

Support Services, Maternal Self-Efficacy and Risk of Mental Illness for Women Who Gave Birth in a Private Hospital

Part of an explanatory, mixed methods analysis supervised by Cathrine Fowler, Christine Catling and Fenglian Xu

Deborah Sims

Ethical Considerations



UTS Ethics Approval

Hospital 1 Ethics Approval

Hospital 2 Ethics Approval

Participant Informed Consent

Data Secure



Maternal Self-Efficacy



Support Services

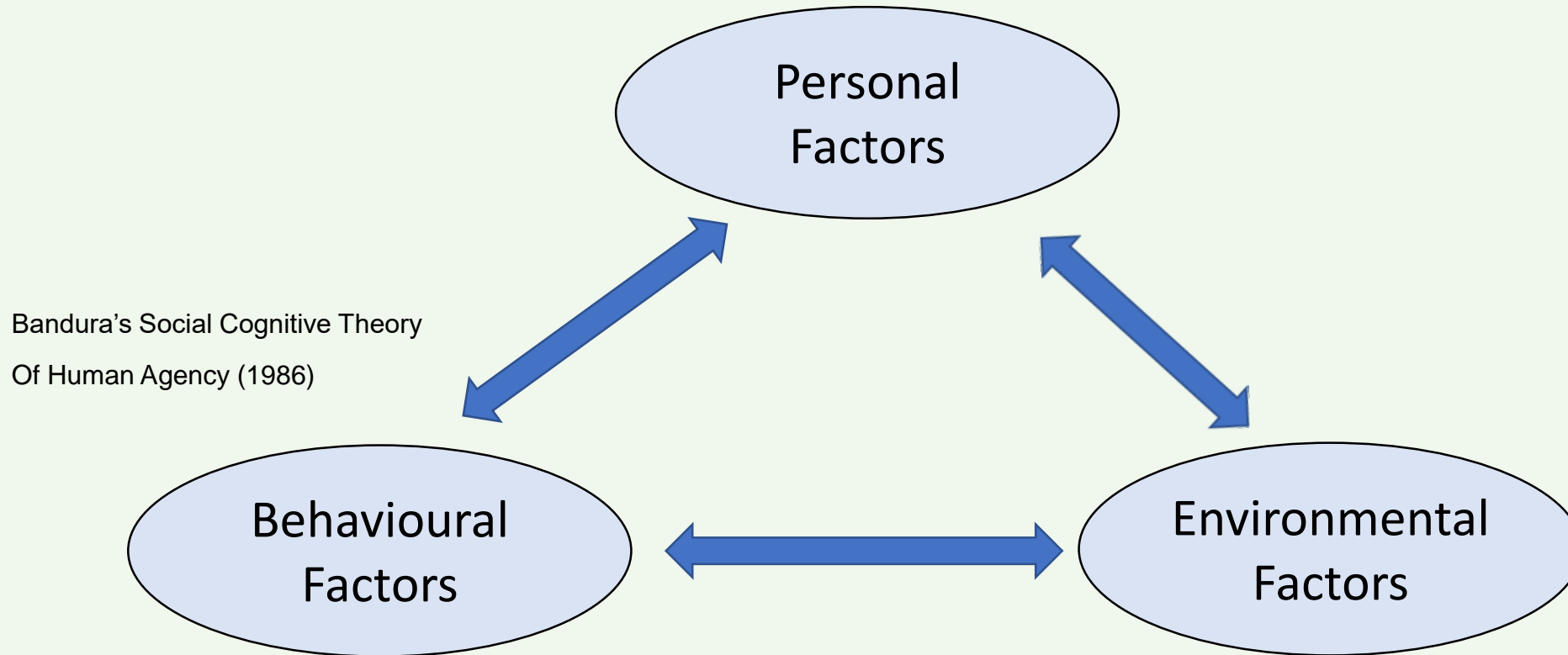


**Women Who Gave Birth
in a Private Hospital**

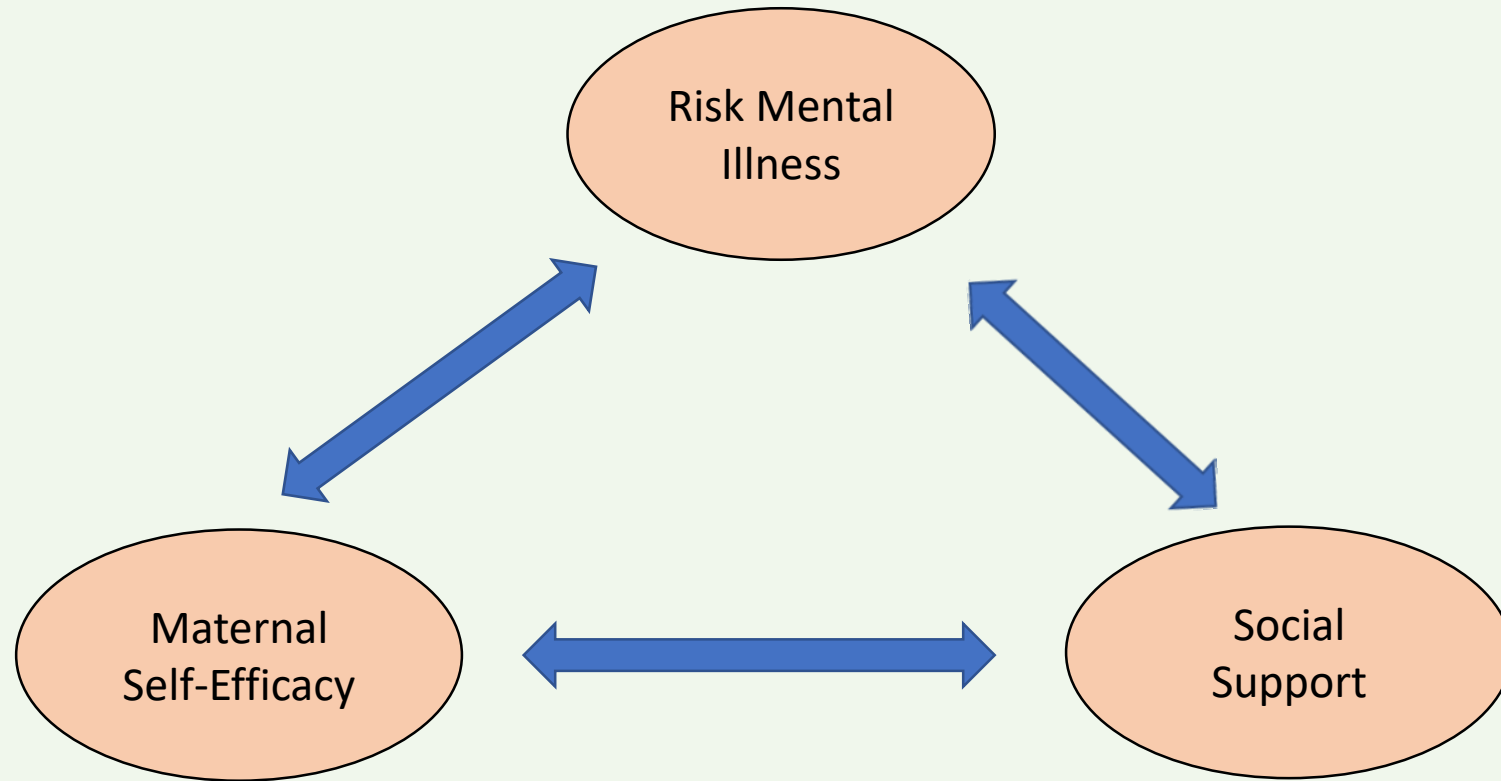
Maternal self-efficacy
is the mother's belief
in her ability to respond
to her baby



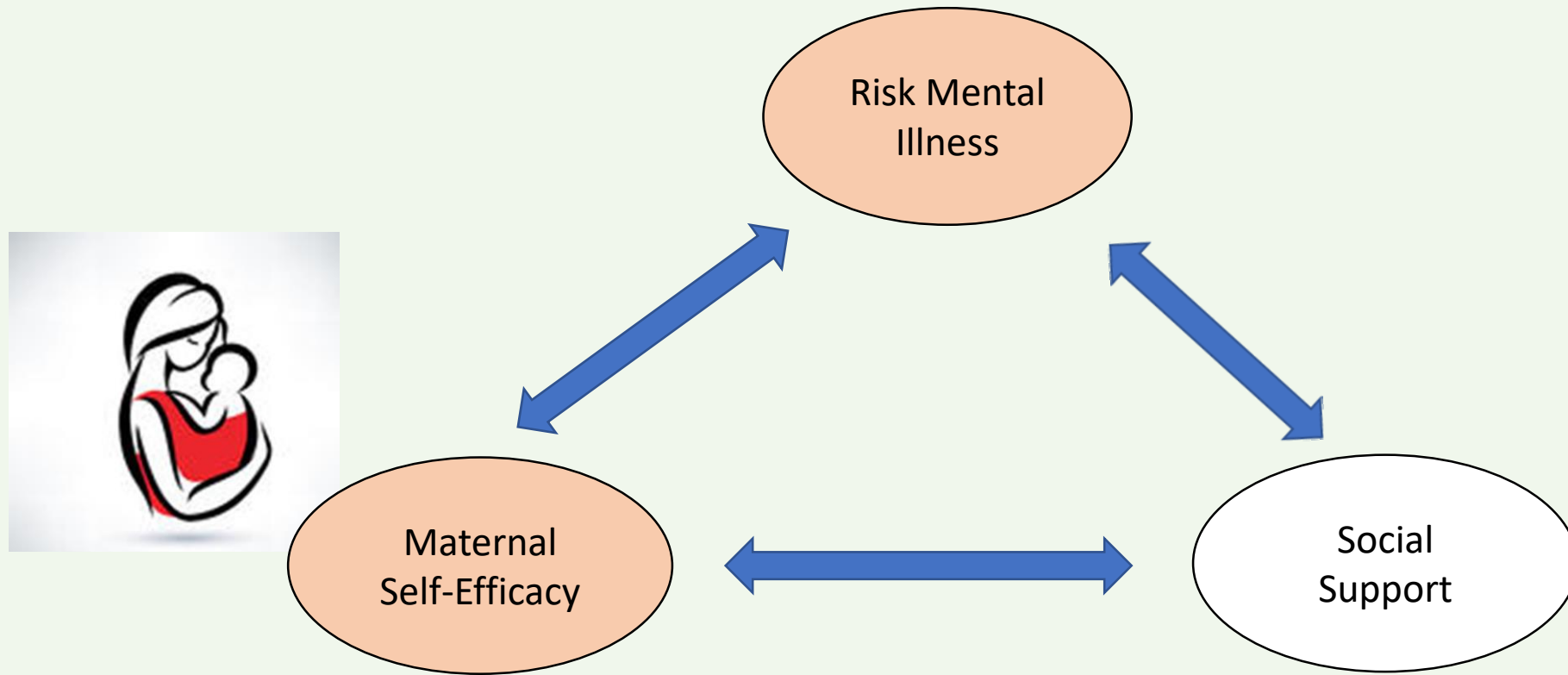
Human Agency



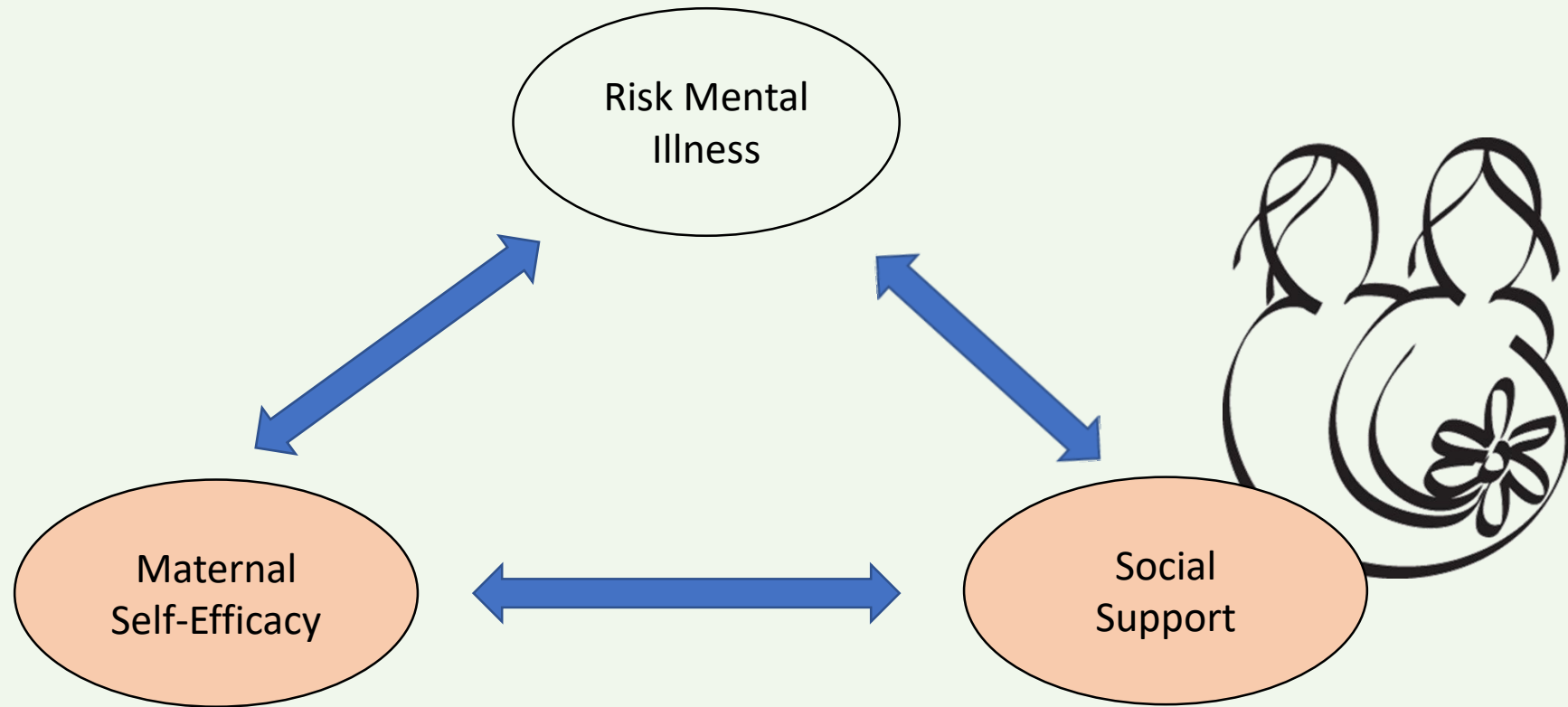
Maternal Agency



Maternal Agency



Maternal Agency

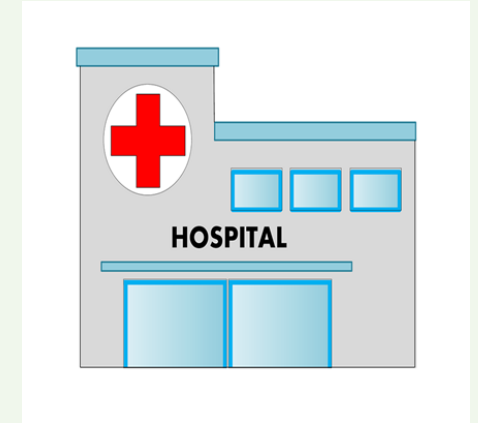




Maternal Self-Efficacy



Support Services



**Women Who Gave Birth
in a Private Hospital**



Perinatal Support Services

formal programs or
consultations that provide
support

Perinatal Support Service



Maternal Self-Efficacy and Support Services - Women Who
Gave Birth Private Hospital

“(Australia’s) universal health services for pregnant women, children and families ... are delivered in a fragmented manner with both duplication and gaps in services.....”

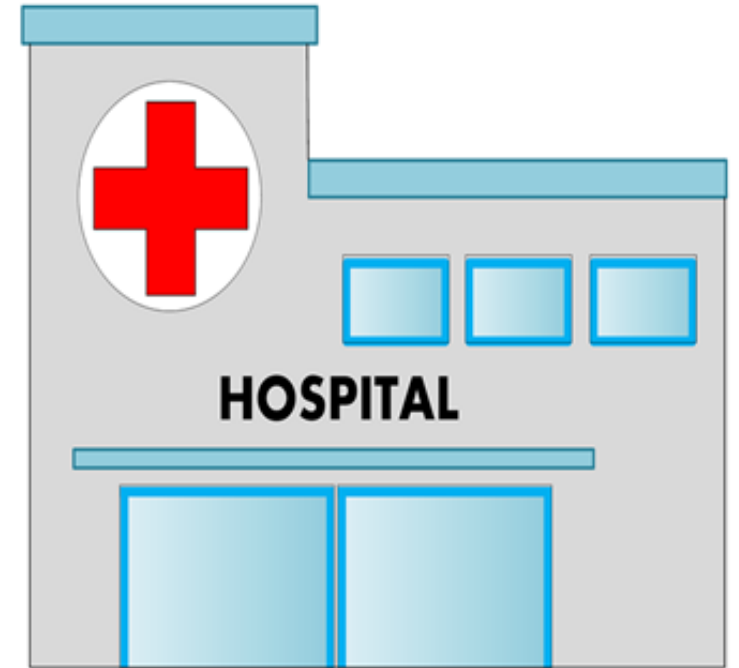
(Schmied et al 2010)



Maternal Self-Efficacy

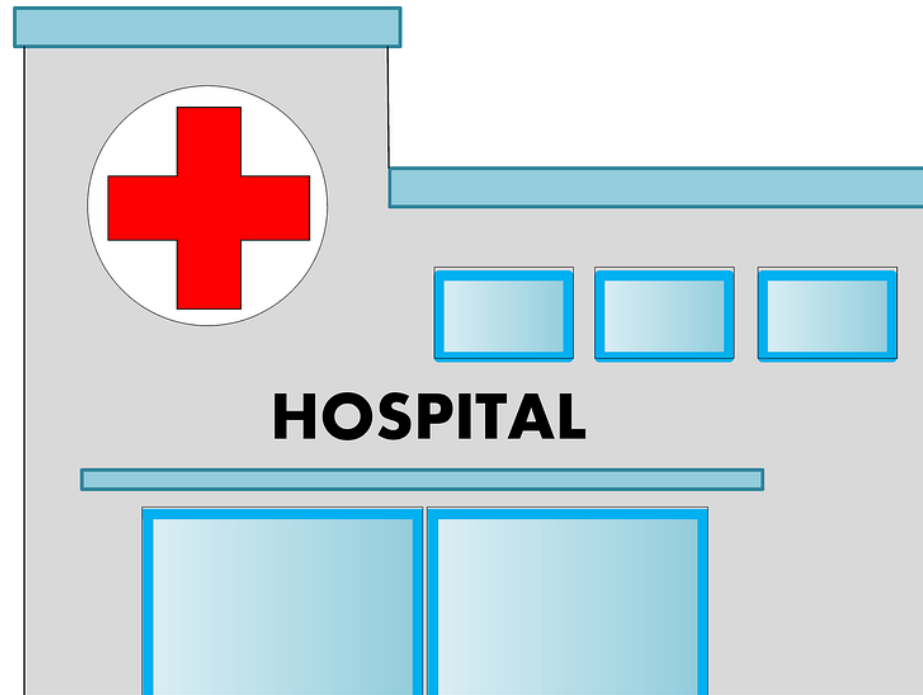


Support Services



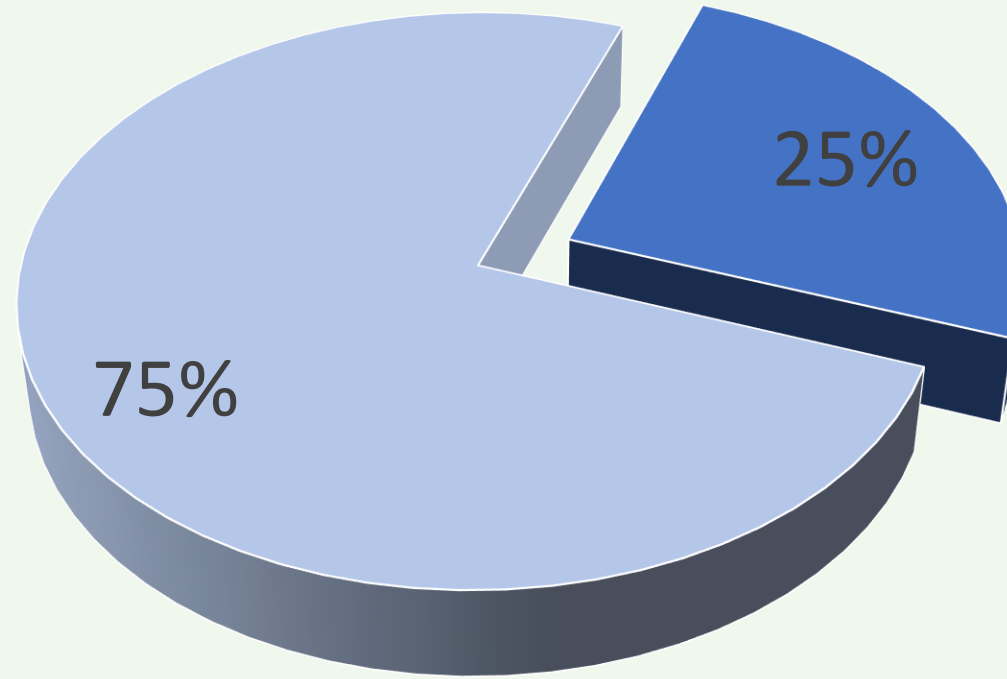
**Women Who Gave Birth
in a Private Hospital**

Private Hospital



Maternal Self-Efficacy and Support Services - Women Who
Gave Birth Private Hospital

Place of Birth

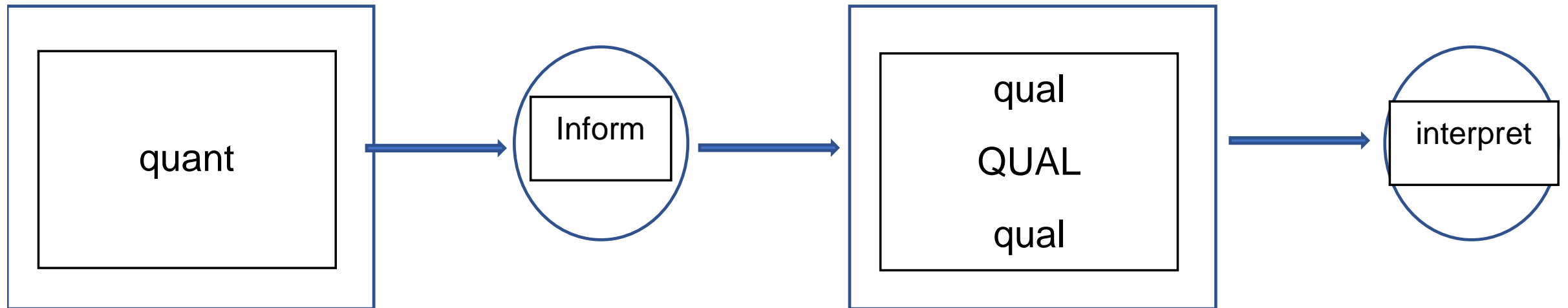


Public Hospital Birthing Centre or Home Birth

Private Hospital

Maternal Self-Efficacy and Support Services - Women Who
Gave Birth Private Hospital

Study Design – Mixed Methods

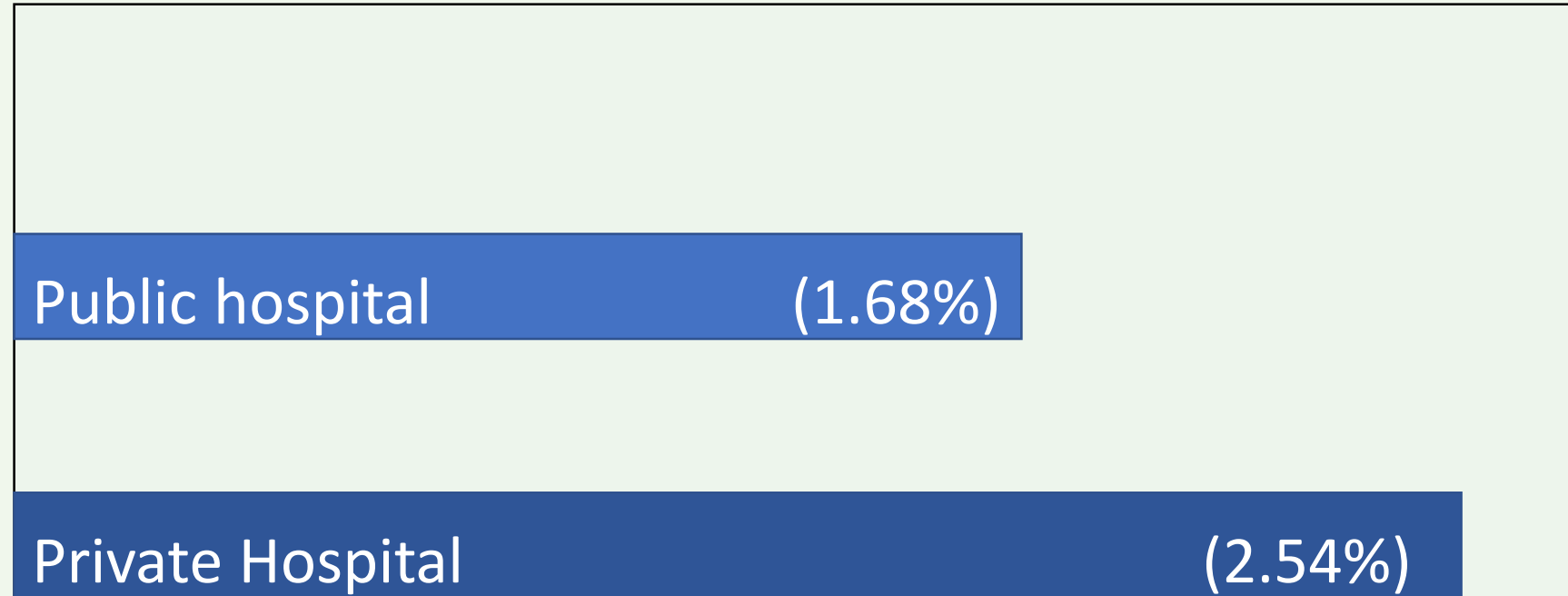


Phase 1

Maternal Self-Efficacy and Support Services – Women Who Gave Birth Private Hospital

Phase 2, 3 and 4

Risk of Mental Illness - Women Who Gave Birth in Public and Private Hospitals in NSW





Maternal Self-Efficacy

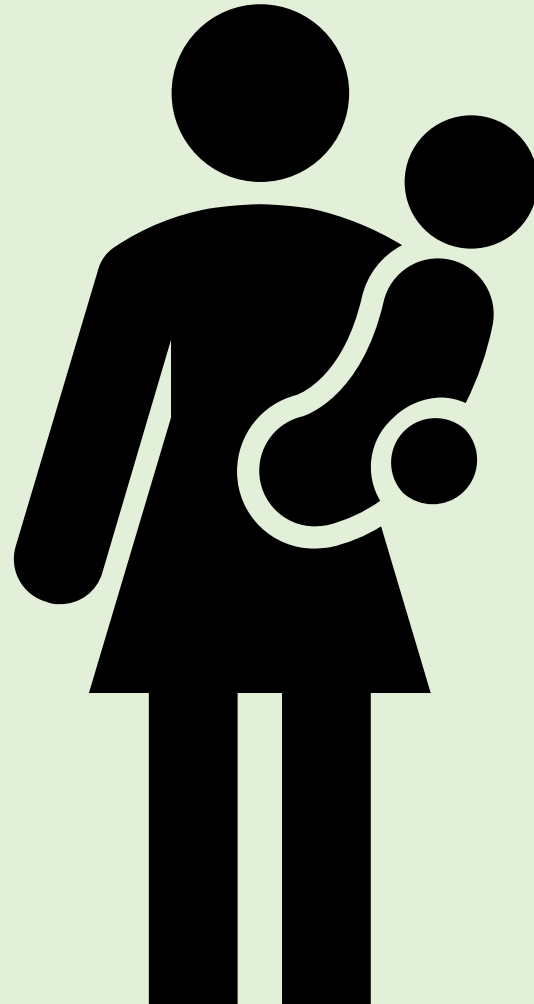


Support Services



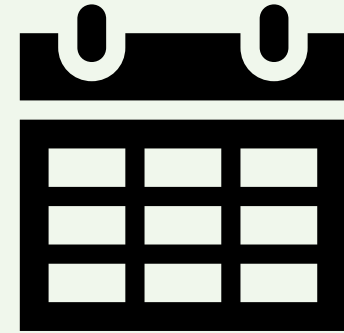
**Women Who Gave Birth
in a Private Hospital**

Stakeholders

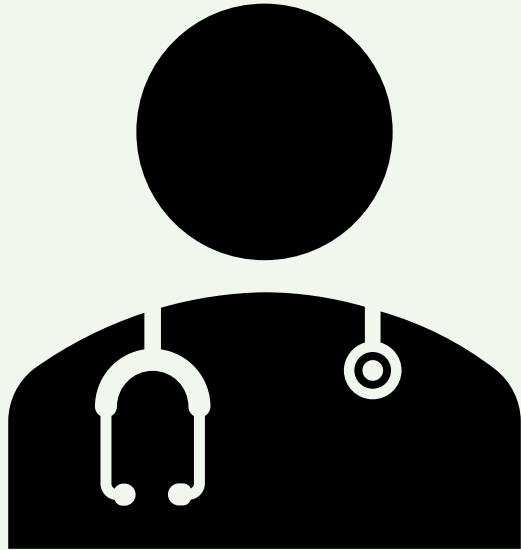


Maternal Self-Efficacy and Support Services - Women Who
Gave Birth Private Hospital

Study Dates



September 2017 – October 2018



CLINICIANS = 23

11 midwives

3 nurses

6 obstetricians

3 pediatricians



WOMEN = 8

Age average 34 years
(30 – 39)

All had partner

6 university degree

7 born in Australia

Administrators = 3



Dir Maternity Education
Director Maternity Services
Director Clinical Services

Interview Questions for Clinicians



1. parenting issues discuss



2. support services recommend



3. emotional wellbeing support

Interview Questions for WOMEN

1. expectation of parenting
2. sources of information
3. experience of support services
4. emotional wellbeing

A-Priory Template of Self-Efficacy (Bandura 1986)



1. Access
Support

2. Being
Optimistic



4. View
challenges



8. Look
past
obstacles



3. Set and
achieve goals



5. Commitment



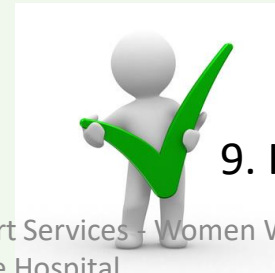
6. Concentrate



7. Minimise
Self-doubt



9. Hold the faith



10. Blame
remedial
factors





Executive Report on Support Services for New Mothers

1. Emotional wellness
2. Infant Feeding – setting and achieving own goals
3. On-line parenting support - parenting reassurance
4. Accessing support services



Maternal Self-Efficacy in Infant Feeding Support Services



Unsupported – pressure to breastfeed



‘... there was so much
[breastfeeding] stress ... there was
a lot of pressure ... from the
community health nurses.’ (Nicole)

Unsupported -breastfeeding push



‘... I find that midwives really push it; ‘you’ve got to keep on going, you’ve got to keep on breastfeeding’ and they [women] just say, ‘I don’t want to do this, this is really getting me down, it’s not what I really want.’

(Obstetrician 2)

Unsupported - to set own infant feeding goals



‘... everyone just kept on trying to push the breastfeeding, breastfeeding, breastfeeding! ...
But I just got to the point where I just went; *No, I want to express. This is not working.* I know breastfeeding is the right thing to do. But that’s why I felt so guilty, because it was pushed on us

... (Lauren)

Unsupported -own feeding goals



‘ ... I said, “I’m breastfeeding, but I’ve introduced, at six weeks, I introduced one bottle of formula a day.” And they straightaway, before I got to whatever my question was around routine and things, they said, “You’ve got to stop that formula! Breast is best!” And I got this lecture ... I was so, um, sensitive and you know ... ‘down’. I was like, “But I want my baby to be able to take a bottle, I want to be able to have that flexibility ...” And so, I didn’t find that helpful ...’ (Amanda)

Breastfeeding - Pressured

Sheehan, A., Schmied, V. & Barclay, L. 2009, 'Women's experiences of infant feeding support in the first 6 weeks post-birth', *Maternal & Child Nutrition*, vol. 5, no. 2, pp. 138-50.

Breastfeeding – Pressured and Guilty

Burns, E., Schmied, V., Sheehan, A. & Fenwick, J. 2010, 'A meta-ethnographic synthesis of women's experience of breastfeeding', *Maternal & Child Nutrition*, vol. 6, no. 3, pp. 201-19.

Self-Efficacy and own infant-feeding goals

Leahy-Warren, P., McCarthy, G. & Corcoran, P. 2010, 'First-time mothers: social support, maternal parental self-efficacy and postnatal depression', *Journal of Clinical Nursing*, vol. 21, pp. 388-97.



Maternal Self-Efficacy



Support Services



**Women Who Gave Birth
in a Private Hospital**



Support Services, Maternal Self-Efficacy and Risk of Mental Illness for Women Who Gave Birth in a Private Hospital



Limitations