Postnatal debriefing interventions to prevent maternal mental health problems after birth: exploring the gap between the evidence and UK policy and practice

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CRD summary
This review assessed the effectiveness of postnatal debriefing, and evaluation and service provision in the UK. The authors concluded that a formal debriefing is unsupported by the evidence and it might be appropriate to offer an opportunity to discuss childbirth experience. The conclusion follows from the evidence presented. However, methodological weaknesses in the review process may undermine the validity of the findings.

Authors' objectives
To evaluate the effectiveness of postnatal debriefing, and its provision and content within maternity services in the UK.

Searching
MEDLINE, EMBASE, the Cochrane Library, CINAHL, PsycLIT and MIDIRS were searched from 1990 to 2006; the search terms were reported. Professional journals and reference lists were also screened. Only studies published in the English language were eligible.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) or evaluations within routine service within the UK were eligible for inclusion.

Specific interventions included in the review
Studies evaluating postpartum debriefing or counselling interventions in childbirth settings or maternity services in the UK were eligible. Few studies used a structured debriefing intervention; in most cases women determined the content of the debriefing intervention, which was delivered during one or more sessions. Where used, controls received routine care. Studies within UK maternity services had to refer to ‘debriefing’ or the availability of such service. No standard intervention was evaluated.

Participants included in the review
Studies of all women regardless of parity and method of delivery were eligible. Studies included women of all parities and all modes of delivery, only primiparous women, women with an operative delivery, or women screened after birth.

Outcomes assessed in the review
The authors did not state any explicit criteria relating to the outcomes. The outcomes reported included depression, anxiety and post-traumatic stress disorder, measured using different questionnaires. Studies within UK maternity service had to report anecdotal or descriptive data to be included.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the extraction. Data were extracted on measures of psychological health at follow-up for each comparison group, along with difference between groups where appropriate.

Methods of synthesis
How were the studies combined?
The studies were described in a narrative, with separate discussions of the effectiveness of postnatal debriefing and the provision and evaluation of debriefing in the UK.

How were differences between studies investigated?
Differences between the studies were briefly described in the narrative.

**Results of the review**
Eight RCTs evaluated debriefing or counselling and seven UK service evaluations were included.

**Effectiveness of postnatal debriefing (8 RCTs).**
Six studies reported no differences in effectiveness between debriefing and control. One study suggested that the intervention was harmful, while two found some benefits for women receiving psychological support. The authors stated that methodological shortcomings compromised the generalisability and validity of the included studies.

**Provision and evaluation of debriefing in UK maternity services (7 studies).**
Two surveys found that most of the hospitals offered women with a difficult childbirth experience formal or informal services. Five studies that reported on service evaluation suggested that, overall, women appeared to appreciate the opportunity to discuss their childbirth experience.

**Authors' conclusions**
It might be appropriate to offer women the opportunity to discuss their childbirth experience, whereas the use of a formal debriefing is not supported by the evidence.

**CRD commentary**
This review addressed a well-defined question in terms of the intervention, participants and study design, with a relatively broad definition of study outcomes. Several relevant sources were searched and efforts made to find additional studies. Only studies in English were included, therefore language bias cannot be ruled out. The potential for publication bias was not assessed in the report. It is unclear whether critical phases of the review process were conducted in duplicate, which might have introduced reviewer error and bias. In addition, the lack of a formal assessment of validity means that it is difficult to comment on the reliability of the evidence presented. The authors' decision not to pool the studies in a meta-analysis was justified given the apparent clinical and methodological differences between the studies. Overall, the conclusion appears to follow from the evidence presented, but caution is advised given the lack of reporting and the methodological weaknesses of the review.

**Implications of the review for practice and research**
Practice: The authors stated that midwives and other health care professionals who offer women the opportunity to talk about their childbirth experience should clearly describe the purpose and content of the intervention.

Research: The authors stated that additional research is needed to enable health care professionals to identify and appropriately manage women’s mental health needs after birth and provide tailored, individualised care. Further studies should identify risk for maternal psychological problems after birth.

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