

**Midwives' Knowledge of Perinatal Depression and  
Their Role in Supporting Pregnant and Postnatal  
Women Experiencing Depression:  
An Appreciative Inquiry**

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A thesis submitted in accordance with the requirements for admission to  
the degree of

**MASTER OF MIDWIFERY RESEARCH**

**Faculty of Health  
University of Technology Sydney**

**2018**

## CERTIFICATE OF ORIGINAL AUTHORSHIP

*I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.*

*I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.*

*This research is supported by an Australian Government, Research Training Program Scholarship.*

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*Date: 20 December 2018*

## **ACKNOWLEDGEMENTS**

I had always had in my mind that when I retired from full time employment (as Coordinator of the ACE Service, a service which supported women with perinatal depression) that I would do my master's degree in midwifery, but the presenting question was where to start. How could I make known to the wider world what a wonderful service the ACE Service had been? While talking with my midwifery colleagues it was suggested that I contact Maralyn Foureur at University of Technology of Sydney (UTS) with whom I had worked with many years ago, and so started my journey as a research student.

So many people have been amazingly supportive over the last four years. The UTS staff have been happy to answer my endless questions, offer advice, and make suggestions about how I could do things differently without ever making me feel I was 'a lost cause'. Librarians have given up their time doing literature searches and encouraged me to use Endnote. Special mention and a big thank you to Priya in admin who has always been patient, friendly, helpful and thankfully able to answer my questions. I valued the opportunity to form friendships with other students and hear their stories, those from other countries who have left family and friends to come to Australia to further their education. The fortnightly Friday morning support group allowed us to discuss our research and share our ups and downs as well as helpful ideas for completing the various tasks. We picked up tips from each other and had many laughs together. Thank you, Claire, for your fine formatting and for your assistance in preparing the final draft.

A huge thank you to my supervisors Maralyn Foureur and Cathrine Fowler. Maralyn's patience, support and understanding have been endless. As well, she has shared her great depth of knowledge and her expertise and 'tweaked' my writing and guided me through a change of methodology for my thesis. Maralyn has been an excellent role model for me and a great friend – thank you. We have shared many 'writing times' at each other's houses, food and stories, not to mention the many train trips between Newcastle and Sydney. Cathrine too has been a great role model, sharing her wealth of knowledge of perinatal depression, child and family health. As well, my journey was made easier by her tips on how 'to do' tasks, such as make a list of goals to be achieved for the day; after interviewing study participants, listen to their recorded tapes when driving back home; and review my writing. Modern technology has allowed us to communicate on a regular basis when she has been in China, and I have valued Catherine's

prompt responses to my correspondence. I would like to thank the twelve inspiring midwives from the three participating hospitals, all of whom willingly shared their experiences, stories, dreams for the future of midwifery, and spoke with great compassion about the care they provided for women and their families.

Without these wonderful midwives I would not have had a study so to them again thank you and keep up the wonderful work you are doing. Women are very fortunate to be cared for by midwives such as yourselves.

Many others, too, have supported my research. The managers at the three participating hospitals were willing to talk to me about my research and initiated the path for me to inform their midwives about my study in work time. Stephen supported me in preparing posters for two conferences and Maralyn presented my paper at the International Midwives Conference in Canada last year. To all, thank you.

Finally, I must say a big thank you to all my ‘supports’, first and foremost my partner Graeme who has never wavered in his support for what I was doing. He has worked hard keeping me on track, and at times he has worried more about my project than I have. His cooking has kept Maralyn and me well fed on many occasions, and he now knows that Maralyn likes chocolate! He has totally taken over the organizing of the household, cooking, shopping and arranging our upcoming overseas holiday. Thanks to my immediate family for their support - Damien and Brooke, Simon and Mel, Prue, Sally and Mick and my four gorgeous grandchildren who bring great joy. Ashton (6) is very interested in Granny going to university and I am hoping Sophie (12) may share the same interest. Thanks to my dear friends who phone regularly to see if they can call in for a coffee and chat, Sue and my two wonderful neighbors Hugh and Denny, who are always willing to come and rescue me when I have computing problems, which is often. Kathryn helps with reading (thesis and references) and Ken has been another major computer supporter. Graeme’s two daughters Fiona and Jane both have their Masters in Midwifery, which helps to keep me grounded and up to date.

## ABSTRACT

**Background and Aim:** Perinatal depression (PND) affects around 20% of childbearing women with significant impacts on ongoing maternal mental health and developmental consequences for their infants. This research aimed to make visible the confidence, knowledge and skills of midwives in identifying and supporting women with PND through the lens of Appreciative Inquiry (AI). Appreciative Inquiry was chosen as the most appropriate approach for this research as AI starts from a positive perspective, identifying what is working well rather than what is wrong or not working well.

**Methods:** The study used an exploratory, qualitative design with in-depth, semi-structured interviews. Twelve midwives from three hospitals in one local health district in New South Wales consented to participate. Three phases of the AI 4D cycle (Discovery, Dream and Design) were used to frame the interviews and orient thematic analysis of the transcribed interview data. Due to limitations of the exploratory study design, the Destiny Phase was not completed.

**Findings:** Analysis of the AI Discovery phase revealed five themes: *personal motivation, models of care, clinical practice, education of midwives and education of women*. It was evident that participants were personally highly motivated to work with women with mental health issues and were empathic, non-judgmental and avoided stigmatizing women.

In the Dreaming phase, which asks midwives to respond to the 'miracle' question, four themes were identified: *mother-baby PND services, continuity of midwifery care, community-based care, midwives to be valued and supported*. Midwives dreamed of additional resources to be provided for women in the local area such as an inpatient mother-baby unit facilitating women with PND making it possible for mothers and babies to stay together. Midwives considered continuity of care as meeting women's needs appropriately as this model of care facilitated more time to spend with women. Services based in the community were viewed by midwives as ideal. They dreamed of a system that respected midwives for their valuable contribution to women's mental and physical health.

In the Design phase where participants were asked to think about what aspects of their dreams could be realized, two themes emerged: *supporting midwives as valued providers of care for women with PND and promoting continuity of care* since this evidence-based model is best for

women and families and allows for a seamless transition to community-based services. A synthesis of the themes occurred in a Taxonomy of Skills and Attributes identified in the literature that was also evidenced throughout the participant interviews.

**Conclusion:** The midwives in this study demonstrated that they were highly skilled in caring for women with PND and made recommendations for changes in clinical practice to facilitate and recognize the important contribution they can make.

## TABLE OF CONTENTS

CERTIFICATE OF ORIGINAL AUTHORSHIP.....	ii
ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	v
TABLE OF CONTENTS.....	vii
LIST OF FIGURES .....	xi
LIST OF TABLES .....	xi
CHAPTER 1: INTRODUCTION AND BACKGROUND .....	12
Introduction .....	12
Clarification of terms .....	12
Perinatal depression .....	12
Appreciative inquiry.....	12
Research Aim .....	13
Research Questions .....	13
Research Objectives.....	13
Overview of the project .....	14
Background .....	14
My interest in this area .....	15
Screening and prevalence of perinatal depression.....	17
Midwives' psychosocial assessment of all women at the first antenatal visit .....	18
The impact of PND on maternal and infant wellbeing .....	20
Justification for PND Research.....	20
Summary of Chapter 1 .....	21
Overview of the thesis chapters.....	21
CHAPTER 2: LITERATURE REVIEW .....	23
The integrative review .....	23
The search strategy.....	24

Theming the Literature .....	25
THEME 1: LACK OF EVIDENCE THAT SCREENING IS USEFUL .....	26
THEME 2: WHAT INTERVENTIONS DECREASE RISK OF PND?.....	29
THEME 3: NEW MODELS OF MIDWIFERY CARE MAY BE BENEFICIAL .....	30
THEME 4: WHAT DO WOMEN AND FAMILIES/RESEARCH SAY THEY NEED? .....	32
THEME 5: MIDWIVES IDENTIFY LACK OF SKILLS.....	34
THEME 6: WHAT SKILLS ARE NEEDED? .....	37
Summary of Chapter 2 .....	41
CHAPTER 3: STUDY DESIGN AND METHODS.....	42
Section One.....	42
Appreciative Inquiry.....	42
Appreciative Inquiry: The 4D Cycle .....	44
Justification for the AI approach.....	48
Section Two.....	48
Study design and methods .....	48
Data Collection.....	49
Trustworthiness and rigor.....	52
Ethical Issues .....	54
Summary of Chapter 3 .....	55
CHAPTER 4: FINDINGS.....	56
Participants .....	56
Discovery.....	58
Theme 1 Discovery: Personal motivation .....	58
Theme 2 Discovery: Models of care.....	62
Theme 3 Discovery: Clinical practice .....	63
Theme 4 Discovery: Education of midwives .....	64
Theme 5 Discovery: Education of women .....	65
Dreaming.....	66

Theme 1 Dreaming: Mother-Baby PND services .....	66
Theme 2 Dreaming: Continuity of Midwifery Care .....	67
Dreaming Subtheme: Freedom to have as much time as needed.....	68
Theme 3 Dreaming: Community-based care .....	69
Theme 4 Dreaming: Midwives to be valued and supported.....	70
Design.....	71
Theme 1 Design: Supporting Midwives .....	71
Theme 2 Design: Promoting Continuity of Care .....	73
Destiny .....	73
Skills and Attributes .....	74
Knowledge of PND revealed in vignettes.....	80
Vignette one.....	80
Vignette two.....	81
Summary of Chapter 4 .....	82
CHAPTER 5: DISCUSSION.....	83
Section One: Interviewing a Purposive Sample of Midwives.....	84
Reflections on the process of recruitment .....	84
Conducting interviews informed by the 4D AI approach.....	84
Section Two: The knowledge and skills midwives bring to caring for women with PND .	85
Empathy .....	85
Developing trusting relationships .....	86
Model of Care .....	86
Barriers to implementing the system .....	87
Lack of Time .....	87
Continuity of midwifery care .....	88
Lack of resources for women with PND .....	88
Limitations of the study .....	88
Personal reflections on the research process.....	89

What did I learn about being a researcher? .....	90
Recommendations for further research .....	90
Recommendations for facilitating the work of midwives in supporting maternal mental health .....	91
CONCLUSION.....	93
APPENDICES .....	95
Appendix 1: Figure 3: Prisma Flow Diagram of Literature Search 2003-2018.....	95
Appendix 2: Table 7: Studies included in the review of literature (2003-2018) .....	96
Appendix 3: Interview trigger questions .....	114
Appendix 4: Ethical Approval Documentation .....	118
Appendix 5: Table 8: Audit trail describing the data analysis process.....	130
REFERENCES .....	132

## LIST OF FIGURES

<b>Figure 1: The Appreciative Inquiry 4D cycle</b> (Source: Mercedes, V., 2011, accessed at <a href="https://www.slideshare.net/mercedesviola/appreciative-inquiry-9165675">https://www.slideshare.net/mercedesviola/appreciative-inquiry-9165675</a> on 01/04/2018)....13
<b>Figure 2 : The AI 4D cycle: The AI 4D cycle</b> (After Cooperrider and Whitney, 2005, p16. Image Source: Mercedes, V., 2011, accessed at <a href="https://www.slideshare.net/mercedesviola/appreciative-inquiry-9165675">https://www.slideshare.net/mercedesviola/appreciative-inquiry-9165675</a> viewed on 1 April 2018). .....46

## LIST OF TABLES

<b>Table 1: Perinatal psychosocial assessment</b> (Source: Ministry of Health, NSW SAFE START Guidelines GL2010_004 p 8) .....	19
<b>Table 2: Taxonomy of skills and attributes needed by midwives working with women with PND as revealed in the literature</b> .....	37
<b>Table 3: Tesch's eight steps for thematic data analysis</b> (Tesch, (1990) in Creswell, 2003; pp191-192).....	50
<b>Table 4: Characteristics of the 12 participating midwives</b> .....	57
<b>Table 5: Themes arising from data analysis</b> .....	58
<b>Table 6: Skills and attributes revealed in the participant transcripts</b> .....	74