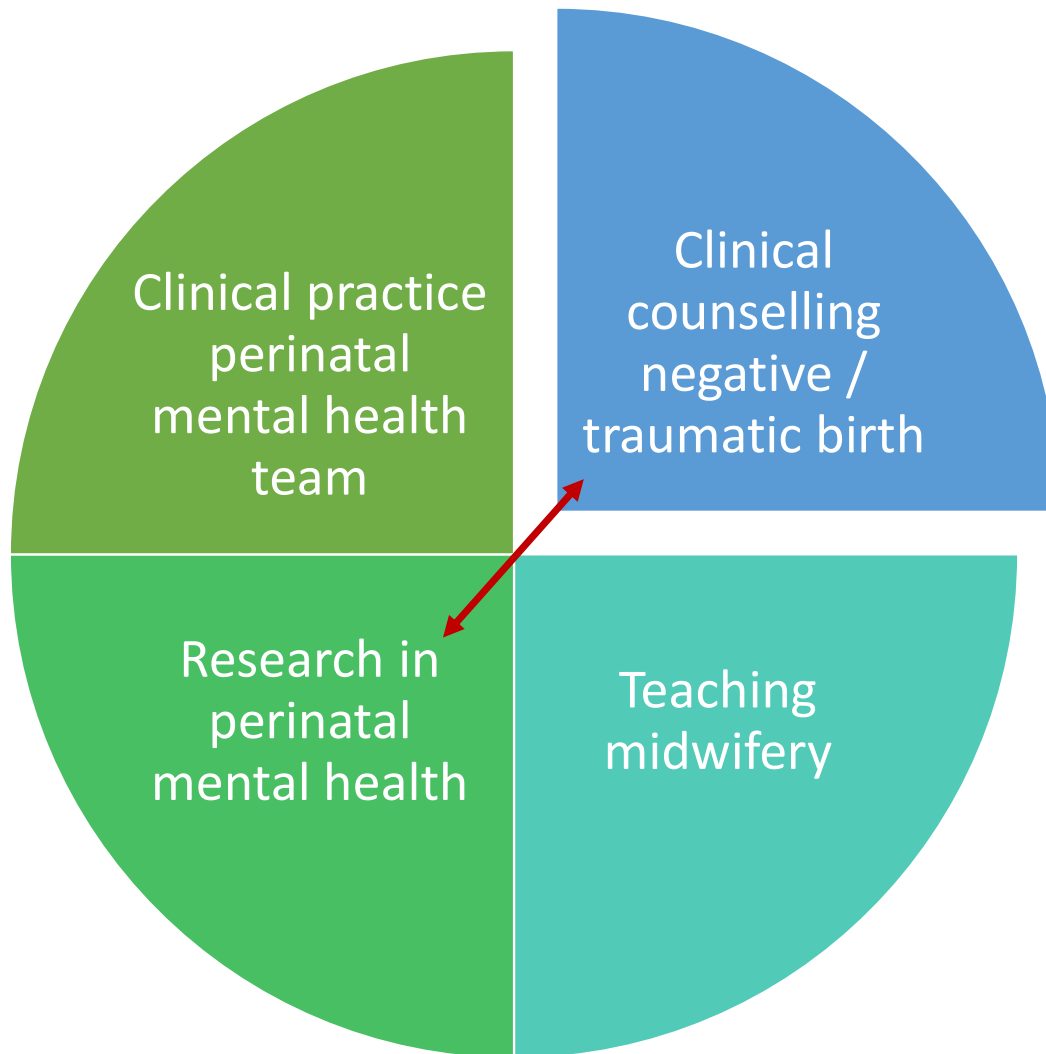


Traumatic or negative childbirth experiences and midwifery interventions

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Knowledge on birth experience

- **Negative or traumatic birth experience**
5-45% (Sigurdardottir et al., 2017; Rijnders et al., 2008; O'Donovan et al., 2014)
- **Post-traumatic stress disorder 3-20 %**
(Dekel et al., 2017; Grekin & O'Hara, 2014; Khoramroudi, 2018)
- **Risk factors multifaceted**
 - Depression/mental health issues
 - Complications during pregnancy or birth
 - Unsatisfied with support from staff
 - Perceiving not in control during birth
- **Consequences on woman's and infants health, family relationships, mother-infant bonding**



Interventions to help women to overcome negative birth experience

- Inconsistent results of studies
- Various design
 - Type of intervention
 - Timing of intervention
 - Target groups
 - Providers of intervention

However.....

- Women perceive it as helpful to review their birth experience with a maternity care provider
(Baxter et al., 2014; Cunen et.al., 2014; Slade et al., 2021)



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„Lend me an ear“ midwifery counselling intervention in Iceland from 1999

At Landspítali – University Hospital Reykjavík

Self-referral

Negative experiences of birth or fear of childbirth

Women and partners

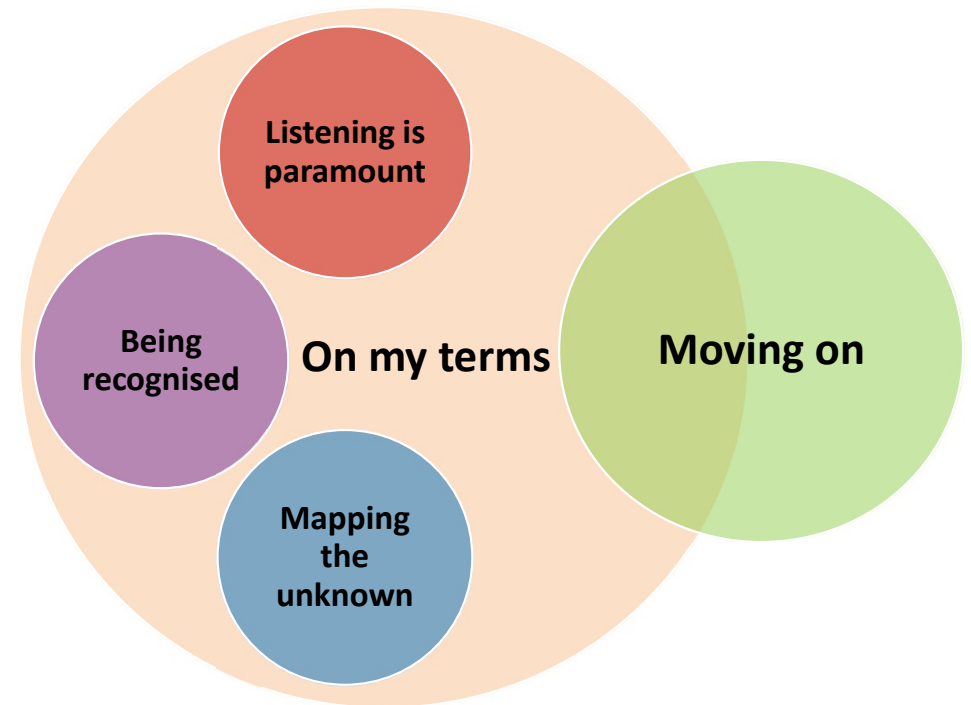
How do women
prefer to process
negative birth
experience?

1



Processing birth experiences – women's voices

- n=125 women who attended „Lend me an ear“ clinic
- Content analysis



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Processing birth experiences: A content analysis of women's preferences



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In a nutshell...

Moving on

'I wanted a promise of a caesarean section, which I did not get but still, I left the interview incredibly reconciled. Assured that I was in control... My experience was that I was really listened to and my confidence for the upcoming birth increased. I felt it was great to review the prior birth, to know that the next one would not be the same. Listen, review prior birth, enhance the confidence for the upcoming birth.'

Development and
implementation of
a midwifery
counselling
intervention
-
A feasibility study

2



Aims of study

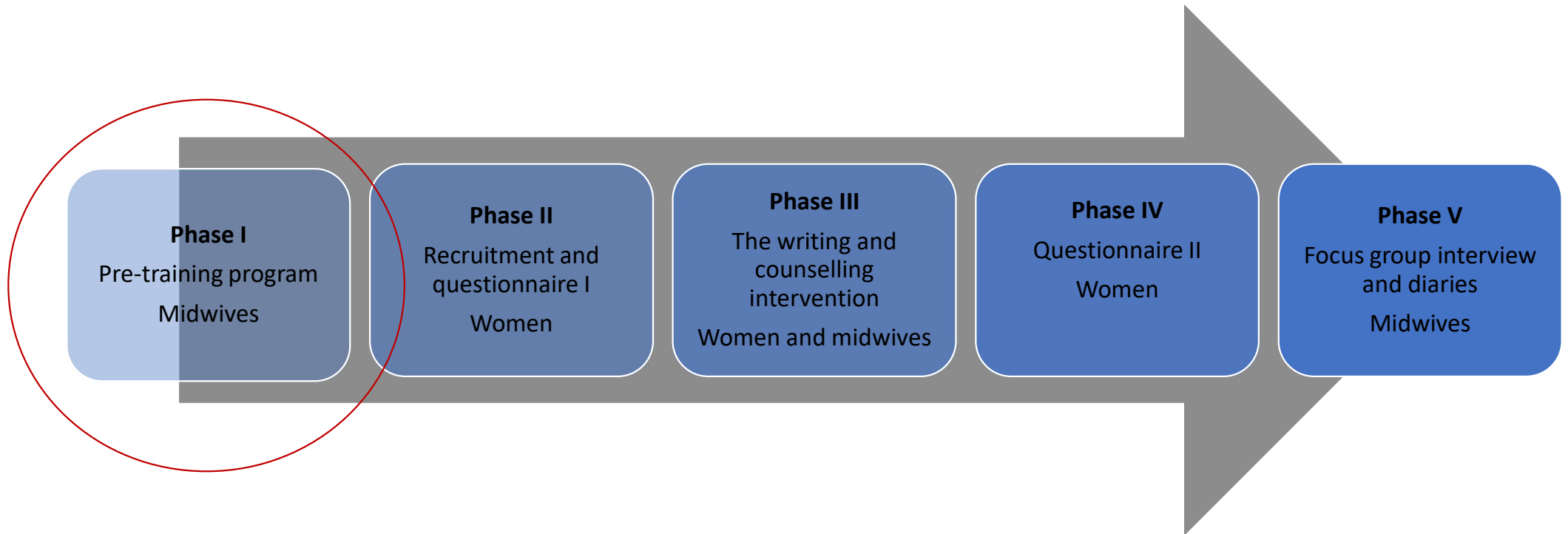


To construct an intervention for women who had their antenatal care provided at a high-risk antenatal clinic at Landspítali involving writing and reviewing their birth experiences with a midwife they know.

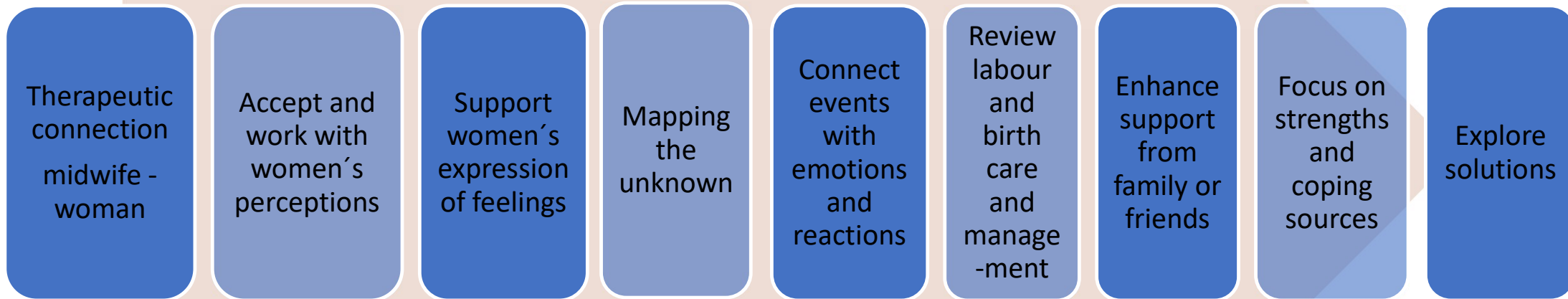


To evaluate the feasibility and acceptability of implementing such an intervention from both women's and midwives' perspectives.

Five phases of the study

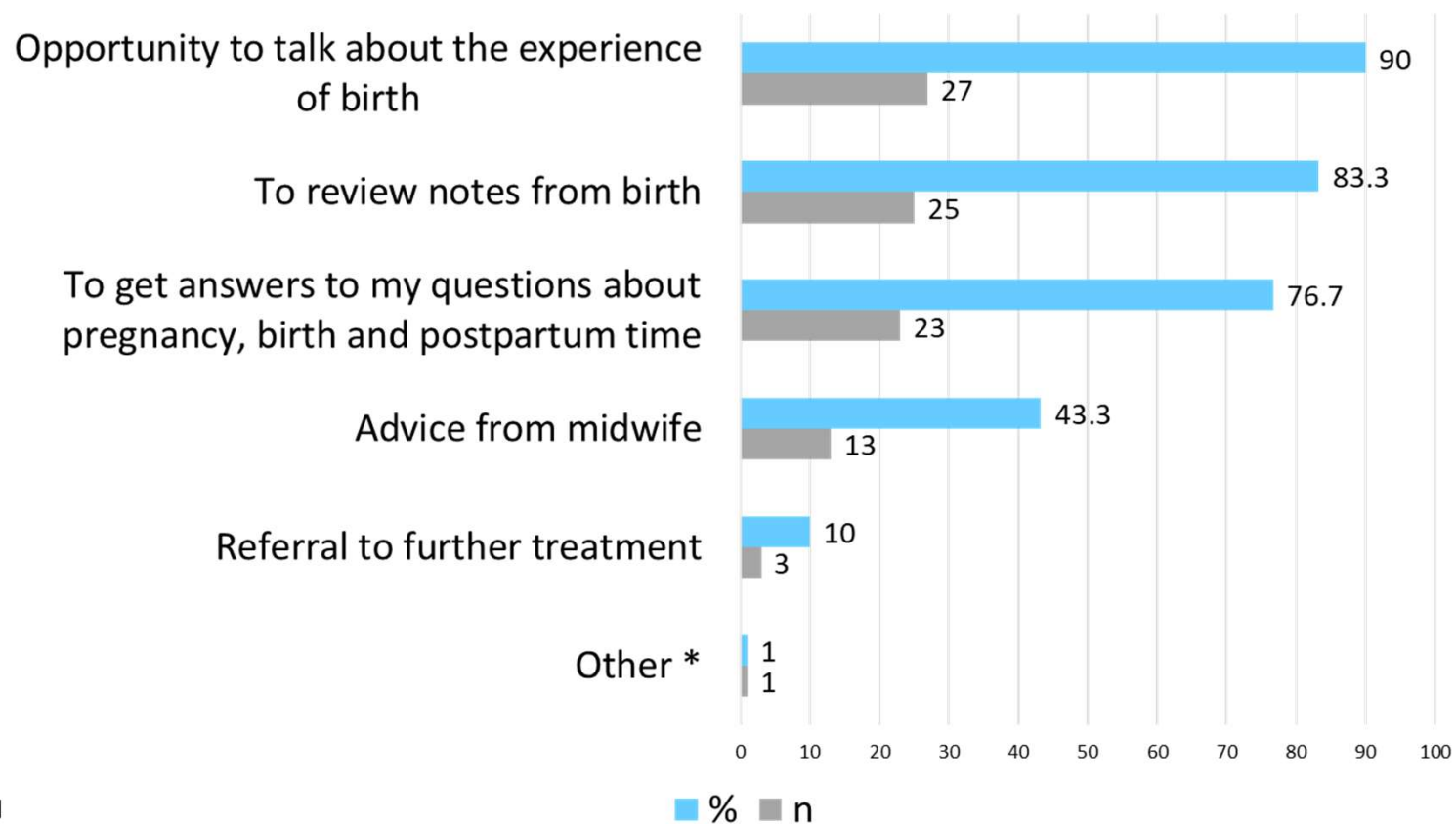


Interview components



Gamle, et.al. (2005)

Results - useful components of the counselling interview



Results – evaluation of the writing and counselling interview

Women

- Preferable to meet a midwife they know:
 - From antenatal care ($n = 28$)
 - From birth ($n = 21$)
 - From postpartum care ($n = 11$)
- 4-6 weeks after birth preferable ($n = 20$) – flexibility preferred
- Writing was helpful (11 women of 14)

Midwives

- Pre-training program, interview framework and supporting guidance adequate
- Practical issues involved staffing levels, facility and difficulties in contacting women
- Important part of care for high-risk women

Results - evaluation of the writing and counselling interview

Women

- Useful ($n = 26$)
- Fulfilling expectations ($n = 25$)
- Preferable to meet a midwife they know:
 - From antenatal care ($n = 28$)
 - From birth ($n = 21$)
 - From postpartum care ($n = 11$)
- 4-6 weeks after birth preferable ($n = 20$)
– flexibility preferred
- Writing was helpful (11 women of 14)

Midwives

- Pre-training program, interview framework and supporting guidance adequate
- Practical issues involved staffing levels, facility and difficulties in contacting women
- Important part of care for high-risk women
- A supportive manager is crucial

Results - evaluation of the writing and counselling interview



Women

- Useful ($n = 26$)
- Fulfilling expectations ($n = 25$)
- Preferable to meet a midwife they know:
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Midwives

- Pre-training program, interview framework and supporting guidance adequate
- Practical issues involved staffing levels, facility and difficulties in contacting women
- Important part of care for high-risk women

Closure of relationship



Reviewing birth experience following a high-risk pregnancy: A feasibility study[☆]

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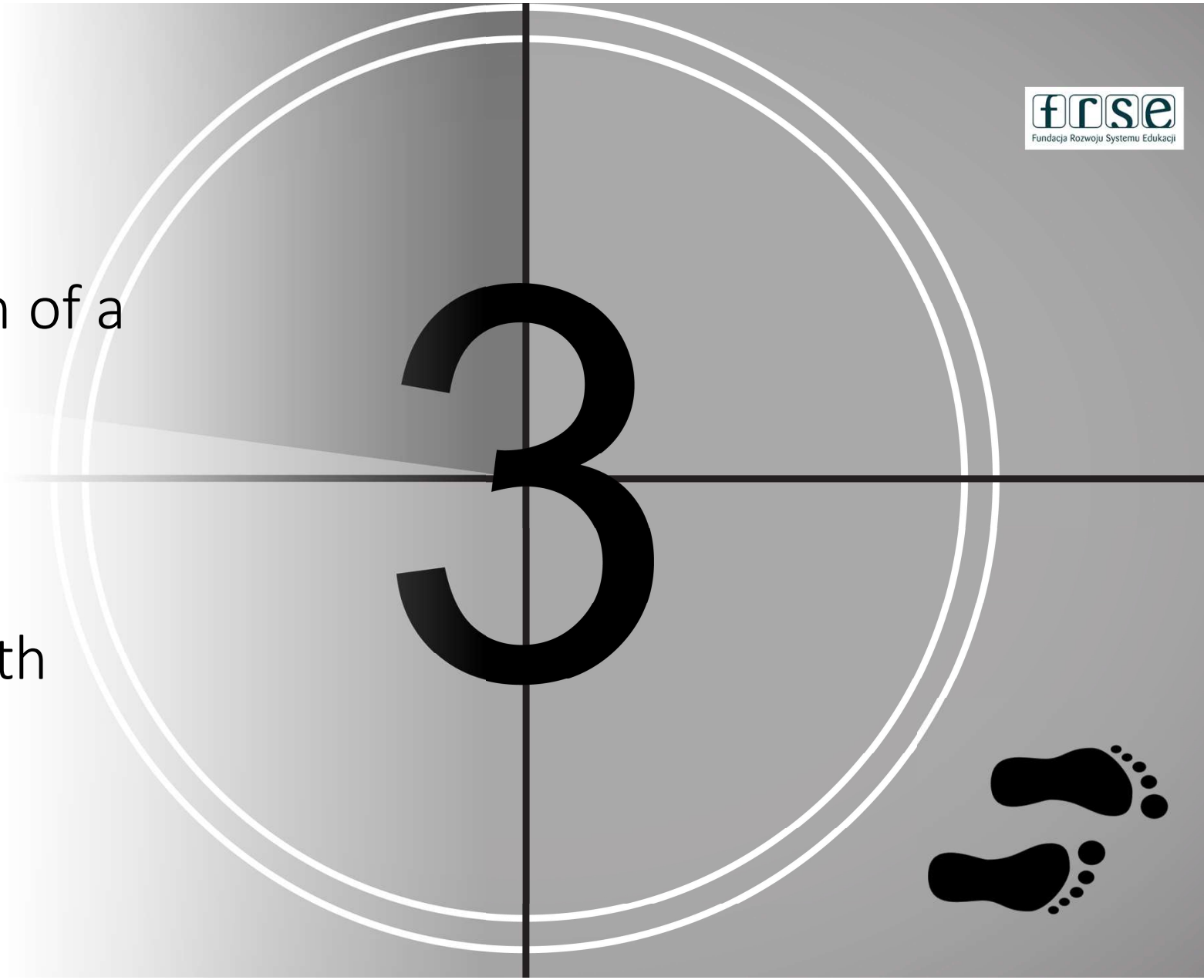
Implications for practice

Reviewing birth experience with a midwife known from antenatal care is a feasible and acceptable choice

A proactive approach is needed to detect women who might be exposed to negative birth experience

Simply ask women about their birth experience!

Implementation of a
midwifery
counselling
intervention
-
In Primary Health
Care Centres





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eyra

- Increased demand for counselling
 - From 80 to 180 interviews pr year
- Still a long waiting list
- Research findings



- Implementation of midwifery counselling in Primary Health Care centres – 1st line childbirth healthservice

Implementation – the process

- Meeting with managers of Landspítali University Hospital and Primary Health Care Centres
- ↓
- Decision of inviting women to meet midwife in Primary Health Care Center to review birth experience
 - All midwives providing antenatal care invited to a training course
 - Follow-up workshops for midwives
 - Information leaflet for parents on-line
 - „Lend me an ear“ (3rd line service) is now a referral source
 - Referral to other sources as well



4 hours course – at site and online

- Birth experience
- Processing traumatic/negative birth experience
- Normal reactions to a traumatic event
- Post traumatic stress disorder
- Birth physiology and hormones – effects on perceptions of birth
- Unexpected events and deviation from normal birth
- Communication skills (active listening, counselling, interview frame, notes from birth)
- Birth experience and relationships

2+ hours workshops – at site and online

- Cases
- Practice
- Discussions

Online material for participants

- Scientific papers
- Cases
- Videos
- Slides
- Interview frame



The training course



Iceland
Liechtenstein
Norway grants

frse
Fundacja Rozwoju Systemu Edukacji

The counselling intervention


LANDSPÍTALI
UNIVERSITY HOSPITAL

 UNIVERSITY
OF ICELAND

Appointment 45 min

Booked when woman/parents are ready

Known midwife from antenatal care

Active listening

Information - education

Review birth notes

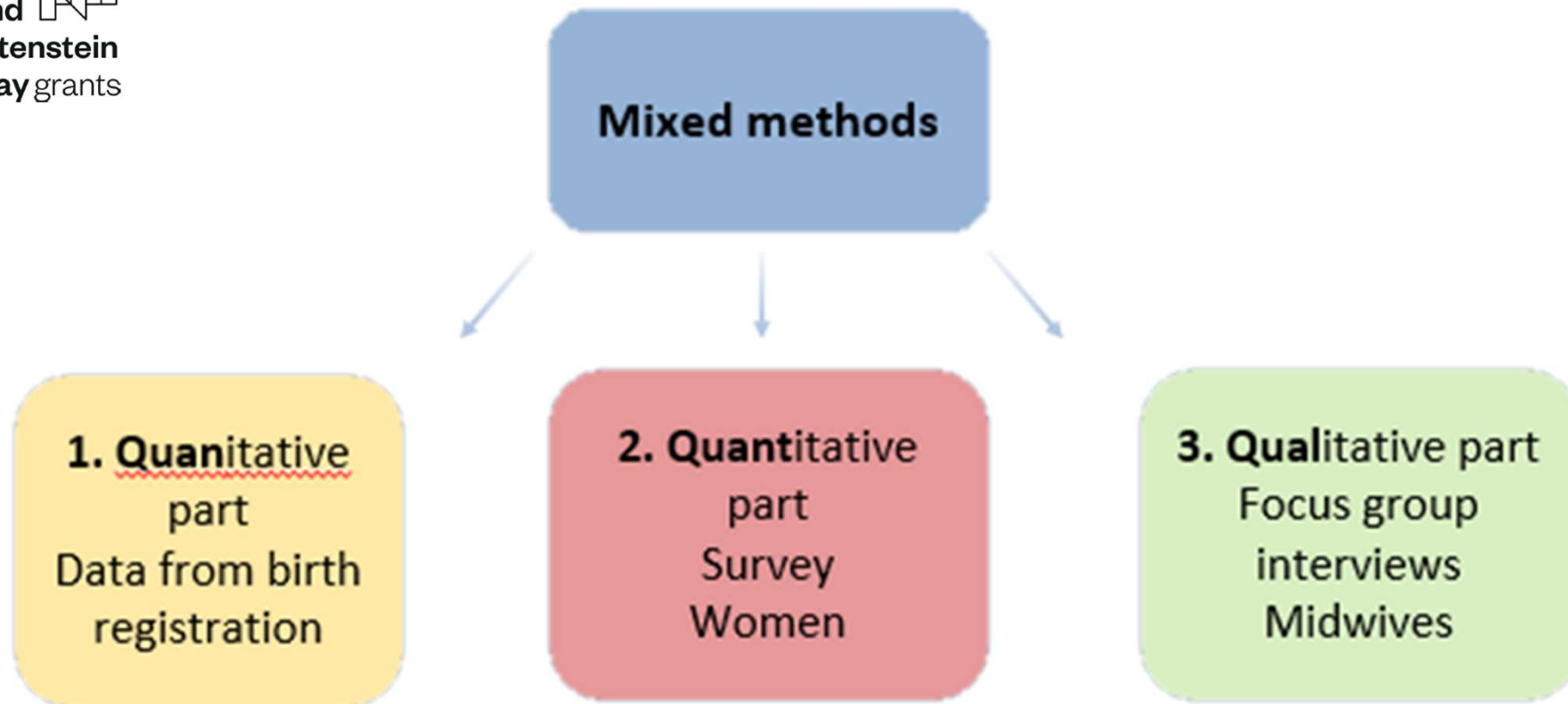
Support

Enhancing coping and well-being

Study protocol for implementation in Primary Health Care centres



Iceland
Liechtenstein
Norway grants



DISCUSSION!