

STAKEHOLDERS' EXPERIENCE OF POSTPARTUM PSYCHOSIS RECOVERY IN U.K. MOTHER AND BABY UNITS: A SYSTEMATIC REVIEW AND CONCEPTUAL FRAMEWORK



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BACKGROUND

Postpartum psychosis (PP) is a rare but severe perinatal mental illness requiring urgent specialised care and affecting multiple stakeholders. PP poses immediate and long-term risks to **mothers, partners, and children**, and constitutes a psychiatric emergency. **Mother and Baby Units (MBU's)** are the preferred care setting for women with PP.

Despite progress in MBU care, access issues and care deficiencies impact PP recovery experiences and outcomes. Importantly, the experiences of partners and professionals, whose role is integral to PP recovery, have not been systematically reviewed alongside women's.

This review consolidates evidence to inform a **Conceptual Framework** of PP recovery, identifying factors influencing MBU experiences amongst stakeholders. The aim is to guide improvements in MBU service delivery and culture.

AIMS

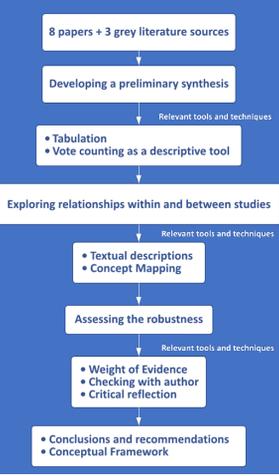
1. Identify **themes** in experience of PP recovery in MBU's from the perspective of stakeholders (**stakeholders are defined as mothers, partners and MBU professionals**).
2. Develop a **Conceptual Framework** of recovery from PP in the MBU setting.

METHODS

Systematic Review using published and unpublished literature identified through database and grey literature searches (such as charities). The phenomena of interest were: MBU, PP and experience; relevant indexing systems were employed.

A **Narrative Synthesis** approach was taken. Tools employed at each stage are shown below left.

NARRATIVE SYNTHESIS



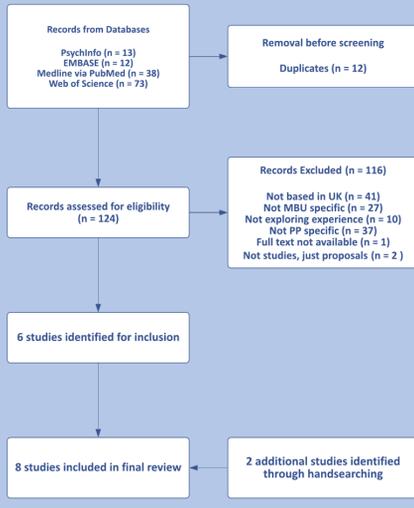
RESULTS

The titles and abstracts of all studies were read and ultimately 6 out of the total 124 studies met the inclusion criteria. An additional 2 studies were identified through handsearching.

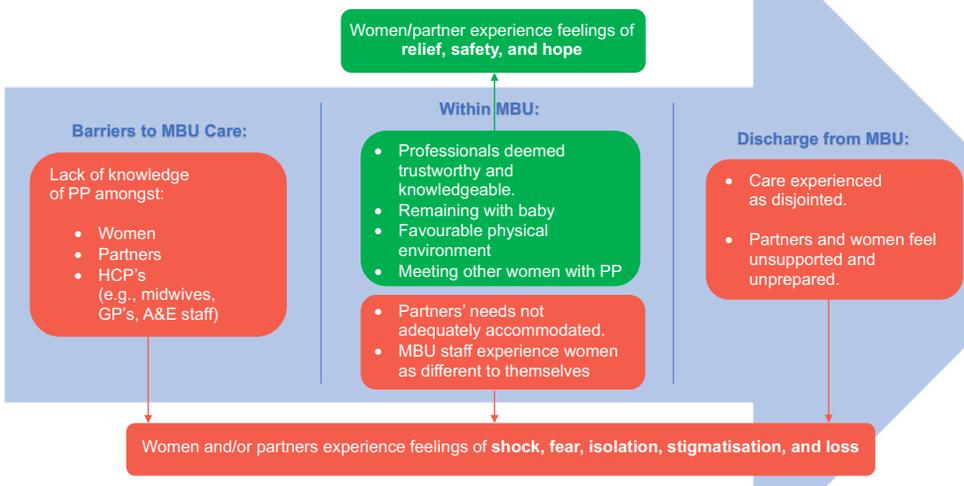
The **PRISMA flowchart** (right) visually describes the process of identification, screening, and inclusion.

Grey literature searches included: Action on Postpartum Psychosis Network, National Childbirth Trust, ClinicalTrials.gov, System for information on Grey Literature and Google Scholar. Three additional sources were identified through grey literature searches.

The review identified aspects of care which shape stakeholder experience at three key points in the journey through the MBU: admission, inpatient stay, and discharge.



CONCEPTUAL FRAMEWORK



LIMITATIONS

- Database searches yielded a relatively modest number of includable results. However, the search strategy was piloted, and all marker papers were identified.
- Potential for subjectivity in the selection and use of specific 'tools' for the Narrative Synthesis.
- Studies without an English translation were excluded.
- Unequal representation of stakeholder groups across included studies.

CONCLUSIONS

MBU's are perceived by stakeholders as **positive therapeutic environments** for women with PP. The identification of **admission** and **discharge** as pivotal aspects of the MBU journey underscores the potential for **targeted practice changes** to significantly enhance stakeholder experiences.

The framework above may be used to inform policy, practice and implementation of MBU's, both in the UK and internationally. Additionally, this review strengthens the evidence base, emphasizing the critical role of MBU's and the wider stakeholder group in PP recovery, and underscoring the importance of public and professional awareness of PP to improve access to and experience of MBU's for women with PP, their partners and professionals caring for them.