

# Capacity building programme in perinatal mental health

## Feasibility trial of a midwifery guided early online EMDR group intervention following perinatal trauma

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### Background

The World Health Organisation has reported an ongoing shortage of health professionals worldwide (WHO, 2021), with recommendation of all nations to implement long term strategies for addressing staff shortages and improving accessibility to mental health treatment within seven years (WHO, 2022).

This study implements a task-shifted programme of capacity building in perinatal mental health of an innovative, low intensity, trauma informed, digital EMDR group intervention (EMDRm-VGTEP). The intervention was task-shifted from mental health professionals to midwives for women in the perinatal period (the time before, during and following childbirth).

#### Global Mean Prevalence of PTSD

- 4% women in community samples and 18.5% of women in higher risk samples develop PTSD in the postpartum period (Yildiz, 2017).
- There is a high co morbidity between post partum PTSD and post partum depression, as evident in up to 71.54% of cases of post partum women with PTSD (Yildiz et al 2017).

#### Proposition: Early EMDRm intervention for perinatal trauma

- Early, low intensity intervention with task shifted, midwifery led psychological support (EMDRm-VGTEP) guided by AIP theory (Soloman & Shapiro, 2008) may prevent the sequelae of post traumatic stress and depression symptoms experienced by women following perinatal trauma.

### Aim

The aim was to test the safety and feasibility of the task-shifted EMDRm-VGTEP intervention.

### Method

**Design:** Single blind two-armed randomised controlled parallel design pilot feasibility trial with an allocation ratio of 1:1 comparing a midwifery led early online EMDR intervention with care as usual in prevention of post traumatic stress and depression symptoms with qualitative components.

**Population:** Women who had a recent caesarean section.

**Setting:** The study was conducted in a Health and Social Care Trust (HSCT) in Northern Ireland during the COVID-19 pandemic.

**Ethics:** The trial protocol was approved by the Office of Research Ethics Committees Northern Ireland (ORECNI) (REC A, ref: 21/NI/0067)

#### Quality

- The study has been reported according to the CONSORT extension for randomised pilot and feasibility trials (Eldridge et al., 2016).

#### Analysis

- Quantitative:** Descriptive statistics, mean, standard deviations and effect sizes (Cohen, 1988) were calculated using the SPSS (IBM Corp, 2020) statistical package for pilot feasibility data.
- Stopping guidelines included drop out >20% (Jarero & Lee, EMDR Council of Scholars Research Group, 2022)
- Qualitative:** A focus group exploring women's experiences of the EMDRm VGTEP intervention was conducted with three women. Coding and themes were developed from women's verbatim. Braun and Clarke's (2013) 6 step method of thematic analysis was applied to the data; [1] familiarisation with the data, [2] coding, [3] searching for themes, [4] reviewing themes, [5] defining and naming themes, and [5] writing up.

### Qualitative Findings: Focus Group

All women reported they would recommend the intervention to a friend. Three sub themes relating to intervention programme theory were; a reported **dose response**, **adaptive response** as postulated in the adaptive information processing theory, **and intervention accessibility**.

- Dose response** "It helped me digest it all...every time I finished I felt more at ease" P16
- Accessibility** "I liked the online aspect...just the handiness of being able to set it up and not having to pack a bag and baby and make a journey" P17
- Adaptive response** "It was nice to break it down...you do have to get on with it but you also have to find ways to cope with it" P15

### Quantitative Results

**Recruitment rate:** 70 women were pre-screened with a 32% uptake.

- 33% of screened women were not eligible and were referred to GP.
- A total 14 Women were randomised to either receive the EMDRm-VGTEP intervention + usual care or usual care alone by a unique computer-generated random number table.

**Attrition:** One woman (7%) dropped out following randomisation.

**Fidelity:** The intervention was delivered with fidelity to the intervention protocol rated as highest satisfaction level [3] on the GTEP fidelity scale (Shapiro, 2020) by an independent EMDR Europe consultant.

**Safety:** No critical incidents were reported and there were no participant crises during intervention delivery.

**Preliminary effects:** Women who received the EMDRm vGTEP intervention reported strengthened resilience (M=30.6 sd=9) when compared with women who received usual care alone (M22.5 sd=3.44). The effect of the intervention on resilience was considered large according to Cohen's d=1.236

For more detail please refer to the Consort diagram in Figure 1.

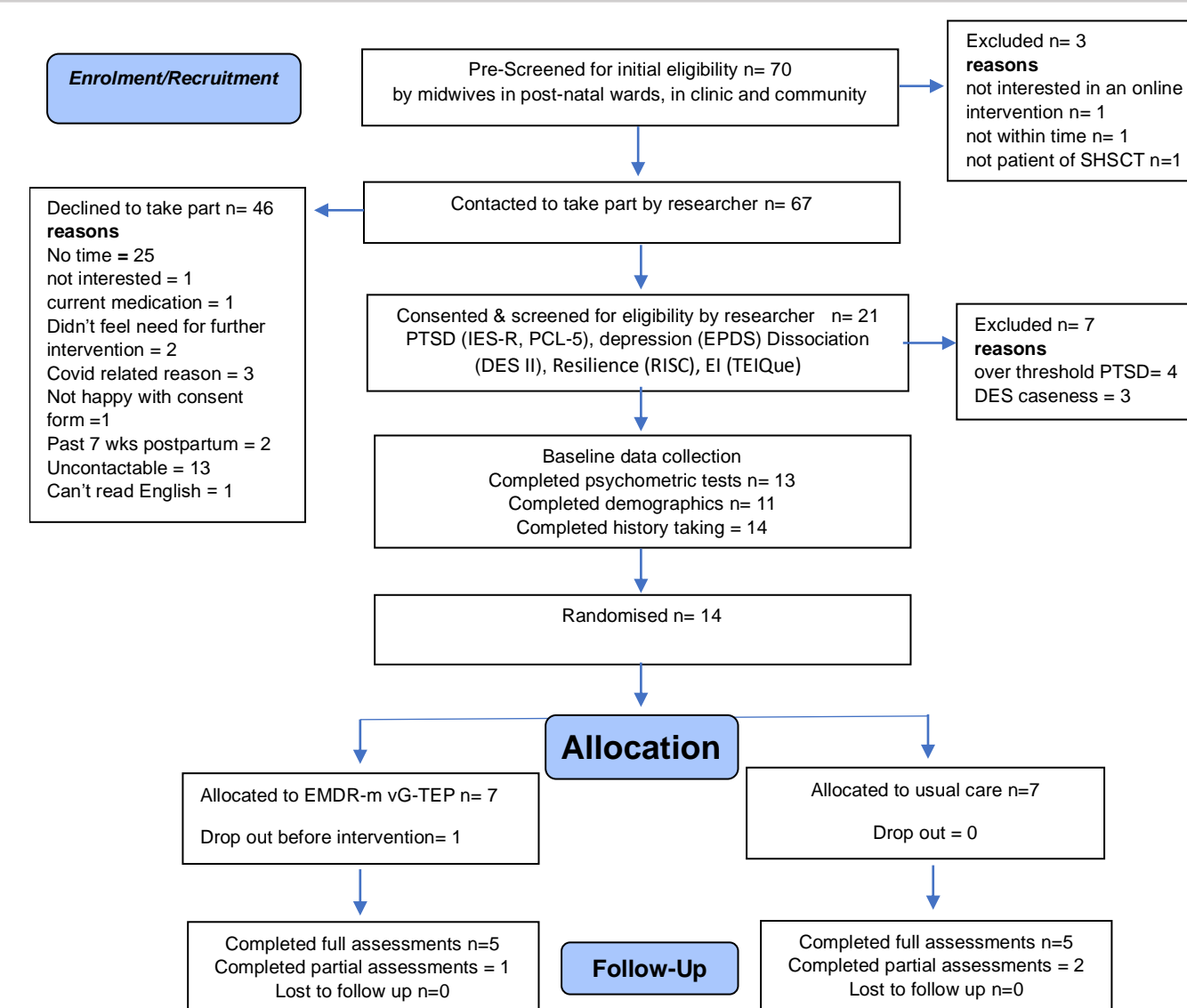


Figure 1. Consort diagram of participant flow through the study

### Conclusions

This study is in alignment with the World Health Organisation's (WHO, 2021) Mental Health Action Plan of preventing mental health conditions of those "at risk" of developing PTSD by building capacity and task shifting trauma focused mental health provision to non mental health professionals in a real world setting.

- Women reportedly found the intervention effective and acceptable.
- Attrition rate was acceptable (Viswanathan et al. 2017)
- Preliminary results support a strengthening of resilience and adaptive response when compared with reported scores in the care as usual group.

**The EMDRm-VGTEP is a safe and feasible preventative intervention, boosting the protective factor of resilience in women experiencing distress in the early weeks following recent perinatal trauma when task shifted to midwives.**

### References

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