



## City Research Online

### City, University of London Institutional Repository

---

**Citation:** Ashford, M., Ayers, S. & Olander, E. K. (2017). Supporting women with postpartum anxiety: exploring views and experiences of specialist community public health nurses in the UK. *Health & Social Care In The Community*, 25(3), pp. 1257-1264. doi: 10.1111/hsc.12428

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

---

**Permanent repository link:** <https://openaccess.city.ac.uk/id/eprint/16766/>

**Link to published version:** <https://doi.org/10.1111/hsc.12428>

**Copyright:** City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

**Reuse:** Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

---

City Research Online:

<http://openaccess.city.ac.uk/>

[publications@city.ac.uk](mailto:publications@city.ac.uk)

---

## **Supporting women with postpartum anxiety: Exploring views and experiences of specialist community public health nurses in the UK**

### **Abstract**

Anxiety is common among postpartum women and can have adverse effects on mother's and child's somatic and psychological health if left untreated. In the UK nurses or midwives with a specialisation in community public health nursing, also called health visitors (HV), work with families who have children younger than five years of age and are therefore in a key position to identify and support women with postpartum mental health issues. Until recently postpartum mental health support provided by HVs mainly focused on identifying and managing depression, but the updated clinical guidance by the National Institute for Health and Care Excellence also includes guidance regarding screening and psychological interventions for perinatal anxiety. This study therefore aimed to explore HVs' experiences of supporting women with postpartum anxiety and their views on currently available care. Using a qualitative approach, in-depth semi-structured interviews were conducted with 13 HVs from the UK between May and October 2015. Participants were interviewed in person at their workplace or on the phone/Skype. Using thematic analysis, four main themes emerged: identification and screening issues; importance of training; service usage; and status of current service provision. Women with postpartum anxiety were commonly encountered by HVs in their clinical practice and described as often heavily using their or other related healthcare services, which puts additional strain on HVs' already heavy workload. Issues with identifying and screening for postpartum anxiety were raised and the current lack of perinatal mental health training for HVs was highlighted. In addition, HVs described a current lack of good perinatal mental health services in general and specifically for anxiety. The study highlights the need for HV perinatal mental health training in general and

postpartum anxiety specifically, as well as better coverage of specialist mental health services and the need for development of interventions targeted at postpartum anxiety.

Key words: health visitors, postpartum anxiety, support, care, qualitative research

### **Bullet points**

*What is known about this topic?*

- Anxiety is common among women during the postpartum period.
- Health visitors play an important role in supporting women with mental health issues during the postpartum period.
- Little is documented about the experience and views of health visitors on supporting women with postpartum anxiety specifically.

*What this paper adds?*

- Need for promoting awareness among health visitors about the availability and need for postpartum anxiety screening.
- Importance of improved perinatal mental health training for health visitors and coverage of perinatal mental health services.
- Need for the development and availability of treatments targeted at postpartum anxiety specifically.

## **Introduction**

Anxiety and anxiety disorders are common among women during the postpartum period (Howard et al. 2014; Leach et al. 2015). Prevalence rates for postpartum anxiety range between 10% and 20% (Howard et al. 2014; Yelland et al. 2010; Reck et al. 2008; Miller et al. 2006; Matthey et al. 2003; Leach et al. 2015) and research suggests that postpartum anxiety disorders may be more common than postpartum depressive disorders (Paul et al. 2013; Reck et al. 2008; Wenzel et al. 2005). Overall, a lack of identification, referral and treatment of perinatal depression and anxiety has been reported (Goodman & Tyer-Viola 2010). Identification and support of women with mental health issues during the postpartum period is especially important when considering the adverse effects on the somatic and psychological health of mother and the child (Glasheen et al. 2010; Stein et al. 2014) and potential costs for the society (Bauer, Parsonage, Knapp, Iemmi & Bayo 2014) if mental health issues go unidentified or unsupported. For example, postpartum anxiety has been associated with increased maternal health care utilization after discharge and reduced breastfeeding duration (Paul et al. 2013), as well as with colic and recurrent abdominal pain in the child and some evidence suggests maternal anxiety can have a negative effect on the child's cognitive and social development (Glasheen et al. 2010).

In the UK, postpartum women are in regular contact with health visitor. Health visitors are “qualified nurses or midwives who have an additional diploma or degree in specialist community public health nursing” (NHS England 2014; pp.5–6) and promote health of women and families with children younger than five years of age. Comparable roles in other countries are, for example, Child and Family Health Nurses in Australia and Public Health Nurses in Canada (Aquino et al. 2016). During the first year postpartum health visitors support women and their babies by promoting good health and preventing illness. Health visitors are therefore in a key position to identify and support women with mental health issues. Maternal mental health has been recognised as one of the Six Early Years High

Impact Areas in which health visitors have a significant impact on improving health and wellbeing of children, families and the community (Department of Health 2014).

Specifically, the role of health visitors is to identify women experiencing or at risk of developing mental health issues; they offer listening visits or when needed refer to other health care services which offer appropriate interventions. The updated clinical management and service guidance on antenatal and postnatal mental health by the National Institute for Health and Care Excellence (NICE) now includes guidance about screening and psychological interventions for perinatal anxiety (NICE 2014). The guidelines also suggest that specialist perinatal services should be established in each locality but, until the commissioning of such services, health visitors continue to play a major role in the identification and management of postpartum anxiety.

Research has investigated the role of the health visitor in the management and treatment of postpartum depression (Appleby 2003; Elliott et al. 2001; Morrell et al. 2009; Slade et al. 2010; Turner et al. 2010) and the experiences of care of women with postpartum anxiety (Henderson & Redshaw 2013). However, there is no previous research focussing on the role of health visitors in supporting women with postpartum anxiety. The aim of this study was therefore to explore health visitors' (i) experience with supporting women with postpartum anxiety in their clinical practice and their (ii) views on currently available support and services for postpartum anxiety.

### **Method**

Based on a phenomenological approach, an exploratory qualitative study design was employed using semi-structured interviews with health visitors were carried out to explore their experience and views on supporting women with postpartum anxiety, as well as their views on internet-based interventions for postpartum anxiety which is reported elsewhere

(Ashford et al., under review). In this paper, the analysis and findings about the experiences and views of health visitors with supporting women with postpartum anxiety is presented.

The study was approved by the affiliated university's research ethics committee.

## **Participants**

This study used convenience sampling to identify potential participants. Eligible participants were health visitors over the age of 18, fluent in English and currently as a qualified health visitor working within the National Health Service (NHS).

## **Recruitment & data collection**

Information about the study was circulated in a variety of ways, including university staff contacts via email, the Institute of Health Visiting monthly newsletter, and Facebook and Twitter social media posts. Recruitment and data collection took place from May to October 2015 and ended after data saturation was reached. This was based on recommendations from Guest et al. (2006) who believe that data saturation usually occurs by the twelfth interview given the research scope is narrow and the target audience relatively homogenous. Interviews took place at the convenience of the health visitor; either face-to-face in a quiet room at their workplace or on the phone/Skype with nobody other than the researcher and the participant being present. Before the start of the interview, all participants gave either written consent for face-to-face interviews or online consent for Skype/telephone interviews. All interviews were audio-recorded, took approximately 30 minutes and were carried out by the first author (MA), a Health Psychology PhD student with previous research interview experience. After the interview, participants were invited to complete an optional socio-demographic questionnaire.

## **Materials**

Basic socio-demographic information (age, gender, ethnicity, affiliated NHS Trust, work experience in years) was collected using an optional paper or online questionnaire. A semi-structured interview schedule consisting of open-ended questions was used to explore the following topics: i) experience working with and supporting women with postpartum anxiety and ii) views on current treatments and services for women with postpartum anxiety.

### **Data Analysis**

The interview transcription was done verbatim without any identifying information. To ensure systematic coding, thematic analysis based on the recommendations by Braun and Clarke (2006) was used to analyse all transcripts and the Quirkos software was used for data management. No previous hypotheses about possible emerging themes existed and therefore an inductive approach was used for the analysis. All transcripts were first read thoroughly to identify meaningful and relevant features and subsequently initial codes of interest were generated and applied. Initial codes dealing with similar topics were then grouped into bigger themes. Transcriptions, data coding and analysis was completed by the first author (MA) and the analysis was subsequently discussed with the research team.

## **Results**

### **Sample characteristics**

Data saturation was reached after 13 interviews. Three interviews were conducted in person, another three via Skype and seven over the phone. The 12 participants who filled out the optional socio-demographic questionnaire worked in seven different trusts across England. All were female and aged between 29 and 68 years ( $M=43.58$  years,  $SD=14.46$  years) with ten stating “White” as their ethnicity, one “White Irish” and one “Black/African/Caribbean”. Health visitor work experience ranged from 6 months to 25 years. The average work



experience was 10.32 years ( $SD=10.82$  years). Out of the 13 participants, two stated to be perinatal mental health champions, one a specialist health visitor for parental mental health, and two had a degree in therapeutic counselling.

### **Identified themes**

Overall, health visitors described that they commonly encounter and support women with postpartum anxiety in their professional practice:

We as health visitors have been supporting women with postnatal anxiety and it is probably one of the main things that we support women with. (HV 5)

In their role as health visitors, all described three main ways of supporting women with postpartum anxiety: 1) screening and identification of mental health issues; 2) referral to the general practitioner, mental health services or other relevant services (e.g. children centres); and 3) offering and providing listening visits.

Four overarching themes were identified from the interviews: 1) identification and screening issues; 2) importance of training; 3) service usage; and 4) status of current service provision.

Table 1 shows all four themes together with each of their subthemes.

[Table 1 about here]

#### *Identification and screening issues*

This theme refers to issues that health visitors described in relation to identifying postpartum anxiety in their practice. It includes two sub-themes: what is normal and unavailability and unawareness of anxiety screening tools.

When identifying postnatal anxiety, health visitors stressed that anxiety after childbirth is common and overall a normal experience, especially for first time mothers. Considering that

anxiety is a normal experience during the postpartum period, many health visitors stated that they struggle with determining when worries or anxieties become problematic. This is reflected by the following participant:

I'm not sure how much of the worries are anxieties about being a first time mum that is anxious about the child because it is normal for mums to want to check their baby every five minutes to make sure they are breathing, but it is difficult sort of know how much of it is normal anxiety and how much of it is symptoms of something more severe. (HV 3)

Concerning support with mental health issues, all health visitors mentioned to be using and adhering to the current national the guidelines (NICE). Health visitors stated they screened for mental health issues using the screening tools outlined by the NICE guidelines including the Whooley questions (Whooley et al. 1997), the Edinburgh Postnatal Depression Scale (EPDS; Cox et al. 1987) and the Patient Health Questionnaire (PHQ-9; Kroenke et al. 2001). Health visitors felt that screening focussed more on depression than anxiety, for example one health visitor said:

I think we are trained to screen more for depression than anxiety because the NICE guidelines that we are trained to use are based I think around postnatal depression...I've probably spend time with mums that you know have anxiety, but it feels we are screening more for depression. (HV3)

Only one health visitor mentioned that the current NICE guidelines state the use of the GAD-2 and GAD-7 (Generalized Anxiety Disorder Questionnaire, Spitzer et al. 2006) as a screening tool for perinatal anxiety.

### *Importance of training*

In order to support women with postpartum mental health issues appropriately, health visitors described the importance of receiving mental health training to help them support women effectively. The participants were aware of perinatal mental health training opportunities and that there are health visitors specialising in this. Some of the interviewed health visitors were

working as perinatal mental health specialists and described a variety of additional ways of supporting women with mental health issues, for example by leading support groups, getting referred mothers with mental health issues as individual clients, and acting as consultant for other health visitors. However, many health visitors felt that there is a lack of training around mental health and some described feeling not equipped to support women with mental health issues appropriately. For example, one health visitor said:

Sometimes I do wonder if I'm saying the right thing...I don't think we are that well prepared as health visitors with any kind of mental health really because we have no training unless you have a mental health background as a nurse.  
(HV 7)

Despite mentioning lack of training, many health visitors felt that mental health issues are currently receiving more acknowledgment, for example by perinatal mental health being one of the high impact areas for health visiting issued by the government. Health visitors felt very positive about the current development, for example one stated:

I think it is a very exciting time at the moment. I think it is more on the agenda right now and I'm feeling very hopeful. (HV 6)

### *Service usage*

When supporting women with postpartum anxiety, many health visitors described that these women have a tendency to use health care services a lot. Highly used services mentioned by the health visitors included health visiting services (child clinic and duty telephone lines), as well as general practitioner and Accident & Emergency services. For example, one health visitor described the following experiences:

So it comes across as anxiety by asking questions, you know, worrying about everything, contacting you all the time, wanting to see you all the time and calling you saying my daughter or my son is not doing this or that. (HV 2)

Health visitors felt that this increased service use places additional strain on their already heavy workload and puts pressure on their services and health care services in general, for example one health visitor said:

They tend to kind of utilize the services a lot of the time...so there is a huge demand on the resources. (HV 4).

To support women with anxiety and worries health visitors described trying to see them as often as possible, but that it was very difficult to find the time for several additional visits due to high work- and caseloads. One health visitor reported:

We try to go back as often as we can, but you know we are constrained by the workload we have, which is quite high over here. (HV 8)

#### *Status of current service provision*

Health visitors stated that they have several services that they can refer women to and that women can self-refer to and that those are generally good services. Services to refer to included general practitioner, Improving Access to Psychological Therapies services (IAPT), psychiatric services, perinatal mental health services and children centres. Health visitors also described and acknowledged the existence of good quality perinatal mental health services, for example:

...we have an excellent perinatal mental health team, so if there is some significant mental ill health, there'll be quite a close care planning approach as part of the baby being born and I think that's an excellent service and unique. (HV 1)

In one area they had an IAPT which was fantastic and gave priority to mums with children under the age of one, so they had a priority waiting list specially for them, so they did tend to get seen a bit quicker. (HV 4)

Health visitors nonetheless felt that there is a lack of perinatal mental health services:

There is a lack of perinatal mental health services generally. (HV 13)

This is especially the case for anxiety:

We do have mothers with anxiety problems, but we don't have any specific services for them, so they tend to get grouped with kind of the mums with depression. (HV 4)

Service provision for mental health issues was also described by health visitors as patchy and dependent on the geographical area. For example, a health visitor with experience working in different boroughs describes:

Previously I have worked in a borough that had a dedicated perinatal mental health services and that was fantastic... I'm currently working in a borough where there isn't such a services... I would say it is postcode lottery really for women in terms of services offered. (HV 5)

## **Discussion**

This study sought to explore health visitors' views and experiences of supporting women with postpartum anxiety and the current available services. Health visitors described that they commonly encounter and support women with postpartum anxiety in their clinical practice and that those women often heavily use their or other related health care services, which puts additional strain on health visitors' already heavy workload. Health visitors mentioned issues with identifying and screening for postpartum anxiety and highlighted the current lack and importance of perinatal mental health training for health visitors. Participants also felt that there is currently a general lack of services and postcode lottery for good perinatal mental health services and for postpartum anxiety specifically.

### **Identification and training issues**

Issues many of the participants raised were the appropriate identification and the need for training in identifying and supporting women with postpartum mental health issues, especially anxiety. It was pointed out that anxieties and worries are normal during the postpartum period, especially in first-time mothers and that it can be difficult to know when anxieties during this period become problematic. The difficulty of distinguishing normal from pathological anxiety or worry as a barrier to identification and diagnosis in the postpartum

population has previously been raised (Misri et al. 2015). It is therefore important to equip health visitors or other health care professionals supporting postpartum women with appropriate screening tools for postpartum anxiety.

Health visitors described that they were equipped with screening tools for postpartum depression, but the majority did not mention, or were unaware of screening instruments for postpartum anxiety. Similarly, a study exploring health visitors experiences with assessing women's mental health found that health visitors have the knowledge and experience of assessing mental health issues, but often the focus remains on postpartum depression compared to other potential mental health issues (Jomeen et al. 2013). So far, there are very few validated screening tools for perinatal or postpartum anxiety (Misri et al. 2015). It has also been suggested that measures like the EPDS might not just measure depression, but also anxiety (Jomeen & Martin 2005), so some women diagnosed with postpartum depression might actually suffer from anxiety. The current clinical guidance issued by NICE recommends depression and anxiety identification questions are asked as part of health visitors' general discussion about a woman's mental health and well-being during the early postnatal period (usually at 4-6 weeks and 3-4 months) (NICE 2014). Those questions include two depression questions, referred to as the Whooley questions, and the 2-item Generalized Anxiety Disorder scale (GAD-2). Recommendations to use the GAD-2 were added to updated guidelines issued in 2014. Results from this study suggest that not all health visitors may currently be aware of the recently added guidance of identifying and supporting women with postpartum anxiety. It is therefore important to raise and promote awareness about this update among health visitors so women with postpartum anxiety can be identified more effectively and receive appropriate care and treatment.

In relation to identifying and supporting women with postpartum mental health issues and anxiety, many health visitors described a lack of relevant training concerning perinatal mental

health. Health visitors were aware of perinatal mental health specialist training opportunities, for example, the Perinatal Mental Health Champions Training offered by the Institute of Health Visiting in the UK, but felt that perinatal mental health should be a stronger focus in their general training and education as health visitors. This is in line with research showing that health care professionals involved in postpartum care such as midwives, obstetricians and health visitors often feel ill-equipped and state they have not received any specific pre-qualification or postgraduate training in perinatal mental health and therefore requested more support and training (Rothera & Oates 2011; Hauck et al. 2015; Jones et al. 2012). This indicates a need for more perinatal mental health training opportunities in general and as part of their professional training and education to allow health visitors to develop and maintain relevant knowledge and skills and thereby ensure improved support for postpartum women with mental health issues.

### **Service usage**

Several health visitors mentioned that women with postpartum anxiety often high use their own and other health care services, which puts an additional burden on their already heavy workloads. In the general population, anxiety has been associated with increased health care service usage (Fleury et al. 2014; Shapiro 1984; de Beurs et al. 1999). So far, health care utilisation of women with postpartum anxiety has not been investigated, but previous studies have demonstrated an increased level of health care service utilisation among women with postpartum depression (Webster et al. 2001; Dennis 2004) and following traumatic birth (Turkstra et al. 2015). Health visitors described that anxious women worried more about their baby's development and care taking which might suggest an increased need for reassurance in these women. In line with this, during the development of a self-management intervention for mild to moderate postpartum anxiety it was identified that women with postpartum anxiety most commonly worry about baby's development, health and care taking (Rowe et al.

2014). High use of postpartum health care services highlights the importance of early identification of postpartum anxiety and postpartum mental health in general, especially when considering the high costs of perinatal mental health problems (Bauer et al. 2014). More screening for early identification would add extra work for the health visitor, however, if identified early, women could be referred to adequate treatments and might therefore use the services of health visitors and other health care professionals less. Future research could investigate the feasibility of screening women with patterns of high service utilisation might promote early identification and treatment of postpartum anxiety and thereby improve mental health outcomes for postpartum women and potentially decrease heavy health care service usage.

### **Status of current service provision**

Women with postpartum mental illness need to be cared for by services which have specialised knowledge and skills (NICE 2014). Health visitors in this study acknowledged some areas in the UK which have excellent perinatal mental health services, but also pointed out that from their perspective and experience perinatal mental health service provision across the UK is generally inadequate and patchy and that there is need for more specialised perinatal mental health services and a better coverage across the UK. This is in line with a current study which compared perinatal mental health services in the UK and Switzerland and found that despite great efforts to provide excellent guidelines for organisations and clinical management of perinatal mental health services in the UK and improved service provision over the last decade, the services remain unequal and concentrated in only a few UK areas (Castro et al. 2015). A recently published map depicting the specialist community perinatal mental health teams provision across the UK in 2015 also highlights that many areas have no provision and that only a few areas have services which meet the national guidance (Maternal Mental Health Alliance 2015). The current study's findings further demonstrate the



need for better coverage of perinatal mental health care services in the UK to improve access to these services, as well as mental health outcomes for women during the postpartum period. Health visitors also raised the issue that, compared to postpartum depression, treatment options specific to postpartum anxiety are currently lacking. In the literature, the development and evaluation of interventions for postpartum depression has been broadly described and reviewed (Dennis 2005; Sockol et al. 2011), but research on postpartum anxiety treatments is sparse and mostly focused on prevention (Howard et al. 2014; Austin et al. 2008; Barnett & Parker 1985; Misri & Kendrick 2007). This highlights a significant gap in the development and availability of treatments and services specific to postpartum anxiety. It has also been suggested that interventions targeted at perinatal-specific issues and needs may help to improve intervention acceptability and relevance (O'Mahen et al. 2012). This underlines the importance of further development and availability of treatments targeted at postpartum anxiety.

### **Strengths and Limitations**

A strength of this study is that it focussed on the health care health care professionals' views compared to clients' views. However, this study is a small qualitative study specific to the UK context so results might not be generalisable. The self-selected nature of the sample also limits the representativeness. However, the recruitment strategies used resulted in a diverse sample of health visitors from different UK areas and different levels of working experience and perinatal mental health training. This study used one-to-one interviews only and focus groups may have yielded more in-depth interactive data. However, one-to-one interviews still provided in-depth information and enabled the inclusion of health visitors from a greater variety of UK areas. Initial data coding and analysis was done by the first author, but discussed and agreed with the other authors.

## **Conclusion**

Health visitors play an important role in the support of women with postpartum mental health issues. This study was the first to qualitatively explore the views and experiences of health visitors in supporting women with postpartum anxiety. Findings from this study highlight the importance of promoting knowledge about available and recommended screening tools for postpartum anxiety among health visitors and the need for improved perinatal mental health training for health visitors. Equipping health visitors with an improved knowledge could help identifying postpartum anxiety and mental health issues earlier and potentially lead to a reduced service use of women with postpartum anxiety and thereby decrease the strain on health visitors' workloads and improve outcomes for women. The need for improved coverage of specialised perinatal mental health services across the UK and the future development and availability of interventions and services specifically targeted at postpartum anxiety could further help improve anxiety and mental health outcomes of postpartum women.

## References

- Appleby, L., 2003. The treatment of postnatal depression by health visitors: Impact of brief training on skills and clinical practice. *Journal of Affective Disorders*, 77(3), pp.261–266. doi:10.1016/S0165-0327(02)00145-3
- Aquino, M.R.J.V. et al., 2016. Midwives' and health visitors' collaborative relationships: A systematic review of qualitative and quantitative studies. *International Journal of Nursing Studies*, 62 pp.193–206
- Austin, M.-P. et al., 2008. Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: A randomised controlled trial. *Journal of Affective Disorders*, 105(1-3), pp.35–44. doi:10.1016/j.jad.2007.04.001
- Barnett, B. & Parker, G., 1985. Professional and non-professional intervention for highly anxious primiparous mothers. *The British Journal of Psychiatry*, 146(3), pp.287–293. doi:10.1192/bjp.146.3.287
- Bauer, A., Parsonage, M., Knapp, M., Iemmi, V. & Adelaja, B., 2014. *The costs of perinatal mental health problems*, London, UK. Available at: [http://eprints.lse.ac.uk/59885/1/\\_\\_lse.ac.uk\\_storage\\_LIBRARY\\_Secondary\\_libfile\\_shared\\_repository\\_Content\\_Bauer%2C\\_M\\_Bauer\\_Costs\\_perinatal\\_mental\\_2014\\_Bauer\\_Costs\\_perinatal\\_mental\\_2014\\_author.pdf](http://eprints.lse.ac.uk/59885/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Bauer%2C_M_Bauer_Costs_perinatal_mental_2014_Bauer_Costs_perinatal_mental_2014_author.pdf).
- de Beurs, E. et al., 1999. Consequences of anxiety in older persons: Its effect on disability, well-being and use of health services. *Psychological Medicine*, 29(3), pp.583–593. doi:10.1017/S0033291799008351
- Braun, V. & Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.37–41. doi:10.1191/1478088706qp063oa
- Castro, R.T.A. et al., 2015. Perinatal mental health service provision in Switzerland and in the UK. *Swiss Medical Weekly*, 145, p.w14011. doi:10.4414/smw.2015.14011
- Cox, J.L., Holden, J.M. & Sagovsky, R., 1987. Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, pp.782–786
- Dennis, C.-L., 2004. Influence of depressive symptomatology on maternal health service utilization and general health. *Archives of Women's Mental Health*, 7(3), pp.183–191. doi:10.1007/s00737-004-0053-9
- Dennis, C.-L., 2005. Psychosocial and psychological interventions for prevention of postnatal depression: systematic review. *BMJ*, 331(7507), p.15. doi:10.1136/bmj.331.7507.15
- Department of Health, 2014. *Closing the gap: Priorities for essential change in mental health*, London. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281250/Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)
- Elliott, S.A. et al., 2001. Training health visitors to reduce levels of depression after childbirth: An evaluation. *Journal of Mental Health*, 10(6), pp.613–625. doi:10.1080/09638230120041362
- Fleury, M.-J. et al., 2014. Determinants and patterns of service utilization and recourse to professionals for mental health reasons. *BMC Health Services Research*, 14(1), p.161. doi:10.1186/1472-6963-14-161
- Glasheen, C., Richardson, G. & Fabio, A., 2010. A systematic review of the effects of

- postnatal maternal anxiety on children. *Archives of Women's Mental Health*, 13(1), pp.61–74. doi:10.1007/s00737-009-0109-y.A
- Goodman, J.H. & Tyer-Viola, L., 2010. Detection, Treatment, and Referral of Perinatal Depression and Anxiety by Obstetrical Providers. *Journal of Women's Health*, 19(3), pp.477–490. doi:10.1089/jwh.2008.1352
- Guest, G. et al., 2006. How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82. doi:10.1177/1525822X05279903
- Hauck, Y.L. et al., 2015. Australian midwives knowledge, attitude and perceived learning needs around perinatal mental health. *Midwifery*, 31(1), pp.247–255. doi:10.1016/j.midw.2014.09.002
- Henderson, J. & Redshaw, M., 2013. Anxiety in the perinatal period: Antenatal and postnatal influences and women's experience of care. *Journal of Reproductive and Infant Psychology*, 31(5), pp.465–478. doi:10.1080/02646838.2013.835037
- Howard, L.M. et al., 2014. Non-psychotic mental disorders in the perinatal period. *The Lancet*, 384(9956), pp.1775–1788. doi:10.1016/S0140-6736(14)61276-9
- Jomeen, J. & Martin, C.R., 2005. Confirmation of an occluded anxiety component within the Edinburgh Postnatal Depression Scale (EPDS) during early pregnancy. *Journal of Reproductive and Infant Psychology*, 23(2), pp.143–154. doi:10.1080/02646830500129297
- Jomeen, J. et al., 2013. Assessing women's perinatal psychological health: Exploring the experiences of health visitors. *Journal of Reproductive and Infant Psychology*, 31(5), pp.479–489. doi:10.1080/02646838.2013.835038
- Jones, C.J., Creedy, D.K. & Gamble, J.A., 2012. Australian midwives' attitudes towards care for women with emotional distress. *Midwifery*, 28(2), pp.216–221. doi:10.1016/j.midw.2010.12.008
- Kroenke K, Spitzer, R.L., & Williams, J.B; 2001. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), pp.606–613.
- Leach, L.S., Poyser, C. & Fairweather-Schmidt, K., 2015. Maternal perinatal anxiety: A review of prevalence and correlates. *Clinical Psychologist*. doi:10.1111/cp.12058
- Maternal Mental Health Alliance, 2015. UK Specialist Community Perinatal Mental Health Teams (Provision in 2015). Available at: [http://everyonesbusiness.org.uk/wp-content/uploads/2015/12/UK-Specialist-Community-Perinatal-Mental-Health-Teams-current-provision\\_2015.pdf](http://everyonesbusiness.org.uk/wp-content/uploads/2015/12/UK-Specialist-Community-Perinatal-Mental-Health-Teams-current-provision_2015.pdf)
- Matthey, S. et al., 2003. Diagnosing postpartum depression in mothers and fathers: Whatever happened to anxiety? *Journal of Affective Disorders*, 74(2), pp.139–147. doi:10.1016/S0165-0327(02)00012-5
- Miller, R.L., Pallant, J.F. & Negri, L.M., 2006. Anxiety and stress in the postpartum: Is there more to postnatal distress than depression? *BMC Psychiatry*, 6, p.12. doi:10.1186/1471-244X-6-12
- Misri, S. et al., 2015. Perinatal generalized anxiety disorder: Assessment and treatment. *Journal of Women's Health*, 24(9), pp.762–770. doi:10.1089/jwh.2014.5150
- Misri, S. & Kendrick, K., 2007. Treatment of perinatal mood and anxiety disorders: A review. *Canadian Journal of Psychiatry*, 52(8), pp.489–498.
- Morrell, C.J. et al., 2009. Clinical effectiveness of health visitor training in psychologically

- informed approaches for depression in postnatal women: Pragmatic cluster randomised trial in primary care. *BMJ*, 338(2), p.a3045. doi:10.1136/bmj.a3045
- National Institute for Health and Clinical Excellence (NICE), 2014. *Antenatal And Postnatal Mental Health: Clinical Management and Service Guidance*, Available at: <http://www.nice.org.uk/nicemedia/live/11004/30433/30433.pdf> \nguidance.nice.org.uk/cg45.
- NHS England, 2014. 2015–16 National Health Visiting Core Service Specification. Penny, R.A., 2015. The concept of collaboration: a critical exploration of the care continuum.
- O'Mahen, H.A. et al., 2012. Modifying CBT for perinatal depression: What do women want? *Cognitive and Behavioral Practice*, 19(2), pp.359–371. doi:10.1016/j.cbpra.2011.05.005
- Paul, I.M. et al., 2013. Postpartum anxiety and maternal-infant health outcomes. *Pediatrics*, 131(4), pp.e1218–1224. doi:10.1542/peds.2012-2147
- Reck, C. et al., 2008. Prevalence, onset and comorbidity of postpartum anxiety and depressive disorders. *Acta Psychiatrica Scandinavica*, 118(6), p.4. doi:10.1111/j.1600-0447.2008.01264.x
- Rothera, I. & Oates, M., 2011. Managing perinatal mental health: A survey of practitioners' views. *British Journal of Midwifery*, 19(5), pp.304–313. doi:10.12968/bjom.2011.19.5.304
- Rowe, H.J. et al., 2014. Self-management of mild to moderate anxiety in women who have recently given birth: development and acceptability of a theoretically sound complex intervention. *International Journal of Mental Health Promotion*, 6(5), pp.308-319. doi:10.1080/14623730.2014.964050
- Shapiro, S., 1984. Utilization of health and mental health services: Three epidemiologic catchment area sites. *Archives of General Psychiatry*, 41(10), pp.971–978. doi:10.1001/archpsyc.1984.01790210053007
- Slade, P. et al., 2010. Postnatal women's experiences of management of depressive symptoms: A qualitative study. *The British Journal of General Practice*, 60(580), pp.e440–448. doi:10.3399/bjgp10X532611
- Sockol, L.E., Epperson, C.N. & Barber, J.P., 2011. A meta-analysis of treatments for perinatal depression. *Clinical psychology review*, 31(5), pp.839–49. doi:10.1016/j.cpr.2011.03.009
- Spitzer, R.L., Kroenke, K., Williams, J.B. & Löwe, B., 2006. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), pp.1092–1097. doi:10.1001/archinte.166.10.1092
- Stein, A. et al., 2014. Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384(9956), pp.1800–1819. doi:10.1016/S0140-6736(14)61277-0
- Turkstra, E. et al., 2015. Health services utilization of women following a traumatic birth. *Archives of Women's Mental Health*, 18(6), pp.829–832. doi:10.1007/s00737-014-0495-7
- Turner, K.M. et al., 2010. Women's experiences of health visitor delivered listening visits as a treatment for postnatal depression: A qualitative study. *Patient Education and Counseling*, 78(2), pp.234–239. doi:10.1016/j.pec.2009.05.022
- Webster, J. et al., 2001. Postnatal depression: Use of health services and satisfaction with health-care providers. *Journal of Quality In Clinical Practice*, 21(4), pp.144–148. doi:10.1046/j.1440-1762.2001.00432.x

- Wenzel, A. et al., 2005. Anxiety symptoms and disorders at eight weeks postpartum. *Journal of Anxiety Disorders*, 19(3), pp.295–311. doi:10.1016/j.janxdis.2004.04.001
- Whooley, M. et al., 1997. Case-finding instruments for depression. Two questions are as good as many. *Journal of General Internal Medicine*, 12, pp.439–445. doi:10.1046/j.1525-1497.1997.00076.x
- Yelland, J., Sutherland, G. & Brown, S.J., 2010. Postpartum anxiety, depression and social health: Findings from a population-based survey of Australian women. *BMC Public Health*, 10(1), p.771. doi:10.1186/1471-2458-10-771

## Tables

Table 1

---

Themes and subthemes about the experience & views on supporting women with postpartum anxiety	
1. Identification and screening issues	1.1. What is normal? 1.2. Unavailability and unawareness of anxiety screening tools
2. Importance of training	2.1. Lack of mental health training 2.2. Perinatal mental health specialization 2.3. Current positive developments
3. Service usage	3.1. Increased service usage 3.2. Heavy workload
4. Status of current service provision	4.1. Lack of specialized mental health services in general and for anxiety 4.2. Postcode lottery of service provision

---