PROVISION OF AFTERTHOUGHTS SERVICE AND PATIENTS' PERSPECTIVES ON 'AFTER THOUGHTS SERVICE' IN CUMBERLAND INFIRMARY CARLISLE, UK.

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Abstract:
Background: an after thoughts service was developed as information giving service and it has been utilized to offer informal counseling, to receive feedback on staff interaction and debriefing of a mother's individual experience of pregnancy. **Objective:** this study examines steps of midwifery afterthoughts service and also looks at maternal experience of a midwifery led afterthoughts service, which has been offered to women who deliver at Cumberland Infirmary Carlisle (cic) or Penrith Birth Centre (Pbc) during January 2016 to December 2016. **Methodology:** this service was provided to total 66 women regardless of their mode of delivery. Their demographic data was recorded and they were allowed to discuss their perceptions, anxieties and other labour and birth related issues by giving chances of open-ended questions. Finally, this service was reviewed by asking them to complete a questionnaire. **Results:** the results of this study show that all women attended afterthoughts service needed to discuss their birth related events with some professional in order to reduce their traumatic experience and anxieties related to child birth. Debriefing can contribute to risk management by using both negative and positive feedback to help improve and change care and practice, on an individual level and unit level. **Conclusion:** debriefing should be available for all women at a time when they feel ready to access it and, in an environment, where they feel most comfortable. Its purpose is to aid women to finish the journey into mother-hood while also aiding improvements in the provision of maternity care.
Key Words: Afterthought Service; Birth Experience; Patients'councelling

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INTRODUCTION

One of the most natural and beautiful events in woman's life is giving birth to baby. But, in around 20-40% this experience is felt as traumatic and/or disturbing [1] and in nearly 3% women childbirth may lead to Post-Traumatic Stress Disorder (PTSD) [2] irrespective of mode of delivery and has major detrimental effects on women's emotional health, connection with their babies and family on the whole. [3] Therefore, it should be the priority of national health system to prevent women from poor mental. In lieu of these facts, provision of debriefing facilities were started 1990's in the United Kingdom in order to reduce mental health related issues after a distressing or complicated birth or other types of mental trauma during pregnancy. However, there is an ambiguity to what comprises postnatal 'debriefing'. Psychological debriefing is a well-planned therapy in which reality, belief and thinking are deal with to aid emotional processing and prevent PTSD commencement. [4] In contrast to psychological debriefing, where emotional processing is achieved by structured intervention, postnatal debriefing is less likely to be structured in its delivery and content. It classically includes a one to one meeting between the woman and a midwife in the early postnatal period to aid a woman knows what happened during her labour and birth. [4,5] The impact of this service on postnatal morbidity is examined by various experimental studies with mixed conclusions. Seven randomized controlled trials as identified by Cochrane review during 1998-2005 concluded no obvious confirmation of effectiveness, instead a wide heterogeneity and low quality was observed in this trial designs.[6] Because of scarcity of evidence, currently UK postnatal guidelines do not recommend formal debriefing sessions. However, regardless of current guidelines, existing data shows that many National Health Service (NHS) hospital trusts in the UK facilitate women who have undergone who have gone through traumatic or/and difficult birth by afterthought services. [4] Up till now, limited number of studies has been conducted on this service into UK. In a study conducted by Steele and Beadle, reported that 88% hospitals

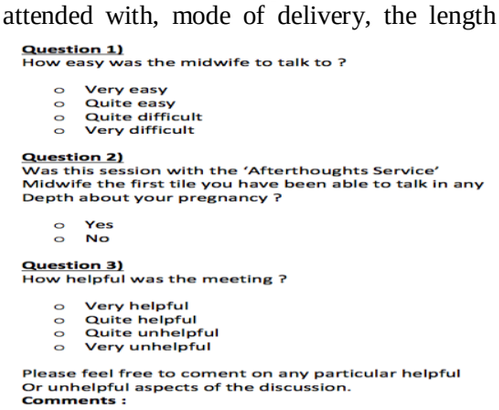
facilitated ladies to talk about their birth related issues of maternity care, debriefing service was available to 14% women, and 58% chose combinations of a full debriefing service and included constituents outside postnatal care.[7] Findings of a research conducted by [4] mentioned formal or informal support services to all women by 94% of hospitals including 78% debriefing-type. In a critical meta-ethnographic review about women's feelings of postnatal debriefing reports, it is reported that ladies appreciated opportunities provided them to identify events happened during child birth, and to have their birth experience validated.[5] These services assisted women in resolving issues of self blaming and guiltiness and to get them prepared for prospective pregnancies. [5] Poor maternal experience of pregnancy without adequate debriefing may have detrimental effects on a mothers' wellbeing, increasing the likelihood of postnatal depression and interfering with good parent-infant relationships.[8] The service arose out of necessity, as research highlighted that women have long expressed the need to discuss their labour experience with someone. It is described that giving women an opportunity to 'tell one's story' is a cathartic process that allows them to evoke an emotional response to their experience. As women would like to give them value in expressing themselves and opportunities to converse their birth experience with a maternity professional, and deficiency of current literature into afterthought services, this study was designed to elicit insights into the nature, content and format of afterbirth provision for women and to examine the perceptions of women about afterthought services in the Cumberland infirmary in Carlisle (CIC) and Penrith Birth Centre (PBC), UK.

METHODOLOGY

This study was divided into two steps; Appointments with the clients and their reviews through questionnaires. During appointment with client the age, parity, ethnic origin, referral source, length of time between birth of baby and meeting, the length of time between accessing the service and the appointment, who they attended with, mode of delivery, the length of the meeting, time of the meeting, whether any further referral is necessary and the reason for attending the meeting were observed and noted on a Performa. Then the questionnaire was sent out to each mother who had accessed the service to get her response to the effectiveness of the service.

The service offered to the parents who need more in-depth information about their baby's care and was provided by Midwives. A single appointment was offered to mothers and their families for listening and information giving, to help clarify any questions they may have about their birth experience. Patients' history was taken for their demographic data including age, parity, and ethnicity, time spent between baby birth and afterthought service appointment. Once demographics were filled, all women were having consultation and discussed issues which they came across during and after labour. During sessions it was the responsibility of the midwives to make a connection with the woman and whoever she brings with her to the appointment. The sessions included discussion to accept and work with their perception of the birth, listening with encouragement without interruption; open questions were asked to support the expression of their feelings, active listening and reflecting back on the woman's concerns was also a strategy; Misunderstandings related to birth were clarified, More information and answering questions with facts and figures and new or more accurate perceptions of the event were discussed; they were also acknowledged and validated about their grief and loss and countered distorted thinking such as self-blame and a sense of inadequacy. Finally, they were helped to plan for a future delivery and move forward.

The efficacy of this service was reviewed by asking the 66 women who attended the after thoughts service between 2015-16 to complete a questionnaire, which was sent to them with a stamp addressed envelope. The questionnaire had a mixture of Likert scaled questions and some opportunity for free text comment responses. (figure. 2)



Question 1)
How easy was the midwife to talk to ?

- Very easy
- Quite easy
- Quite difficult
- Very difficult

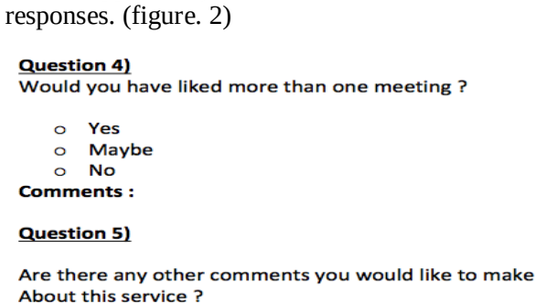
Question 2)
Was this session with the 'Afterthoughts Service'
Midwife the first tile you have been able to talk in any
Depth about your pregnancy ?

- Yes
- No

Question 3)
How helpful was the meeting ?

- Very helpful
- Quite helpful
- Quite unhelpful
- Very unhelpful

Please feel free to coment on any particular helpful
Or unhelpful aspects of the discussion.
Comments :



Question 4)
Would you have liked more than one meeting ?

- Yes
- Maybe
- No

Comments :

Question 5)

Are there any other comments you would like to make
About this service ?

Figure1. Questionnaire sent to participants

RESULTS

Total 66 mothers visited afterthought services and got chance to discuss their birth related issues to midwives at Cumberland and Penrith during 2016. Majority of the women were aged between 34-39 years (40.9%) followed by 25-29 9(34.8%) years old ladies. While rest of the age group ladies who availed this service were less than 15% as shown in table1. More than 75% ladies (N=50) visited for afterthought service were multiparous, whereas only 16 ladies given birth their first baby and needed this service as mentioned in table 2,. All ladies were helped out regardless of their mode of delivery with 29 (43.9%) had ELSCS, 15 (16.7%) underwent single vaginal delivery, while 11 (16.7%) and 7 (10.6%) had either forceps or ventouse delivery respectively. Only 4 ladies visited after elective lower segment caesarean section, table 3, 3. Time elapsed between appointment and delivery was less than 18 months for nearly 33.3 % women while for 31.8% women visited within 6 months of their delivery. However even women needed this service within and after 5 years of their child birth as shown in table 4,. Regarding length of the meeting, 66.7% ladies (N=44) had discussions with midwife for 1-2 hours followed by 21.2% (N=) 14 women whose meeting lasted for 2-3 hours. However less than 10% women needed time duration less than 3 hours as mentioned in table 5,. There was no restriction on accompanying person during session. Almost 60% women had their accompanying person (partner, child, mother, others) and nearly 40% attended alone. table 6.

Out of 66 women, 39 replied the questionnaires while 27 did not returned the filled questionnaires; therefore, the total response rate was approximately 60%. Of 39 replies for the question "**How easy was the midwife to talk to",** 38 (97.4%) considered it **"*very easy*"** while 01 (2.6%) replied ***"easy"*** table 7. For the question "**Was this session with afterthought service midwife the first tile you have been able to talk in depth about your pregnancy",** 34 ladies reply was yes and 5 said No, table and 8. 27 ladies wanted more than one meeting, 8 were not sure while for 4, one meeting was enough as mentioned in graph 1. More over 34 ladies considered this experience of afterthought service helpful while 5 said quite helpful graph 2.

Table 1: Age of the ladies seek after thought service (N=66)

Age of the Lady	Frequency (N)	Total Percent (%)
less than 20 years	1	1.5
20-40 years	3	4.5
25-29 years	23	34.8
30-34 years	27	40.9
35-39 years	8	12.1
more than 40 years	4	6.1
Total	66	100.0

Table 2: Parity of the ladies seek after thought service (N=66)

Parity	Frequency (N=66)	Percent (%)
Primipara	16	24.2
Multipara	50	75.8
Total	66	100.0

Table 3: Age of the ladies seek after thought service (N=66)

Mode of Delivery	Frequency (N=60)	Percent (%)
Single Vaginal delivery	15	22.7
Ventouse delivery	7	10.6
Forceps Delivery	11	16.7
Elective lower segment caesarean section	4	6.1
Emergency lower segment caesarean section	29	43.9
Total	66	100.0

Table 4: Time duration between birth of the baby and meeting (N=66)		
Time duration between birth of the baby and meeting	Frequency	Valid Percent
less than 6 months	21	31.8
less than 18 months	22	33.3
less than 2 years	6	9.1
less than 2.5 years	5	7.6
less than 4 years	8	12.1
less than 5 years	1	1.5
more than 5 years	3	4.5
Total	66	100.0

Table 5: length of the meeting (N=66)		
length of the meeting	**Frequency (N=66)**	**Percent (%)**
less than 1 hour	6	9.1
1-2 hours	44	66.7
2-3 hours	14	21.2
More than 3 hours	2	3.0
Total	66	100.0

Table 6: Meeting attended with whom (N=66)		
Meeting attended with whom	Frequency (66)	Percent (%)
alone	26	39.4
partner	22	33.3
child	8	12.1
mother	4	6.1
other	6	9.1
Total	66	100.0

During the session, ladies were encouraged to discuss their experiences by open ended questions and particularly maternal experience of antenatal, labour and post natal care were discussed as shown in figure 2.

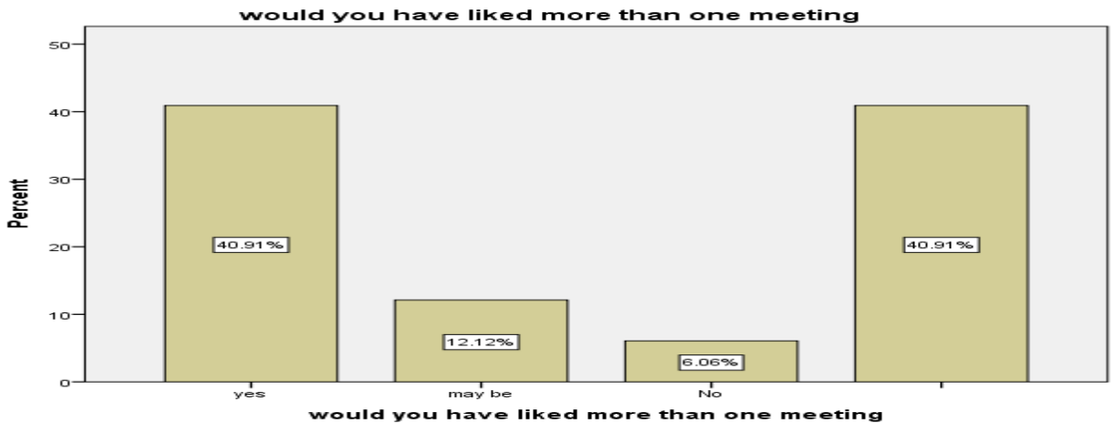
Figure 2, Highlights of the most common topics of discussion over 2016 appointments

Table 7: Illustrating question "How easy was the midwife to talk to" (N=39 out of 66 replied)			
How easy was the midwife to talk to	Frequency	Percent (%)	Valid Percent (%)
very easy	38	57.6	97.4
quite easy	1	1.5	2.6
Total Replied	39	59.1	100.0
Did not reply	27	40.9	
Total	66	100.0	

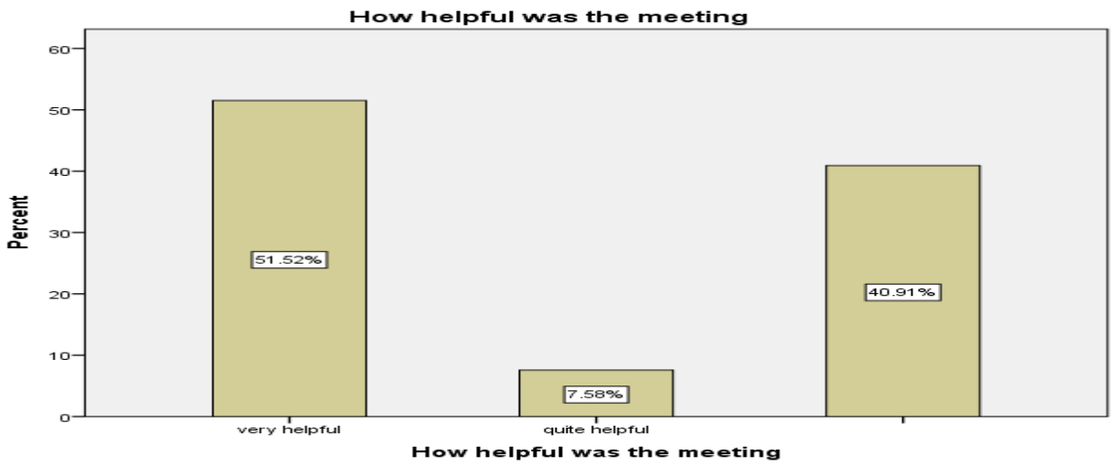
Table 8: Illustrating question 'Was this session with afterthought service midwife the first tile you have been able to talk in depth about your pregnancy' (N=39 out of 66 replied)

Was this session with afterthought service midwife the first tile you have been able to talk in depth about your pregnancy	Frequency	Percent
yes	34	51.5
No	5	7.6
Not replied	27	40.9
Total	66	100.0

Graph1: Illustrating question 'would you have liked more than one meeting' (N=39 out of 66 replied)



Graph 2: Illustrating question 'How helpful was the meeting' (N=39 out of 66 replied)



DISCUSSION

This study was aimed to examine the afterthought service provision to women and to listen the views of service users in order to improve the quality of maternity services if necessary. For this purpose, 66 women were cared and sent questionnaires regarding their experience with after thoughts service. In order to avail this service, women were informed by several ways including leaflets, pamphlets, and referral clinics. Similar service is provided throughout UK and findings of few studies highlight variations in afterbirth service provision for women who have experienced a traumatic/distressing birth. Although most of these services are working for years but only half of these are getting proper funding in order to support women.[9]

Like majority of the afterbirth services, Cumberland service has been established in response to women's needs, rather than scientific or theoretical literature. Midwives remained the sole providers of afterthought services in current study. Their role was described as making connections with the women and whoever she brings with her to the appointment; and to accept and work with her perception of the birth, listening with encouragement but not interruption; to support the expression of her feelings by open questions, actively listening and reflecting back on the woman's concerns; to clarify

misunderstandings, offer information, answer questions realistically and factually and to ask questions about key aspects to check understanding; to offer new or more accurate perceptions of the event; to acknowledge and validate grief and loss; to gently challenge and counter distorted thinking such as self-blame and a sense of inadequacy; to help plan for a future delivery and to help women move forward. Similar services were provided in other areas of UK where in nearly 60% of cases, afterbirth support was provided by midwives and for approximately 40% women, health professionals without specific training were in provision. Flexibility is mentioned as key feature for most of the services, with as and when needed access with number of appointments dependability on individual basis. In line with this study, the kind of care provided were somehow based on women's needs and mostly presented chances for women to express their feelings regarding birth events and emotion-based responses.[9,10]

While just over half of the afterbirth services provided women with information on birth trauma, most had referral pathways to direct women to more specialist support as needed. This study offers up-to-date and detailed insights into afterbirth support provision in England.

Regarding questionnaires, overall, the total response rate for questionnaire in this study was 60% (39 respondents), which is a recommended response rate. Whereas, a key limitation in other studies was related to the low response rate with steady downward trend in health professionals' completing surveys.[11] This low response rate may either be due to lack of provision of services or lack of time to fill the survey questions. Few survey studies have yielded low response rates, such as 14% amongst family physicians/gynaecologists,[12] and 32% amongst nurses and midwives,[13] despite multiple strategies to enhance completion rates. Whilst with response rate of 40%, in another study, the results were generalized by getting results from almost all regions of England.[9] With many labours and births there are usually a lot of questions that may be left unanswered or may have been answered but the woman does not understand or was not able to digest the information at the time so this is where our service can really help. We try to answer all the unanswered questions and explain to women about their birth experience in a way that helps them to feel more comfortable with their experience and at a time that is right for them. No amount of coaxing a woman to relax, telling her not to dwell on what happened during the birth, or telling her to focus on her lovely baby, will counteract the stress she may feel following a distressing birth. She needs her experience validated, both how she felt then and how she feels now.

A single appointment is offered to mothers and their families for listening and information giving, to help clarify any questions they may have about their birth experience. There is literature that states a one-off debriefing appointment is of little or no benefit[14] but it is conclusive to state that some women feel the need to discuss birth events with a professional. The literature and the findings of our questionnaires, completed by the mothers who use the service, clearly support the view that whether or not debriefing has a measured benefit, women themselves find it helpful.[15]

With all 39 respondents, 38 were agreed with the ease of talking to the midwife, while 01 felt this service quite easy. Regarding their experience, 34 respondents stated that this meeting was the first time that they had been able to talk in any depth about their birth experience. Considering that there is a correlation between poor maternal experience of pregnancy and maternal morbidity, it may be surprising that an opportunistic session with a midwife may be the first consultation that addresses maternal anxieties/distress after delivery.

27 women felt that one meeting was enough, however the remaining 12 felt that there would be benefit in having more appointments to discuss concerns further. Unfortunately, due to resource constraints with staffing appointments, at the time of the session's only one appointment could be offered to women.

The most commonly discussed topic at the after thoughts' appointments was an explanation of what occurred during labour and exploring the patients' recollection of their experience.

Many patients reported feeling a lack of control or having gaps in their memories of their experience, which can cause patients distress.[16] In these instances the midwife facilitating the appointment would refer to patient notes or have a discussion with the consultant who had been in charge of care, so to help fill these gaps. The result being that patients better contextualize and understand their experience of labour, which can help patients plan for future pregnancies.[17]

Leading on from this, mothers also voiced anxieties they had towards future pregnancies. Menage (1993) observed that woman who had suffered from unresolved trauma from a previous pregnancy, could lead them being fearful of their next. In many cases mothers just required simple reassurance from the midwife facilitating the appointment.[18]

Finally, some patients wished to discuss some of their more negative experiences. Although, in many cases these could be de-escalated with simple explanation or an apology, some patients wished to pursue a complaint. Evidence would suggest that debriefing patients does not reduce complaints, but can help inform units about the causes of distress and traumatic experiences, which in turn can improve the organization of care.[19] The findings of the study suggest that there is more than one purpose for the use of debriefing women or allowing them to talk in the postnatal period, including women's perception of events, the mode of delivery, disparity in what they expected and what occurred, and because they feel they were left with gaps in their memory of the event. All these factors may be due to a lack of information, knowledge and understanding. In addition to the benefits to women, debriefing also serves a purpose in risk

management. Debriefing can contribute to risk management by using both negative and positive feedback to help improve and change care and practice, on an individual level and unit level.

Conclusion:

In conclusion, post natal debriefing service should be available for all women at a time when they feel ready to access it and, in an environment, where they feel most comfortable. Its purpose is to aid women to finish the journey into mother-hood while also aiding improvements in the provision of maternity care.

ETHICS APPROVAL: The ERC gave ethical review approval

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin

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CONFLICT OF INTEREST: No competing interest declared.

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