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Original Research - Quantitative

Survey of midwives' perinatal mental health knowledge, confidence, attitudes and learning needs

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ABSTRACT

Background: Midwives have a primary role in facilitating the first stage of perinatal mental health risk reduction through inquiring about perinatal mental health, identifying risk factors and current perinatal mental health problems, providing support or crisis intervention, referring for treatment and decreasing stigmatisation.

Aims: The aims of this study were to determine midwives' (a) knowledge of and confidence to identify and manage perinatal mental health problems, (b) attitudes towards women who experience severe mental illness and (c) perceived learning needs.

Design: A cross-sectional survey design.

Methods: The study was conducted between September 2016 and April 2017 in seven Maternity services in the Republic of Ireland with a purposeful non-random convenience sample of midwives (n = 157). Data was anonymously collected utilising the Perinatal Mental Health Questionnaire, the Mental Illness: Clinician's Attitudes scale and the Perinatal Mental Health Learning Needs questionnaire.

Findings: Midwives indicated high levels of knowledge (71.1%) and confidence (72%) in identifying women who experience depression and anxiety however, they reported less confidence in caring (43.9%) for women. Only 17.8% (n = 28) of midwives felt equipped to support women whilst 15.3% (n = 24) reported having access to sufficient information. Midwives desire education on the spectrum of perinatal mental health problems. The mean score for the Mental Illness: Clinician's Attitudes scale was 36.31 (SD = 7.60), indicating positive attitudes towards women with severe mental illness.

Conclusion: Midwives require further education on perinatal mental health across cultures with a skill focus and which explores attitudes delivered in a study day format.

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Statement of significance

Problem or issue

A midwife's attitude towards women who experience perinatal mental health problems influences effective perinatal mental health care provision.

What is already known

Internationally, midwives report-varying levels of confidence, knowledge, attitudes and skills in caring for women experiencing perinatal mental health problems.

What this paper adds

The study provides insight into midwives' attitudes to severe mental illness and adds to the international discussion on how best to prepare midwives for a role in perinatal mental health.

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1. Introduction

Perinatal mental health (PMH) refers to the mental health of women from conception through the first postnatal year and this period is recognised as a uniquely opportune time for perinatal mental health interventions.¹ The term perinatal mental health problems (PMHPs) describes the scope of mental health disorders encountered by women from psychological distress to serious mental health problems.^{1,2}

Prevalence rates of PMHPs in Ireland have been reported for postnatal depression (PND) and range from 13.2% at six weeks and 9.8% at twelve weeks.³ Moreover, the first UK study⁴ examining the incidence of PMHPs in women assessed by a midwife using the Whooley questions at the initial antenatal visit reported the population prevalence as 27% (95% CI 22–32) equating to 1:4 women. Rates of PMHPs reported: antenatal depression 11% (95% CI 8–14), anxiety disorders 15% (95% CI 11–19), obsessive compulsive disorder 2% (95% CI 1–4), post-traumatic stress disorder 0.8% (95% CI 0–1), eating disorders 2% (95% CI 0.4–3), bipolar disorder 10.3% (95% CI 0.1–1), bipolar 11.0.3% (95% CI 0.1–1) and borderline personality 0.7% (95% CI 0–1).⁴

PMHPs are associated with significant morbidity, affecting the wellbeing of the woman, her baby and significant others. Adverse outcomes for women who experience PMHPs include recurrent depression, increased risk of serious mental health problems, less responsive care giving and increased risk of suicide.⁵ For infants, research has identified epigenetic modifications, preterm birth, low birth weight, adverse effect on cognitive, behavioural, psychomotor and socio-emotional development, child and adult psychiatric conditions and rarely child neglect, abuse and neonaticide as impacts of PMHPs.^{6–8} Paternal perinatal depression and poor relationship satisfaction have been linked to maternal mental health issues.⁹ Therefore; the perinatal period is identified as a potentially high-risk period and PMH as a major public health issue.^{1,5}

1.1. Identification of PMHPs

Early identification of PMHPs during pregnancy and appropriate interventions are fundamental steps in a strategy that aims to promote optimal fetal and infant development.^{10–12} Screening, clear referral processes, access to specialist's PMH services and community resources are required to provide effective PMH care.^{10–12} Although the perinatal period is a time of increased healthcare utilisation and offers midwives a unique opportunity to identify risk factors for PMHPs and enquire about the woman's perinatal mental wellbeing, there is currently no international agreement on screening, screening instruments or timing of screening for PMHPs.¹³ However, international guidelines advocate that all pregnant women should be asked about risk factors and current PMH^{10,11,13} as the greatest barrier to the provision of appropriate care and support to women experiencing PMHPs is the low level of identification of need.¹²

Midwives caring for women in the perinatal period are challenged with identifying both women presenting with a pre-existing mental health problem and those for whom childbearing results in the onset of a PMH issue. Thereby, midwives are required to extend their knowledge beyond the traditional remit of postnatal depression and identify PMHPs across the spectrum. Screening for PMHPs in maternity settings has been found to be acceptable to women and healthcare professionals.^{12,14} However, there is also evidence that the way in which midwives ask screening questions determines the acceptability of screening for women and screening should only be implemented when midwives have received appropriate training and have access to referral and integrated care pathways.⁴ Screening of women's past

mental health history and current PMH is associated with appropriate referral rates rather than a non-specific inflation of referrals such as false positives which have resource implications.^{13,15} Though it is important that midwives are confident and skilled in assessing and managing lower levels of distress appropriately.^{15–19} Barriers to caring for women who experience PMHPs have been identified among midwives across international studies and include; varying levels of confidence, knowledge, attitudes and skills, insufficient training, inconsistent team working, time pressures, lack of knowledge of resources, limited links with mental health services and inconsistencies, and discontinuities in the system.^{12,16–20}

Internationally, minimal research has examined midwives' attitudes to women who experience PMHPs.^{18–20} In Ireland midwives have an enhanced public health role in the provision of PMH care as they frequently interact with women and an understanding of midwives' knowledge, attitudes and practice in relation to PMH can be used to plan PMH service and training. Obtaining evidence on midwives' knowledge of and confidence to identify and manage PMHPs, their attitudes towards women who experience severe mental health problems and perceived training needs relating to PMH ensures that education strategies and professional development opportunities are tailored to the needs of the midwifery workforce.²⁰

2. Methods

2.1. Design

A cross-sectional study utilising a paper-based questionnaire was administered to a purposeful non-random convenience sample of midwives in the Republic of Ireland. The conduct and reporting of this study is guided by STROBE – Strengthening the Reporting of Observational Studies in Epidemiology guidelines.²¹

2.2. Aim

The aims of this study were to determine midwives' knowledge of and confidence to identify and manage perinatal mental health problems (PMHPs), their attitudes towards women who experience severe mental illness, and to explore midwives perceived training needs.

2.3. Participants and setting

A purposeful sample of midwives working within seven maternity services in Ireland (one maternity hospital and six maternity units within general hospitals) were invited to participate (n = 428). The inclusion criteria were that participants must be registered with the Nursing and Midwifery Board of Ireland and working with women and babies. Recruitment occurred between September 2016 and April 2017 and the Directors of Nursing/Midwifery granted access. An appointed gatekeeper distributed the study pack (invitation letter, information sheet and questionnaire) which were returned to a collection box in each area. No identifiable information was requested and consent was implied by returning completed questionnaires. Research ethics approval was obtained from three research ethics committees covering the seven maternity services within the study.

2.4. Data collection

Data was collected over an eight-month period through an anonymous questionnaire, which took 10–20 minutes to complete.

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