

PROJECT DETAILS
Project Title
The role of fathers/ partners supporting postpartum women with mental health problems
Project Summary
<p>This PhD proposal is an intersection of two growing areas of interest in UK maternity care: (1) the role of fathers/partners and (2) mental health issues in pregnancy & childbirth. Starting with the former, the Fatherhood Institute in the UK published 'Including New Fathers, A Guide for Maternity Professionals' (Fisher 2007). Secondly, the recognition that we are not doing as well as we could in providing mental health support to pregnant women and new mothers (e.g. RCM 2014). In Portsmouth a fair proportion of women have to stay in hospital post birth due to the mental health-related medication they take so their baby can be observed.</p> <p>Many women in Portsmouth (and elsewhere) are then very keen for somebody to stay with them in hospital post birth for support, allowing them to get some decent sleep and to enable them to communicate with professionals regarding their mood. There is also research on the benefit of the father's support on early bonding of the baby and mother. This was also well documented in the recent national report on mental health in maternity care (Manktelow <i>et al.</i> 2015). To our knowledge there is little evidence of the outcomes, views or stakeholders and/or impacts of this or not doing this.</p> <p>There are psycho-social advantages to 'allowing' the partner of new mothers to stay overnight on the ward. The woman would have more personal support and attention; consequently she is likely to be more relaxed. The partner can communicate with staff about his/her partner's mood, needs in a minor crisis, etc. The latter has additional benefits for the ward midwives as the partners take over some of the caring tasks from the otherwise busy midwives and maternity support workers (MSWs). Anecdotally this is not necessarily what women want, nor may it be practical nor social-cultural acceptable. The former includes lack of space on the ward, male partners sleeping on the woman's maternity bed (with her or instead of her), men roaming around on the ward at night making other pregnant women and new mother uncomfortable, etc.</p> <p>Psychologically having her partner around might be a great emotional support for the woman, but this does not always have to be the case. Having her partner around, who might not want to be there but feels socially obliged may add to the woman's stress levels rather than reducing it. Socio-cultural conflicts can arise on the postnatal ward if women from cultures where men are not seen as part of the female experience of childbirth are in a bed next a middle-class UK-born woman with a very different attitude towards (a) role of men (& women); (b) privacy and showing intimacy; etc.</p> <p>Midwives who know from the maternity notes that some men have been violent in the past are uncomfortable with having these men staying on the ward overnight.</p> <p>The overall research question: What support is needed for postnatal women with mental health problems during a hospital stay post birth? The four objectives assess the perceptions and feelings of:</p> <ol style="list-style-type: none"> 1. hospital-based midwives about partners of women staying to support women with mental health issues; 2. midwifery managers about partners of women staying on the ward (overnight)? 3. pregnant women and new mothers about their own (& other women's) partners staying on the ward, including overnight? 4. partners of pregnant women & new mothers about men (themselves and/or other partners) staying

overnight with their partner and baby?

Additionally, the study will explore the perceived needs of postnatal women with mental health problems post-discharge.

We propose a qualitative study based on face-to-face interviews. The PhD student will conduct semi-structured interviews with four different populations: midwives, the ward manager, women from a range of ages and cultural backgrounds, and their partners. The interviews will be audio-recorded (with permission), transcribed and thematically analysed (Keenan-Forrest *et al.* 2005).

References

Fisher D (2007) Including New Fathers. A Guide for Maternity Professionals, Fatherhood Institute published by Fathers Direct, available from: www.fathersdirect.com

Forrest Keenan K, *et al.* (2005) The analysis of qualitative research data in family planning and reproductive health care. *J Fam Plann Reprod Health Care* 31: 40–3.

Manktelow BM *et al.* (2015). MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Death for Births from Jan-Dec 2013 – Supplementary Report: UK Trusts & Health Boards. University of Leicester.

RCM (Royal College of Midwives) (2014) *Maternal mental health: Improving emotional wellbeing in postnatal care.* London https://www.rcm.org.uk/sites/default/files/Pressure%20Points%20-%20Mental%20Health%20-%20Final_0.pdf

Academic Impact

The project is part of a programme of work between NHS Portsmouth Hospital Trust and BU that strengthens our research expertise in the clinical area. The successful applicants will spend three days a week (60% time) working on their clinical doctorates (PhDs) and two days a week (40% time) within their clinical areas. This split has been successful in a number of joint FHSS-BU PhD studentships; it ensures that by remaining firmly grounded in practice these midwives will also help grow research expertise within their clinical areas.

We anticipate a minimum of three academic papers for submission to leading midwifery or maternal health journals, such as BMC Pregnancy & Childbirth (IF 2.83), and /or health service research journals. The project will build on and enhance BU's reputation for multi-professional, collaborative research.

BU Match-funded clinical academic doctorates have been accepted by the Department of Health for the NIHR Clinical Research Network (NIHR CRN) Portfolio. This portfolio consists of high-quality clinical studies that are eligible for support from the CRN in England. The Portfolio database captures research activity data and provides analysis tools to facilitate active management of studies; activity data inform the allocation of NHS infrastructure for research (including NHS Support Costs).

Societal Impact

Mental health is a key public health issue and we (the UK) have not been making as much improvement in this field as we would have liked, hence it is a priority government area in terms of impact in improving public health outcomes. This project, as well as addressing national concerns, focuses on mental health in maternity care.

Societal impact will be seen in terms of improved outcomes for women and babies: 1) improved bonding between mother and baby and father and baby, 2) reduced admission to hospital and GP consultation resulting in huge cost savings to the NHS; 3) reduction in the incidence of maternal morbidity such as postnatal depression and, 4) an increase in maternal satisfaction and wellbeing of women.

Training Opportunities

The training programme, directed by the primary supervisor Dr. Steve Trenoweth, a clinical co-supervisor at Portsmouth Hospital NHS Trust, and Prof. Edwin van Teijlingen will have the following objectives:

Formal training: 1) Qualitative interviewing provided through BU's Centre for Qualitative Research (CQR) and the BU Graduate School. CQR is internationally recognised in the field of qualitative health and social care research,

whilst the Graduate School offers training various aspects of qualitative and quantitative research; 2) Evaluation methods will be provided through Bournemouth University Clinical Research Unit (BUCRU). This unit provides training and support for researchers in improving the quality, quantity and efficiency of research across BU and local NHS Trusts. Dr. Trenoweth will offer mental health research experience and skills. In addition, Prof. van Teijlingen has substantial experience and expertise in conducting interviews and programme evaluation.

Transferable skills: 1) networking, communication and change management – developed through the process of establishing an advisory group and working to draw up a strategy in response to study findings. Guidance and support from PhD supervisors will ensure that the student is able to develop in these areas; 2) communication and presentation. The student will develop these skills through seminars and conference presentations, and in preparing and submitting peer-reviewed publications.

SUPERVISORY TEAM	
First Supervisor	Dr Steve Trenoweth
Additional Supervisors	A relevant clinical co-supervisor at Portsmouth Hospital NHS Trust Prof. Edwin van Teijlingen
Recent publications by supervisors relevant to this project	<p>Elder, R., Evans, K., Nizette, D., <u>Trenoweth, S.</u> (2013) <i>Mental Health Nursing</i>, Elsevier</p> <p>MacKenzie Bryers, H., <u>van Teijlingen, E.</u> Pitchforth, E. (2014) Advocating mixed-methods approaches in health research, <i>Nepal J Epidemiol</i> 4(5): 417-422. http://www.nepjol.info/index.php/NJE/article/view/12018/9768</p> <p>Acharya, DR., Bell, J., Simkhada, P., <u>van Teijlingen, E.</u>, Regmi, PR. (2010) Women's autonomy in decision-making for health care: A demographic study in Nepal. <i>Reprod Health</i> 9(15).</p> <p>Escuriet, R., White, J., Beeckman, K., Firth, L., Leon-Larios, F., Loytved, C., Luyben, A, Sinclair, M., <u>van Teijlingen, E.</u> & EU COST Action IS0907 Childbirth Cultures, Concerns, and Consequences (2015) Assessing the performance of maternity care in Europe: a critical exploration of tools and indicators. <i>BMC Health Services Res</i> 15: 491.</p> <p><u>van Teijlingen, E.</u>, Simkhada, P., <i>et al.</i> (2015) Mental health issues in pregnant women in Nepal. <i>Nepal J Epidemiol</i> 5(3): 499-501. http://www.nepjol.info/index.php/NJE/article/view/13607/11007</p>

INFORMAL ENQUIRIES
To discuss this opportunity further, please contact Dr Steve Trenoweth via email: strenoweth@bournemouth.ac.uk
ELIGIBILITY CRITERIA
All candidates must satisfy the University's minimum doctoral entry criteria for studentships of an honours degree at Upper Second Class (2:1) and/or an appropriate Masters degree. An IELTS (Academic) score of 6.5 minimum (or equivalent) is essential for candidates for whom English is not their first language.
Additional Eligibility
Applicant must be a midwife or mental health nurse registered with the UK Nursing and Midwifery Council
HOW TO APPLY

Please complete the online application form by **31 October 2016**. Further information on the application process can be found at: www.bournemouth.ac.uk/studentships