Ask for Help: An Exploration of Factors that Inhibit and Influence the Health- and Help-Seeking Behaviour (HSB) of Post-Natal Women Experiencing Morbidities.

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Morbidities affecting women in the post-natal period, alongside their health help-seeking behaviour, has been explored by national and international studies. This literature review focuses on exploring the factors that inhibit and support health- and help-seeking behaviour of post-natal women experiencing two of the six most common morbidities, postpartum depression and intimate partner violence.

Introduction

Pregnancy, birth and the post-natal period are milestones in the life of a woman and her partner (Gaskin, 2004; NMBI, 2015). Although this milestone can be joyous, fulfilling and life transitioning, some women experience health problems, known as maternal morbidities, and the true burden of these morbidities is still unknown (WHO, 2013). Despite the realities of maternal mortality, and the risks involved during the post-natal period, many women can experience morbidities and these issues are not readily addressed by healthcare professionals (Brown and Lumley, 1998; Thompson et al., 2002; Begley et al., 2013). The post-natal period encompasses the time from the birth of a baby up to six weeks post-birth (Marchant, 2009). Women can experience many types of morbidities during this period, including urinary-faecal incontinence (Mason et al., 2001; Takaoka, 2013), pelvic girdle pain (Albert et al., 2002; Wu et al., 2004), sexual function and dysfunction (East et al., 2012), post-partum depression (ACOG, 2008; Pieta et al., 2014) and intimate partner violence (IPV), all having an impact on a woman's physical and psychological post-natal health (Groves et al., 2015).

Health-seeking behaviour (HSB), is a woman's conscious decision to access help to improve her level of health and wellbeing (NANDA, 1990). This is a decision initiated by a pregnant woman experiencing a physical or psychological complication that affects her personal ability to carry out daily and personal functions (Cornally and McCarthy, 2011). HSB should facilitate a healthcare professional, the midwife, GP, or other medical healthcare professional, to detect, screen and reduce the complications experienced by post-natal women (NMBI, 2015). Furthermore, the behaviours implicit in the act of seeking help can also promote a strong healthcare-woman relationship, in particular between midwife and woman.

Nationally, 16.8% of first time mothers in Ireland often experience back pain, 17.7% suffered from depression and anxiety within three-months of delivery, 54.8% experienced urinary incontinence with exercise and 14.4% experienced moderate faecal incontinence at three-months post-natal (Begley et al.,2013). These national statistics identified a high prevalence of post-natal morbidities in an Irish cohort. International figures also identified such a high prevalence with 46.6% of French women and 53.4% of Italian women experiencing post-natal morbidities (Saurel-Cubizolles et al., 2000).

Consequences of some of the morbidities highlighted included minor outcomes such as sleep disturbance and depressive symptoms (Goyal et al., 2007). Major

far-reaching outcomes included excessive smoking, alcoholism, increased risk of experiencing IPV, and consequences for the child including the efficacy of breastfeeding (Chee et al., 2007).

Healthcare professionals, specifically midwives, are women's advocates by actively engaging in health promotion and education to empower women (NMBI, 2015). This empowerment is key to increasing a woman's self-confidence and involvement in their care. Seeking information and help to gain better care and improve health care. This requires the midwife to engage and gain insight into the wellbeing of the woman. Similarly, women should be encouraged to interact with health professionals. Such interactions can lead to women seeking help and improving their health status, when experiencing physical or psychological complications during pregnancy and the post-natal period (NMBI, 2015).

Method

A scope search was initially conducted. Three focused key terms were identified: behaviour, morbidity and post-natal. A list of free text terms were developed for each term, followed by search strings, via electronic databases, accessed via TCD Library and included: PubMed, CINAHL, PsychINFO and Maternity and Infant Care (MIDIRS Online). Additionally, manual searches via: WHO, HSE, NHS, NICE, RCOG and the Cochrane Database. Grey literature was also reviewed.

The inclusion criteria included qualitative and quantitative research pertaining to pregnant women, HSB, morbidities and the post-natal period. Publication dates extended from present day to the previous twenty years to include seminal studies. Filters were applied, English language and full texts, noted as the most effective.

Initially 8,253 articles were retrieved. Duplicates, filters and examination of titles and abstracts reduced the findings to 101 articles. An annotated bibliography was conducted for each of the 101 articles. Additionally, a simple appraisal tool reduced the results to 56, emerging as directly relevant to the three key terms, review question and used to construct this literature review

Results

One of the main inhibitors to HSB emerged as the nature of the professional relationship, more specifically the midwife-woman relationship, with focus on the exchange of information and stigma.

Firstly, the midwife-woman relationship was one of the most common factors in reviewing inhibitors of HSB. Women often felt disappointed, frustrated and humiliated following interactions with healthcare professionals, expressing that they felt discouraged from seeking information and fully engaging in HSB. A lack of sufficient time and appearing unapproachable by healthcare providers resulted in many women feeling patronised, or felt a sense of disinterest towards their complications, and this inhibited HSB (Beck, 1993; Thom, 2003).

Secondly, the exchange of information was another influence limiting HSB. Midwives did not prepare, educate or impart sufficient information to women. Instead, women sought help from female relatives and friends who had similar delivery experiences, rather than turning to a midwife, or other health professional in the obstetric and gynaecological service. The female relatives and friends often misinformed women, by claiming that experiencing complications was inevitably a consequence of their delivery with no real available treatment options (Buurman and Lagro-Janssen, 2013; Dennis and Chung-Lee, 2006).

Finally, the issue of stigma was prevalent across the literature review. Women felt stigmatised as a result of feeling different to other women with similar experiences

(Goffman, 1963), resulting in them revealing, hiding or disregarding their morbidity (Cramer, 1999).

From the review of the literature three substantial results emerged as important areas to direct healthcare attention on to improve HSB:

1.The importance of women engaging in HSB to reduce and limit stress levels associated with post-natal complications (Robb et al., 2013)
2.The importance of midwives identifying the presence of stress which can be a trigger to facilitate better HSB (Joachim and Acorn., 2000)
3.Introduce social support to increase HSB (Cramer, 1999)

One of the strongest facilitators of HSB included sources and types of support. Razurel and Kaiser (2015) developed a scale to investigate who women sought help from healthcare professionals, focusing on the relation of satisfaction with social support and the women's post-natal health. Five main sources were identified and each was associated with a different form of support: from the spouse, woman's mother, family, friends, and professionals. The scale identified that:

-Women engaging in HSB with their spouse experienced less psychological disorders
-Women engaging in HSB and seeking support from their own mothers, benefited their psychological health and parental self-efficacy
-Family and friends were regarded by women as a source of social support, reducing vulnerability and increasing self-efficacy
-Women heavily rely on the expertise and knowledge from healthcare professionals, and specifically rely on the midwifery service;
-Engaging in HSB with a midwife increases the positive psychological experience of pregnancy for women and enhances the development of their parental self-efficacy.

Furthermore, the scale reinforced that professional support was deemed as an integral point of reference for women, as it increased positive psychology and the development of parental self-efficacy (Razurel and Kaiser, 2015).

Recommendations

The literature review identified that healthcare professionals in the obstetric and gynecological services, such as midwives, can lack the appropriate knowledge regarding HSB and the range of complications experienced by women in the post-natal period. Clinically, improvements can be made, including:

-Establishing and facilitating study days for healthcare professionals, obstetricians at all levels of training, midwives, and student midwives in relation to maternal health and morbidity and HSB.
-Using surveys or investigative scales that can be distributed to women to establish their HSB during the prenatal, delivery and post-natal period.
-Including the topic of HSB into policies and guidelines to ensure well-rounded care and better medical guidance and midwifery practice is in place.

Incorporating the woman's support network into pregnancy and post-natal education will reinforce the primary evidence based, best care, and education provided by the obstetric team, and in particular the service provided by the midwife. Doing so will increase the likelihood of standardising the information being shared, and therefore reduce discrepancy, distrust, and enhance women's engagement in HSB.

HSB is a novel and relatively underdeveloped research area, although it is a subtype of general 'sickness beahaviour' (Cornally and McCarthy, 2011). Further qualitative research is suggested to gain a deeper understanding into how women decide to reach out for help and engage in HSB, and explore how to best facilitate and encourage the midwife-woman

relationship to achieve better HSB.

Conclusion

When post-natal women who experience morbidities engage in HSB, it increases the likelihood of improving their level of physical and psychological wellbeing and health (Robb et al., 2013). HSB by a patient is often the first step where a health professional can identify an issue, and initiate and deliver care. Hence, the successful identification of HSB when it presents to a healthcare profession is integral for healthcare delivery (NMBI, 2015). The importance of communication and education within HSB has been highlighted by this review, furthermore they are strongly applicable to medical and midwifery students when transitioning through electives, rotations and their senior careers, as it ensures the delivery of high quality care that is truly person centred. In particular, the importance and relevance here should be made to medical students who are entering their OBGYN rotation, midwifery students and interns, as their increased patient contact will lend to the higher likelihood of women engaging in HSB. By incorporating, facilitating and having an in-depth knowledge of HSB, the healthcare professional-patient relationship can be strengthened, increasing the likelihood of women engaging with health professionals, especially midwives, in a meaningful way, and this can have benefits that reach across institutions and society, psychosocially, physiologically, as well as financially (Razurel and Kaiser, 2015) .

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