

Evaluation of the C.A.L.M intervention in helping to enhance women's emotional resiliency in childbirth

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Background

During the COVID-19 pandemic, increasing numbers of referrals to the Perinatal mental health service (PNMHS) for birth trauma were made where interpersonal difficulties were a significant contributing factor.

Karlstrom, Nystedt, & Hildingsson (2015) found positive birth experiences were reported by women who felt confident in their own abilities and the support from their midwife and birth partner. This enabled them to feel safe and in control during birth, regardless of delivery method.

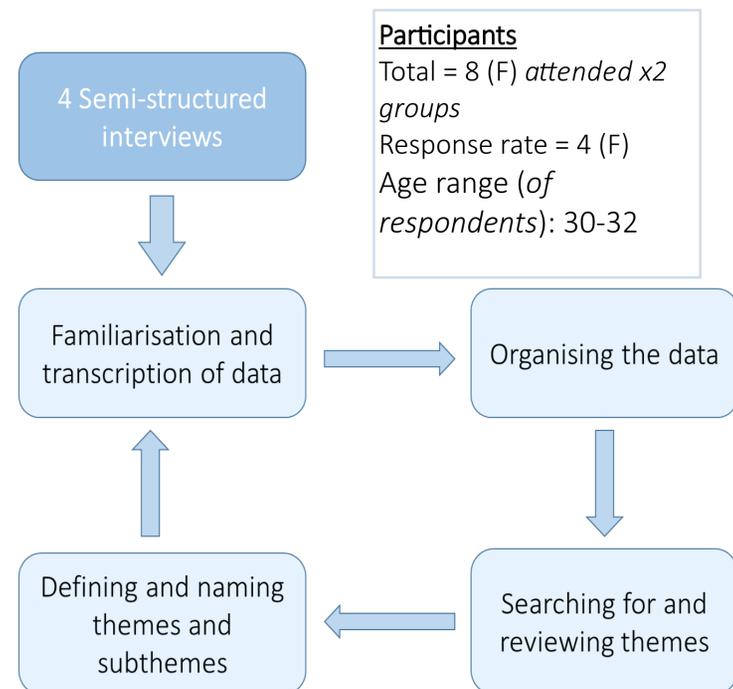
The CALM pack and group was developed to reflect these themes. It includes how to: keep Connected with those who matter; Ask for what they want and need; Learn to manage thoughts and feelings; and consider ways to Manage their environment.

Objectives

- To evaluate the effectiveness of the CALM group, a 5 week antenatal course (plus couples evening session) run by a peer mentor and assistant psychologist for expectant parents within the PNMHT.
- To train midwives in the CALM pack, so they feel confident delivering it to expectant parents.
- To use feedback and outcomes to further develop the service.

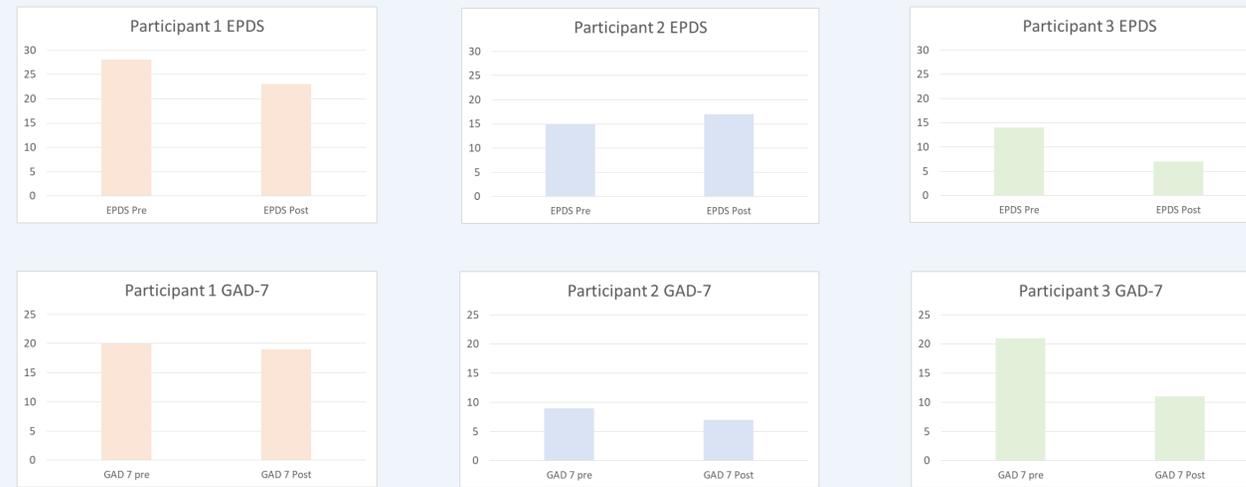
Method

Qualitative and Quantitative Design. Thematic analysis on participant experience.



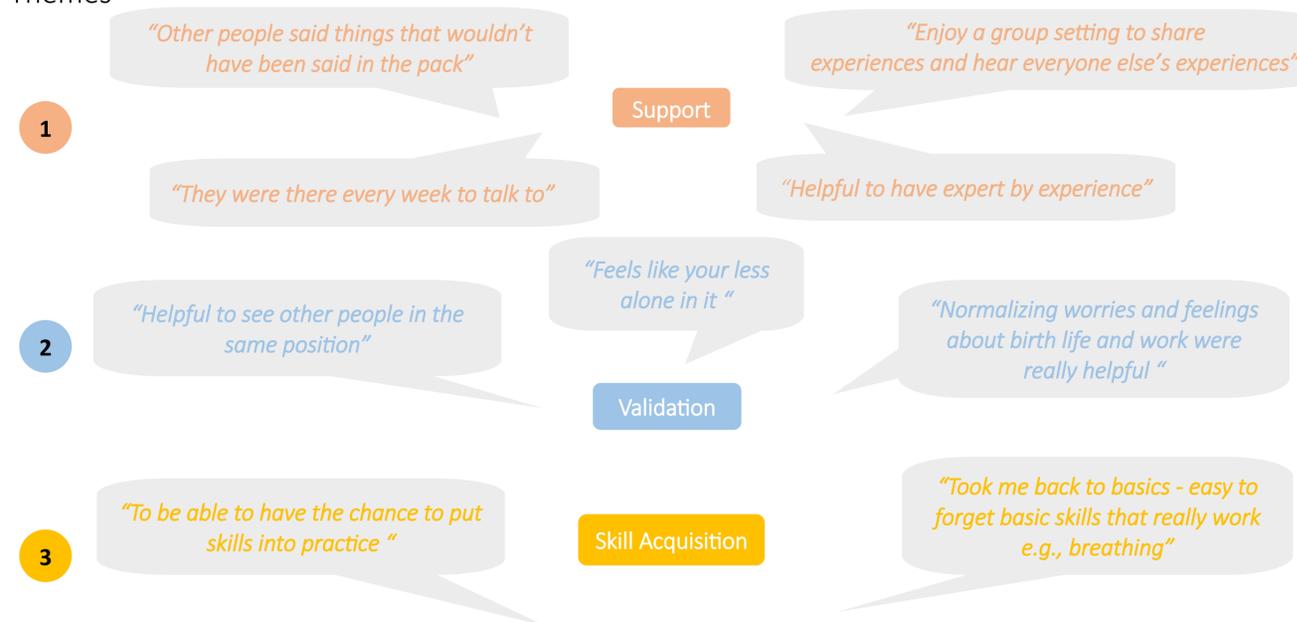
A flow diagram demonstrating the methodological process implemented in this evaluation.

Results



Pre and post scores of outcome measures Edinburgh Postnatal Depression Scale (EPDS) and Generalised Anxiety Disorder Assessment (GAD-7).

Themes



Midwives Training

We delivered training to the Midwives in Aneurin Bevan Health Board to help them to feel confident when delivering the CALM pack to expectant parents in their care.

Feedback from Midwives Training included:



Discussion

A positive experience of the CALM Antenatal pack and group was demonstrated by psychological measures taken before and after the intervention, reflecting overall reductions in low mood and anxiety.

Group participants felt supported and validated by group facilitators and other participants. Participants also found skills learned helpful in reducing distress in birth.

Midwives reported that the resource was useful and have expressed interest in opportunities for additional training.

Findings contribute to the literature indicating this intervention can facilitate emotional resiliency in perinatal and birth settings.

Limitations

- Sample representativeness; participants all under the PNMHS. Would be helpful to gain insight from more varied populations with dissemination of the intervention.
- Missing data; challenges gaining feedback postnatally.

Conclusion

The CALM antenatal pack and group within Perinatal Mental Health settings are valuable and worthwhile to patients and health professionals.

Future Research

- Evaluation of birth partners experience of intervention.
- Evaluation of delivery and usefulness of the CALM pack for other health professionals.
- Future evaluation of participant referral rates for birth trauma within service.

Recommendations

- Inclusivity; to be mindful of different circumstances for participants in language and written text eg. "Birth partners" not "partners", and avoiding blanket terms like "healthy baby"
- Professional training/supervision; ongoing dissemination of the CALM pack outside the PNMHT, by providing training to relevant professionals.

References

- Karlström, A., Nystedt, A., & Hildingsson, I. (2015). The meaning of a very positive birth experience: focus group discussions with women. *BMC pregnancy and childbirth*, 15(1), 1-8.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Acknowledgements

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