Nursing interventions for patients with postpartum psychosis hospitalized on an expert psychiatric mother baby unit: A qualitative study

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Samenvatting

Achtergrond: Een postpartum psychose is een van de meest ernstige psychiatrische aandoeningen voorkomend na de bevalling. Indien opname is geïndiceerd, wordt aanbevolen deze plaats te laten vinden op een moeder baby unit. Dit om scheiding tussen de patiënt en haar baby te voorkomen. De zorg op een moeder baby unit is gericht op de gezondheid van de moeder, de moeder baby uitkomsten en de zorg voor de partners. In de huidige literatuur wordt de rol van de verpleegkundigen als complex beschreven. Opvallend is dan ook dat studies naar effectieve verpleegkundige zorg voor vrouwen met een postpartum psychose schaars zijn.

Doelstelling: Het identificeren van verpleegkundige interventies en hun rationale tijdens de acute fase van opname voor een postpartum psychose op een best practice moeder baby unit.

Methode: De studie is uitgevoerd middels een beschrijvende kwalitatieve studie met thematische analyse. Data is verzameld bij expert verpleegkundigen middels semigestructureerd interviews.

Resultaten: Dertien verpleegkundigen hebben deelgenomen aan de studie. Vier thema's werden geïdentificeerd, 1. Behandeling van ziekte, 2. Zorg voor het moeder baby koppel, 3. Zorg voor de partner en 4. Psychoeducatie. De verpleegkundigen benadrukten de noodzaak om holistische zorgt te bieden waarbij de behoefte van de baby, patiënt en de partner werden geïntegreerd. Om dit te kunnen bewerkstelligen werd gebruik gemaakt van verpleegkundige interventies op maat.

Conclusie: Het is essentieel voor verpleegkundigen om interventies in de acute fase van opname op een moeder baby unit te richten op de behoefte van de baby, patiënt en partners en deze te integreren binnen alle geïdentificeerde thema's.

Aanbevelingen: De beschreven interventies uit een best practice setting kunnen toegepast worden door verpleegkundigen in de praktijk en een basis vormen voor verdere verbetering van de verpleegkundige zorg op een moeder baby unit.

Trefwoorden: Postpartum psychose, verpleegkundige interventies, psychiatrie, moeder baby unit.

Abstract

Background: Postpartum psychosis is one of the most severe psychiatric disorders that may occur in the postnatal period. When psychiatric admission is required for women with postpartum psychosis, admission on a mother baby unit is recommended. The care on the mother baby unit is focused on the maternal health, the mother - baby outcomes, and the next of kin. In current literature the role of nurses is seen as challenging, although studies on effective nursing interventions and their rationale for women with a postpartum psychosis are limited.

Aim: The study aimed to identify and elaborate interventions used by nurses working on a specialised mother baby unit during the acute phase of admission for patients with a postpartum psychosis during the first six months after giving birth.

Methods: The study design was a descriptive qualitative study using thematic analysis. Semi-structured face-to-face interviews were used to collect the data by expert nurses employed on a best practice mother baby unit.

Results: Thirteen nurses participated in the study. Four themes were identified to describe the nursing care, 1. treatment of the mental disorder, 2. care for the mother baby dyad, 3. care for the partner and 4. psychoeducation. Within all themes nurses mentioned the need to provide nursing care by integrating the care for the baby, patient and partner and use tailored interventions to meet all their needs.

Conclusion: Nurses described the necessity of tailoring interventions within a holistic approach to the needs of the baby, patient and partner within all identified themes during the acute phase of admission on a mother baby unit.

Recommendations: These interventions can be adopted by nurses who care for patients with postpartum psychosis and provide a base to refine current interventions by further research.

Keywords: Puerperal disorders, psychiatric nursing, hospitalization, postpartum psychosis, mother-baby unit

Background

During pregnancy or within the first year after giving birth, 10-20% of the women develops a psychiatric disorder.[1] In a Danish study the prevalence of first time psychiatric admission for primiparous women due to severe psychiatric disorders during the first three months postpartum was 1.03 per 1000 deliveries.[2]

Postpartum psychosis (PP) is one of the most severe psychiatric disorders that may occur in the postnatal period.[3] The prevalence of PP is 1-2 per 1000 deliveries.[4] Due to inconsistency in the literature and no formal place in the classifications system used by psychiatrists (DSM-5 and ICD-10), no clear definition of PP is available.[5] In general, PP is characterized by a rapid onset with affective and psychotic symptoms and severely disorganized behaviour.[6]

When psychiatric admission is required for women with PP, a specialist perinatal inpatient facility, like a Mother Baby Unit (MBU) for joint admission of mother and baby, is recommended.[7] In 1958 Main [8] advocated for joint admission to prevent separation, and at the same time facilitate the interaction and bonding between mother and baby. The inpatient care on the MBU should focus on three elements: the maternal health, the mother - baby outcomes, and position and burden of the next of kin.[4-6, 9, 10] The maternal health can be seen as a continuum of the mental and physical health of women during the patients' admission in the postnatal period.[11] The mother-baby outcomes are subdivided in the mother-baby relationship[10], the parenting skills, and the baby development.[9] The next of kin refer to the persons who live together with the patient (e.g. the spouse) or have a very close relationship with her (e.g. relatives). A recent review showed that there are indications that treatment on a MBU has positive effects on both maternal health and the mother - baby relationship.[9]

Nurses face multiple challenges when caring for patients with PP hospitalized at a MBU.[12] In 1968 Bardon et al [13] described the role of nurses as having a challenging task to motivate patients to care adequately for their baby's. More recent literature stated that nurses play an essential role in creating a holding environment for both mother and baby in which treatment and recovery can take place in the best possible way[10]. Also the provision of psychoeducation to women and their next of kin during their inpatient stay is regarded as a crucial nursing intervention.[10, 12]

In an explorative qualitative study, psychiatric nurses employed on general psychiatric wards, were interviewed, and they described multiple psychiatric nursing interventions used during the care for patients with PP. The interventions described were establishing a therapeutic relationship with the patient, fulfilling the basic needs of mother and baby, creating a protective environment, providing a sense of security, reconnecting these women to reality, and offering information about PP.[14]

Overall, the literature on nursing interventions and their rationale provided on a MBU is very limited. Therefore further research is required on effective nursing interventions for patients with PP, their babies and spouse/relatives. For this purpose we conducted a qualitative study on effective nursing interventions carried out on a specialist psychiatric MBU. The identification and elaboration of nursing interventions on such a best practice unit can form the basis for the development of a comprehensive nursing intervention program for this high complex care for this patient group.[15]

Aim

The aim of this study was to identify and elaborate interventions used by expert nurses working on a specialised mother- baby unit during the acute phase of admission for patients suffering from a postpartum psychosis during the first six months after giving birth.

Method

Design

The study design was a descriptive qualitative study using thematic analysis[16]. The study was conducted from December 2015 till July 2016.

Setting and participants

The study was performed on a specialized MBU in a university hospital in the Netherlands. On this MBU joint admission of women with psychiatric disorders and their babies (0-6 months) is possible. The babies are cared for on a nursery next to the ward. Nurses were able to participate when they met the criteria of proficient or expert nurse according to the theory of Benner [17] and were employed for at least one year at the MBU. One year experience on the MBU ensured that nurses had sufficient experience on the unit to describe and elaborate on the interventions they perform in daily practice. Table 1 provides an overview of levels of expertise as described by Benner.

Data collection

The data were collected by semi-structured individual interviews by the first author (TK). The interviews were held according to an interview protocol developed by the first (TK) and last author (BM), based on topics derived from an explorative literature search. The interview protocol was based on the three phases of treatment at the MBU: the acute phase, the treatment phase, and the phase working towards discharge (see table 2). Within each phase the maternal health[4, 5, 9, 10, 18], patient- baby outcomes[6, 9, 10, 18], the next of kin[4-6, 18, 19] and attitude of the nurse were discussed. The three phases were complemented with a fourth theme, the therapeutic environment, being a theme that is relevant throughout the whole period of admission.

As a first step in data collection, a vignette of a typical patient with PP was sent to the participants prior to the interview, encouraging them to reflect on the care they provide to women with PP. Next, the nurses were invited for the interview that was conducted at the MBU in a quiet and closed room, thus ensuring the confidentiality during the interview. Before the start of the interview informed consent was obtained.

To increase the credibility and authenticity of the study[20, 21], the respondents were encouraged to openly discuss their ways of intervening with the patient, the baby and partner, and to elaborate on rationale behind their interventions. The interviewer explained explicitly that the actual performance of the nurses was the focus of the interview, with no normative judgments about right or wrong ways of intervening. The interviews were recorded and transcribed ad verbatim for analytical purposes.

Procedures

All nurses employed on the ward were send an online survey to provide background information about gender, age, education, work experience and hours employed. Beside the survey informants (ward supervisor, senior nurses) were asked to identify nurses who in their opinion were expert nurses in the care for women with PP. By using informants the authors were able to identify nurses, who have at least a deep understanding of the nursing care on the MBU. Based on the survey results and the informants, nurses were categorised to their level of nursing expertise. Nurses who met the criteria of proficient or expert nurse were asked to participate. When nurses consented to participate, more detailed information about the aim and procedures of the study was send to them. During the study an audit trail was held which contained theoretical notes, process notes and reflexive notes.[20] To enhance the credibility and authenticity[20], there were regular supervision sessions with the last author (professor of mental health nursing; BM) and fellow researchers.

Data Analysis

The data was analysed according thematic analysis described by Braun and Clarke [16].The following steps were followed, 1. familiarizing yourself with the data, 2. generating initial codes, 3. searching for themes, 4. reviewing themes, 5. defining and naming themes and 6. producing the report.[16] Data collection and analysis was performed in an iterative process, with intermediate analyses leading to adjustments of the interview protocol. A preliminary code tree was deductively developed based on the structure of the topics, reflecting the different stages of treatment, complemented with the theme ‘therapeutic environment’. New code words were inductively integrated into the code tree, based on the new data gathered during the interviews. After completing the analysis of the data, a member check was performed by five nurses on a first draft of the results. Data was analysed using Nvivo 11 for windows QRS international.[22]

Ethical issues

In this study only health care providers are included, therefor the study falls outside the scope of the Dutch Medical Research Involving Human Subjects Act. The study was conducted according to principles of the Declaration of Helsinki[23] and the Dutch Personal Data Protection Act.[24]

[Insert table 1 & 2]

Results

Thirteen interviews were held with a duration between 56 and 91 minutes. After twelve interviews data saturation was achieved, the following interview did not affect the identified themes and was used to confirm data saturation.

Participants

The sample consisted of thirteen nurses, eleven female and two male nurses. The median age of the nurses was 36 years (range: 26-59). They had a median of 13 years (range: 2-34) experience in mental health nursing and a median of seven years of experience (range: 2-30) on the MBU. Table 3 provides an overview of the participants' characteristics.

[Insert table 3]

Nursing care provided on the MBU

Four separate but interacting themes were identified, 1. treatment of the mental disorder, 2. care for the mother- baby dyad, 3. care for the partner and 4. psychoeducation. Generally the nurses stated that nursing care for these patients is provided within a holistic and integrated approach of the patient, baby and partner. Nurses described the need for tailored interventions within al four themes to meet the needs of all involved.

An overview of the interventions is presented in table 4.

Treatment of the mental disorder

Nurses described that they assess the current need for care, including the safety of the patient - baby dyad by using a multidisciplinary anamnesis at start of the admission, thus obtaining an in-depth view on the severity of the mental disorder and the possible (adverse) consequences of it.

Nurses emphasized the need for stabilizing the patient during the first days of admission, aimed at preventing exhaustion, the occurrence of disruptive behavior, and danger for both the baby and patient. The following interventions are mentioned by the nurses to stabilize the patient: offering structure during the day, promoting rest, gaining trust, restoring sleep patterns, reconnecting them to reality and offering a safe environment. Nurses mentioned that patients were not be able to breastfeed their child due to the instable mental health condition. Patients breastfeeding their baby's would interfere with the need for structure, rest, and restoration of the sleep pattern. Nurses discuss this issue extensively with the patient, given the feelings of grief that occur as a result of stopping the breastfeeding.

"Women who chose to breastfeed, are really going for it and then it is not possible. This can be very annoying. But you have to be realistic, it is not possible due to the medication and rest they need. You cannot maintain the structure by breastfeeding." (Nurse 8, female)

Next the nurses described a task for them in maintaining or improving the physical wellbeing of the patient in terms of adequate feeding and self-care of the patient. In addition nurses mentioned that they are responsible for providing postnatal care to prevent physical complications, because patients have often self-care disabilities due to disorganized behavior.

"Patients are heedless of self-care. For example they don't mention the need to change their maternity sanitary towels or to take care of the stitches, or leaking breasts. They need to be point at self-care, it needs a lot of attention." (nurse 9, female)

Nurses mentioned the need to do the inspections themselves because they cannot rely on the patient's observations, which could be influenced by psychotic symptoms. By performing the inspections nurses described the need to create a safe environment for the patient to prevent feelings of unsafety.

"Performing the postnatal observations, like breast inspection and if necessary the private parts, can cause feelings of unsafety by the patient. So preferably these observations are done by someone who have taken care of the patient more often. The more important is a female, to anticipate on the intimacy of the observations" (nurse 3, female)

Care for the patient baby dyad

Nurses stated that the safety of the baby deserves the highest priority. To maintain the safety of the baby the nurses stated that the multidisciplinary team has to indicate the right level of guidance of the mother baby dyad. Which, is important when nurses bring patients and their babies in contact with each other to promote the patient - baby interaction and growth of the relationship.

"When a mother is admitted with her baby it is crucial to make a right judgement. That the safety of the baby is secured." (nurse 2, male)

This decision is made based on current and prehospitalization functioning, and the ability to comply to the conditions needed to maintain the safety of the baby. In order to evaluate the decisions made, nurses described the need for individual guidance and observation during the patient's first visit to the nursery.

Level of guidance

When it is observed that a patient is showing aggressive and psychotic behavior on the ward, the multidisciplinary team can decide to let the baby and mother meet in a secure setting on the ward. This secure setting is a room on the ward where only staff is able to enter this room from the outside.

"When it is slightly possibly I will try to arrange a meeting. When the mother is too restless and is reacting on everything around, I try to judge if there is a possibility to make them meet in a secure room on the ward." (nurse 7, female)

Nurses mentioned that when it is slightly possible guidance, of the patient baby - dyad can take place on the nursery. The types of guidance on the nursery can be distinguished between individual and regular guidance. During the individual guidance the nurses mentioned that they are constantly present at the side of patient when she is taking care of her baby to maintain the safety of dyad. During the regular guidance nurses are responsible for the care of a maximum of five mother baby dyads.

Providing feedback to the patient in relation to her child

All nurses stated that they provide direct feedback when the safety of the baby is jeopardized by the patient's behavior. During their observations and decision-making concerning the provision of feedback nurses described a dilemma between the wellbeing of the baby and the potential distress experienced by the patients caused by their feedback. Nurses stated that they need to prevent excessive distress by the patient, undermining the self-esteem of the patient as a mother and disturbance of the therapeutic alliance as a result of the provided feedback. However, in some cases focused feedback is necessary in order to protect the baby's wellbeing. This dilemma is solved by not criticizing the patient in her role as a mother but by providing feedback from the baby's perspective.

"A way to provide feedback is to do from the baby's perspective. For example, I see your child has bare foot. Could it be possible for your child to get cold? Maybe we can look for some socks." (nurse 7, female)

When there are no possibilities to give feedback from the baby's perspective, nurses use a supportive approach by providing advice, offering information, being a role model, and emphasizing the responsibility of the mother for her baby. Nurses remarked that the degree of responsibility given is based on the capabilities of the patients, which are influenced by the psychiatric symptoms.

Facilitate the mother baby interaction and relationship

During the acute phase nurses described that they observe and promote the patient and baby interaction, by arranging meetings for the patient baby interaction, with adaptation of the frequency and duration of these meetings on the mother - baby dyad needs and their capabilities. During those meetings the observations of the nurse are crucial for further decision making.

"*The interaction, you know, does the mother acknowledge the needs of the baby, and can she react on the needs of the baby. In the beginning she is too sick to notice the baby's needs, and when she does notice, she will only be able to respond to these needs for a short period of time."(nurse 8, female)*

Nurses mentioned that they stimulate the interaction and development of the relationship of patients and their baby's by stimulating awareness of the mother to the behavior and needs of her baby, thus promoting the focused attention of the mother towards her child, and stimulating vocal and physical contact.

Care for the partner

Nurses described the admission of a patient and baby as a severe stressor for partners. Specifically for the acute phase of admission nurses mentioned the need of gaining trust of the partner, as it is assumed to be essential to make the partner feel comfortable to leave his family behind on the ward.

"They are normal strong fellows, but it is so emotional for them. You need to take time, to say I can see that the admission of your partner and child does a lot to you. What can I do for you?"(nurse 5, female)

Therefore nurses stressed the importance of providing support to the partners, by being present and listening to them. Nurses mentioned that they observe and inquire about the wellbeing of the partners and provide advice tailored to the partner's needs to prevent overburden.

Nurses also described the need to actively involve partners in the care for the baby and patient. By doing so the bonding for the baby with the father will be supported, which is of particular importance when the mother is not capable to effectively connect to her baby.

Psychoeducation

Nurses described the need to provide information directly at the start of admission. Information provided will be focused on the treatment, mother – baby interaction and PP. This information is given to patients and her partner to create insight in PP, enhance the compliance of patients to their treatment, optimize the coping mechanisms of the partner and stimulate the growth of the mother baby interaction.

"Observe if they are able to see the signals her baby shows and if she is able to react on them. And otherwise help them, to explain what the signals might mean and how she can effectively react on them."(nurse 13, female)

[Insert table 4]

Discussion

In summary, our study revealed that nurses provided their care in a holistic way, aiming to meet the needs of the patient, baby and partner by using tailored interventions. Four themes were identified to describe the nursing care provided on a MBU in the acute phase of admission, 1. treatment of the mental disorder, 2. care for the mother baby dyad, 3. care for the partner and 4. psychoeducation. The treatment of the mental disorder consisted of maintaining the safety of the patient baby dyad, stabilization and prevent physical complications. The care for the mother baby dyad is focused on facilitating the growth of their interaction. The care for the partner is mainly focusing on providing information and providing support to prevent over burden. Psychoeducation is used to improve the patient's compliance to treatment and create more insight in the interaction with her baby. For the partners psychoeducation is used to optimize coping strategies.

In our study nurses remarked the need to give the baby' safety the highest priority. These findings are in line with a study describing the inpatient care for postpartum depression, where the authors acknowledged the need for nurses to protect the baby's physical and emotional wellbeing.[10]

Participating nurses emphasized the need to prevent criticizing the patient in her role as a mother by providing feedback through the perspective of the baby. It was also acknowledged that nurses will give patients the responsibility of their baby's within her capabilities. These interventions are in corresponding with the recommendations of multidisciplinary guideline developed by the National Institute for Health and Care Excellence. The guideline recommend that women suffering from postpartum psychiatric disorders should be acknowledged in their role as a mother in a non-judging and empathic way.[7]

Next to the interventions specifically for the care for the patient baby dyad, our study revealed the need for stabilization by using general psychiatric nursing interventions and identifying providing psychoeducation as essential part of the nursing care for the patient and her partner. Earlier research exploring nursing strategies to care for women with PP admissioned on a general psychiatric ward described similar interventions like, establishing a therapeutic relationship, fulfilling the basic needs of mother and baby, creating a protective environment, providing a sense of security, reconnect these women to reality, and offer information about PP.[14] Our study confirms the need for general psychiatric nursing interventions in the care for patients with PP and contributes by specialized interventions focused on the care for mother baby dyad.

Limitations and strengths

During the study the first author (TK) was employed as a scientist practitioner on the ward which could lead to bias. To minimize bias and enhance the credibility and authenticity, a strict interview protocol was used in combination with regular supervision meetings and an audit trail containing notes reflecting on interview style and objectivity.[20] To enhance the credibility of the study a member check was performed on the first draft of the results.[20]

This scientific approach made it possible to describe nursing interventions based on the tacit knowledge of nurses.[25] The qualitative design and thematic analysis are suitable to describe the professional nursing practice[25] on a MBU. The use of proficient and expert nurses will facilitate the identification of nursing practice[17] and have positive influence on the credibility of the study.

Conclusion

To the best of our knowledge, this is the first study which identified the nursing care provided on a MBU for patients with PP in the acute phase of admission. Our study revealed that nursing care on a MBU is provided within a holistic approach by integrating the care for the baby, patient and partner. Nurses employed on a MBU provide care within four themes, 1. treatment of the mental disorder, 2. care for the mother baby dyad, 3. care for the partner and 4. psychoeducation. Within all different themes it is vital for nursing care to tailor the interventions to the individual needs of the patient, baby and partner.

Recommendations

The relevance for clinical practice is an overview of interventions used by expert nurses in a best practice setting. These interventions can be adopted by nurses who have to care for patients with PP and are not familiar with interventions used in this high complex care. In the meanwhile there is still a challenging task for further research to refine the identified interventions based on the needs of the patients, baby and partner. A qualitative design aiming to explore the needs and experiences of all parties involved can be used.

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Tables and figures

Table 1. Level of Nursing expertise by Benner [17]

Level of nursing	Definition
Novice	The nurse has no experience with psychiatric nursing care.
Advanced beginners	The nurse can perform a little acceptable performance in psychiatric nursing care.
Competent nurses	The nurse can see her actions in terms of long range goals and is employed for 2-3 years in psychiatric nursing care.
Proficient nurses	The nurse observes the psychiatric nursing care on the MBU as a whole. Her performance is guided by a deep understanding of the situation.
Expert nurses	The expert nurse does not rely on analytical processes to understand a situation in psychiatric nursing care on a MBU. She is defined as having an enormous background of experience and has a holistic view of the provided care. She has an intuitive knowing of the situation.

Table 2. Interview topics

- Acute phase
  - Maternal health
  - Mother baby outcomes
  - The next of kin
  - Attitude of the nurse
- Treatment phase
  - Maternal health
  - Mother baby outcomes
  - The next of kin
  - Attitude of the nurse
- Working towards discharge
  - Maternal health
  - Mother baby outcomes
  - The next of kin
  - Attitude of the nurse
- Therapeutic environment
  - Contribution of nurses

Table 3, Characteristics of the participants (N=13)

Sex (% female)	61.5% (n=11)
Age (median, range)	36 (26-59)
Years of experience in psychiatric nursing care (median, range)	13 (2-34)
Years of employment on the MBU (median, range)	13(2-30)
Hours of employment on the MBU (median, range)	32 (20-36)

Table 4. Nursing interventions organised by treatment of mental disorder, care for the mother baby dyad, care for the partner and psychoeducation

Components of care

	Treatment of mental disorder	*Care for the mother baby dyad*	*Care for the partners*	*Psychoeducation*
Interventions	Maintain self-care and adequate feeding Provide postnatal care Stabilize the patient: ▪ Reconnect to reality ▪ Provide rest ▪ Restore sleep pattern ▪ Provide structure ▪ Create safe environment ▪ Gain trust ▪ Prevent escalation Provide information	Secure the safety of the mother baby dyad Provide feedback to the patient in relation with her child Provide structure on the nursery Promote the mother baby interaction: ▪ Increase awareness to the baby ▪ Arrange meetings between mother and baby ▪ Stimulate patients to interact ▪ Use the nurse as a role model Promote the mother baby relationship: ▪ Involve the mother in the care for her baby ▪ Support the development of the relationship ▪ Increase self-esteem of the patient as a mother Teaching women to care for her baby Providing care to the baby	Involve the partner in the care for the baby and patient Monitor the wellbeing of the partner Provide support: ▪ Listening ▪ Providing comfort ▪ Gaining trust ▪ Being present ▪ Developing a therapeutic alliance Provide information	Treatment of mental disorder: ▪ Medication use ▪ Postpartum psychosis ▪ Rationale for structure and taking rest Care for the mother baby dyad: ▪ The mother baby interaction ▪ The mother baby relationship ▪ Adequate interpretation of signals send by the baby Partner: ▪ Postpartum psychosis ▪ Treatment ▪ Need for joint admission