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Mothers Helpers' Survey of NZ Midwives' Knowledge of Perinatal Depression (2016)

Results

- Which statement is true?

Question	Count
Psychological morbidity, specifically depression and anxiety, are commonly seen in both the antenatal and postpartum periods.	42 (86%)
Psychological morbidity, such as depression and anxiety, is not associated with personality disorder.	3 (6%)
Psychological morbidity, such as depression and anxiety, is not associated with drug and alcohol abuse.	2 (4%)
It is not essential to screen for, and differentiate between, depression and anxiety comorbidity in pregnant women.	2 (4%)
Total	49

- The proportion of pregnant women who meet the diagnostic criteria for depression is approximately:

Question	Count
8-35%	11 (23%)
5-10%	9 (19%)
10-20%	20 (42%)
30-50%	8 (17%)
Total	48

- Which of the following is associated with depression during pregnancy?

Question	Count
Gestational hypertension	2 (4%)

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Question	Count
Preeclampsia	0 (0%)
Spontaneous abortion	8 (17%)
All of the above	38 (79%)
Total	48

- **What is the most common reason for depressed pregnant women not receiving adequate help?**

Question	Count
Lack of social support	1 (2%)
Lack of support from health providers	2 (4%)
Lack of recognition of depression symptoms by healthcare providers	41 (85%)
Poor access to treatment for depression	4 (8%)
Total	48

- **The percentage of women suffering depression during pregnancy who subsequently attempt suicide is approximately:**

Question	Count
1%	22 (46%)
10%	11 (23%)
15%	15 (31%)
25%	0 (0%)
Total	48

- **Which of the following is NOT regarded as a risk factor for antenatal depression?**

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Question	Count
Low socioeconomic background	19 (40%)
Substance and alcohol abuse	1 (2%)
History of abuse	1 (2%)
Miscarriage in previous pregnancy	27 (56%)
Total	48

- **Which of the following are common treatments for antenatal depression?**

Question	Count
Medication and counselling	32 (67%)
Self help groups and counselling	9 (19%)
Admission to a psychiatric unit and counselling	2 (4%)
Naturotherapy and relaxation	5 (10%)
Total	48

- **Which of the following is the main symptom of antenatal depression?**

Question	Count
Irritability	1 (2%)
Attention seeking from families and friends	0 (0%)
Feelings of isolation and loneliness	44 (92%)
Reliving past experiences and events	3 (6%)
Total	48

- **Which of the following statements is TRUE?**

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Question	Count
Antenatal depression always continues into the postpartum period.	0 (0%)
Women with antenatal depression have a higher chance of developing postpartum depression.	45 (96%)
Women who are depressed antenatally do not require specific treatment.	2 (4%)
Antenatal depression will resolve with the birth of the baby.	0 (0%)
Total	47

- The proportion of mothers who experience the "baby blues" is approximately:**

Question	Count
1-2%	0 (0%)
10-20%	4 (9%)
20-30%	13 (29%)
30-80%	28 (62%)
Total	45

- What is the recommended management for the "baby blues"?**

Question	Count
Understanding, empathy and support	45 (100%)
Baby care assistance	0 (0%)
Psychotherapy	0 (0%)
Referral to a postpartum disorder support group	0 (0%)
Total	45

- Which of the following is required for a diagnosis of postpartum depression?**

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Question	Count
Grandiose future plans	1 (2%)
Frequent mood swings	6 (13%)
Preoccupation with cleanliness	0 (0%)
Persistent low mood for more than 2 months	38 (84%)
Total	45

• **Postpartum depression MOST COMMONLY occurs after the birth:**

Question	Count
Within 2-5 days	0 (0%)
Within 10-14 days	12 (27%)
After 1 month	24 (53%)
After 3 months	9 (20%)
Total	45

• **The proportion of mothers who experience postpartum depression is approximately:**

Question	Count
5%	2 (4%)
15%	28 (62%)
30%	14 (31%)
50%	1 (2%)
Total	45

- **What is the recommended treatment for MILD postpartum depression?**

Question	Count
Understanding and empathy	3 (7%)
Education about postpartum depression, supportive counselling, and peer support groups	40 (91%)
Psychotherapy and antidepressant medication	1 (2%)
Hospitalisation and medication	0 (0%)
Total	44

- **What is the recommended treatment for MODERATE to SEVERE postpartum depression?**

Question	Count
Understanding and empathy	0 (0%)
Education about postpartum depression, supportive counselling, and peer support groups	4 (9%)
Psychotherapy and antidepressant medication	34 (77%)
Hospitalisation and medication	6 (14%)
Total	44

- **Which of the following statements is FALSE about the Edinburgh Postnatal Depression Scale?**

Question	Count
It distinguishes well between moderate and severe depression symptoms.	3 (7%)
It measures depressive symptoms to give a probable diagnosis of depression.	8 (18%)
It fully assesses symptoms of psychotic depression.	27 (61%)
It can detect antenatal depressive symptoms.	6 (14%)
Total	44

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- Which of the following statements is TRUE about antidepressant medication?

Question	Count
Mothers may be able to breastfeed while taking antidepressants.	36 (82%)
The presence of antidepressants in breast milk has been well studied.	4 (9%)
Antidepressants are habit-forming.	4 (9%)
Antidepressant medications are effective immediately.	0 (0%)
Total	44

- Which of the following is a symptom of postpartum depression?

Question	Count
Annoyance with your partner or other children	0 (0%)
Feeling a sense of frustration with present life	0 (0%)
Anxious about the baby	0 (0%)
All of the above	44 (100%)
Total	44

- Which of the following statements is CORRECT?

Question	Count
Without treatment, 80% of women recover spontaneously from postpartum depression.	4 (9%)
Women experiencing postpartum depression are more likely to develop postpartum depression in a subsequent pregnancy.	36 (82%)
Women experiencing postpartum depression do not develop suicide ideation or attempt suicide.	0 (0%)
Approximately 5% of all pregnant women develop puerperal psychosis following childbirth.	4 (9%)

Question

Count

Total 44

Introduction

This questionnaire was identical to the one used in the 2011 Australian National Survey who originally set the questions for this test. The 20-item questionnaire was drawn from 'beyondblue's National Baseline Survey - Health Professional Knowledge Questionnaire' which surveyed general practitioners, midwives, mental health nurses, and maternal child health nurses. Items were also developed from a review of the literature and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Items were then critically reviewed by 2 maternity researchers. It was then pilot-tested by a group of master of midwifery students (n=13) to establish reliability and validity. Items were subsequently amended in consultation with the 2 maternity researchers prior to distribution. The Laboratory of Educational Research Test Analysis Package Version 5 was used to examine item difficulty, item discrimination, and internal consistency (ie. reliability) for the final 20-item survey delivered in the 2011 Australian National Survey (Jones, Creedy, & Gamble, 2011).

The link to this anonymous survey was sent to Mothers Helpers' database of midwives nationwide. Mothers Helpers used "Quizworks." There were 56 participants in this questionnaire. 43 of the participants completed the survey, 13 did not finish the survey. There were 680 correctly answered questions (74% of questions were correctly answered) and 241 incorrectly answered questions (26% of questions were incorrectly answered). The average points out of 20 was 13.8 or 69%.

Discussion

Question No.	No. of Mothers Helpers Survey Respondents had correct answer (out of 56)	Percentage of Mothers Helpers Survey Respondents had correct answer	No. Respondents that skipped question	Percentage of 2011 Australian National Survey that had correct answer
1	42	86	7	
2	20	42	8	50.4
3	38	79	8	71.4
4	41	85	8	
5	15	31	8	1.7
6	27	56	8	29.4
7	32	67	8	64.5

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8	44	92	8	
9	45	96	9	
10	28	62	11	74.2
11	45	100	11	
12	38	84	11	
13	24	53	11	
14	28	62	11	29
15	40	91	12	55.6
16	34	77	12	68
17	27	61	12	56.2
18	36	82	12	53.4
19	44	100	12	
20	36	82	12	

By contrast, the 2011 study surveying 815 midwives from the Australian College of Midwives (Jones et al., 2011) results showed on average, respondents correctly answered 62.9% of items related to antenatal depression and 70.7% of questions about postpartum depression. While some of their statistics were comparable to the Mothers Helpers survey, others were a significantly higher percentage of incorrect answers, however it is important to note the number of participants they had (815) compared to the 56 that participated in the Mothers Helpers survey. Both tests show 8 of the same questions where scores were low (this is based on the same criteria used by the 2011 Australian study (Jones et al., 2011) of 815 midwives' knowledge where a topic was deemed to be known if at least 75% of the sample made a correct response.) With the exception of three questions where there was a different comparative result (question 3, 16 and 18), both survey results correlated on the other eight questions that scored least correctly and under the 75% threshold. Those eight were questions 2, 5, 6, 7, 10, 13, 14 and 17.

Those identified as the least correctly answered questions included being unable to identify risk factors (44% of midwives) or prevalence of antenatal depression (58%), underestimating the percentage of antenatally depressed women that attempts suicide (69%), lack of awareness of common treatments for antenatal depression (33%), underestimating the number of women that experienced baby blues (38%), incorrectly identifying the incidence (48%) and onset period (47%) associated with postpartum depression. 39% of midwives were not able to correctly identify what the Edinburgh Postnatal Depression Scale could assess.

The 2011 Australian National Survey conclusion said that the results they found warranted further discussion in that there were key knowledge deficits relating to onset of, assessment of, and treatment for depressive symptoms during the antenatal and postpartum periods and that there was a need for continuing professional education to improve midwives' knowledge and competency in the assessment and care of women suffering depression. These same conclusions could be drawn from these Mothers Helpers' survey results, despite the comparatively fewer participants.

Of particular concern was that none of the respondents indicated that they expected to see signs of Postnatal Depression within the first few days postpartum, 12 of the 45 respondents to the Mothers Helpers Survey said they expected it to show up within 10-14 days, therefore they may not be looking for signs of postnatal depression after that time when the onset of postnatal depression is most likely to occur. 9 of the 45 respondents in the Mothers Helpers survey said they thought the onset of postnatal depression occurred after three months. This too is of concern because midwives

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hand over the primary care of the new mother to a well child nurse when baby is six weeks of age, and therefore may not be looking for signs of postnatal depression, believing that it is unlikely to occur while under their care. Despite small sample numbers, these results could indicate that approximately 38% of midwives are not aware of the time postnatal depression most commonly occurs, and this could affect their ability to pick it up. They also may not be aware of all the risk factors for postnatal depression since 19 (40%) of them believed that a low socio-economic background was not a risk factor, when it is.

Small sample size acknowledged, 16 (33% of) midwives thought that self-help groups, counselling, psychiatric unit admissions, naturotherapy and relaxation were the most common treatments for women with antenatal depression as opposed to medication and counselling, showing a potential deficit in midwives' knowledge of evidence-based treatment. 16 (69% of) respondents underestimated the number of depressed pregnant women that attempted suicide. This incorrect knowledge base might impact on their practice in terms of taking symptoms seriously, awareness, screening and practice including referring for medical diagnosis and treatment from a General Practitioner. This is significant because women in New Zealand generally only access the professional help of a midwife during pregnancy.

Questionnaire results also showed that 17 (39% of) respondents had an inaccurate idea of what the Edinburgh Postnatal Depression Scale could be used for. Some did not know that it distinguished well between moderate and severe depression symptoms, that it measured depressive symptoms to give a probable diagnosis, or that it could detect antenatal depression symptoms. Rather, 39% believed it could fully assess psychotic depression. This might impact on their use of the Edinburgh Postnatal Depression Scale in their practice.

Jones, C. J., Creedy, D. K., & Gamble, J. A. (2011). Australian midwives' knowledge of antenatal and postpartum depression: a national survey. *J Midwifery Womens Health, 56*(4), 353-361. doi:10.1111/j.1542-2011.2011.00039.x