

EFFECTS OF MIDWIFE-LED POSTPARTUM SUPPORT ON POSTPARTUM MENTAL HEALTH IN WOMEN

Background

- The United States is one of the only developed countries where maternal mortality is increasing.¹
- One reason for this high mortality rate is the lack of mental health services available including postpartum support by health care providers.
- Suicide is the second leading cause of death in postpartum women.²
- One in five women will experience postpartum depression.³
- Women living in rural areas also have increased health disparities when compared with women living in urban areas.³
- Minority women, women of color and those living in poverty are more likely to suffer increased health disparities when compared with those in other socioeconomic groups.⁴

Literature Review

- Data on postpartum mental health is limited. Postpartum telephone support including phone calls or text messages one-week postpartum have been found to improve postpartum depression although this is not specific to freestanding birth center care.^{5,6,7}
- The freestanding birth center care model embraces a community of support for new mothers. According to the Strong Start study, freestanding birth center care improves women's health, patient experience and overall value of care.⁸
- Midwifery care has also been evaluated and has shown to improve postpartum mental health.^{9,10}
- Counseling interventions by midwives to improve outcomes is also supported in the literature.¹⁰

Methodology & Intervention: Telephone Support

10 women who recently gave birth were given a 2 week postpartum phone call by a CNM with a list of questions to check on patient wellbeing and mental health. Specific Questions Asked:

- How are you feeling?
- Any concerns about feeling, sad, down, anxious, or depressed?
- Anything our office can do at this time to improve your overall feeling of wellbeing or mental health?

If positive women, were screened further with Edinburgh Postpartum Depression Scale (EPDS) and brought in for treatment evaluation if needed.

10 women that did not receive 2 week telephone support had EPDS scores compared to those women who had telephone support. These were compared to see if there was a significant improvement in results.

Results

Women who had telephone support (n=10)

EPDS at 6 weeks postpartum

EPDS <10 (80%)

EPDS 10-20 (10%)

EPDS 20-30 (10%)

Women who did not have telephone support (n=10)

EPDS at 6 weeks postpartum

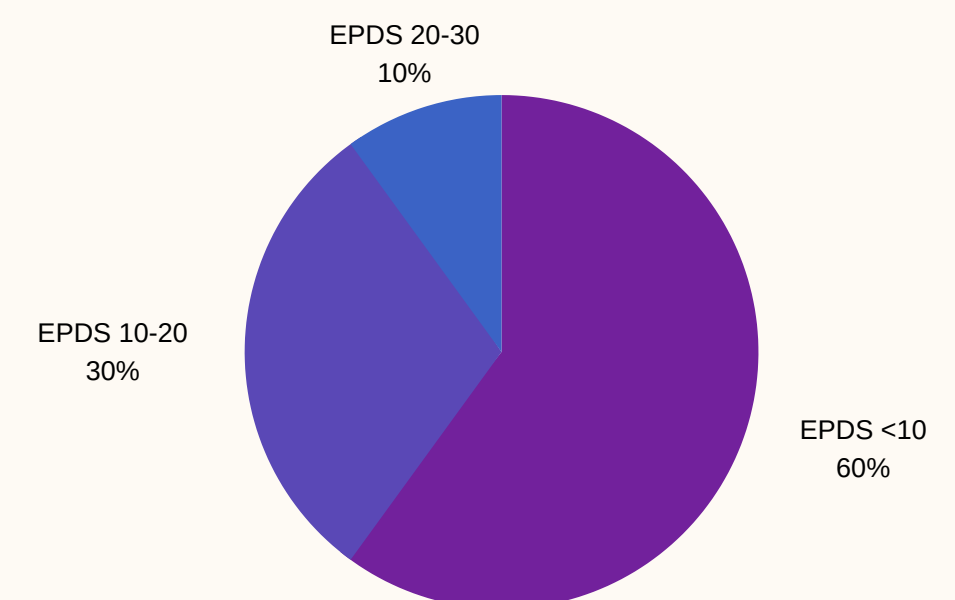
EPDS <10 (60%)

EPDS 10-20 (30%)

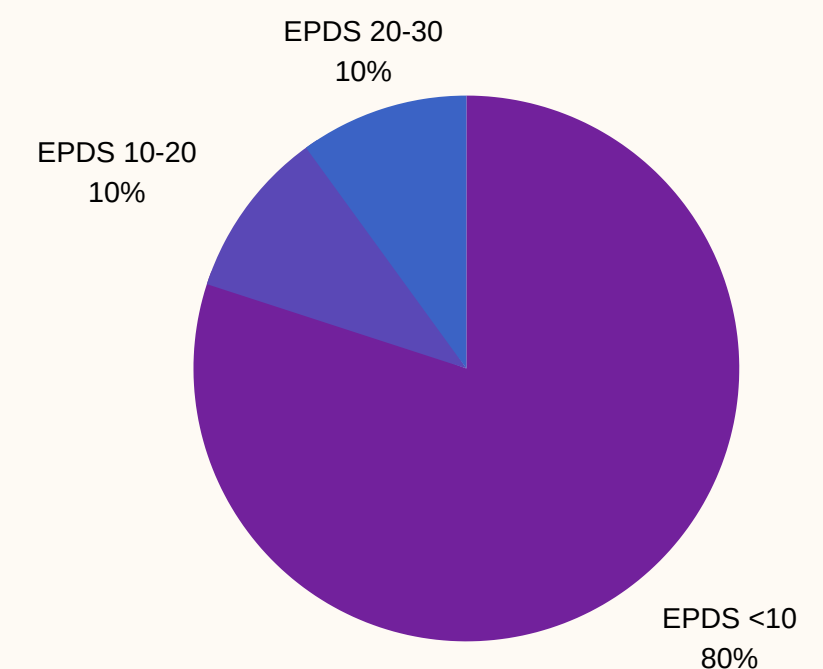
EPDS >30 (10%)

Women who received telephone support had better EPDS scores at 6 weeks postpartum although due to small sample size

Edinburgh Postpartum Depression Scores at 6 weeks postpartum (no telephone support)



Edinburgh Postpartum Depression Scores at 6 weeks postpartum (telephone support)



Limitations/Implications for Practice/Future Research

- Limitations due to small sample size, sample size could be expanded to make results more generalizable.
- Limitations with current COVID pandemic, study was moved to midwifery practice at an OB/GYN clinic since birth center opening was delayed. This did not represent the true birth center care we had hoped for. Women still received full scope midwifery care at the clinic site.
- Improvements in depression scores at 6 weeks were noted in women receiving telephone support which could help make a 2 week visit or phone call the standard of care.
- Providers are able to recognize and intervene earlier when a woman has symptoms of postpartum depression.
- Encouraging stakeholder buy in, insurance providers to participate in payment of a two week postpartum visit.
- Better coverage for freestanding birth center care.
- Better coverage of midwifery care.
- Recognition of midwives as mental health providers for women.

References

- 1Gibson, J., McKenzie-McHarg, K., Shakespeare, J., Price, J., & Gray, R. (2009). A systematic review of studies validating the Edinburgh postnatal depression scale in antepartum and postpartum women. *Acta Psychiatrica Scandinavica*, 119(5), 350-364. doi:10.1111/j.1600-0447.2009.01363.x
- 2 Wisner KL, Sit D, KY, McShea MC, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 2013;70(5):490-498. doi:10.1001/jamapsychiatry.2013.87
- 3American College of Obstetrics and Gynecology. [ACOG]. (2014a). Health disparities in rural women. Retrieved from: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women>
- 4Phillippi, J. C., & Barger, M. K. (2015). Midwives as primary care providers for women. *Journal of Midwifery & Women's Health*, 60(3), 250-257. doi:10.1111/jmwh.12295
- 5Guille, C., & Douglas, E. (2017). Telephone delivery of interpersonal psychotherapy by certified nurse-midwives may help reduce symptoms of postpartum depression. *Evidence - Based Nursing*, 20(1), 12. doi:<http://dx.doi.org.proxy.wichita.edu/10.1136/eb-2016-102513>
- 6 McCarter, D. E., Demidenko, E., Sisco, T. S., & Hegel, M. T. (2019). Technology-assisted nursing for postpartum support: A randomized controlled trial. *Journal of Advanced Nursing*, 75(10), 2223-2235. doi:10.1111/jan.14114
- 7Niksalehi, S., Taghadosi, M., Mazhariazad, F., & Tashk, M. (2018). The effectiveness of mobile phone text messaging support for mothers with postpartum depression: A clinical before and after study. *Journal of Family Medicine and Primary Care*, 7(5), 1058-1062. doi:10.4103/jfmprc.jfmprc_120_17
- 8Alliman, J., Stapleton, S. R., Wright, J., Bauer, K., Slider, K., & Jolles, D. (2019). Strong start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*, 46(2), 234-243. doi:10.1111/birt.12433
- 9Hua, J., Zhu, L., Du, L., Li, Y., Wu, Z., Wo, D., & Du, W. (2018). Effects of midwife-led maternity services on postpartum wellbeing and clinical outcomes in primiparous women under China's one-child policy. *BMC Pregnancy and Childbirth*, 18(1), 1-9. doi:10.1186/s12884-018-1969-9
- 10Coates, D., & Foureur, M. (2019). The role and competence of midwives in supporting women with mental health concerns during the perinatal period: A scoping review. *Health & Social Care in the Community*, 27(4), e389-e405. doi:10.1111/hsc.12740

Author:

Jamie Harrington, DNP, APRN, CNM, FNP-BC