

**Early Parenting Support Services  
for Women Who Gave Birth in a Private Hospital:  
An Explanatory Sequential Mixed-Methods Analysis**

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## **Certificate of Authorship**

I, Deborah J Sims, declare that this thesis is submitted in fulfilment of the requirements for the award of Degree of Philosophy in Nursing, in the Faculty of Health, at the University of Technology Sydney.

This thesis is wholly my own work, unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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## Abstract

The transition to motherhood increases the risk of developing or exacerbating a mental disorder, which can have negative outcomes for the woman, her baby and family. Both early parenting support and maternal self-efficacy can ameliorate the risk of developing a perinatal mental disorder. The main aim of this study was to examine early parenting support services for women giving birth in a private hospital and how these support services influence perinatal mental disorder. There were two research objectives: 1) to determine the risk of postnatal mental disorder for women who gave birth in a private hospital compared to women who gave birth in a public hospital in NSW; and 2) to explain the difference through the exploration and interpretation of maternal self-efficacy in stakeholder experience of social support services for women who gave birth in a private hospital. An explanatory, sequential, mixed methods study was undertaken in two phases. The mixed methods design combined the large sample size and generalisability of the quantitative method and the depth and detail of qualitative methods to explore the complexity of perinatal social support services.

In Phase 1, binary regression analysis of state-wide population data determined that the women who gave birth in private hospitals (n = 47 609) were more likely to be admitted to hospital in the postnatal year with a primary diagnosis of a mental disorder (rate=2.54 %, 95%CI=2.40-2.68 %), compared with the women who gave birth in public hospitals (n = 148 864) (rate=1.68 %, 95%CI=1.61-1.75 %). In Phase 2, exploration and interpretation of stakeholder experience of support services for new mothers provided possible explanation of this result. Thematic and template analysis were underpinned by social exchange theory and self-efficacy theory. Interview data from clinicians (n = 23), primigravid women (n = 8) and administrators (n = 3) at two private hospitals provided three support service themes: *Perinatal Assessment of Risk of Mental Disorder*; *Maternal Self-Efficacy* and *Infant Feeding Support Services and Parenting Reassurance and Maternal Self-Doubt*. The first theme explained that

comprehensive psychosocial assessment was not provided as part of routine perinatal care, which may increase the risk of developing a mental disorder. The second theme determined that infant feeding support services did not facilitate women to achieve their own feeding goals, which may undermine maternal self-efficacy. The third theme highlighted a disjuncture between women's belief of the advantages and clinician's belief in the disadvantages of parenting reassurance through online support. This disjoint may also undermine maternal self-efficacy. As maternal self-efficacy may not have been supported the risk of a mental disorder may have been increased.

This study demonstrated that women who gave birth in a private hospital were at increased risk of a mental disorder and that lack of provision for psychosocial assessment as part of routine care and support services that impede or do not support maternal self-efficacy may contribute to this risk.