. [23] describe Mother-Generated Index (MGI) scale, as its use by women after the birth enables midwives to identify women requiring support as well as women profiting from the care provided by midwives in home environment. For a respectful mother's care, Jenkinson et al. [3] mention Mothers on Respect Index (MORi) and Mothers Autonomy in Decision Making (MADM) scales. Evaluation of postnatal quality of life includes mental as well as physical aspects and can make the implementation of recommendations of Woolhouse et al. [11] easier. These recommendations lie in the fact that problems with physical health should be evaluated after the childbirth and should be solved via early interventions for the support of mental health of the mothers [23].

Support of the mother - child relationship

Patterson et al. [22] focussed on the interventions of midwives while providing care to support the mother-child relationship and monitored the mutual interaction between the midwives and the women and discovered that unfulfilled needs of midwives affect the dissatisfaction of women with midwifery care. This is also reflected in the interactions with women, in the occurrence of post-traumatic stress disorder by women after childbirth [22]. The quality of the mother-midwife relationship is important to be able to collect information about the needs of the mother [24]. The midwife-mother relationship is also described for instance by Jenkinson et al. [3]. They mention research in which respondents, that viewed the midwifery care as highly respectful, emphasised the importance of the relationship with a midwife they know in the support leading to fulfilment of their maternal role. As postpartum depression, mood disorders after childbirth in women have a negative influence on their children, also Horowitz et al. [25] monitored and emphasised the importance of the midwife intervention specifically focussing on the interaction mother-child. The study of Turan et al. [26] confirms the importance and positive influence of postnatal midwifery care on the psyche of the women and on the support of the mother-child relationship, similarly to Panagopoulou et al. [27].

Education of women, counselling for women

Grylka-Baeschlin et al. [23] mention that midwifery support after childbirth brings many opportunities to provide women with health information that may lead to reduction of depressions. Educational, counselling activities from midwives are important interventions to reaching mental balance of the mothers [1]. McCarter et al. [20] was assessing the efficiency of educational interventions of midwives in relation to reducing and preventing symptoms of postpartum depression by women that were 6 weeks, 3 months and 6 months after the childbirth and proved suitability of education of women in prenatal period. Jenkinson et al. [3] mention that full involvement of women in the informed decision-making process regarding their care is related to a better and more

confident relationship between women and providers of care [3]. Patel et al. [16] investigated opinions of women after childbirth on their postnatal depression and substantiated positive attitude towards midwifery support and counselling [16]. Also, Toler et al. [18] and Alderdice et al. [1] state the importance of education and counselling to women in the period after the childbirth. In their study Viveiros et al. [28] examined factors that affect the approach to care in mental health in the perinatal period. Viveiros et al. [28] discovered that in case relevant information is accessible and clear, the ability of women to perceive care as necessary and their willingness to use such services is improved. On the contrary, in women with insufficient and inaccurate information, the above-mentioned abilities are limited [28]. Other studies investigated the differences between women undergoing vaginal childbirth and labour with Caesarean session from the prospective of early symptoms of postpartum depression and evaluation of pain (during the labour, in early puerperium) and to determine if pain relates to depression symptoms [29]. Women after urgent Caesarean session were more endangered with depression after the childbirth as well as during puerperium than women with a spontaneous labour. Therefore, midwives should care more about women in education and help them more efficiently cope with pain [29]. Ayers et al. [30] describe perinatal depression, anxiety disorders as insufficiently cured pregnancy complications caused by a low coupling rate of women in the process of care.

Midwife – support of women

Midwifery support offered in the early postnatal period is crucial because it helps women believe in their own ability to manage their new maternal role. Relational continuity reflects women's desire to have a relationship with one person or team, to know the staff and to obtain consistent information [24]. In the support of women with mental disorders, social support is also important. Such support can be provided by partners, parents as well as other members of the women's community. Part of the social support is handing over information related to care for women with mental disorders. Psychosocial interventions included midwifery support and counselling [1]. Women with low social support experienced more stressful events in the early postnatal period and inclined more to the development of the postpartum depression diagnoses than women with similar conditions during pregnancy [17]. Also, Toler et al. [18] requested social support, similarly to Taylor et al. [19] and Patel et al. [16]. The importance of social support in relation to depression and anxiety in the peripartum periods in women and men was confirmed by Edward et al. [31], who evaluated the efficiency of screening of women and of educational brochures with recommendations for mothers and fathers. Zejnullahu et al. [32] confirmed the importance of early identification of women with elevated risk of postpartum depression occurrence and the importance of essential interventions in the form of psychosocial support during the prenatal care. Staehelin et al. [33] focussed on risk factors of mental distress by women and emphasised the need for greater midwifery support.

Visit of a midwife in women's home environment

Among interventions reducing mental disorders by women, there are also visits of midwives in home environment after the release from the hospital, consultations with community midwife and paediatric nurse [11]. Stahelin et al. [33], from the perspective of women, emphasised the importance of individualised midwifery care during visitor service. With regards to the short-term postnatal care in the hospital, the topic of visitor service was also investigated by researchers, who saw the importance of visitor service provided by a midwife. A midwife helped a woman by supporting her belief in her own abilities to manage her maternal role and a relationship of trust and emotional support between the woman and the midwife was created [24]. Horowitz et al. [25] proved that intervention of midwives during visitor service in home environment of depressive women positively influences the interaction between mother and her child. Results of the research by Turan et al. [26] show that midwifery care provided during the visits in home environment in the postpartum period strengthen the maternal bond. Alderdice et al. [1] discovered that women, especially in home care, appreciated midwives to provide health checks to the mother, their new-born child, and assurance about their proper care of the baby. Rouhi et al. [34] and Woolhouse et al. [11] emphasise the need to provide primary health care by midwives to women in postnatal period with initiatives focussing especially on the mental well-being of women.

CONCLUSIONS

The analysed studies bring a wide range of possibilities for how a midwife can non-pharmacologically intervene in preventing and curing women's mental disorders related to physical and social changes during pregnancy, labour, and puerperium. The above-described interventions also indicate the procedure-use process of these interventions. First, it is necessary to diagnose the condition of the women using evaluation scales and, based on the results, plan further interventions based on efficient communication skills. Establishing a quality midwife-women relationship thus plays a crucial part in the support of women.

Limits of the study


The main limitation of this scoping review was that only studies that were available in English were included in the analysis. In addition, this review has not considered studies from the 'grey literature', which could result in some essential studies being missed.


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