

## **Seminar 2: An interpretative Phenomenological Analysis of the experience of provider interaction from the perspectives of women with Post Traumatic Stress Disorder Post Childbirth (PTSD-PC) and midwives.**

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**Background:** Post Traumatic Stress Disorder post Child Birth (PTSD-PC) has significant implications for the mother, child, family, and healthcare services. The woman's subjective experience of care, particularly the quality of healthcare provider interaction (QPI), are significant contributing factors (Garthus-Niegel et al., 2013, Harris and Ayers, 2012, Sorenson and Tschetter, 2010) .

**Aim and Objectives:** To develop deeper understanding of the care provider interaction, from the perspective of both women with PTSD-PC and midwives. To inform appropriate education for midwives.

**Method:** Interpretative Phenomenological Analysis (IPA) was used to explore womens' and midwives' experiences of interacting. Semi-structured interviews were audio recorded and transcribed verbatim. Women who found childbirth distressing or traumatic were invited to participate via postnatal groups. Women were screened for PTSD-PC using the City Birth Trauma Scale. Midwives completed an online survey within which they declared an interest in being interviewed. In keeping with appropriate IPA sample sizes, 6 women with PTSD-PC and 6 midwives were interviewed.

**Results:** Analysis is ongoing. Initial findings show that some women feel unsafe and that midwives don't have time for them, with some perceiving midwives as openly negative towards them. Meanwhile, midwives are passionate about meeting women's needs, but feel limited by local policies and their duty to maintain safety. Midwives express concern at a lack of support from colleagues, and at being restricted in being with women.

**Discussion:** Trauma may result when QPI is perceived as negative. Women seek supportive and respectful QPI in a safe environment, and midwives desire to provide this. Education of midwives must take into account their needs to enable them to perform their role optimally.

**Conclusions:** Deeper understanding of the experience of this interaction, from the perspectives of women and midwives, will inform education and support of midwives to meet the needs of women and themselves.

References (excluded from the word count):

GARTHUS-NIEGEL, S., SOEST, T., VOLLRATH, M. & EBERHARD-GRAN, M. 2013. The impact of subjective birth experiences on post-traumatic stress symptoms: a longitudinal study. *Archives of Women's Mental Health*, 16, 1-10.

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SORENSEN, D. S. & TSCHETTER, L. 2010. Prevalence of negative birth perception, disaffirmation, perinatal trauma symptoms, and depression among postpartum women. *Perspectives in Psychiatric Care*, 46, 14-25.