

A qualitative study exploring GPs' and psychiatrists' perceptions of post-traumatic stress disorder in postnatal women using a fictional case vignette

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BACKGROUND & LITERATURE

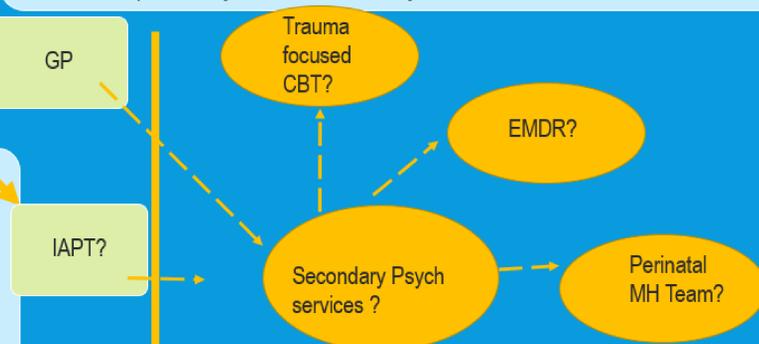
- Postnatal PTSD affects 3-4% of women who give birth ^{1,2} HOWEVER:

Literature shows PTSD (not just from perinatal stressors) is under-estimated & under-recognised in community:

- 48% GPs knew best practice guidelines for depression vs 10% for PTSD equivalent ³
- GPs have been shown to underestimate the prevalence of PTSD in their patient lists ⁴
- London bombings study- 255 cases of PTSD identified by 'Trauma response programme'; in same time period only 14 cases referred by London GPs ⁴



- Lived experience studies suggest perinatal women with MH problems are reluctant to self refer due to :
 - Stigma
 - Fear of baby taken into care
 - Unsure they have a legitimate problem (5-6)



1. Yildiz, P.D., S. Ayers, and L. Phillips. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. *J Affect Disord*, 2017. 208: p. 634-645.
 2. Grekin, R. and M.W. O'Hara. Prevalence and risk factors of postpartum posttraumatic stress disorder: a meta-analysis. *Clin Psychol Rev*, 2014. 34(5): p. 389-401.
 3. Munro CG, Freeman CP, Law R. General practitioners' knowledge of post-traumatic stress disorder: a controlled study. *Br J Gen Pract*. 2004 Nov 1;54(508):843-7. PubMed PMID: 15527610; PubMed Central PMCID: PMC1324918.
 4. Ehlers, A., N. Gene-Cos, and S. Perrin. Low recognition of post-traumatic stress disorder in primary care. *London journal of primary care*, 2009. 2(1): p. 36-42.
 5. Millett, L., et al., Experiences of Improving Access to Psychological Therapy Services for Perinatal Mental Health Difficulties: a Qualitative Study of Women's and Therapists' Views. *Behavioural and cognitive psychotherapy*, 2018. 46(4): p. 421-436.
 6. Dennis, C.L. and L. Chung-Lee. Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, 2006. 33(4): p. 323-331.

Aims and hypothesis

We investigated whether GPs and psychiatrists perceive PTSD symptoms after childbirth to indicate pathology and what diagnosis and management they would offer to a woman in a fictional case vignette who was experiencing PTSD symptoms following a traumatic birth.

Methods

Semi-structured interviews were conducted with six GPs and seven psychiatrists using a fictional vignette featuring a woman experiencing PTSD following a traumatic birth. A framework analysis approach was used to analyse the resultant data.

Results

PARTICIPANT CHARACTERISTICS	Gender		Area of work
	Male	Female	
Psychiatrists (N=7)	4	3	-Learning disability -Liaison -Forensic -Old age -General adult -Intellectual disability
General Practitioners (N=6)	5	1	2 x full time GPs 4x part time GPs

"I also think this may not necessarily be a medical condition, it may be a traumatic event that is not classified as a serious mental illness. I would imagine that many women who go through labour... [find that it's] ... different to what would have been imagined". GP 6

"So I would want to... think about whether antidepressant medication would help." GP 3

"The difficulties she's encountered have been ...related to care and the difficulties with care..., you can imagine that sense... kind of iatrogenic harm from the care she's received...the sad thing is there seems to be something about the 'mis-care', if you like, impacting on her and her baby... so it's a very sad indictment of the healthcare she received." Psychiatrist 1

Themes

1. GP themes:

- 1.1. Childbirth - traumatic enough to be a stressor?
- 1.2. Recognition of PTSD features
- 1.3. 'Depression with trauma features'- diagnosis and labelling
- 1.4. Suggested management for the woman in the vignette

Antidepressants
Referral to general secondary psychiatry services
Specialist perinatal mental health service

- 1.5. Holistic working within primary care

2. Psychiatrist themes:

- 2.1. PTSD diagnosis
- 2.2. Suggested management

3. Common to both groups:

- 3.1. Preventability: antenatal care or actions on labour ward?

"Well the first vignette does strike me as having features of what you would probably consider as a bit of postnatal depression with, there are some features of trauma there, I mean she's talking about the vivid nightmares, dreams and the being on edge." GP 2

"I think she's having postnatal depression and therefore that's affecting, possibly, how she's perceiving what happened." GP 5

"There's an additional service set up for maternal mental health... so I would access that...[but] they probably have a specific set up around providing her with support and that usually... lasts for about a year after baby is born" GP 2

"There's a lot of post-traumatic symptoms ... it's not uncommon for women to be very traumatised by the impact of childbirth but you've [also] got the worrying impact of postnatal depression" Psychiatrist 1

Results Summary

- Four of the six GPs recognised that the vignette had 'trauma features' and three identified that the woman was exhibiting traits they associated with PTSD.
- Despite this the most common diagnosis offered was postnatal depression whereas six of the seven psychiatrists identified the case as PTSD. Management plans reflected this.
- Both GPs and psychiatrists lacked trust in timeliness of referrals to psychological services. Both suggested referral to specialist perinatal mental health teams.

Conclusions

- Results suggest women are unlikely to access a PTSD diagnosis during initial GP consultations, however the woman-centred care proposed by GPs means that a trauma-focussed diagnosis later in the care pathway was not ruled out.
- Results are exploratory; further research is needed to confirm these findings, which suggest that an evidence base around best management for women with postnatal PTSD is sorely needed, especially to inform GP training.

