

Implementation of an institutional trauma-informed pathway during postpartum period

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Background

- Childbirth is a major life event, but it can leave women vulnerable to mental health issues, including depression, anxiety, and post-traumatic stress disorder^{1,2}. In Switzerland, suicide accounted for **33% of maternal deaths** between 2005 and 2014³. Negative childbirth experiences can have long-term consequences for women and their families. Prevalence rates vary widely according to studies, from **6.8% to 44%**⁴, representing 100 to 700 women for the canton of Neuchâtel.
- Trauma-informed care is crucial in perinatal period as it acknowledges and meets the unique needs of women who have endured trauma during this period. This approach promotes a safe, trusting, and empowering environment, help to alleviate the adverse effects of traumatic births and facilitating the emotional and physical recovery of women and their families⁵. The World Health Organization recommend a systematic screen for anxiety and depression⁶.
- Before 2022, the RHNe did not offer pathway aimed at supporting couples who had a negative childbirth experience.

Aims

- **Implement** a systematic screening and an evidence-based midwife-led intervention aimed at reducing the impacts of a negative childbirth experience.
- **Evaluate** the effectiveness of this pathway and the intervention.

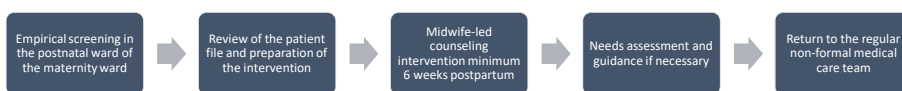
Pre-conception

- A **literature review** was conducted to identify a midwife-led intervention in the postpartum period aimed at addressing the negative or traumatic experience of childbirth. The selection criteria were: clinical effectiveness and contextual implementation easy.
- **Awareness** of all the midwife team about childbirth experiences.
- **Training of identified midwives** regarding the retained intervention.
- **Adapting the workplace** to ideally deliver the intervention.
- Implementation of project **monitoring with indicators**.

Conception

- The project's design for improving maternal outcomes related to childbirth experience involved integrating existing literature. Research suggests that postnatal interventions, such as **midwife-led counselling**, can improve mental health outcomes, including **reducing depression, anxiety, and post-traumatic stress disorder**. Furthermore, these interventions have been demonstrated to **decrease maternal guilt, increase confidence in future pregnancies, and positively impact the mother-child bond**. Considering these findings and ethical considerations, midwife-led counselling were implemented in April 2022.
- The intervention format is an adaptation of the midwife-led counselling, inspired by Gamble's model⁷. Each midwife allocates thirty minutes per patient for preparation based on medical records. The actual consultation time allocated is two hours to allow for in-depth discussion of the childbirth experience. These sessions are offered at least **six weeks after the birth**.
- Due to the relatively low participation rates observed in 2022 (17 women/couple from April 2022 to December 2022) and the commonly reported **avoidance response** in the literature, a **systematic screening strategy** is currently being developed:
 - As part of the systematic screening process, **informed consent** will be obtained from patients at the time of their registration at the maternity unit at the 34th week of gestation. Following childbirth, women are offered a self-assessment using online questionnaires to evaluate their experience of childbirth, depression, anxiety, and post-traumatic stress. The evidence-based tools used for this assessment include **PCL-5, EPDS, and QEVA**. After completing the questionnaires, specialist midwives analyze the responses and arrange an appointment with a midwife or refer women directly to a perinatal mental health professional if necessary.

Current format of the intervention



Intervention format currently under development (launch mid-2024)



Evaluation

Expected benefits of the pathway :

- **Improved recruitment** of women who need midwife-led counselling or other perinatal mental health interventions
- **Personalised** preparation of the intervention to meet individual needs
- **Improved outcomes** for mothers.

Monitoring of the pathway using indicators:

- **Number** of midwife-led counselling conducted
- **Women's satisfaction** with the intervention and assessment of **feasibility and acceptability** by both women and midwives.
- **Pre-post intervention evaluation**.

Development perspectives through scientific evaluation :

- Conduct a **randomised controlled trial** with a waiting-list control group
- **Assessment of cost-effectiveness**
- **Dissemination** of the pathway to other health institutions via a **training program**.

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