



YOUR
INVITATION
To the 9th
annual

MaMa
Conference
2019



2 full days for only

£120

*The 2018 conference sold out in 10 weeks. Please book as soon as possible if you want to be there!

Join us at the best annual midwifery
and birth conference in the UK

www.mama-conference.co.uk



3rd & 4th May 2019
The DoubleTree by Hilton
Cambridge St Glasgow, Scotland

#MAMAConference2019



Our world class, expert speakers present on current practice, evidence and research in maternity care. An unequalled opportunity to learn, question, debate update and have fun over two incredible days of all things maternity, midwifery and birth.

Perfect for your Revalidation and CPD

Birthsparks

COMMUNICATION MATTERS

“UNEXPECTED KINDNESS IS THE MOST POWERFUL, LEAST COSTLY, AND MOST UNDERRATED AGENT OF HUMAN CHANGE” BOB KERREY

As healthcare professionals, effective communication is so important to every contact we have with patients. Our relationships can impact on their mental health and, when communication is empathetic and trusting, it can have life-changing effects. As midwives, we can improve physiological and physical outcomes by creating a supportive and listened-to environment. Postpartum psychosis is an obstetric emergency and can be the first time a woman experiences mental health services. Ellie Ware discusses her experience of postpartum psychosis and how important communication was to her treatment and recovery.

ONE
kind word
can
CHANGE
someone's
ENTIRE DAY

EFFECTIVE COMMUNICATION

As health professionals we recognise that effective communication matters. It is implicit in every contact with every patient we see and essential to delivering compassionate care. This is nothing new:

“It is especially when your patients are weak and helpless and irritable, that you need to be gentle and considerate towards them; they are so completely in your power, and they may so easily be made to suffer more than they need to, by your having a sharp way of speaking, a rough touch or a grumbling manner of attending to them.” Eva Luckes, Matron of the Royal London Hospital (1888).

Effective communication fosters empathy, ensures dignity, builds trust and encourages clients to be honest and open. In turn this can reduce distress and suffering, and ultimately improve health outcomes – both physical and psychological.

A recent high-quality meta-analysis demonstrated that healthcare relationships have a significant impact on a whole range of health outcomes – pain, depression, weight loss, re-consultation rates, functioning, treatment adherence, to name just a few. The effect size is modest, but strikingly equivocal to that of the impact of aspirin use for reducing myocardial infarction or the impact of smoking on male mortality (Kelley et al 2014). Effective communication has evidence-based value, yet costs very little, if anything at all.



> AUTHORS

Dr Catherine Green

Clinical Psychologist with Lambeth
Perinatal Mental Health Team

Ellie Ware

Peer Support Coordinator APP

Laura Bridle

Perinatal Mental Health Midwife at
Guys and St Thomas' Hospital

COMMUNICATION IN PREGNANCY

Why does this matter perinatally? We know that pregnancy, birth and the postpartum can be stressful and either exacerbate or trigger mental illness or emotional distress (Biaggi et al 2016). As health professionals we want to reduce suffering and improve outcomes for women, their babies and families, through good-quality evidence-based practice. Effective communication is critical to this. Research shows us that the quality of our communication and support can make a significant difference to a mother's experience and wellbeing. In the intrapartum, for example, poor communication can be a significant source of distress and a risk factor for postpartum post-traumatic stress disorder (PTSD). In their study, Harris and Ayers (2012) demonstrated that interpersonal difficulties during birth were the strongest predictor of PTSD, with over four times increased risk and over a third of the 'hotspots' or worst moments reported by women suffering with postpartum PTSD related to interpersonal events (such as being ignored, feeling

unsupported or abandoned). Equally the positive/protective impact of good communication and support during labour is well established. It can enhance a women's capacity to adapt and thrive in the face of stress (Ayers 2017; Horn et al 2016), and this can result in better psychological and physical outcomes (Hodnett et al 2012).

MIDWIFE'S ROLE IN COMMUNICATION

National standards also now recognise that effective communication is fundamental to the delivery of high quality maternity services (for example, National Institute for Health and Care Excellence [NICE] 2018: 3):
"Treat all women in labour with respect. Ensure that the woman is in control of and involved in what is happening to her, and recognise the way in which care is given is key to this. To facilitate this establish a rapport with the woman, ask her about her wants and expectations for labour, and be aware of the importance of tone and demeanour, and of the actual words used. Use this information to support and guide her through her labour."

The recently published World Health Organization (WHO) (2018) guidance for a positive childbirth also includes recommendations for communication. They state that minimum effective communication between maternity staff and women should include the use of empathy and compassion through reassurance and active listening. Pembroke and Pembroke (2008) state that numerous midwives use active listening and include women in decision-making, and for those midwives who are lacking these skills, support and education identifying women at risk of perinatal mental health should be encouraged (Madden et al 2017).

Positive communication and interactions throughout the birthing process significantly affect the woman's experience which, in turn, can affect both her mental and physical health, as well as her relationship with her baby postnatally (WHO 2018). Midwives therefore have a unique opportunity to support women both during pregnancy, labour and postnatally to influence the health outcomes for women and their babies. Pregnancy may be the first time women access healthcare services, and so they can ensure early detection and support for women suffering with their mental ill health (Sockol et al 2013; Milgrom et al 2008). Sadly, this is hindered by barriers, such as a reluctance of women to reveal how they are feeling and professionals lacking confidence in their ability to identify women and support them effectively, due to lack of training or support (Priest et al 2008).

WHAT IS POSTPARTUM PSYCHOSIS?

Postpartum psychosis (PP) is an obstetric and psychiatric emergency affecting one-two women per 1,000 after childbirth, which can result in an increased risk for suicide and infanticide (Munk-Olsen et al 2006; Posmontier 2010). Although women with bipolar disorder and/or family history of psychosis post-birth are at increased risk, some women suffering postpartum psychosis will have never experienced mental health services (di Florio et al 2013). Women can be left feeling scared when alone in a psychiatric emergency room, without a known and empathetic midwife, which may further exacerbate the



psychotic symptoms, and delay recovery (Posmontier 2010). A retrospective qualitative study conducted with women who had experienced bipolar affective PP found that over 70 per cent experienced symptoms by day three (Heron et al 2008). Common symptoms included: excited/elated (52 per cent); energetic (37 per cent); chatty/always on phone (35 per cent); racing thoughts (31 per cent); confused (29 per cent); and no need for sleep (25 per cent). Symptoms can be seen to mirror those experienced by every new mother, meaning midwives have a crucial role in listening to women and their partners and ensuring support is given to prevent costly and serious incidences of PP.

According to Pembroke and Pembroke (2008), many midwives have a spiritual strength that allows them to share their humanity; provide understanding, respect and support; be fully present with women; and give of themselves for the sake of helping others. It may be these midwifery qualities that could promote the relational bond that would facilitate recovery in women with postpartum psychosis (Robertson and Lyons 2003).

ELLIE'S STORY

I had PP in 2011 after the birth of my son. Postpartum psychosis struck me very suddenly and acutely when my son was just three days old. For me, like 50 per

cent of cases, PP came completely 'out of the blue'. I had no previous history of any mental health issues and had never heard of PP before.

At first, I didn't know what was real and what wasn't, as if just awakening from a nightmare. I thought that I had killed my son in bed. These thoughts developed very quickly into many other delusions, including that it was the end of the world, and that I was the devil. It was hugely traumatic and frightening and it took me nearly two years to feel like myself again. I have accepted that it is an experience that will stay with me forever.

Fortunately, I received a correct diagnosis and professional support quickly. Initially I spent 24 hours in A&E, and was then transferred to a mother and baby unit (MBU) for nearly four months. On my return home I was supported by an early-intervention-in-psychosis team for three years. The most helpful and impactful professional support that I received was from people who had genuine empathy and connection; honesty and authenticity; reassurance and calmness; and, lastly, a clear sense that they saw their job as a vocation and a passion.

During the 24 hours that I was in A&E, I was supported mainly by the midwife in charge who, it seemed to me, stayed with me for nearly the whole time I

was there. I don't remember much of what she said, but I remember her reassuring voice and presence. She was honest with me. In a lucid moment I asked her if she had ever supported anyone who had been ill like I was and she told me only once and that the mum had been pregnant and she hadn't had that much contact with her. I told her I was surprised as she seemed to know what she was doing! I remember her walking me onto the ambulance that would take me to the MBU, her arm around me, showing me around. She knew how scared I was and what

“Effective communication fosters empathy, ensures dignity, builds trust and encourages clients to be honest and open”

”

I am
here
to Listen

reassurance I needed. I found out later that she had stayed way beyond her shift until I was safely on my way to the MBU. Postpartum psychosis is traumatic for the whole family, and the A&E nursing staff welcomed my partner and baby into their staff room and looked after them, too, giving my partner information and support.

Once in the MBU I could tell, even through the fog of my illness, which staff members really cared – who saw me as 'Ellie', and not just a patient. They included me in the social conversation, and were genuinely concerned and interested when I was struggling. Because they cared about me, they talked honestly and passionately about what I could do to help my own recovery, and about what a wonderful mum I was. I remember the feeling they gave me by their presence, more than their words: the feeling of safety and being cared for, and their belief in me – in my many skills and qualities, in my ability to be a mum – when my self-belief and self-esteem were rock bottom.

Experiencing PP was a hugely traumatic and frightening experience, but I know how much more trauma I would have experienced if I hadn't received so much empathic professional support. I now work for Action on Postpartum Psychosis as one of their peer support coordinators. I hear many women's stories. Many share memories of the wonderful, empathic professional support they received, but sadly we also hear many stories from women who received less than adequate support; who witnessed staff members mocking or laughing at unwell patients; or who felt ignored and uncared for.

As professionals supporting people in such vulnerable situations, we can have such a huge impact, in ways that we may never know, just by the way we communicate. I try to remember this myself, as I walk alongside families who have experienced PP. As Maya Angelou wrote: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

TAKE HOME MESSAGE

Top tips for effective communication in perinatal mental health was developed by

the Royal College of General Practitioners (RCGP) (2016) as part of the perinatal mental health toolkit and should be shared amongst all those supporting women with mental health problems, to ensure high quality care.

Anticipate and assess risk Previous mental health history should trigger planning for support antenatally.

Explore expectations The initial booking consultation is an important time to gauge feelings about motherhood, her own childhood and what she is expecting motherhood to be like for her.

Be aware of your own prejudice Lose your preconceived ideas about what 'depressed/anxious/ill' looks like: the symptoms and signs are not always obvious.

Beware of stigma Perinatal mental health illness does not discriminate – it can and does affect anyone, including partners, health professionals and women of all backgrounds.

Acknowledge It takes courage to seek help for mental health problems and will have taken a lot for a woman to come to see you in the first place.

Listen, don't just hear Look out for hesitation or pause, read non-verbal cues and notice what is not said; sometimes this is as important as what is actually said.

Open the door to disclosure "Is motherhood everything you thought it would be?"

Reassure This is not her fault; she is not alone; she will get better. If she is concerned about the involvement of social services, advise her that the risk of separation from her baby is extremely low.

Encourage discussion Allow her to talk about her feelings, and listen without judgement.

Promote self-care Encourage her to take time for herself. Breaks are a necessity: fatigue is a major contributing factor to worsening symptoms.

Offer hope There is effective, evidence-based treatment for perinatal mental health problems – women can and do get better.



Although we cannot always prevent or foresee an emergency, what we can do for women and their families during this time is to make them feel safe, listened to and not alone. **TPM**

For information and support about postpartum psychosis contact Action on Postpartum Psychosis at <https://www.app-network.org/>

“

As professionals supporting people in such vulnerable situations, we can have such a huge impact, in ways that we may never know, just by the way we communicate

”

REFERENCES

- Ayers S (2017). 'Birth trauma and post-traumatic stress disorder: the importance of risk and resilience'. *Journal of Reproductive and Infant Psychology*, 35(5): 427-430.
- Biaggi A, Conroy S, Pawlby S et al (2016). 'Identifying the women at risk of antenatal anxiety and depression: a systematic review'. *Journal of Affective Disorders*, 191: 62-77.
- di Florio A, Smith S and Jones I (2013). 'Postpartum psychosis'. *The Obstetrician and Gynaecologist*, 15: 145-150.
- Harris R and Ayers S (2012). 'What makes labour and birth traumatic? A survey of intrapartum 'hotspots''. *Psychology and Health*, 27(10): 1166-1177.
- Heron J, McGuinness M, Robertson Blackmore E et al (2008) 'Early postpartum symptoms in puerperal psychosis'. *BJOG*, (115): 348-353.

- Hodnett E, Gates S, Hofmeyr G et al (2012) 'Continuous support for women during childbirth'. *Cochrane Database of Systematic Reviews*, Issue 10.
- Horn S, Charney D and Feder A (2016). 'Understanding resilience: new approaches for preventing and treating PTSD'. *Experimental Neurology*, 284(Pt B): 119-132.
- Kelley JM, Kraft-Todd G, Schapira L et al (2014) 'The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials'. *PLoS ONE*, 9(4): e94207.
- Luckes E (1888). 'Lectures on general nursing'. Delivered to the London Hospital Training School for Nurses, 3rd edition. London: Kegan Paul, Trench and Co Ltd.

“Midwives have a crucial role in listening to women and their partners and ensuring support is given”

”