Acceptability of a programme for the prevention of post-traumatic stress disorder in midwifery: a qualitative investigation with midwives and midwifery managers following feasibility testing

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Introduction: Midwives are routinely exposed to events in the workplace that they personally perceive to be traumatic. As a result, a proportion of midwives will experience post-traumatic stress disorder (PTSD). This paper presents midwives' and midwifery managers' views on the feasibility and acceptability of POPPY (programme for the prevention of PTSD in midwifery).

Methods: The POPPY programme, which consists of a stepped-care package of educational workshops, peer support and trauma-focussed psychological intervention, was implemented in one UK hospital between October 2016 and September 2017. Interviews and a focus group with midwives (n=11) and a focus group with midwifery managers (n=11) were conducted to identify perspectives regarding the acceptability, feasibility and utility of the programme.

Findings: Midwives and their managers perceived the programme as highly relevant and useful, and strongly supported its implementation. The educational workshops acknowledged the potential for midwives who have experienced trauma to develop an understanding of early responses and self-management. There was a strong endorsement for peer support, but evidence of reluctance to access this resource due to fear of judgment and breaches of confidentiality. Access to trauma-focussed psychological intervention was also strongly supported.

Discussion: The programme was viewed as highly acceptable and feasible by midwives and their managers. Recommendations from managers to facilitate successful implementation were identified.

Conclusion: Systems to support the midwifery workforce that incorporate prevention of PTSD and, where necessary, intervention, should be implemented and tested at scale, within a systems-wide approach to enable evaluation of effectiveness.

Keywords: Feasibility, intervention, midwives, post-traumatic stress disorder, qualitative.

Introduction

Midwives are likely to experience an event that they personally perceive to be traumatic whilst providing care (Schrøder et al 2016). Between five to 33% of midwives report

clinically relevant symptoms of PTSD as a result of a workplace-related experience (Sheen et al 2015, Leinweber et al 2017b, Wahlberg et al 2017). In response to workplace trauma, midwives report changing the way that they care for mothers (eg intervening sooner), changing their clinical allocation, taking time away from practice or considering leaving midwifery altogether (Sheen et al 2016a). PTSD symptoms are associated with burnout (Sheen et al 2014), and disruption to maternity services via increased absenteeism and attrition.

Strategies to reduce midwives' distress following trauma exposure are needed (Cohen et al 2017, Leinweber et al 2017a). The prevention of PTSD requires a specific and targeted approach to facilitate psychological processing of memories (NICE 2018). Current interventions in development focus on improving midwives' well-being in the context of general work-related stress (Wright et al 2017, Pezaro et al 2018) and not on specific trauma exposure.

Most individuals who experience a traumatic event will not develop PTSD. After a traumatic event, early stress responses indicative of normal psychological processing may naturally occur. How individuals understand and manage early responses can influence whether these naturally resolve or develop into PTSD (Ehlers & Clark 2000, Brewin & Holmes 2003). Avoidance strategies (eg actively trying to suppress thoughts of the event, avoidance of places or people associated with the event or avoiding discussion of the event) can prevent the natural processing required to integrate and organise the trauma memory, leading to further stress (Foa et al 1989, Ehlers & Clark 2000). Negative attributions of the event (eg self-blame) can also hinder the resolution of early stress responses (Ehlers & Clark 2000). Educational interventions, raising awareness about trauma responses and encouraging adaptive coping strategies, and access to appropriate support, could reduce the risk of the development of maladaptive coping strategies and contribute to the prevention of PTSD (Wessely et al 2008, Elwood et al 2009).

POPPY (programme for the prevention of PTSD in midwifery) comprises universal education in the form of a 2.5 hour workshop for all midwives (supported in leaflet form), targeted prevention in the form of a confidential peer support system where midwives can discuss an event with a trained midwife in support provision, and access to trauma-focussed psychological assessment and intervention for work-related PTSD provided by a clinical psychologist. POPPY is derived from primary research with midwives (Sheen et al 2015, Sheen et al 2016a, Sheen et al 2016b) integrated with psychological theory aimed at

promoting adaptive psychological processing. A separate tailored version of the POPPY workshop has been developed for midwifery students (Spiby et al 2018).
Feasibility evaluation of POPPY included quantitative assessment via a questionnaire for preliminary indications of effectiveness (Slade et al 2018), and qualitative evaluation of acceptability and future shaping of resources via a smaller subsample of POPPY participants. The present manuscript presents findings from the qualitative evaluation of the programme, as reported by midwives and midwifery managers who received the POPPY training and access to resources.

Aim

To examine the perceived acceptability, utility and relevance of the POPPY resources from the perspectives of a small sample of midwives and their managers following implementation of the POPPY programme.

Methods

Design

Perspectives of midwives and their managers were collected via:

- Individual semi-structured interviews and a focus group with midwives
- A focus group with midwifery managers.

Participants

Qualified midwives employed at the host NHS foundation trust participated in either a one-to-one telephone interview (n=11) or one mini focus group (n=3). Clinical managers from the same trust (n=11) attended a separate focus group. All had previously attended a POPPY workshop.

Ethics

Ethical approval was obtained from Research Ethics Committee (Ref 0483). Approval was also obtained from the Health Research Authority (16/HRA/1694, IRAS ID 199938).

Procedure

The POPPY programme was implemented at one NHS trust between October 2016 and September 2017. Some workshops were provided as standalone training sessions prior to

integration (the majority) into mandatory training days routinely provided by the host NHS trust. At the beginning of the workshop, midwives were invited to participate in the POPPY research, which provided access to the wider POPPY resources and involved completing a self-report questionnaire. Midwives consenting to participate in the research (n=153) were asked whether they would be willing to provide qualitative feedback on the POPPY programme, of which the majority (n=147) agreed.

Data analysis

The interviews with midwives (conducted by KS), midwives' focus group (KS, SC) and focus group with midwifery managers (PS, HS, KS) were audio recorded, transcribed verbatim and transferred into NVivo 10 for analysis. Transcripts were analysed using thematic analysis at the semantic level to identify commonalities amongst perspectives (Braun & Clarke 2006).

Data from the focus group and interviews with midwives were combined for the purposes of analysis. Combining data from focus groups and interviews is often undertaken for pragmatic reasons (Lambert & Loiselle 2008). When doing so it is essential to consider the contribution of each method to understanding and exploring the aims of the research, and to study possible similarities or differences within the data (Lambert & Loiselle 2008). Data from the focus group with midwifery managers were analysed.

The researchers read each transcript and coded the data. Through examination of original data, codes were collapsed and organised into themes and subthemes reflective of commonalities amongst midwives' perspectives. During this process, each theme was reviewed at the level of coded data to ensure coherence with the data distinction from other themes. Disconfirmatory evidence was sought and retained where identified. Evidence for theme labels were discussed and agreed within the multidisciplinary team (psychology and midwifery) prior to establishing final definitions (Koch 2006). Themes are presented alongside quotes from midwives and midwifery managers (the quotes can be requested via MIDIRS as there was limited space to publish them within this paper).

Results

Findings are presented in two sections: 1) midwives' perspectives and 2) midwifery managers' perspectives.

Section 1: Interviews/focus groups with midwives

Views about each of the resources from both groups are presented in sequence: the POPPY workshops (three themes), POPPY peer support (four themes), access to trauma focussed clinical psychology assessment and input (three themes), and general viewpoints on the POPPY programme (two themes).

Perspectives on the POPPY workshops

- *Recognising, acknowledging and raising awareness of the impact of trauma on midwives (n=6 and focus group)*
  Midwives emphasised that the workshops acknowledged a difficult aspect of their practice that was not often spoken about. It was also felt that focus on PTSD provided a valuable and unique opportunity to discuss difficult experiences.

- *Feeling more informed about experiencing and self-managing trauma responses (n=8 and focus group)*
  The content of the workshop was perceived to balance the theoretical explanations of PTSD with midwifery-specific context, which contributed to midwives' overall understanding.

- *Considerations going forward (n=8 and focus group)*
  The majority of participants felt that no improvements were required. Invitations to suggest further enhancements yielded isolated comments, included below for transparency, but with no consistent theme apparent.

  - *Ways of enhancing workshop training (n=8 and focus group)*
    Midwives perceived that providing POPPY within a mandatory training day enabled attendance for those unable to rearrange shifts and that universal provision normalises attendance, potentially reducing perceived stigma. Some midwives (n=4) recognised that inclusion in the mandatory day presented challenges to supporting engagement with the topic due to the amount of information already received, as POPPY was typically scheduled for the end of the teaching day. The majority of participants however recognised that placement in mandatory training was the most feasible and useful to facilitate attendance.

- A few midwives (n=2 and focus group), made suggestions to enhance the interactive nature of the workshop and practical activities further (for example, by including a video of a midwife discussing their experience of PTSD and/or using the POPPY programme) and more time to explore the techniques and strategies. Refresher workshops to maintain awareness were suggested as useful for future provision.

Perspectives on POPPY peer support

- *Knowing that there is support available (n=7 and focus group)*
  For the majority of midwives, the availability of peer supporters within the trust was considered useful.

- *Uncertainty about the utility of a peer support system: 'we do this anyway' (n=4)*
  There were some midwives that queried the utility of a peer support system, as they felt that midwives already provided each other with informal peer support.

- *Fear of judgement and stigma: potential barriers to accessing peer support (n=3)*
  Other midwives reported that there may be a reluctance to access a peer support system due to fear of judgement from peer supporters, highlighting concern in accessing support in the context of an event where practice could be perceived to be under scrutiny.

- *'It depends on who the peer supporters are' (n=4)*
  When discussing factors that would influence a decision to contact a peer supporter, midwives emphasised several key characteristics that would be preferred. These included a desirable level of clinical experience, so that they would understand the types of situations likely to be discussed. The option to contact a peer supporter working in or outside of their organisation was also reported, as some felt they would prefer to know the person whereas others preferred entirely the opposite.

Perspectives on access to trauma-focussed psychology assessment and intervention

- *'A very useful resource' (n=8)*

Many midwives reported that knowing that clinical psychology assessment and trauma-focussed input was available and being able to access it as part of POPPY was very useful, even though it may not be required by many.

- *Easy access (referral route) is important (n=5)*
  It was recognised that in order to access the services of a clinical psychologist, the referral pathway would need to be as direct as possible.

- *Confidentiality is essential: 'a need to feel safe' (n=5)*
  Despite acknowledgment that talking about mental health was becoming more acceptable, confidentiality was viewed as essential.

General perspectives on the POPPY package

- *'There's support there now if we need it' — having a system in place (n=8 and focus group)*
  One of the valued aspects of POPPY was the awareness that there was a system of support in place specifically for midwives. Within this theme, midwives also made reference to the historical context of midwifery, and a reluctance to discuss difficulties due to concern over the potential for an unsympathetic response from senior midwives. The POPPY resources were recognised as providing support in the context of recent changes within the profession, as its evaluation took place around the time of the discontinuation of the former statutory supervision of midwifery (Department of Health 2016).

- *POPPY has come at a time of increasing pressure in midwifery (n=7 and focus group)*
  Midwives spoke of increasing workload having a general impact on staff morale, suggesting that any support systems are likely to have a positive benefit.

Section two: Focus group with midwifery managers

Managers' perspectives were grouped into three themes: the workshop enables acknowledgement and management of trauma in midwifery, integration into the organisational context and views on how to future-proof the programme.

The workshop enables acknowledgement and management of trauma in midwifery

- *Acknowledging midwifery is traumatic*

  Similar to the interviews with midwives, managers reported that the training represented wider acknowledgement that the role of a midwife could be traumatic at times.

- *'It's ok to be affected'*

  The training emphasised to three managers that it is normal and acceptable to be affected emotionally by workplace trauma.

- *Knowing how to manage trauma responses*

  Managers found it particularly useful that self-help techniques were included in the POPPY workshop so that strategies to self-manage and advise others in managing trauma responses were available.

- *Emotive but without adverse consequence*

  Managers noted the subject of the workshop could be emotive; however there was agreement that the programme did not appear to have any adverse consequences.

Integration into the organisational context

- *Filling a real gap*

  Managers felt that the programme filled a gap for midwives in relation to support pathways following workplace trauma.

- *Time to embed*

  They reflected that the programme needs time to establish within a service and become valued by midwives.

- *Short and long-term justification for financial investment*

  Managers referred to the importance of evidencing both the short- and long-term benefits of the programme in order to justify financial investment from the organisation.

How to 'future-proof' the programme

- *Management 'buy-in'*
  Managers emphasised the importance of a manager-only workshop early in programme implementation to increase understanding and facilitate engagement of the workforce in attending.

- *Mandatory training*
  There was clear support demonstrated by managers for the workshop to be part of mandatory training.

- *Improving peer support*
  It was recognised that a peer support system, and the POPPY package, would need time to embed in an organisation given its innovative focus from other initiatives. Ways of enhancing the peer support system were suggested, including introducing more peer supporters to provide a wider variation for choice. POPPY peer supporters were self-nominated; however it was suggested that a system whereby midwives nominate their peer supporters (who can then decide whether they would be willing to take the role) could be introduced.

- *Broadening beyond midwifery*
  Managers were beginning to consider the relevance of the workshop to the wider maternity workforce, including health care assistants and obstetricians across all levels of training.

Discussion

The POPPY programme is an innovative package aimed at preventing and providing appropriate intervention for PTSD in midwifery. Prior to the implementation of an initiative aimed at improving support for staff, the perspectives of midwives and managers are investigated in relation to the acceptability of resources needed. Accounts of the utility and need for the POPPY programme were overwhelmingly positive from both midwives and midwifery managers with clear suggestions for further enhancement.

Integration of the POPPY workshop into mandatory training was viewed as necessary to normalise the content and enable access by both midwives and their managers, despite

recognition that presentation at the end of a lengthy teaching day was not ideal. Methods of enabling midwives to discuss their feelings following a trauma experience are needed, to overcome what has been recognised as a 'culture of silence' (Elmir et al 2017, McNamara et al 2017). Midwives' engagement in making suggestions for amendments to the programme are indicative of the need for such evidence-based and theoretically-informed initiatives. There was endorsement of the concept but evidence of individual reluctance to use a peer system. This finding resonates with those of a recent investigation into Irish midwives' experiences of intrapartum death, where a fear of repercussions and a requirement for self-protection was discussed (McNamara et al 2017). Managers noted a need for careful consideration of the selection of peers, and there were mixed views from midwives with regards to whether they would prefer to speak to a midwife within or outside of their own organisation (ie a known or unknown person). Provision of peer support on a cross-trust basis is required, and a nomination system to identify suitable peer supporters would be beneficial. Access to trauma-focussed clinical psychology assessment and input received a high level of support from midwives. Research has identified that midwives are often referred to counselling (Sheen et al 2016a), despite this previously being contraindicated for the treatment of PTSD. Current guidelines advise trauma-focussed cognitive behavioural therapy or eye movement desensitisation and reprocessing therapy for the treatment of PTSD (NICE 2018). Non-trauma-focused interventions may be effective in treating certain symptoms of PTSD, but a trauma-focused approach is preferable in the event of a clinical diagnosis (NICE 2018).

Midwifery managers suggest that for the programme to be successful in the future there would need to be 'buy-in' and participation from midwifery managers, and adequate time for the programme to embed. A separate workshop provided early in the programme specifically for managers would enable endorsement of the resources.

Implications

Programmes that foster a culture of openness and support have the potential to positively impact upon midwives' well-being, in addition to supporting the provision of compassionate, sensitive care (Hunter & Warren 2014).

There is international recognition of the need to develop methods to optimise the psychological health of the midwifery workforce (Menezes et al 2013, Pezaro et al 2016, Pezaro et al 2018), particularly in the context of trauma exposure (Beck et al 2015, Leinweber et al 2017a). Despite variations in health care systems, parallels in the nature of

trauma experiences and impacts are evident across settings derived from international literature. The POPPY programme may therefore have utility for midwives working in other contexts, and a wider applicability for maternity professionals also likely to encounter trauma (Wahlberg et al 2017). A recently completed UK survey of obstetricians and gynaecologists (the INDIGO study), aimed at identifying the scale of trauma experiences and impacts and to investigate whether a package similar to POPPY is required, is due to be reported shortly.

A key issue is that after experiencing trauma exposure, midwives want peer supporters who are not potentially also involved in investigations so that the roles are unconfounded. Whilst the A-EQUIP model (NHS England 2017) and associated Professional Midwifery Advocate role includes support of the midwife, it is employer-led and therefore, depending on how it is operationalised, might not meet midwives' preferences for separation of the different activities (NHS England 2017). Midwives also felt that peer supporters should be chosen by staff nomination and that may not always be the case in the A-EQUIP model. In addition, POPPY peer supporters are trained specifically for the support after trauma exposure role and are themselves supported in this. As a result, caution is required in considering the incorporation of the support component of POPPY into the professional midwifery advocate role.

Limitations

To facilitate participation, a variety of qualitative methods of data collection were combined. All perspectives were highly positive although it is possible that some midwives who received the POPPY training may hold different views on the programme. It is acknowledged that the findings, as with most qualitative work, are drawn from a pragmatic rather than random sample and representativeness of perspectives cannot therefore be assumed; however data saturation was obtained.

Conclusion

POPPY was highly regarded by midwives and, from their perspectives, can be easily integrated into the maternity care setting without adverse consequences. Midwives felt that it facilitated a positive culture within the hospital of 'speaking out' when experiencing difficulty. On a wider level, POPPY was perceived to have been provided at a time where additional stressors were impacting upon staff, and that POPPY holds exceptional potential to meet a fundamental aspect of this unmet need.

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