A review of the literature on debriefing or non-directive counselling to prevent postpartum emotional distress

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Authors' objectives
To assess the effectiveness of a single session of debriefing or non-directive counselling in reducing depression and symptoms of trauma in women following childbirth.

Searching
The Cochrane Controlled Trials Register, PubMed, CINAHL (from 1982 to 2000), EMBASE, Sociofile and PsycLIT were searched for reports published in the English language. The search terms were stated. In addition, the reference lists from identified studies and reviews were examined, and some experts and authors in the field were contacted for information on conference proceedings.

Study selection
Study designs of evaluations included in the review
The inclusion criteria were not explicitly defined in terms of study design. All of the included studies were randomised controlled trials (RCTs).

Specific interventions included in the review
Studies that used a single session of any method of debriefing or non-directive counselling in the early postnatal period were eligible for inclusion. In the review, debriefing was defined as a structured interview that used seven defined steps (see Other Publications of Related Interest). Non-directive counselling was defined as an unstructured, participant-led, discussion that focused initially on the woman's perception of the birth. The included studies comprised a structured stress debriefing interview, a 30 to 120-minute unstructured interview, and a debriefing session. In all of the included studies, the sessions were conducted by trained research midwives. The sessions were conducted within 96 hours of the birth and during the postnatal hospital stay.

Participants included in the review
Studies of women after childbirth were eligible for inclusion. The included studies were of women who delivered at or near term, women with a single foetus delivering a healthy baby normally at term, and women delivering via Caesarean section, forceps or vacuum extraction.

Outcomes assessed in the review
Studies that assessed psychological postpartum morbidity were eligible for inclusion. The included studies used the following measures to assess the outcomes: Beck Depression Inventory, General Health Questionnaire (GHQ-28), Self-report Acute Stress Disorder questionnaire, HAD scale, Edinburgh Postnatal Depression Scale for maternal depression, and the SF-36 subscales for physical, mental and social health. The outcomes were measured at 2 to 12 months after delivery using questionnaires or interview.

How were decisions on the relevance of primary studies made?
Two authors selected the studies.

Assessment of study quality
Validity was not formally assessed, but some aspects of validity were discussed in the text. These included sample size, adequacy of description of the intervention, and the validity of the measure used to assess the outcome.

Data extraction
Two researchers extracted and tabulated data on study design, description of participants and intervention, outcomes measures, timing of follow-up and results.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
Differences between the studies were discussed in the text of the review.

Results of the review
Three RCTs (2,906 women) were included.

Methodological limitations of the studies included the following: a small sample size in one RCT; use of the HAD scale, which has not been validated for use in postnatal women; the lack of a detailed description of the intervention; and the use of measures of depression rather than trauma.

The results were inconsistent. The two larger RCTs (2,786 women) found no statistically-significant difference in the rates of depression or improvement in health with a single debriefing session, compared with no debriefing. One of these RCTs (1,041 women) found that debriefing significantly reduced role functioning-emotional on the SF 36 subscale. The smallest RCT (120 women) found that debriefing significantly reduced the risk of high anxiety and depression.

Authors’ conclusions
There was insufficient evidence about the effectiveness of a single debriefing session after childbirth. Further research is required.

CRD commentary
The review question was clear in terms of the intervention, participants and outcomes. Several relevant sources were searched, the search terms were stated and attempts were made to locate unpublished studies. By limiting the literature search to studies published in the English language, some relevant studies may have been omitted. Two reviewers independently selected the studies and extracted the data, which reduced the potential for bias and errors. Validity was not formally assessed, but some relevant aspects of study validity were discussed in the text. Relevant information on the included studies was tabulated. A narrative synthesis was appropriate given the small number of studies. Some differences between the studies and limitations of the included studies were discussed in the text of the review. The evidence presented appears to support the authors’ conclusions.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice. Research: The authors stated that future research should include a large sample representative of birthing women, clearly describe the type of intervention, and measure maternal trauma symptoms, anxiety and adjustment to the parenting role. They also stated that the outcomes should be assessed at least three months postpartum. Future research should also consider the setting in which the sessions are conducted, whether sessions should be conducted with the woman alone or include her partner, whether group sessions should be used, the number of sessions to be conducted and the time interval between sessions, and the acceptability of different types of practitioners providing the debriefing.

Bibliographic details
PubMedID
11945055

DOI
10.1054/midw.2001.0287

Other publications of related interest

Indexing Status
Subject indexing assigned by NLM

MeSH
Adaptation, Psychological; Counseling /standards; Crisis Intervention /methods; Depression, Postpartum /prevention & control /psychology; Female; Humans; Infant, Newborn; Maternal Welfare; Mothers /psychology; Postnatal Care /standards; Pregnancy; Stress, Psychological /prevention & control /psychology

AccessionNumber
12002004010

Date bibliographic record published
29/02/2004

Date abstract record published
29/02/2004

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.