Postnatal care: no time for complacency

Only a decade ago, postnatal maternity care was little mentioned in policy documents and the research literature devoted to postpartum issues, whether pertaining to the organization of maternity care, or to women's mental or physical health, was minimal. Studies reporting women's views of their experiences after childbirth had highlighted a number of difficulties associated with the delivery of care women faced, including lack of continuity of carer and confusing and conflicting information (Reid and Garcia, 1989). The service implications of these findings were not picked up. There was little research of the range of physical or mental problems that women might anticipate postnatally.

The publication of high level policy documents, most influentially *Changing Childbirth* (Expert Maternity Group, 1993), changed the direction of the maternity services. *Changing Childbirth* set the agenda for future postnatal care. Although the emphasis remained baby- rather than mother-focused, it was acknowledged that a majority of women may suffer from postnatal blues (albeit not defined) and the report noted that between 10 and 15% of women suffered from postnatal depression. The report drew attention to issues of 'support' and 'flexible care' provided by 'familiar' staff and appropriate to individual needs.

RESEARCH INTO WOMEN'S PSYCHOLOGICAL PROBLEMS

A number of strong studies have since explored women's experiences of the postnatal period (Brown et al, 1994). These and other studies have investigated in more detail mental health issues faced by women, focusing upon postnatal depression, which is now screened for using the self-report 10-item Edinburgh Postnatal Depression Scale (EPDS), devised by Cox and validated by Cox and Holden (1994). Although even in community samples there is considerable variation in the sensitivity (ranges from 77–100%) and specificity (ranges from 49–94%) and some concern about definitions (Romito, 1989), there is now greater awareness of the problem. This has been translated into action.

In England and Wales primary care teams frequently, although not always routinely, screen women postnatally using the EPDS, while in Scotland routine screening of all women for depression with EPDS is recommended between 6–8 weeks postpartum (and, if twice, again at 8 months postpartum) (Clinical Resource Audit Group Working Group on Maternity Services, 1996). The development of integrated care pathways along which women with high EPDS scores may move (Scottish Executive, 1999) reflects more recent service thinking.

POSTNATAL PHYSICAL HEALTH AND SOCIAL SUPPORT

While women's postpartum physical problems were largely undocumented 10 years ago, numerous recent studies have demonstrated that women commonly experience a variety of physical health problems and that these are often unreported to and unidentified by the relevant health professionals (MacArthur, 1999).

Perineal pain, dyspareunia, urinary stress incontinence, bowel problems, including haemorrhoids and anal incontinence, breast problems, backache, headaches and fatigue are the most frequently experienced symptoms. Although most professionals delivering maternity care would have accepted that many of these are problems that could result from childbirth, the high symptom prevalences and the frequency with which they persist long after maternity discharge had not previously been recognized.

The Audit Commission recommended that postnatal care should be properly planned and delivered to take these problems and their continuing duration into account and that guidelines be produced (based on clear criteria and best evidence) to ensure that midwives target visits relative to women's needs. Furthermore the government report *Making a Difference* (Department of Health, 1999) suggested expanding and continuing the role of the midwife to include the 6–8-week discharge check and more generally to encompass wider responsibilities for women's health.

Social support for the mother, briefly mentioned in *Changing Childbirth*, has until recently received little attention. Many in the UK were familiar with the Dutch system, in which a maternity aide worker (the kraamverzorgende) came into the home to help carry out general duties. In the UK, additional support for mothers is offered through one-off projects (such as Newpin, which provides support for families in stress through a volunteer system) and the National Childbirth Trust which runs user groups and also provides breastfeeding counsellors and postnatal support networks. While none of these is built into routine service, which still offers little postnatal support (although health professionals are available to offer help with breastfeeding), there are now signs that additional help may be provided to women.

EVIDENCE FOR CHANGE

While a series of government reports have highlighted the need for a change in the provision of postnatal care it is

important to ascertain the evidence-base for changes before they are implemented. Several ongoing or completed studies may do just that.

A randomized controlled trial (RCT) in Australia investigated the effects of providing a postnatal check-up by the family doctor at 1 week instead of 6 weeks on maternal health and depression at 3 and 6 months postpartum, but no differences were found (Gunn et al, 1998).

Morrell et al's recently completed RCT addressed the issue of postnatal social support through the introduction of community postnatal support workers who offered women ten visits of up to 3 hours within the first 28 days (Morrell et al, 2000). The trial showed that, although compared with current care the women valued the service, there was no evidence of any benefit at 6 weeks or 6 months in maternal well-being (assessed by the Short Form 36), postnatal depression (assessed by the EPDS) or breastfeeding uptake.

A trial of two different forms of postnatal support (Reid et al, 1999) examined the potential benefits to women postnatally of an invitation of a postnatal support group held locally, and a postnatal support booklet sent through the post. Similar outcome measures were used to Morrell's study. The study results indicated that although women who used the interventions were positive about the support group and the booklet, there was no effect to physical or mental health outcomes.

An ongoing RCT, this time of a new model of providing community postnatal care, is almost complete. It is midwifery-led and designed to identify and manage women's physical and emotional health problems using symptom checklists and evidence-based guidelines. Midwife home visits are planned with the women as appropriate to need, with the last one at about 28 days; and the discharge check is undertaken by the midwife at 10–12 weeks. GP contact is by referral rather than routine. The main outcome measures are women's physical and psychological wellbeing at 4 and 12 months, assessed using similar measures to the studies described above, with findings due towards the end of 2000.

MOVING FORWARD

There is a realization and acceptance by policy makers that current postnatal care is inadequate and needs substantial revision. Although it is important to develop the maternity services and to respond to areas of concern it is equally important to base service development upon sound evidence. As noted earlier, investment in research in postnatal services has been slow and only now are we beginning to understand, from a research base, how the services should move forward.

However, trials of new forms of service have not always indicated an obvious benefit. Questions are now raised over the appropriateness of the outcomes and their methods of measurement. As worrying, some of what is planned remains 'untested' through research (for example, the screening of women twice for postnatal depression), some of it remains intuitively understood although as yet unconfirmed through RCTs (how important is social support for women, and are we using the best measures, the threshold for and timing of the EPDS). The ideal, to which we are now working, is to provide evidence-based postnatal care that will ensure that the needs of women after childbirth are appropriately met by the maternity services. HM

KEY POINTS

- Postnatal care has been neglected until publication of a series of policy documents in the early 1990s.
- Recognition that women face a number of physical, mental and social difficulties postnatally has led to more research.
- A number of new initiatives have implemented changes in the organization of postnatal care, not all of which are evidence based.
- Rigorous research in the field in the form of randomized controlled trials have not always demonstrated effects of new interventions in the field of support and reorganization of care.
- Continued research is required in the field of postnatal care, with attention paid to appropriate outcome measures and outcomes.

Margaret Reid
Reader
Department of Public Health
University of Glasgow
Glasgow G12 8RZ
Christine MacArthur
Professor
Department of Public Health and Epidemiology
University of Birmingham
Birmingham

Brown S, Lumley J, Small R, Astbury J (1994) *Missing Voices, the experience of motherhood.* Oxford University Press, Oxford

Clinical Resource Audit Group Working Group on Maternity Services (1996) *Report on detection and early intervention in postnatal depression.* Clinical Resource Audit Group Secretariat, Edinburgh

Cox J, Holden J, eds. (1994) *Use and misuse of the Edinburgh Postnatal Depression Scale.* The Royal College of Psychiatrists, London

Department of Health (1999) *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare.* Stationery Office, London

Expert Maternity Group (1993) *Changing Childbirth Part 1: Report of the Expert Maternity Group.* Department of Health, London

Gunn J, Lumley J, Chondous P, Young D (1998) Does an early postnatal check-up improve maternal health: results from a randomised trial in Australian general population practice, *Br J Obstet Gynaecol* **105**: 991–7

MacArthur C (1999) What does postnatal care do for women's health? *Lancet* **353:** 343–4

Morrell CJ, Spiby H, Stewart P, Walters S, Morgan A (2000) Costs and effectiveness of community postnatal support workers: randomised controlled trial. *Br Med J* **321**: 593–8

Reid M, Garcia J (1989) Women's views of care during pregnancy and childbirth. In: Chalmers I, Enkin M, Keirse M, eds. *Effective Care in Pregnancy and Childbirth.* Oxford University Press, Oxford: 131–42

Reid M, Lang G, Murray G, Prigg S, Glazener C (1999) *A Two Centre Pragmatic Randomised Controlled Trial of Two Interventions.* Scottish Office Chief Scientist Office, Edinburgh

Romito P (1989) Unhappiness after childbirth. In: Chalmers I, Enkin M, Keirse, M, eds. *Effective Care in Pregnancy and Childbirth.* Oxford University Press, Oxford: 1433–8

Scottish Executive (1999) *Services for Women with Postnatal Depression.* Management Executive Letter no 27. Scottish Executive, Edinburgh