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## Stream 7 – Psychological Aspects of Obstetrics and Gynaecology (FC7)

### FC7.001

#### Postpartum contraception options in patients with substance misuse, attempting to break the cycle of repeated children being taken in to care

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**Introduction** Substance misuse patients are often at high risk of unwanted pregnancy and subsequently are often under social services and may have their children taken in to foster care. This group of patients can frequently re-present again with an unwanted pregnancy and the cycle continues. A possible solution to this problem would be a hospital service providing implants prior to discharge after they had delivered. This would allow these patients three years where they would receive reliable and effective contraceptive cover which may reduce the number of unwanted pregnancies and allow them to turn their lives around so that the chance of keeping their children is higher.

Our aim was to determine if substance misuse patients were being adequately counseled in postpartum contraception, and whether they had thought about their options for postpartum contraception. We also wanted to find out that if there was a service in the hospital to provide implants prior to discharge whether this would increase their chance of considering having an implant.

**Methods** We conducted an audit of substance misuse patients presenting to antenatal clinic, with the use of a questionnaire. The same questionnaire was also provided to a sample of non-substance misuse patients presenting to antenatal patients to compare the results.

**Results** Just over half of the substance misuse patients had received contraceptive information during their pregnancy, however only 36% had made a decision on postpartum contraception. In comparison none of the control group had received any contraception information but 63% had already decided on their contraception choice.

63% of the substance misuse group said that if there was an inpatient implant service this would make them more likely to consider having the implant.

We have since introduced a patient information leaflet for postpartum contraception options, which includes a tick box to ensure contraception is discussed in the antenatal clinic and the woman's preferred option is decided prior to delivery.

**Conclusion** In conclusion we think that substance misuse patients need to be provided with more information with regards to postpartum contraception and that an in-hospital implant service should be provided to reduce the number of unwanted pregnancies and children being taken in to foster care.

### FC7.002

#### Provision of mental health support and Caesarean birth for women with fear of childbirth: A national survey of care

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**Introduction** Fear of childbirth (FoC) affects around 22 000 women per year in England & Wales. These women have longer labours, a higher caesarean birth rate, are more likely to develop post natal depression (OR 6–20), and report longer intervals between pregnancies. Antenatal counselling reduces poor obstetric outcomes associated with FoC. NICE guidance for women with FoC states that these women should have access to an experienced perinatal mental health practitioner and caesarean birth, if required. Since introduction of this guidance in 2011, there has been no evaluation of implementation on a national level.

**Objective** To determine if the care suggested by NICE is being provided across England.

**Methods** Telephone audit and email follow-up of the Ante-natal Clinic Manager or Senior Clinic Midwife in all Trusts in England ( $n = 139$ ) in June and July 2015.

**Results** We had an 80% Trust response rate. All responding Trusts provided caesarean birth if required. 93.5% of Trusts provided counseling of some form. Of these, 45% provided integrated counseling and 55% provided non-integrated counseling, and 23% of these provided counselling by untrained staff (12% of national). There was marked geographical variation in provision of care. 73% of Trusts in London provided integrated perinatal mental health support, falling to 29% in the North of England.

**Conclusion** All responding Trusts in England provided Caesarean birth for women with fear of childbirth. However, over 50% did not provide counselling in an integrated manner, and 12% of trusts used untrained staff to provide counselling services. This is an area where targeted training of staff providing counselling and mental health support could improve patient outcomes. There also exists a geographical variation in provision of care akin to a postcode lottery.

FC7.003

**Women's perception of privacy and confidentiality in the emergency room of a busy obstetric unit****Hartigan L,<sup>1,2</sup>; Cussen L,<sup>1,2</sup>; Meaney S,<sup>1,3</sup>; O'Donoghue K,<sup>1,2</sup>**<sup>1</sup>Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork, Cork, Ireland; <sup>2</sup>Cork University Maternity Hospital, Cork, Ireland; <sup>3</sup>Department of Obstetrics and Gynaecology, National Perinatal Epidemiology Centre, University College Cork, Cork, Ireland

**Introduction** Privacy and confidentiality are central components of patient care. This is of particular importance in obstetrics and gynaecology, where clinical situations of a sensitive nature often occur, or where women present with pregnancy loss. Obstetric emergency rooms (ERs) are invariably busy locations, where it can prove difficult to provide the appropriate level of sensitivity that many clinical presentations require. Further, the layout of ERs is often not conducive to maintaining privacy and dignity for women. Our study aimed to discover if changing the environment could change patient perception of their experiences in the ER.

**Methods** We conducted a survey where women were asked specific questions about their perception of privacy and confidentiality in the ER. We then repeated the same survey following renovations. The overall size of the ER remained the same, however, bed spaces which had previously been separated by curtains were replaced by individual walled cubicles with secure sliding doors. Data were analysed using SPSS.

**Results** There were 75 pre-renovation and 46 post-renovation surveys completed. The majority, 83.5% ( $n = 101$ ), were pregnant with the remaining 16.5% ( $n = 20$ ) comprising post natal or gynaecology patients.

Before renovation half, 49.3% ( $n = 37$ ), of women reported overhearing a conversation about themselves during their ER visit, compared to 8.7% ( $n = 4$ ) following renovation ( $P = 0.000$ ).

Similarly, 49.3% ( $n = 37$ ) of women also had overheard a conversation about another patient while in the ER pre-renovation compared to 8.7% ( $n = 4$ ) afterwards ( $P = 0.000$ ).

Before the renovations took place, only 21.3% ( $n = 16$ ) of women found their privacy to be adequate during their visit to the ER however this rose to 82.6% ( $n = 38$ ) following renovations.

**Conclusion** Our study indicates that women's perception of privacy and confidentiality significantly improved following refurbishment of the ER. Other obstetric units should consider walled rooms instead of curtained cubicles when renovating or designing new ER departments.

FC7.004

**Psychological morbidity associated with hyperemesis gravidarum; a systematic review and meta-analysis****Mitchell-Jones N,<sup>1</sup>; Gallos I,<sup>2</sup>; Farren J,<sup>3</sup>; Bottomley C,<sup>1</sup>; Bourne T,<sup>3</sup>**<sup>1</sup>Chelsea and Westminster NHS Trust, London, UK; <sup>2</sup>Birmingham Women's NHS Foundation Trust, Birmingham, UK; <sup>3</sup>Imperial College NHS Trust, London, UK

**Introduction** Hyperemesis gravidarum (HG) is a common complication of early pregnancy which results in repeated and prolonged hospital admission and significant maternal morbidity. Psychological illness occurring in association with HG has been widely reported. Despite this, most clinical guidelines for HG management focus on control of physical symptoms, for which the evidence base of efficacy is limited.

**Methods** A systematic review and meta-analysis was performed up until September 2015 using the PRISMA guidelines. Database search using EMBASE, MEDLINE, PsychInfo and Pubmed was performed to identify articles referring to psychological morbidity in relation to HG. Case-control studies using numerical scales to compare psychological symptoms were used to perform meta-analyses specifically looking at the prevalence of depression and anxiety disorders in women with HG. The main outcome measure for comparison was the standard mean difference (SMD) in scores assessing symptoms of depression and anxiety in women with HG versus women without significant nausea and vomiting in pregnancy. The methodology of the included studies was assessed using the Newcastle-Ottawa criteria for case-control studies. The level of heterogeneity was examined.

**Results** 62 articles were included in the systematic review. Twelve of these studies were of case-control design providing data suitable for meta-analysis. For analysis of depression, 786 women with HG were compared to 3965 controls. For analysis of anxiety, 508 women with HG were compared to 3673 controls. Meta-analysis of depression associated with HG demonstrated a statistically significant higher level of depression in women with HG (SMD 1.22; 95% CI 0.80–1.64;  $P = <0.01$ ) compared to controls. Meta-analysis of anxiety associated with HG also demonstrated a statistically significant higher level of anxiety disorder in women with HG (SMD 0.86; 95% CI 0.53–1.19;  $P = <0.01$ ). In both analyses significant heterogeneity was identified [depression and HG  $I^2 = 94%$  ( $P = <0.01$ ), anxiety and HG  $I^2 = 84%$  ( $P = 0.02$ )].

**Conclusion** This study has confirmed that there are significantly higher levels of anxiety and depression in women suffering with HG compared to controls without significant nausea and vomiting in pregnancy (NVP). The meta-analysis was limited by the level of heterogeneity and by the methodology of included studies, with a moderate or high risk of bias found in all except one study. The findings should be considered as a prompt towards service development for women with HG that includes provision of psychological care and support, in addition to the current focus that is predominantly on physical symptom control.

FC7.005

**Interventions for premature ejaculation: Rapid systematic review and meta-analysis**

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**Introduction** Premature ejaculation (PE) can pose a significant and difficult problem in the fertility clinic for the gynaecologist. This abstract aims to provide an overview for treatment. PE is defined as short ejaculatory latency and inability to delay ejaculation, causing distress. Management can include behavioural, topical and systemic treatments.

**Methods** A rapid systematic review of randomised controlled trials (RCTs) of treatments for PE was undertaken for the UK NIHR Health Technology Assessment (HTA) Programme. Nine databases were searched to August 2013. RCT data were extracted directly from existing systematic reviews where available. Outcomes included intra-vaginal ejaculatory latency time (IELT), sexual satisfaction, control over ejaculation and adverse events.

**Results** Data from 102 RCTs were included. Forty-two RCTs assessed selective serotonin reuptake inhibitors (SSRIs), generally taken daily. SSRIs significantly improved IELT by 1–6 min, with improvements in sexual satisfaction and ejaculatory control. Adverse effects included nausea, headache and insomnia. Eight RCTs assessed dapoxetine, an SSRI taken prior to intercourse and the only licensed treatment for PE. Dapoxetine provided statistically significant IELT increases of 1–2 min and improvements in other outcomes, while dose-dependent adverse effects were observed.

Phosphodiesterase-5 (PDE5) inhibitors were also assessed. Although one RCT of sildenafil (Viagra) did not demonstrate a significant IELT increase over placebo, one RCT each of vardenafil and tadalafil showed significant IELT increases of 3–4 min. Adverse effects included flushing, headache and palpitations. Tramadol is an opioid analgesic which also inhibits re-uptake of serotonin and noradrenaline. Across five RCTs, tramadol increased IELT and sexual satisfaction over placebo. Some adverse effects were reported, while addiction potential was not assessed. Topical anaesthetic creams and sprays were assessed in nine RCTs. IELT increased by three to seven minutes over placebo, while adverse effects included loss of sensation and irritation. Physical behavioural techniques such as squeeze, stop-start, sensate focus, stimulation device, and pelvic floor rehabilitation were assessed in 12 RCTs. Behavioural techniques improved IELT and sexual satisfaction over waiting list control, while behavioural therapies combined with pharmacological therapies were better than either intervention alone. Acupuncture and Chinese medicine improved IELT over placebo or no treatment.

**Conclusion** A range of pharmacological, topical and behavioural interventions improved IELT and other outcomes. Future research may focus on combinations of interventions and long-term safety and effectiveness.

**Funding** NIHR HTA Programme, project 13/12. The views expressed in this abstract are those of the authors and not necessarily those of the NIHR HTA Programme.

FC7.006

**Psychological issues associated with absolute uterine factor infertility and attitudes of patients towards uterine factor infertility and uterine transplantation: A face-to-face consultation**

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**Introduction** Women with absolute uterine factor infertility (AUF) are considered as being ‘unconditionally infertile’. Potentially, these women may also benefit from a possible future third option: uterine transplantation (UTx). Despite the progress made towards managing the psychological sequelae for these patients, the barrier of infertility remains. This study was therefore designed to explore potential patients’ knowledge of and attitudes towards UTx before and after a short educational intervention via a video and Question & Answer (Q&A) session.

**Methods** Women diagnosed with AUF who were seeking information on UTx and had already volunteered to participate in the study were taken through a semi-structured interview involving a brief baseline questionnaire. They then participated in a Q&A session following a 20 minute video exploring the main risks and benefits for UTx.

Main outcome measures were as follows: (i) Motivations, aims and beliefs of self-referred AUF patients towards UTx; (ii) Attitudes of those patients towards UTx before and after education focusing on the UTx process; (iii) Rank order of importance of key UTx-related issues?

**Results** Forty women were interviewed. 92.5% ( $n = 37$ ) were in stable relationships. 17.5% ( $n = 7$ ) have children of their own, either via surrogacy or adoption. Following the video presentation and Q&A session, 97.5% ( $n = 39$ ) would undergo UTx ahead of surrogacy and adoption in full knowledge that the latter two options would be ultimately safer for their own wellbeing and the fact that the graft could fail even prior to conception. All felt that UTx should take place, and 92.5% saw UTx as achievable. Only two women (5%) would not accept a uterine graft if it could lead to a healthy pregnancy. All women now felt that UTx research and the whole process of attempting to bring it about in humans would be of benefit to the fields of medicine, surgery, obstetrics and gynaecology.

**Conclusion** This study, apart from being the first to establish a qualitative relationship between AUF patients and their desire for UTx, also paves the way for forming the introduction into the psychological assessment of a potential patient. It also demonstrates a keen interest in UTx, partly because other options seem difficult to access. In highly motivated women UTx research can be considered ethical and the majority of such women would

be interested in attempting it. It is also worth noting that people appear to be distancing themselves from the risk. This will require careful assessment in any clinical programme.

#### FC7.007

##### **'My baby is growing small - help!' An exploration on Mumsnet of pregnant women's experiences of carrying a small-for-gestational-age fetus**

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**Introduction** Despite how frequently small-for-gestational-age (SGA) is diagnosed, patient experiences of SGA are poorly understood. As a result, patient-centred resources are limited and women often engage with social media for information and support. Discussion forums are thus uniquely positioned to provide rich information regarding patient perceptions and impact of SGA on parental well-being.

This study aimed to: (i) quantify what pregnant women are discussing on Mumsnet with regards to SGA and (ii) thematically analyse the content of these posts in order to identify potential unmet information and support needs of women carrying an SGA fetus.

**Methods** Consent to conduct this study was obtained from the Mumsnet research team. Archived discussion posts from 2000 to 2015 were retrieved from the website. A coding framework was developed using deductive and inductive methods. Four researchers conducted the analyses and each post was coded independently by two people; discrepancies were resolved through discussion. Two types of analyses were conducted: (i) content analysis to understand what was being discussed and how often; (ii) thematic analysis for a richer exploration of the information and support needs of pregnant women. NVivo Version 10 was used for all analyses.

**Results** A total of 1599 posts comprised of 204 questioners and 1395 respondents were analysed. Supportive statements were provided in 703 posts, while 526 posts provided SGA-related information. Posts of first-person accounts of SGA were most prevalent (1065 posts). There were 335 posts concerning emotions and reflected mostly negative experiences. Thematic analysis revealed unmet information and support needs in several areas. These included questions and discussion around causality e.g. placental blood flow, eating patterns. Other concerns included implications for the baby and birthing plan. Women also sought validation from others through the medium of stories, advice on what to do next and how to make sense of their emotions.

**Conclusions** Carrying an SGA fetus can be distressing for pregnant women and there is a need for appropriate, patient-centred resources. In an era where online health information is ubiquitous, we under-utilise the Internet to understand and improve the patient experience. This is the first study to our knowledge that investigates this gap for an obstetric condition using social media. Clear opportunities exist to improve the care

pathway for SGA patients using first-person accounts online, as an information source.

**Sources of funding** The Rhodes Trust and Nuffield Department of Obstetrics & Gynaecology, University of Oxford.

#### FC7.008

##### **From grief, guilt pain and stigma to hope and pride – a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth**

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**Objective** More than 2.7 million babies worldwide are stillborn each year, however, stillbirth is still not acknowledged as a serious public health issue on the global health agenda. Our study aimed to systematically review, evaluate and summarise the current evidence regarding the psychosocial impact of stillbirth to parents and their families, with the aim of improving guidance on bereavement care worldwide. The study was commissioned by the Lancet Stillbirth Series 2015.

**Methods** Systematic review and meta-summary of quantitative, qualitative and mixed-methods studies. All languages and countries were included.

**Results** 2619 abstracts were identified; 144 studies were included. Frequency effect sizes (FES%) were calculated for each theme ( $n = 23$ ), as a measure of their prevalence in the literature. Themes ranged from negative psychological symptoms post bereavement (77.1) and in subsequent pregnancies (27.1), to disenfranchised (31.2) and incongruent grief (28.5). There was also impact on siblings (23.6) and on the wider family (2.8). In studies from low/middle income countries, stigmatisation, rejection and abuse (13.2) were widespread. Themes prominent in studies of fathers were; grief suppression (18.1), employment difficulties, financial debt (5.6), and increased substance use (4.2). Others specific to mothers were; altered body image (3.5) and impact on quality of life (2.1). Some themes had mixed connotations; parental pride in the baby (5.6), motivation for engagement in healthcare improvement (4.2) and changed approaches to life and death, self-esteem, and own identity (25.7). **Conclusion** Stillbirth can have devastating psychological, physical and social costs, with ongoing effects on interpersonal relationships and parental relationships with subsequently born children. However, parents who experience the tragedy of stillbirth can develop resilience, new life-skills and capacities. The focus of the consequences may vary with parent gender and country. This review of the worldwide literature highlights the need for future investment and research into both stillbirth prevention and aftercare.

FC7.009

**A quantitative longitudinal cohort study of mothers' and their partners' health and well-being in the first year postpartum**

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**Objectives** The transition to parenthood is a major event in an adult's life which may influence their health and well being. Most literature focuses upon the negative sequelae of parenthood, particularly concentrating upon mental health problems. There is also a paucity of research examining men's experiences of parenting within the first year. The aim of this study was to measure both positive and negative health outcomes for mothers and fathers during the first 12 months of having a baby.

**Methods** A longitudinal cohort study was carried out. Couples who were planning to have their baby in a hospital in South Yorkshire were recruited antenatally and postnatally. The outcome measures administered included the EPDS, WEMWBS, PANAS, SF-12 and the Sheffield Postnatal Health Instrument for Mothers and Fathers (M-PHI and F-PHI), which were administered at 1 month postpartum and then at 3, 6, 9 and 12 months follow-up.

**Results** From the 2136 couples approached, 712 parents (33.3%) responded at baseline (403 mothers and 309 fathers). At

12 months 179 parents (106 mothers and 73 fathers) completed the study. The mean age of mothers was 29 years (range 16–48 years). The mean age of the fathers was 32 years (range 18–59 years). The results for the M-PHI suggested overall that mothers experienced a positive sense of wellbeing. Both the mothers' physical health and mental health improved over time. This was also reflected in the results of both PANAS and Short Form-12 and WEMWBS, which suggested improvement in both physical and mental health. Using the EPDS, mothers' mean score showed a decline from 6.6 to 4.9 over time ( $-1.7$ , 95% CI:  $-2.4$  to  $-1.0$ ,  $P < 0.001$ ). However, the percentage of mothers scoring above the cut off figure of 12 peaked at 9 months (13.5%). The fathers F-PHI results also suggested that fathers' experienced a positive sense of well being over time particularly in terms of their role as a father and the relationship with their baby. The results did however suggest that fathers perceived less support from their partner, family and friends over time. The results for PANAS, Short Form-12, WEMWB and EPDS suggested improvement or little change to health status over time. However, the percentage of fathers scoring above the cut off figure of 10 for EPDS also peaked at 9 months (12.8%).

**Conclusion** Overall, the mental health of parents improved over the 12 months.