Views of healthcare professionals and perinatal patients on perinatal depression in Oman
Qualitative study

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Outline

- Backgrounds
- Aims
- Methodology
- Results
- Conclusion

Backgrounds

- Perinatal depression is defined as a non-psychotic depressive episode with various degrees of severity, from mild to major, occurring during pregnancy and up to one year following delivery (Fisher et al., 2012; Gavin et al., 2005).

- Perinatal depression is a significant public health problem that has adverse effects on both the mothers and their infants (Husain et al., 2006).

- The prevalence rate of perinatal depression is estimated to range from 10-15% in Western countries (Faisal-Cury, Menezes, d'Oliveira, Schraiber, & Lopes, 2013; Wang et al., 2021) and in developing countries, this rate is even higher(Faisal-Cury et al., 2013).

- In the Middle East, limited studies have been carried out, but the prevalence estimates vary from 10% in Sharjah, UAE (Hamdan & Tamim, 2011) to 38.5% in Saudi Arabia (Al Nasr et al., 2020).

Backgrounds

- Several risk factors have been found to be significantly associated with perinatal depression, including prior history of psychopathology/psychological disturbances during pregnancy, marital relationship problems, low levels/lack of social support and stressful life events (Beck, 2001; O'hara & McCabe, 2013; Robertson, Grace, Wallington, & Stewart, 2004).

- Globally, studies consistently report that at least half of all cases of perinatal depression are missed by healthcare professionals (HCPs) (Cox, Holden, & Sagovsky, 1987; Goodman & Tyer-Viola, 2010; Hearn et al., 1998; Marcus, Flynn, Blow, & Barry, 2003).

Gaps in the literatures

- Previous qualitative studies investigating the views of HCPs towards perinatal depression have typically been kept completely separate from studies investigating the patients' views of perinatal depression. However, the experiences of HCPs is interconnected with patient's perspectives and via versa at least in terms of barriers they encounter about perinatal depression.

- Despite the prevalence rates of perinatal depression is high in the Middle East, there is very limited evidence from longitudinal studies examining the persistence of depression from the antenatal to the postnatal periods. There is a dearth of research focusing on the views of HCPs and women regarding perinatal depression.

- To triangulate the views and experiences of HCPs and perinatal patients within a single study.
- To address the lack of data from the Middle East, specifically Oman.

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Methodology Research

Qualitative study

Ethical approval was granted by the University of Manchester (UREC), Medical Research Ethics Committee (MREC) at Sultan Qaboos University and Research and Ethical Review and Approval Committee, Ministry of Health in Oman.

Methods

Design and study setting

- A qualitative study
- At Family Medicine and Community clinic (FAMCO) at the Sultan Qaboos University Hospital (SQUH) and three other primary health centres (PHCs) in Muscat, city in Oman.

Methods

Inclusion and exclusion criteria

- Inclusion criteria:
- Speaking English or Arabic (HCPs and patients) and be either Omani or non-Omani (HCPs).
- A primary nurse, physician or midwife who had been providing direct care for at least two years.
- Patients had to be Omani, aged 18 and above.
- Either pregnant or in the first year after giving birth.
- Exclusion criteria:
- patients or HCPs who were not able to speak English or Arabic.
- Any HCPs who had been working less than two years in perinatal care or who were not directly providing any care to perinatal patients.

Methods

Procedure:

HCP participants were given a week to decide if they wished to take part, while patients were given up to 24 hours.

Using an in-depth semi-structured interview topic guide, developed in line with the research aims and based on a review of the relevant literature

Arrangements were made between the researcher and participants about how the interview would be conducted.

Methods

Data collection

- between May 2020 and February 2021
- 17 interviews in English and 13 in Arabic.
- 15 HCPS and 15 women were interviewed.

Methods

Data analysis

•All recorded interviews were transcribed verbatim and Arabic interviews were translated into English by the primary investigator.

•Thematic analysis involved a balance of inductive (themes emerging from participant's discussions) and deductive (derived from pre-existing research) approaches.

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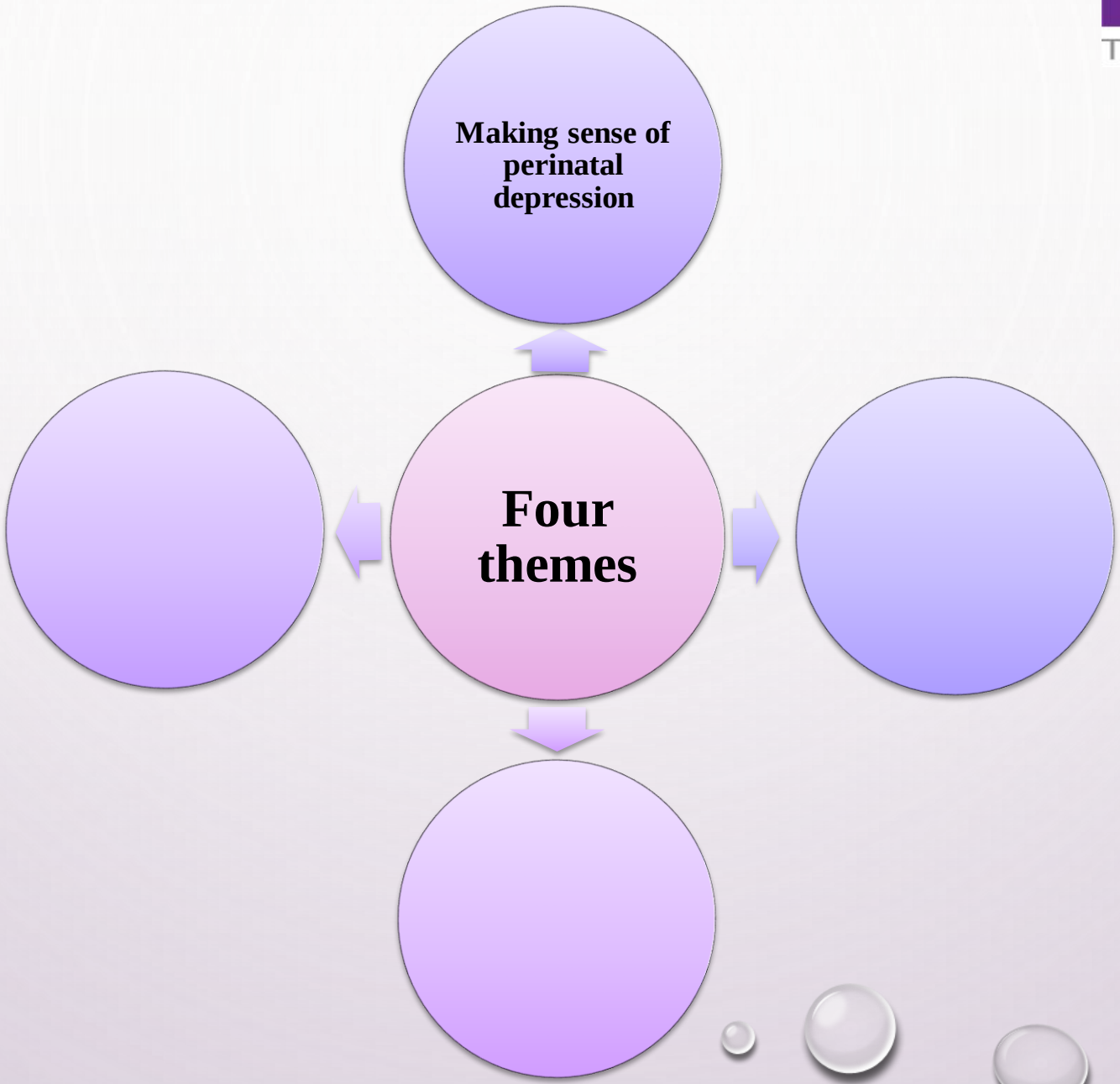
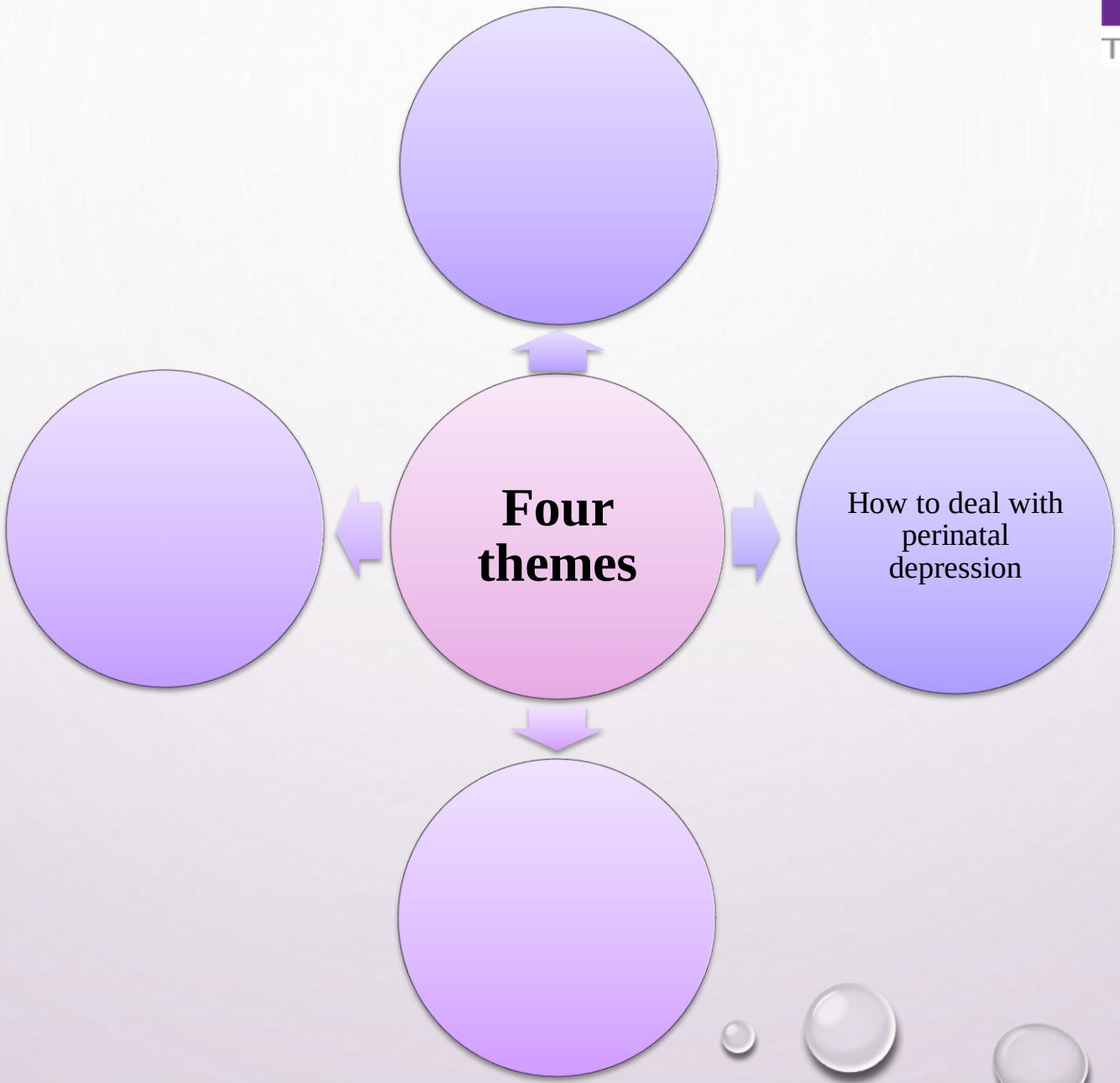
Results:

- 15 were HCPs (six nurses, seven doctors and two midwives), aged 31-50 years, with clinical experience in perinatal primary care ranging from 2-20 years.

- The remaining participants were pregnant/post-birth patients aged 26-37 years, of whom 13 were pregnant (gestational weeks ranging from 13 to 37 weeks) and two postnatal patients (one 4 months postnatal and the other eight months).

- The recruitment was stopped when there was no new data obtained from the interviewees and the objectives of the research had been achieved (Austin & Sutton, 2014).


Making sense of perinatal depression
Four themes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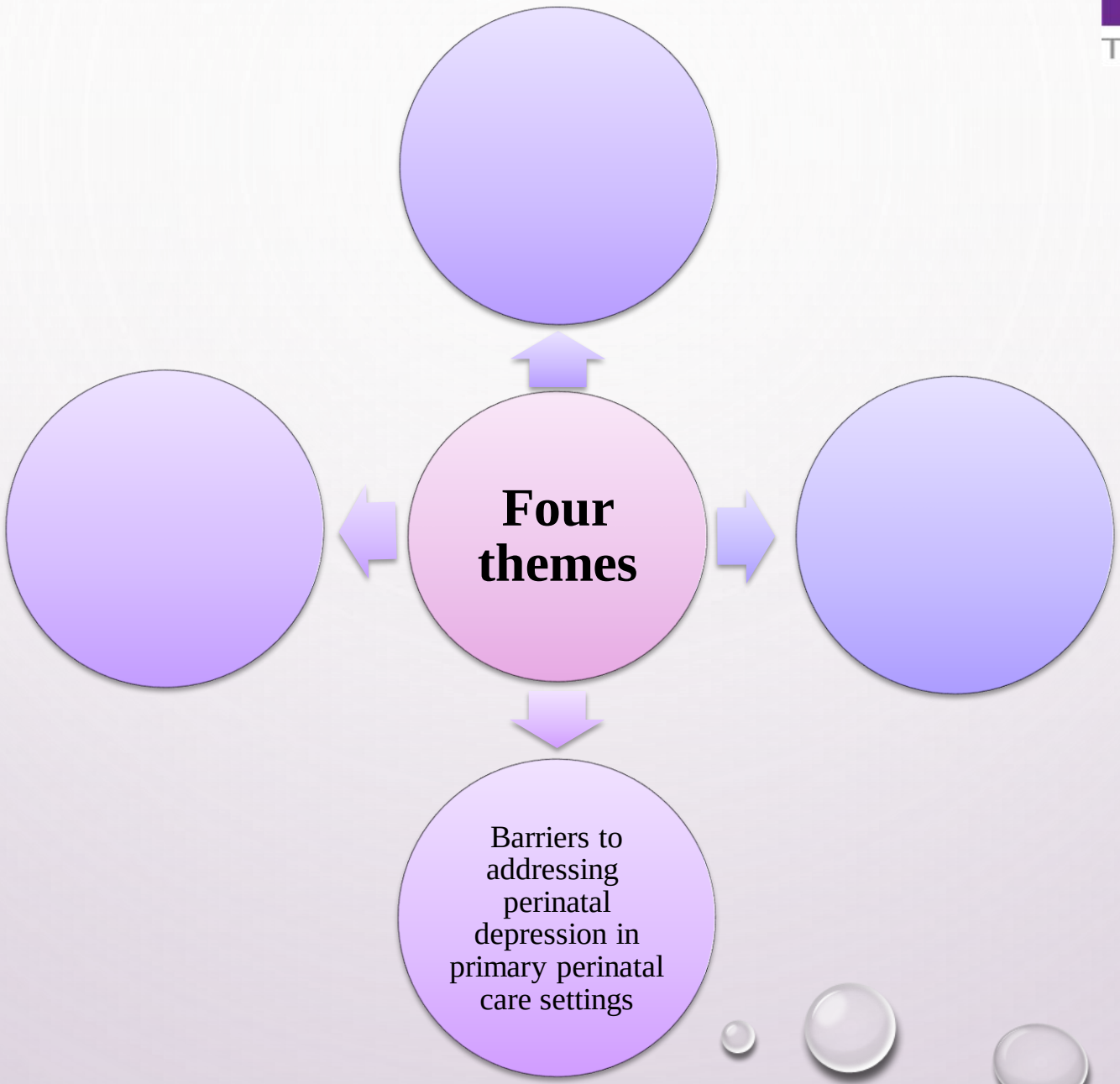
How to deal with perinatal depression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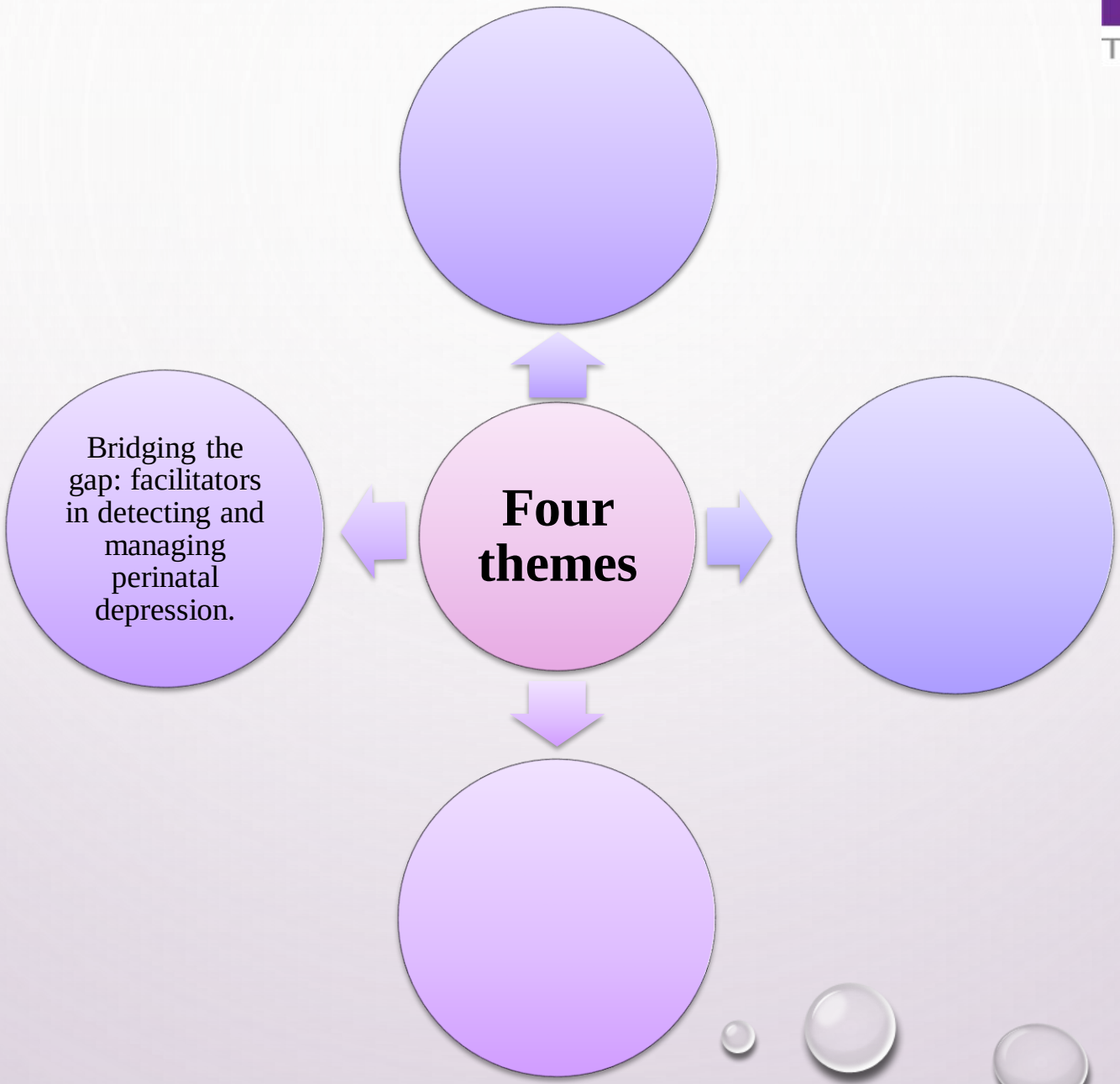
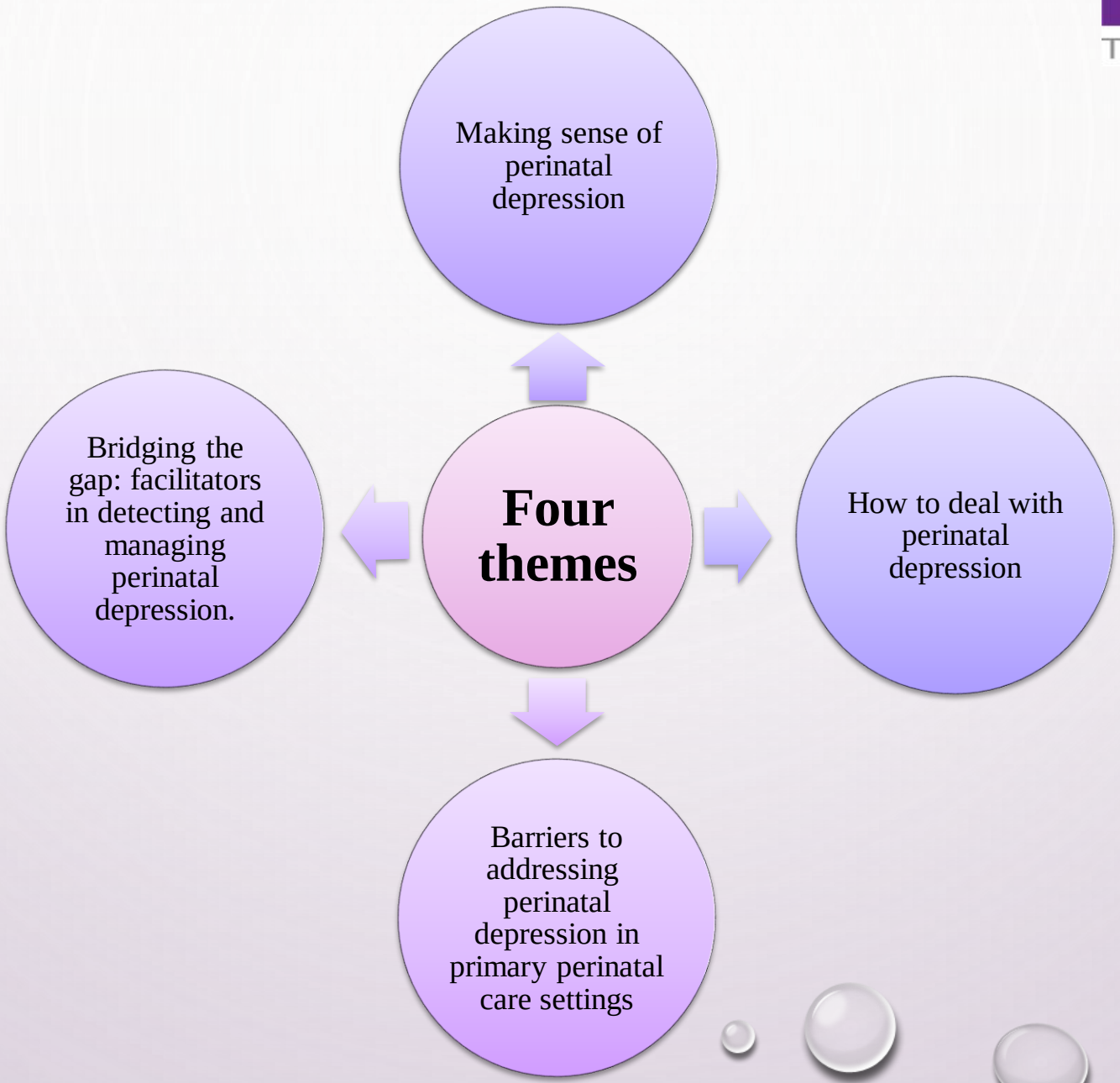
Barriers to addressing perinatal depression in primary perinatal care settings


Four themes
Bridging the gap: facilitators in detecting and managing perinatal depression.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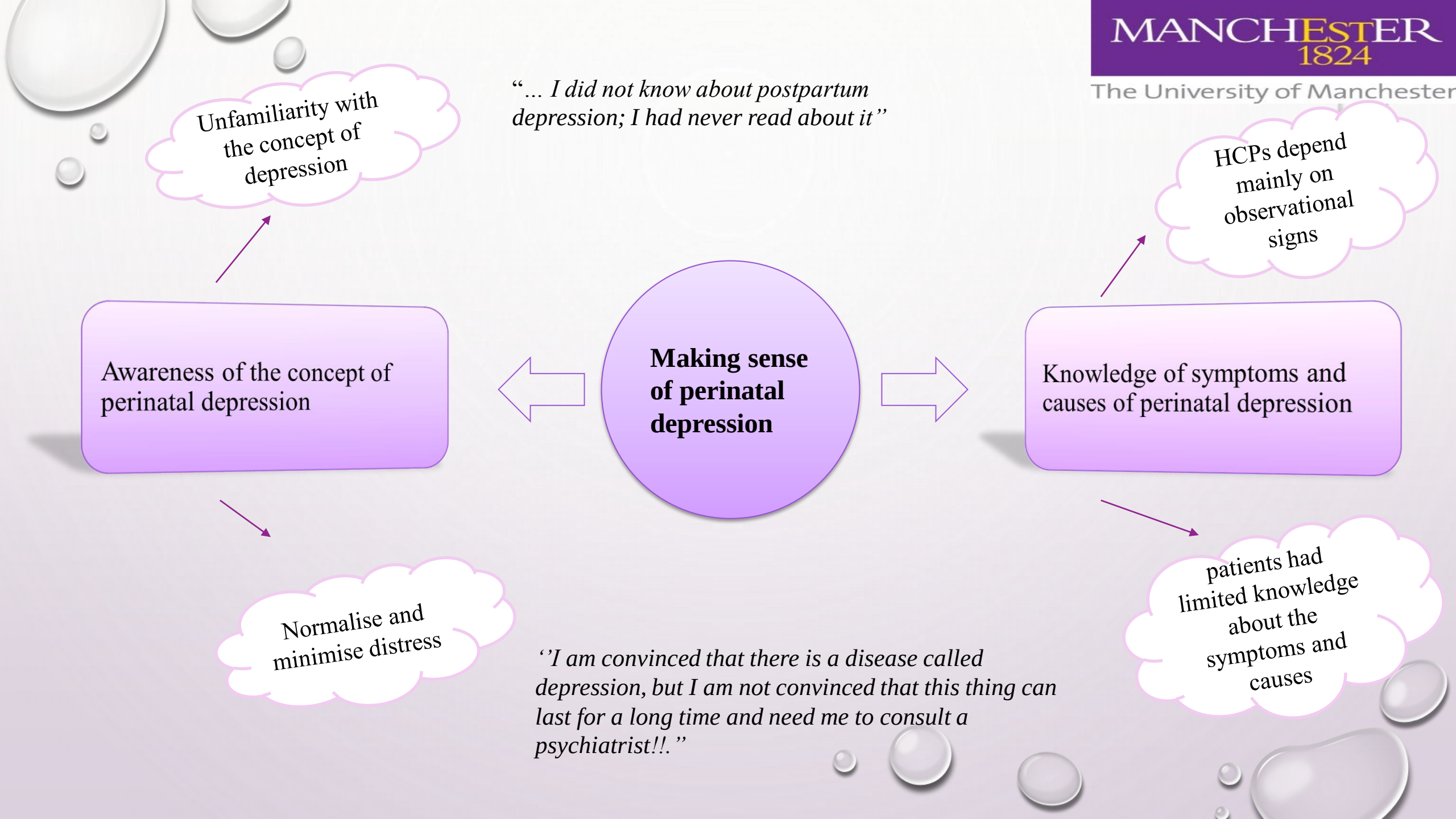
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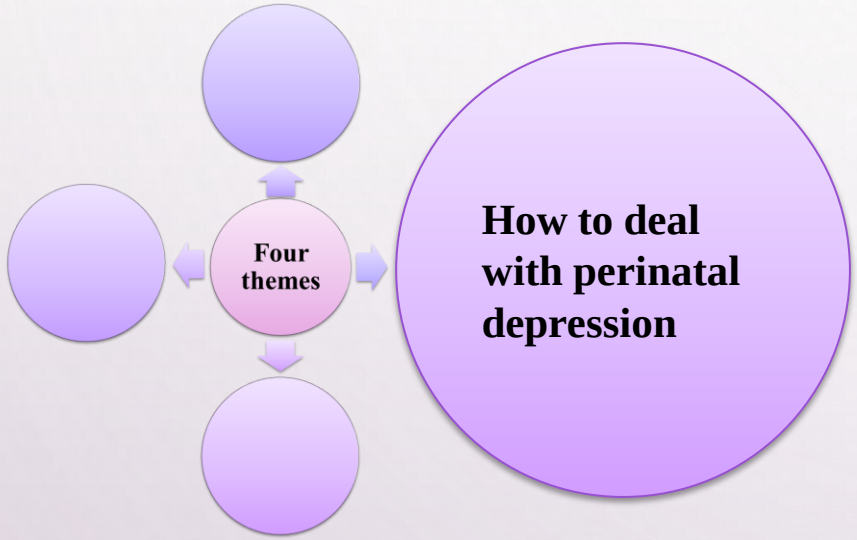
"... I did not know about postpartum depression; I had never read about it"
Unfamiliarity with the concept of depression
HCPs depend mainly on observational signs
Awareness of the concept of perinatal depression
Making sense of perinatal depression
Knowledge of symptoms and causes of perinatal depression
Normalise and minimise distress
patients had limited knowledge about the symptoms and causes
''I am convinced that there is a disease called depression, but I am not convinced that this thing can last for a long time and need me to consult a psychiatrist!!."

"I have a hobby that I am ... sewing, cooking, and I want to invest my time in ."

"I felt that the treatment was mostly through prayer, reading the Qur'an."

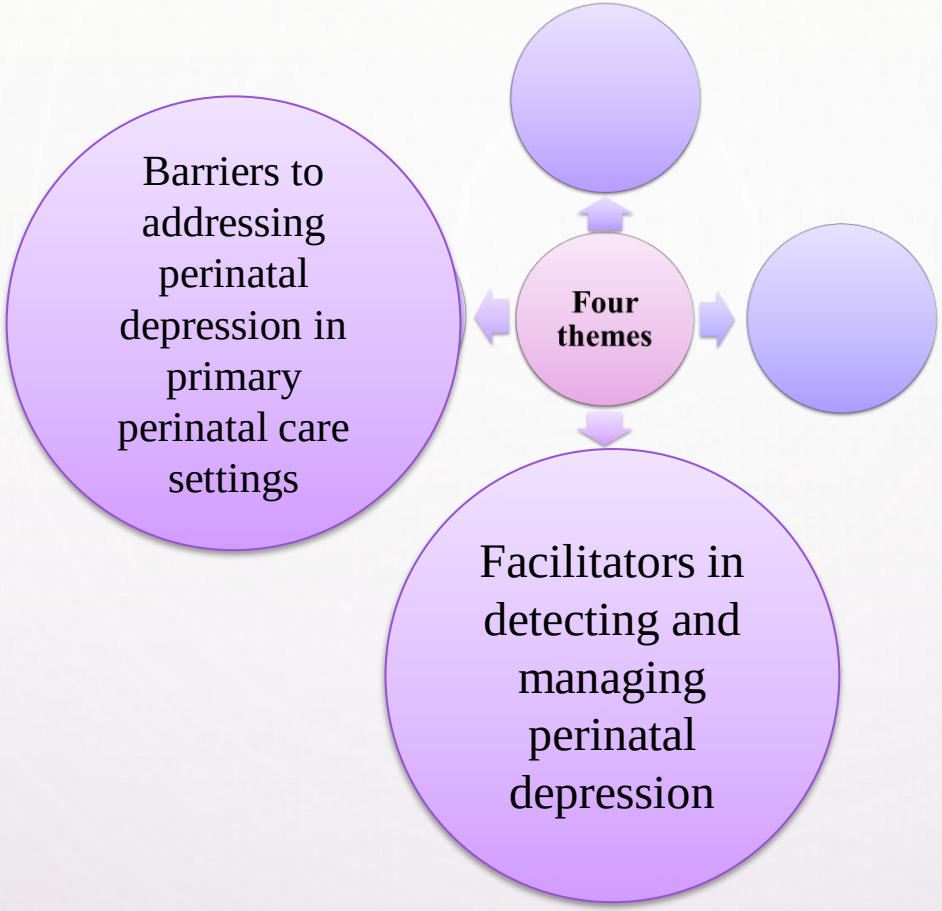


How to deal with perinatal depression

All of the patients mentioned that even if they asked for help they thought that they would get very limited therapeutic help from their HCPs

Nurses and midwives indicated that they relied mainly on their own observations for signs of perinatal depression

"If it is mild, we can manage here [in primary clinic], *but if it is severe, we have to refer the patient to the tertiary hospital."*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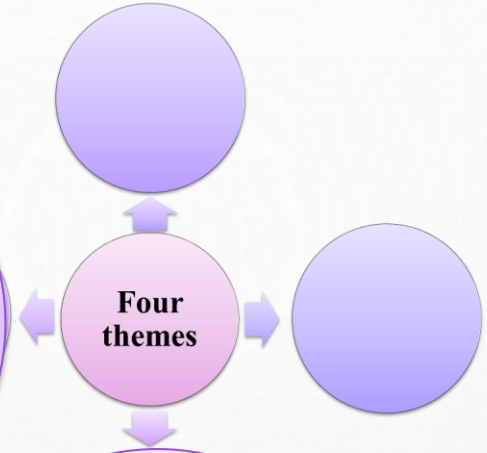
Facilitators in detecting and managing perinatal depression

Barriers

Barriers to addressing perinatal depression in primary perinatal care settings



Facilitators in detecting and managing perinatal depression

Patient level

Lack of patient knowledge about perinatal mental health and wellbeing and lack of preparation

Feeling stigma resulting not seeking a help

HCP level

Lack of HCP training

language and culture barriers

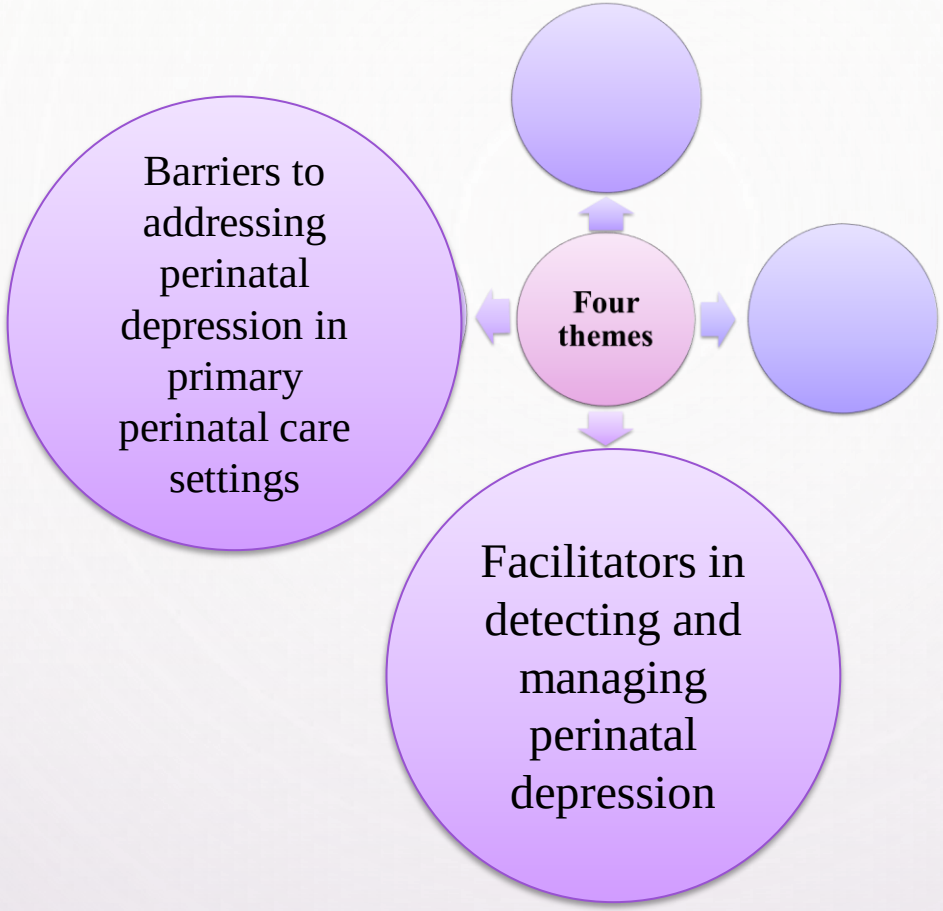
System level

a lack of clear protocols or guidelines regarding mental health care

no screening tools or specific psychosocial assessments

Lack of time and crowded

limited availability of mental health specialists



Barriers

Patient level

-Lack of patient knowledge about perinatal mental health and wellbeing and lack of preparation

-Feeling stigma resulting not seeking a help

HCP level

-Lack of HCP training

-Language and culture barriers

System level

-A lack of clear protocols or guidelines regarding mental health care

-No screening tools or specific psychosocial assessments

-Lack of time and crowded

-limited availability of mental health specialists

Facilitators

Patient level

-Destigmatization of depression

HCP level

-Maternal mental health training

-large-scale awareness campaigns

System level

-Develop a clear protocol or guideline.

-Allocating sufficient time and a private environment is needed for these patients .

-maintain confidentiality .

-Availability of screening questionnaires.

-The availability of mental health services improve the collaboration between HCPs (doctors and nurses) and mental health professionals.

What are the implications for practice?

- Nurses, midwives and doctors should develop an empathic screening procedure that allows for the discussion of mental health concerns and help-seeking behaviours with their patients.

- Training nurses and midwives in motivational interviewing, routinely screening mothers with any depressive symptoms as well as providing public education programmes to increase mental health awareness, resources, and access to a variety of mental healthcare alternatives, could be successful in recognizing and managing perinatal depression.

Conclusion:

- This is the first qualitative study investigating the experiences of both HCPs and perinatal patients regarding perinatal depression from the Middle East perspective, particularly in Oman.

- This study revealed that perinatal depression has been neglected in primary health care systems in Oman.

- The study explored many barriers and facilitators which have been identified by both HCPs and patients in identifying and managing perinatal depression in the primary health care system.

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Thank you
Any
Question?