

Description

Reducing traumatic birth experiences; ‘immersive education for midwives – ‘b*ringing research to life’*

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Bio


Stephanie Hays

Stephanie is a registered Nurse and Midwife who has been practising in East Lancashire for the past ten years. Now a midwifery lecturer and researcher at the University of Manchester, she is passionate about addressing health inequalities in the UK, improving maternity care experiences and respectful maternity care. Stephanie will be submitting her thesis funded by the NIHR Collaboration for leadership in applied health research this year.

Background

It has been estimated that up to one third of women view their birth as traumatic with 3.1% developing PTSD in community samples, and 15.7% in ‘at risk’ groups (e.g. experienced previous trauma, history of psychopathology) (Grekin & O’Hara, 2014; Ayers et al 2016). These statistics are also likely to be an under representation as many women feel unable to seek help, feel stigmatized and have a mistrust of professionals (Dixon–Woods et al, 2005; Marryat & Martin, 2011; De Schepper et al 2006). The World Health Organization (WHO) also identified that those from disadvantaged socioeconomic backgrounds were more likely to receive poor care practices from maternity providers and to experience a traumatic birth (WHO 2007). As women from complex and socioeconomically disadvantaged

background are more likely to experience a traumatic birth (WHO, 2007), this could also exacerbate non disclosures, due to these women feeling judged when accessing maternity care and having a mistrust of those in authority (Dixon–Woods et al, 2005; Marryat & Martin, 2011; De Schepper et al 2006).

A meta-synthesis undertaken by Elmir et al (2010) into women's experiences of a traumatic birth, highlighted disrespectful care practices and women experiencing a loss of control as the main contributory factors. Other research has also identified how a lack of understanding from health care professionals to the individual needs of women, lack of trust in staff providing care and communication barriers all contribute to a self-perceived traumatic birth (Jayaweera & Quigley 2010; Redshaw & Heikkila, 2010; Women's Health and Quality Consortium, 2013; Psarros, 2014). Women's experiences of poor interactions with their health care professionals are experienced globally in maternity services, including care in the UK (Hodnett, 2002; Feder et al, 2006; Furber & McGowan, 2011). Some authors also argue how defensive, disrespectful and abusive care practices could potentially cause not only damage to a mother's mental health, but also iatrogenic harm to mothers and babies (Dahlen et al, 2013; Renfew et al, 2014). A recent mixed methods studyreported that amongst system level failings, the mistreatment of women during delivery often occurs at the level of women and healthcare provider interactions (Bohren et al 2015) encouraging us to explore the social space of birth more critically.

As women who need support following a traumatic birth can feel unable to access help due to their experiences of the health care system, this creates a wider gap amongst vulnerable and disadvantaged women (Gamble & Creedy, 2009). To date, there is a lack of knowledge and skills amongst midwives on birth trauma. A recent study reports that almost a quarter of maternity professionals received no education or training on perinatal mental health (Boots Family Trust, 2013). As a multi-racial, multi-cultural society, maternity professionals are increasingly required to provide maternity services to women fromdiverse backgrounds and those with complex needs. With a disproportionate number of women from disadvantaged and vulnerable backgrounds experiences poor maternity care, findings highlight the need for improved training and support for maternity professionals on birth trauma and PTSD.

Aim of the study



Steph at the ICM in Toronto 2017

My PhD explores interpersonal interactions within the social space of birth to identify key triggers for a distressing or traumatic birth. Empirical stages in this study included undertaking a meta synthesis focused on disadvantaged and vulnerable women's experiences of maternity care in high income countries and empirical interviews with women who had suffered a traumatic birth in a locality (The North West of England). Synthesising these findings provided the study with key triggers for trauma during birth, with a focus on interpersonal interactions between women and their health care providers. The next stage in the study was to explore the different ways in which these findings could be delivered as part of an educational programme for maternity professionals in practice.

When exploring different options and ideas on how best to embed findings within an educational programme, I had the

idea to utilise Virtual Reality (VR) as a medium for knowledge translation. While VR is increasingly being used in healthcare to develop practical skills, my study is the first to utilise it to raise maternity professionals' awareness of risk factors for birth trauma and to improve interpersonal interactions with women in maternity care.

The idea to use VR came from my attendance at the International Confederation of Midwives conference in Toronto, 2017. Delegates were invited to use VR to experience bath time from the first-person perspective of a baby. This immersive experience had all my senses engaged. What if I could engage the senses of maternity professionals as they experience an alternative view point? What if I could simulate the feeling of being in the woman's shoes during labour and birth? This sparked my innovative approach to translating findings if I could use VR to enhance reflection and the identification of key triggers for birth trauma by simulating the social space of birth from the woman's perspective.

Developing the idea – from concept to creation



Still image from the VR scenario delivered as part of the educational programme. 'vaginal examination by the doctor'

A pitch to the media team at UCLAN ('The Innovation Lab'), a film director recommended by my supervisor (Gill Thomson), a wonderfully supportive head of midwifery (Cathy Atherton, Royal Preston Hospital) and I was ready to go. A script was written by myself and my supervision team that incorporated key findings from interviews with women who had experienced birth trauma. The focus of the script was to highlight key triggers for trauma based on the poor interpersonal interactions between the woman and maternity professionals during birth, highlighted within the data. We used professional actors and filmed on site at the Royal Preston Hospital in 2018. We used the first-person perspective of a woman during birthproviding a virtual space for users to feel embodied within the experience. A seven-minute scenario was filmed over the course of a day in February 2018 and edited by myself and the innovation lab.



Evaluation of the programme in an NHS trust with midwives on the 10th of April 2018.

The VR was used as part of an educational programme developed using the principles of critical pedagogies. The programme was then evaluated with ten midwives for comments and feedback. During the training, midwives were

asked to watch the film using a VR headset. Myself and my supervisor Gill then presented evidence-based information on risk factors for birth trauma and PTSD, and used open questions to prompt discussions, e.g. '*How did the scenario make you feel*?' '*How could we do things differently*?' and '*How can we positively impact upon women's birth experience* ?' The programme provide a non-judgmental, safe space for maternity professionals to share stories, reflect upon practice and co-create knowledge for positive change. Overall feedback to the programme was very positive, one participant stated '*It was really powerful, seeing care from the woman's perspective really opened my eyes, it made me question certain practices and how women may feel on the receiving end of these'.* The training programme was also trialed with student midwives at the University of Central Lancashire; with similar positive comments and reflections provided. Raising the conscious awareness of midwives to the possible dehumanizing aspect of care is paramount if we are to begin rethinking how we deliver care to women during birth.

Translating academic outputs through collaboration

Following the evaluation phase of the study, I teamed up with the Lancashire School of Business and Enterprise at The University of Central Lancashire (UCLan) to drive forward plans for campaigning and marketing the educational programme into the NHS. An agency brief for the students was developed and used as a blueprint for them to creatively explore the ways in which they would approach a marketing and campaign strategy for the programme. BSc business students worked together in groups over a three-month period to devise their strategies and presented their plans back to an expert panel as seen in the image below.



Business school presentations (from left to right). Stephanie Heys (Lecturer in Midwifery The University of Manchester), Professor Soo Downe (UCLAN School of Community Health & midwifery), Senior Lecturer Peter Ashfield (UCLAN School of Business), Dr Gill Thomson (UCLAN Reader in maternal health).

Over 80 students presented over two days with the highest scoring strategy included in my final thesis. Marks for the presentation and a final report submitted by each group combined and contribute towards each individual student's final overall module grading.

Next steps

Implementing virtual reality in healthcare has a great deal of potential. Healthcare innovators and providers are increasingly tapping into this resource to improve patient care. I now intend to work on an NIHR postdoctoral fellowship application to develop and expand upon the programme designed as part of my PhD. My thesis titled;

'*Conscientization for practice: The design and delivery of an immersive educational programme to sensitise maternity professionals to the potential for traumatic birth experiences amongst disadvantaged and vulnerable women.*'

This will be submitted in May with key findings from the study published soon. Watch this space!

Info on the study and work can be found on the links below

https://www.burnleyexpress.net/news/former-teenage-mum-now-midwife-spearheading-cutting-edge-campaign-to-improve-birth-for-disadvantaged-and-vulnerable-women-1-9294187

https://www.clahrc-nwc.nihr.ac.uk/news/article.php?title=149

https://www.clahrc-nwc.nihr.ac.uk/blog-post.php?title=20

https://wearemhabitat.com/blog/stephanie-heys

https://www.clahrc-nwc.nihr.ac.uk/news/article.php?title=Students+immerse+themselves+in+virtual+reality+pitch++

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