

An exploration of health professionals' knowledge, attitudes and beliefs surrounding the occurrence of childbirth trauma, using a convergent parallel mixed methods design.

Abstract

Perinatal mental health problems are a significant cause of maternal morbidity and mortality (Centre for Maternal and Child Health Enquiries, 2011). Studies have indicated that posttraumatic stress disorder [PTSD] can occur following childbirth, and the risk factors for, and prevalence of PTSD have been well documented in existing literature. Although negative interpersonal interactions with maternity care providers have been described as a significant precipitant for PTSD following childbirth, there seems to be a lack of research surrounding health professionals' knowledge of trauma processes or barriers that may prevent them from responding to trauma reactions following childbirth. This study aimed to find out what health professionals who care for perinatal women; midwives, obstetricians, general practitioners [GPs] and health visitors know about psychological trauma resulting from childbirth. It also aimed to explore if barriers exist, in terms of insufficient knowledge, workload, attitude and beliefs, which prevent women who have suffered childbirth trauma from receiving appropriate diagnosis, treatment and support. An integrative methodological approach was used, using a convergent parallel mixed methods design. Quantitative and qualitative data was collected, analysed separately, and results compared to see if the findings confirmed each other. A written questionnaire was designed on the basis of nine 'knowledge' based statements and nine 'barrier' based statements. Respondents were asked to indicate, on a Likert Scale how much they agreed or disagreed with the statements. They were then invited to add any comments regarding their own experiences of interactions with women who report childbirth trauma, including how the interaction made them feel, what advice they gave or actions they took. The sample consisted of 484 midwives, health visitors, obstetricians and GPs. 180 of the sample responded to the questionnaire. Results indicated that health professionals lack the necessary knowledge to respond appropriately to women who have experienced childbirth trauma though many are aware of the themes that contribute to the trauma. Perception of knowledge, within some homogenous groups, was incongruent with answers to questions relating to trauma theory and recommendations, which would suggest a barrier. The results indicate that personal beliefs and attitude do not form a barrier to communication with this population of women, with most professionals reporting feeling comfortable with communication surrounding emotions and trauma. Midwives particularly report that restricted time and heavy workload impedes their ability to provide emotional support to women, this was a lesser theme with the other professional groups. Qualitative data suggests that exposure to women's childbirth trauma narratives evoke emotional reactions which prompt actions, and desired actions based on their own beliefs and feeling the need to 'do something'. The results indicate that education and training in relation to trauma needs to be addressed for all professional groups. The introduction of care pathways and simple assessment tools may help all professionals identify those individuals at risk of PTSD following childbirth and facilitate appropriate referral and interventions. Further exploration of the needs of women who have experienced childbirth trauma, perhaps in the form of focus groups may promote a richer understanding of the needs of this population.