

SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

Action number:

STSM title: The prevalence of self-reported traumatic birth in an Irish maternity setting.

STSM start and end date: 16/02/2021 to 19/02/2021

Grantee name: Ursula Nagle

PURPOSE OF THE STSM:

Screening for birth trauma is not common practice in maternity care, where it is largely unrecognised (McKenzie-McHarg et al., 2015). Currently in Ireland there are no national guidelines for screening for a history of trauma as part of routine maternity care (MacKinnon et al., 2018), however, the Specialist Perinatal Mental Health - Model of Care for Ireland (HSE, 2017) recognises that birth trauma is a key issue for service-users and recommends enquiry about a history of traumatic birth at the antenatal booking visit, with onward referral to specialist perinatal mental health midwives if detected.

To date, the prevalence of birth trauma and PTSD in women in Ireland has not yet been established. Identifying the prevalence of birth trauma and PTSD in Ireland is of public health interest to women and families, midwives, obstetricians, educators and policy makers. Increased knowledge about this prevalence and associated factors can inform maternity services, and maternity care providers.

A postnatal survey on women's self-reported birth experience was carried out at the Rotunda Hospital in Dublin. After applying for ethical approval, data was collected from 1154 women over a 12 month period from November 2019 to November 2020. The study was undertaken to establish the prevalence of perceived traumatic birth experiences in an Irish maternity setting.

The aim of this study was:

To establish the prevalence of perceived traumatic birth and associated demographic, obstetric and neonatal variables in an Irish maternity setting.

The purpose of this STSM was to collaborate with Professor Susan Ayers to:

1. Produce a research paper based on the above longitudinal study, which identified the prevalence of self-reported traumatic birth in the early postnatal period in an Irish cohort.
2. Establish a protocol with recommendations for screening for birth trauma using the CiBTS in the Rotunda Hospital.

DESCRIPTION OF WORK CARRIED OUT DURING THE STSM

For the duration of the STSM, I met with Prof Susan Ayers on a daily basis to establish a timetable for the week, and to develop a plan for daily work schedules. At the time of the STSM, I had just completed the data collection and input for this study, in conjunction with my colleague Dr Sean Naughton. Dr Sean Naughton also attended the daily STSM meetings with Prof Ayers.

The first day of the STSM was a planning meeting to discuss a timeplan for the STSM and to discuss the outline of a research paper, based on the findings of the study. It became clear at the first meeting that we had an abundance of data and that there was potentially more work than the STSM would allow time for. To this end, I discussed with Prof Ayers deferring the development of a screening protocol during the STSM, and instead this was proposed as a research project for the trauma-informed training school which actually took place one week after the STSM.

Prof Ayers was instrumental in providing expertise on the proposed structure of the paper, clarifying the methodology, data analysis and results of the study. As the research study involved follow up of a sub sample who completed the City Birth Trauma Scale (Ayers et al., 2018), Prof Ayers suggested writing two separate papers for this study. Therefore the first paper would report on the prevalence of perceived traumatic birth in an Irish maternity setting, and the second paper which will be drafted in the coming months would report on the prevalence of postpartum PTSD among a sub sample of women who reported a traumatic birth experience.

We discussed the type of publication this study might be appropriate for and it was suggested that we would aim for BMC Pregnancy and Childbirth which is an open-access peer reviewed journal with an impact factor of 2.587. To avail of open-access funding through COST, Prof Ayers recommended asking another COST collaborator to assist in drafting the paper. Dr Pelin Dikmen-Yildiz kindly accepted this offer and provided invaluable expertise and input in to drafting the paper.

The draft paper is in the final stages of review and should be ready to submit as a manuscript very shortly.

DESCRIPTION OF THE MAIN RESULTS OBTAINED

The self-reported prevalence of perceived traumatic birth in this sample was 18% (N=209) out of 1154 women in total.

Significant risk factors for perceived traumatic birth included having a history of depression, an Edinburgh Postnatal Depression Scale (EPDS) score of 12 or more.

Obstetric risk factors included induction of labour, any instrumental delivery (ventouse/forceps), general anaesthetic and postpartum haemorrhage.

FUTURE COLLABORATIONS (if applicable)

A second paper on the prevalence of birth-related PTSD in an Irish maternity setting is proposed.

I am planning to conduct a feasibility study to implement screening for birth trauma using the City Birth Trauma Scale (Ayers et al., 2018) at the Rotunda Hospital, Dublin.

I have applied for a PhD at Trinity College, Dublin to continue working with Prof Susan Ayers, Prof Joan Lalor and Prof Antje Horsch researching the prevalence of birth trauma in Ireland as part of my PhD.

I would like to extend my sincere thanks to Prof Susan Ayers, Dr Pelin Dikmen Yildiz, and Dr Sean Naughton for their collaboration, direction and support in this STSM. This has been a wonderful learning opportunity and I am incredibly grateful to COST action CA18211 for the opportunity to work with

international researchers and to produce research which is relevant to this COST action. I have learned a great deal from this experience.

This report was approved by the host, Prof Susan Ayers on 18/03/2021.