

POSTNATAL Debriefing

The problem

Five years ago we recognised a problem with the follow-up of postnatal patients at Nambour General Hospital. As a public hospital providing GP shared obstetric care, we did not have a postnatal follow-up clinic. Women who had a stillbirth or neonatal death were reviewed in gynaecology outpatients. Feedback from these women indicated that they felt rushed, were not listened to and were seen by inappropriately junior staff. Our initial attempts to correct this involved reviewing and counselling all women following complicated delivery before discharge. However, this strategy failed due to time constraints and the competing clinical commitments of a busy public hospital.

The solution

To address these deficiencies we established a follow-up program to debrief women who had had an adverse perinatal event. Initially, women were included if they had a neonatal death, stillbirth or serious maternal or neonatal morbidity. Subsequently we broadened the criteria to include any adverse event associated with pregnancy and delivery or any woman concerned or dissatisfied despite an apparently normal delivery.

Identified women are sent a letter two weeks after delivery asking if they would like an appointment to discuss any concerns or questions they may have about the pregnancy or delivery. Interested women are given an appointment four weeks postnatally and this meeting is attended by the woman's consultant and midwife in addition to any other staff she requests to be present, such as the paediatric or anaesthetic consultant. The senior clinician nominates a time when they can attend uninterrupted for one hour and the session is held in comfortable and relaxed surroundings.

The approach to each debriefing varies depending on the consultant and on each woman's individual circumstances, but most debriefings include:

- time for the woman to tell her story without interruption;
- an apology for what has happened where appropriate;
- information to assist the woman with understanding what happened; and
- an opportunity to ask further questions.

Our experience

We have been offering postnatal debriefing since 2002. In that time 291 women have been invited and 52 have attended. Exit interviews conducted by the midwife following each debriefing have confirmed

that 51 of the 52 women attending were satisfied with the outcome of the session.

In June 2004 we surveyed women who had attended or been invited to debriefing. All respondents who had attended a debriefing were positive about the program and 80 per cent thought that it should be available for everyone. Of those women who were invited but did not attend most stated that they did not feel they had any problems that required further discussion.

The evidence

Given the often traumatic nature of adverse events in pregnancy and labour, it is interesting to note that a Cochrane review of non-obstetric debriefing showed that 'there is no current evidence that single session individual psychological debriefing is a useful treatment for the prevention of post-traumatic stress disorder (PTSD) after traumatic incidents'. More specifically, of the four randomised controlled studies assessing postnatal debriefing, only two of these assessed debriefing after an adverse event, and neither of these showed a reduction in the incidence of depression or anxiety following counseling.^{1,2}

Debriefing or not?

With this apparent lack of evidence supporting postnatal debriefing why do we continue the program? Unlike our service, none of the randomised controlled trials involved counselling by the consultant or midwife directly responsible for the woman being debriefed. This has been identified as a factor which may reduce the effectiveness of debriefing. Furthermore, we believe that there are benefits other than the end points of depression and anxiety scoring used in the studies. Our risk management has improved by:

- listening empathically to the woman's story;
- identifying recurrent and systematic problems in our unit;
- seeing problems from the patient's perspective;
- providing feedback to staff about patient concerns.

Conclusion

Our postnatal debriefing program has been well received by women and has improved our risk management. Providing this service is educational and rewarding for both staff and patients.

References

1. Tam WH et al. A randomised controlled trial of educational counselling on the management of women who have suffered suboptimal outcomes of pregnancy. *BJOG* 2003, Vol 110, pp 853-859
2. Small R et al. Randomised controlled trial of midwife led debriefing to reduce maternal depression after operative childbirth. *BMJ* 2000. Vol 321, pp 1043-1047



MARC MILLER
FRANZCOG

CLINICAL SENIOR LECTURER
UNIVERSITY OF QUEENSLAND

NAMBOUR, QUEENSLAND

MARC_MILLER@
HEALTH.QLD.GOV.AU