

How can we improve support for women with perinatal anxiety in primary care? A qualitative study

Background

Perinatal anxiety (PNA) occurs during pregnancy and up to 12 months post-partum. PNA affects more than 21% of women and can impact adversely on mothers, children and their families. National Institute for Health and Care Excellence (NICE) guidance identified evidence gaps around non-pharmacological interventions for PNA.

Aim

This qualitative study aimed to understand the perspectives of a variety of Perinatal Mental Health (PMH) stakeholders about non-pharmacological interventions for PNA.

Method

Ethics approval. Semi-structured interviews with women with lived experience of PNA, healthcare professionals (HCPs), voluntary community and social enterprise (VCSE) stakeholders and commissioners. Topic guide modified in response to emerging themes. Interviews digitally recorded with consent, transcribed, and analysed thematically. A patient advisory group was involved throughout the study.

Results

There were 25 interviews conducted. Women with PNA expressed a wish to choose from a range of non-pharmacological interventions, which are often delivered by VCSE organisations or not commissioned within the NHS. HCPs described a hierarchy of interventions that can be offered to women, often related to severity of a woman's PNA. PMH VCSE stakeholders emphasised that their services are flexible and accessible for women with PNA.

Conclusion

Tension exists between what is currently recommended by NICE and thus commissioned, and the types of intervention that women want to access, including support from VCSE services. Clinicians should be aware of local VCSE organisations which provide care for women with PNA. There is an evidence gap around the effectiveness of various interventions delivered by VCSE organisations, which requires further exploration.

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