A systematic review of midwife-led interventions to address post partum post-traumatic stress


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Midwife-Led Interventions To Address Postpartum Post-Traumatic Stress: A Systematic Review

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Aim
- To systematically identify interventions that midwives could introduce to address post-traumatic stress in women following childbirth.

Background
- Childbirth is generally viewed as a positive, life-changing event for women and their families.
- However, this period of time may be one of critical psychological adjustment for women and precipitate the development of mental health problems.
- PTSD can occur as the result of a birth perceived as traumatic and may impact on women’s ability to cope and parent effectively in the postnatal period.
- Manifestations of PTSD exhibited in the wake of traumatic childbirth are similar to those shown after PTSD in the general population, but may also be more specific. They may include hinderance of breastfeeding, fear of future childbearing, dysfunctional mother–infant attachment, and sexual avoidance.

Method
- A comprehensive search strategy was designed and applied to a number of electronic bibliographic databases using a pre-defined combination of identified search terms.
- Inclusion Criteria
  - Focus on therapeutic interventions that could be implemented by a midwife in the postpartum period for prevention or management of post-traumatic stress and/or PTSD
  - Published between 2002–2012, in English
- Exclusion Criteria
  - Research with a primary focus on postpartum depression, general anxiety/stress, or parental stress
  - Research regarding antenatal or intrapartum interventions, or perinatal problems
  - Focus on therapeutic interventions that could be implemented by a midwife in the postpartum period for prevention or management of post-traumatic stress
  - No identified intervention can be definitively recommended for use in midwifery practice settings.
  - Eligible literature is limited by poor quality and significant methodological heterogeneity that prevents a comprehensive synthesis.

- The role of the midwife should be to provide mothers with opportunities to discuss their birth experience, if and when they desire, providing an outlet for expression of feelings in a non-judgemental and safe environment to an experienced and empathic listener, whilst recognising this is not a formal debriefing intervention. Midwives should also act as ‘care co-ordinators’ for women, working effectively within a support network which comprises of six primary research studies and eight reviews were included in this systematic review.
- Original Research - Five RCTs and one quasi-experimental study evaluated the effects of debriefing or counselling interventions on PTSD outcomes. Methodology varied greatly between studies with differences in intervention strategies, sample sizes, inclusion criteria, number of sessions offered, and length of follow up. Midwives, some with specialist training, facilitated the studies in all sections. The findings of the included original research papers showed varying effects on PTSD measures.
- Reviews - The eight included reviews concluded there was insufficient evidence to suggest debriefing reduces psychological morbidity, and that timing and construction of debriefing are important influencing factors on effectiveness.

References

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