Experiences of postpartum haemorrhage

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Introduction

• Maternal morbidity refers to pregnancy related complications
  • ranging in severity from acute to chronic.

• The WHO Maternal Mortality Working Group define maternal morbidity as:
  “any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman’s wellbeing”
Introduction

• Severe maternal morbidity is considered an indicator of the quality of obstetric care
  • particularly in developed countries
• Over the past two decades there has been an increasing rate of select morbidities, such as postpartum haemorrhage (PPH)
• PPH is a leading cause of both mortality and morbidity
Introduction

• Within 1 year of experiencing morbidity, women are at an increased risk of:
  • experiencing other adverse incidents
  • and mortality

• Maternal morbidities are among the leading causes of disability-adjusted life-years among women aged 15–44 years
  • DALYS measure the potential years of life lost
Introduction

• Morbidity is not limited to the physical effects
• Far reaching effects including;
  • psychological
  • social
  • economic consequences

• These negative consequences may transfer to the infant, partner and extended family
Introduction

• Need to consider women’s health and wellbeing – not just physical health alone

• Need to engage with and listen to those who have experienced and been effected by a morbidity like PPH

• Qualitative methodology is appropriate
What is qualitative research?

How is it different from quantitative research?

What role does society, culture and history etc. have?
Methods - Meta-synthesis

• Evidence based medicine

• Methods for synthesising the results of quantitative research are well developed
  • Meta-analysis
  • Cochrane database

• Greater acceptance of qualitative methods

• Acknowledgement of the benefit of synthesising the results of qualitative studies
Methods - Meta-synthesis

- No specific approach has yet been established
- Meta-ethnography has been widely adopted in the field of medicine and health
- Generates new interpretations
- Preserves the properties of the primary data
  - Not a secondary analysis of the data
Noblin and Hare – 7 steps

• 1. Getting started
• 2. Deciding what is relevant to the initial interest
• 3. Reading the studies
• 4. Determining how the studies are related
• 5. Translating the studies into one another
• 6. Synthesising translations
• 7. Expressing the synthesis
Study Selection

Records identified through database searching (n=1447)
Additional records through other sources (n=7)

Records after duplicates removed (n=1273)

Title, abstract and keywords screened (n=1273)

Excluded (n=1247)
Not meeting inclusion criteria

Full-text obtained and assessed for more detailed evaluation (n=26)

Full-text articles excluded (n=16):
- Literature reviews
- Assessment of clinical management
- MM not specifically PPH
- Quantitative studies

Studies included in the synthesis (n=10)
Experience of PPH

Provision of care

Physical Response

Psychological Response

Consequences
**Provision of care**

**Balancing Autonomy and Beneficence**

- Women were accepting of the uncontrollable nature of the adverse outcome experienced. While being treated for trauma, women were satisfied to relinquish their autonomy to ensure the safety of themselves and their baby.

**Communication**

- During the treatment process, women were aware of the difficulty faced by clinicians in communicating with them. It was felt that more communication with their partners was warranted.

**Competence**

- Pleased with how PPH was managed and the actions of healthcare professional was seen as competent. Appreciative of the care provided in emergency situations.
I mean...they have to make a judgement, a judgement, don’t they, as to what is too much information and when, what is just the essential information. So for me I think we could have, er ... done with a little bit more, but it’s difficult because everyone’s in such a, we, the couple are in such a heightened emotional state and the more traumatic it gets the more emotional it becomes, so you can’t really give them too much information because it will just confuse you.
Physical response

Adjusting to Impairment

• The occurrence of PPH was an unexpected event. Was associated with discomfort.

• It took women along time to recover physically despite the volume of bloody they had lost.

Medical monitoring

• Women felt that there was very little information provided to them on the practicalities of adjusting to the impairment. Many of the women had to discontinue daily tasks resulting in a heavy dependence on family members.
I’d lost so much blood so quickly, I was dying, basically, and I could feel myself dying and sort of slipping away. I felt like, you know those really old TVs, where you turn them off and the screen sort of disappears into a little circle before it goes black.

And I was trying to kind of go for walks and stuff but it was just exhausting for me to go for a stroll or something.
## Psychological response

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<thead>
<tr>
<th>Lack of Control</th>
<th>The Unknown</th>
<th>Coping mechanisms</th>
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| • These events can be debilitating. Women’s inability to control their own bodies due to the morbidity, contributed to high levels of frustration and anxiety. | Impending death  
Time is distorted  
Trying to fill in the gaps  
Won’t ever have the full picture | • Women with MOH appeared to cope well emotionally following their PPH  
• Lost more blood  
• HDU |
Psychological responses

I hated it. I hated not having any control. You are in the bed surrounded by all these machines that you are strapped up to. You can’t move and and there is nothing that you can do to make yourself better.

I felt a different person, it was like I had changed and I just felt like ... um ... yeah because it just was there in front of you for such a long period and it kind of, the shock and the ... and me and (partner) were talking and she’d say, ‘Maybe you should go and get some counselling or ... that would be helpful’
Consequences

Protective of their family unit

- Women expressed concern of the impact of the morbidity on their family. Particular reference was made to husbands/partners who witnessed trauma during delivery.

Prioritising the Health of the Baby

- The safety of the baby was considered a priority during pregnancy and birth. This prioritisation continued during the postpartum period whereby caring for the newborn baby at times resulted in delaying their own recovery.

Delayed Reaction to Trauma

- Women stated that it was not until their family had settled into a new routine that they began to reflect back on any complications they experienced themselves.
At the time I wasn’t really sure what had gone on or whatever, cause I had to have a blood transfusion as well on the third day. So at the time I didn’t really want to know what had gone on I just knew I had a rough day and needed to focus on getting better. But afterwards when you get home and you think hmmm I don’t think that is as normal as it should be, I don’t think everybody goes through that.
I’d no sense of an understanding of what I was going through, bar the fact I wanted my baby to be safe
Conclusions

• The experience of PPH has a lasting impact
  • irrespective of the severity of the morbidity

• Psychological reactions to PPH
  • Memories of impending death
  • Blame – self and health professional
  • Isolation
  • Regression
  • Alienation
Conclusions

• Ensure consultation between clinician and patient
  • Next of kin where appropriate
  • Debrief on traumatic event

• Counselling support
  • Ensure provision of support to both mothers and fathers
  • Provision of support should be provided a number of months postpartum, when mothers begin to process what happened
QUESTIONS