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The Perfect Storm of Trauma: The experiences of women who have experienced birth trauma and subsequently accessed residential parenting services in Australia

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ABSTRACT

Background: There appears to be a chasm between idealised motherhood and reality, and for women who experience birth trauma this can be more extreme and impact on mental health. Australia is unique in providing residential parenting services to support women with parenting needs such as sleep or feeding difficulties. Women who attend residential parenting services have experienced higher rates of intervention in birth and poor perinatal mental health but it is unknown how birth trauma may impact on early parenting.

Aims and objectives: This study aims to explore the early parenting experiences of women who have accessed residential parenting services in Australia and consider their birth was traumatic.

Methods: In-depth interviews were conducted with eight women across Australia who had experienced birth trauma and accessed residential parenting services in the early parenting period. These interviews were conducted both face to face and over the telephone. The data was analysed using thematic analysis.

Findings: One overarching theme was identified: “The Perfect Storm of Trauma” which identified that the participants in this study who accessed residential parenting services were more likely to have entered pregnancy with pre-existing vulnerabilities, and experienced a culmination of traumatic events during labour, birth, and in the early parenting period. Four subthemes were identified: “Bringing Baggage to Birth”, “Trauma through a Thousand Cuts”, “Thrown into the Pressure Cooker”, and “Trying to work it all out”.

Conclusion: How women are cared for during their labour, birth and postnatal period impacts on how they manage early parenthood. Support is crucial for women, including practical parenting support, and emotional support by health professionals and peers.

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Statement of significance

Problem or issue

Traumatic birth outcomes for women can impact on their early parenting experience.

What is already known

Many mothers experience significant difficulties with early parenting, which is more complex following a traumatic birth. Increasing rates of mental health issues including

postnatal depression and post-traumatic stress disorder are not addressed adequately in the postnatal period.

What this paper adds

Postnatal services may need to have increased awareness of women who identify as having experienced a traumatic birth due to the potential for these women to experience early parenting difficulties.

Debriefing and counselling in the postnatal period may be beneficial, therefore increasing the availability of counselling services, including peer counselling may assist in supporting women who are vulnerable in the postnatal period.

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1. Introduction

Over 30% of Australian women experience significant difficulties with early parenting, in particular with breastfeeding and

settling an infant with severely disrupted sleep patterns.^{1,2} This can result in significant maternal exhaustion and is with poorer mental and physical health in women.³ It is suggested that this early parenting period is more complex for women who are recovering from physical or psychological trauma which is a result of their labour and birth experience.^{4–6}

Research in Australia and overseas has identified the prevalence and persistence of physical and mental health problems for women up to 12 months after birth.^{7–9} Evidence suggests that interventions during birth can also have a significant impact on maternal physical^{7,10} and psychological wellbeing—including the development of postnatal depression (PND), posttraumatic stress disorder (PTSD) and a negative impact on the early mothering experience.^{11,12} However, it is not clear if there is a relationship between health complications in pregnancy, mode of birth and obstetric interventions, physical health and recovery, and the impact of these on parenting experience and capacity. It is important to reduce the impact of physical and mental health problems during pregnancy and after birth as they are known to have significant short and longer term impacts on the woman as well as on the health and development of her child.¹³

A residential parenting service (RPS) provides a range of services including 3–5 day psycho-education programs for women with mild to moderate depression, anxiety and clinically significant maternal exhaustion and/or infants with dysregulated sleep patterns, persistent crying and/or feeding difficulties. These services use different educational strategies including individualised teaching, group learning and supervised practice to enhance infant caretaking skills and assist adjustment to motherhood.¹⁴ These services are unique in Australia, and there is currently very little information about the characteristics and experiences of women using these tertiary referral services.^{14–16}

The need to undertake this qualitative study has arisen out of the findings of an ARC linkage grant “Characteristics, trends, co-admissions and service needs of women admitted to residential parenting services in the year following birth in NSW”.¹⁷ This linkage study completed a review of 300 medical records, with findings indicating that approximately 1 in 10 women admitted to RPS in NSW (Karitane and Tresilian) experienced mental health issues related to the birth (10.5%). In addition to the presenting concerns around parenting, sleep, settling and feeding, a high proportion of women have experienced birth interventions such as caesarean section and instrumental birth, with 13% of women reporting a physical health issues as a result of the birth.

The aim of the study is to explore in-depth the childbirth and early parenting experiences of women who identify as having experienced birth related trauma and have accessed residential parenting services in Australia.

2. Methods

A qualitative approach was selected as the most appropriate methodology to guide the data collection and analysis for this study and to provide an insight into the experiences of women who sustained birth related trauma. A qualitative exploration of women who have experienced trauma can be facilitated by a thematic analysis that explores and identifies the complex dynamics of the birthing experience and maternity care provided.^{18,19}

2.1. Participants

2.1.1. Recruitment

Inclusion criteria were women who had attended a RPS, or had a referral but were yet to use it. Women were excluded if they had not received a referral to, or attended, a RPS. Initially 70 women responded to the flyer however 62 women were excluded as

although they identified as having experienced birth related trauma, they had not received a referral or accessed support for early parenting.

Eight women who self-identified as experiencing birth related trauma and accessed early parenting support through a RPS were interviewed for this study. Participants contacted the first author in response to flyers which were distributed throughout two RPS services in NSW; in addition the flyer was distributed via social media (Facebook) and word of mouth. Data collection continued until saturation was reached.

In depth interviews were conducted at a time convenient to the woman, and were recorded using a digital recording device. Seven of the eight interviews were conducted over the phone as per the woman's request, either due to the location of the woman or to accommodate the sleeping routine of the baby. Each interview was conducted by an experienced interviewer to minimise distress to the participants as they shared their traumatic birth experience. To ensure informed consent, participation was self-determined in response to an information sheet distributed via email which provided full disclosure of the research currently being undertaken. Participants were given the contact details of the researcher to ask any questions prior to giving consent. Participants were assured of confidentiality and advised that all data would be de-identified during transcription of the recording to protect identities and pseudonyms would be given to the participants and any names they disclosed. It was further clarified that participation was optional, that participants were able to request that digital recordings cease immediately at any time during the interview, and were given the opportunity of withdrawing from participation at any time without penalty. The information sheet also contained details on referral services for participants if they needed further help following the interview.

These interviews were undertaken with the aim of gaining insight into how a woman's birth experience impacts on their experience of mothering, her ability to care for her newborn infant and the need to access parenting support services. It was important to canvass a range of views from different women, for example, women who have had a premature birth, emergency caesarean, instrumental birth, or experienced separation from their infant for a period of time, and premature birth. These labour and birth outcomes may all be described as a traumatic birth.²⁰ Each interview was approximately one hour long, and were semi structured in design using open ended questions. Questions asked of the women included “Tell me about your birth experience”, “How would you describe your experience of early parenting?”, and “Describe how you came to access support from a residential parenting service”. Prior to the commencement of the interview all participants were asked to complete a brief demographic questionnaire.

2.1.2. Data analysis

Thematic analysis was used to analyse the transcribed interview data using NVivo 11.²¹ Thematic analysis is an iterative process where concepts, categories or themes and relationships with other categories or themes are constantly refined.^{19,22} The first author read each interview in-depth to identify patterns or words, statements or meaningful categories. These categories were compared and contrasted within the interviews, and were then discussed with the co-authors. These categories were then analysed to identify themes and sub themes which represented the categories. The overarching theme was then developed to accurately reflect the data.¹⁹

2.2. Ethics

Ethics approval was provided by the Sydney Local Health District (RPAH Zone) Ethics Committee, approval no. HREC/13/

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