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The experience of midwife in delivering the midwifery care of mental illness of pregnant women and post-partum during the pandemic of COVID-19

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Abstract--Background: The emergence of the pandemic COVID-19 rises a negative effect that can be danger for mental health generally, mainly for pregnant women and postpartum, although various evidence shows the increasing of mental problem which are various but significant among general population and susceptible group. Antenatal depression is one of types of anxiety in pregnant women that have a negative effect for mother's and foetus' health and believed that some of postpartum depression is started during pregnancy. Aim: explore the experience of midwife in delivering midwifery care of mental illness of pregnant women and postpartum during the pandemic Covid-19. Method: *Scoping Review* having aim to identify knowledge gap, determine the research schedule, identify implication to make decision and exploration broadly through available evidence by mapping the concept that bases the research, source of evidence and types of evidence that is available. Framework is conducted by identifying the research question through PICO and identifying the relevant study through Scopus, Willey, Science Direct and PubMed. Study article selection used Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review (PRISMA-ScR). Result: a good qualitative study is a study that has good quality and indexed Scopus. Five articles have finished critical evaluation by assessing every question which is appropriate with assessment technique of JBI. Conclusion: Based on midwife's experience, it is obtained that there are various midwife's experiences which are poorly in realizing how

important the mental health is and the lack of diagnostic tool to detect pregnant women's and post partum's mental health.

Keywords--midwife experience, mental illness, postpartum, pregnant, COVID-19.

Introduction

From several research that have been evaluated, whether feeling stress about the pandemic, worries, social distance could affect pregnant women's mental health during the pandemic COVID-19 (Liu et al., 2021). Antenatal depression is a depression symptom on women during pregnancy period that have negative effect for mother's and foetus' health. It is estimated that half of postpartum depression cases are started during pregnancy. The most trusted health care professionals, nurses and midwives are idealistically positioned in influencing program and policy decisions at the community and regional levels and to improve integration of psychosocial screening and attitude health into prenatal and postpartum care as the focus pursued by health workers (Ruyak and Kivlighan, 2021). The incidence of perinatal depression occurs in about 13 percent of women, although some studies show that perinatal anxiety is about 22% percent of women. Anxiety in depression should be observed together. Based on the finding, 66 percent of women with postpartum major depression also had anxiety problems. Women who have a history of anxiety will have more susceptible risk to prenatal anxiety (Silverwood et al., 2019). The results of the study in the UK states that the level of awareness and understanding of health workers about perinatal anxiety has varied variations and there is disagreement about the so-called existence of a sense of fear declared normal during pregnancy.

Based on the research in Sri Lanka, the midwife has delivered antenatal education to almost all pregnant women, and it has well developed infrastructure for mental health care for postpartum. However, the care practice of antenatal mental health has been not evaluated independently (Wyatt et al., 2022). In this study, 12 midwives have varied awareness level about prenatal depression and there is no diagnosis pattern, but it is consistent in midwife clinical procedures, following guidelines for referral and case management follow-up, and developing excellent relationships. Midwives continue to face problems in their work, such as a shortage of human resources and a significant stigma around mental illness. They showed that with the application of standard diagnostic instruments and easier access to specialized care, treatment can be improved. We found that clinical guidelines for the diagnosis and treatment of prenatal depression are short in important data on symptoms for proper diagnosis but provide clear guidance on how to proceed with treatment (Wyatt et al., 2022). The anxiety is associated with feelings of guilt, hopelessness, sadness due to the death of family member so that it can affect mental health (Liu et al., 2021). During this pandemic, midwives also overcome professional and personal barriers, expressing fear, anxiety, uncertainty, discomfort, lack of support, and knowledge. Midwives focus on their concerns about the excessive fear, anxiety, and loneliness that pregnant women with COVID-19 experience (González Timoneda et al., 2021).

Method of Scoping Review

The Scoping Review is a literature review aiming to identify knowledge gap, determine research agenda, identify implication for decision making and explore broadly through available evidence by mapping the concepts underlying the research, the sources of evidence and from the types of evidence available (Tricco et al., 2016). The purpose of the scoping review is to map evidence on a topic of discussion based on the selected literature and identify the main concepts, theories, sources, and knowledge gaps (Tricco et al., 2018). The process of scoping review is conducted by using the guidelines Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review (PRISMA-ScR). PRISMA-ScR is designed to help readers (such as researchers, publishers, commissioners, policymakers, healthcare providers, guideline developers, and patients or consumers) have a better knowledge that relate to the terminology, important concepts, and important elements to report for review scoping. There are 22 assessment steps in writing a scoping review: title, Structured Summary, Rational, Objective, Protocol and Registration, Eligibility Criteria, Information Source, Search, Selection of Sources (Optimal), Data Charting, Data item, Critical Appraisal Of Individual Of Evidence, Synthesis Of Result, Selection of Sources of Evidence, Characteristic of Sources of Evidence, Critical Appraisal Within Sources of Evidence, Results of Individual Sources of Evidence, Synthesis of Evidence, Limitations and Conclusions.

Table 1
Framework PICO

<i>Population (P)</i>	<i>Phenomena of Interest (I)</i>	<i>Context (Co)</i>
Midwife	The experience in giving midwifery care for mental illness	Pregnant women and postpartum during the pandemic COVID-19

Based on the PICO Framework, the scoping review question is “how is the midwife's experience in providing midwifery care for mental illness for pregnant and postpartum women during the Covid-19 period”? The initial step conducted is determining the inclusion and exclusion criteria of framework that have been made by the aim of focusing data to the context searched. The following are inclusion and exclusion criteria used in scoping review:

Table 2
Inclusion and Exclusion Criteria

No.	Aspect	Inclusion Criteria	Exclusion Criteria
1.	Characteristics of Article	a. Original Research/Peer-Reviewed b. Articles published in English and Indonesian c. Articles published in the time span of 2019 - 2022 d. All qualitative studies	a. Book b. incomplete article
2.	Participant	Population: Midwives	

3.	Focus of Study	<p>a. Article that discusses the experience of midwives in providing midwifery care for mental illness for pregnant women and postpartum during the Covid-19 period</p> <p>b. Articles about the treatment of mental disorders of pregnant women and postpartum during the Covid-19 pandemic</p>	Articles discussing mental health before the Covid-19 pandemic
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Selected publications are included in PRISM study flowcharts imported for title as well as abstract filtering columns, while out-of-sync articles are included in irrelevant study columns. The researchers used mapping findings from the Covidence website. The PRISMA Flowchart design is used since it can help researchers display the results of article selection that makes readers easier to understand the flow of article selection.

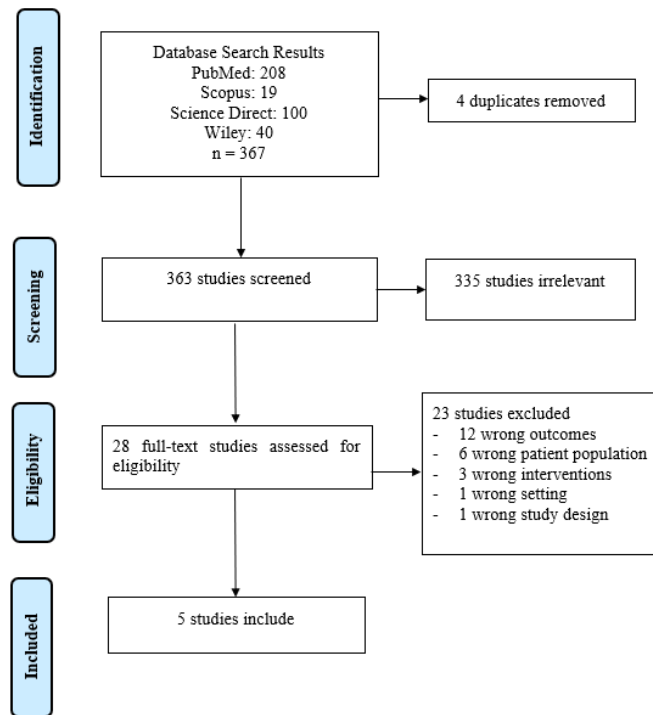


Figure 1. PRISM Flowchart

Table 3
Data Charting

Title	Aim of Research	Research Design	Method of Data Collection	Research Informant	Research Finding
<i>Antenatal depression</i>	The purpose of this study	<i>Qualitative Study</i>	<i>In-Depth Interviews</i>	12 public health	Midwives (n=12) stated that they had

<i>in Sri Lanka: a qualitative study of public health midwives' views and practices</i> (Wyatt et al., 2022)	is to explore how midwives deal with mental health problems, from diagnosing and treating antenatal depression based on current clinical standards and experience.			midwives	varying levels of awareness about prenatal depression and there is no consistent pattern of diagnosis. However, they are consistent in their clinical procedures, follow guidelines for referral and follow-up case management, and develop excellent relationships. Midwives still face problems in their work, such as a shortage of human resources and a significant stigma around mental illness.
<i>Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection</i> (González Timoneda et al., 2021)	To learn more about the experiences and attitudes of midwives caring for women with confirmed or suspected COVID-19 infections during pregnancy and childbirth.	<i>Qualitative Phenomenological Study</i>	<i>In-Depth Interviews and Analysed using Giorgi's Descriptive Method.</i>	14 Midwives	The results of study revealed that there are some difficulties experienced by midwives during the COVID-19 pandemic, emphasizing how important of effective communication, emotional support, and stress management are in providing women-centered care.
<i>Experiences of Dutch Midwives Regarding the Quality of Care during the COVID-19 Pandemic</i> (Hijdra et al., 2022)	The qualitative researcher focused on the impressions or experiences of midwives about the quality of treatment in the	<i>Qualitative Study</i>	<i>Semi-Structured Interviews</i>	15 Midwives	- Midwives and pregnant women feel uneasy and afraid of what will happen. In addition, midwives should trust pregnant women not to come into practice place when experiencing symptoms which are similar with COVID-

	Netherlands during the COVID-19 epidemic.					19. However, some pregnant women come to practice by bringing symptoms. - The findings reveal five main themes: increased desire of pregnant women to contact their midwives when something is wrong; lack and ambiguity of information about personal protective equipment (PPE); miscommunication of new measures; decrease in joint decision-making; and the quality of obstetric care.
<i>Healthcare professionals' perspectives on identifying and managing perinatal anxiety</i> (Silverwood et al., 2019)	This study aims to explore the perspectives and experiences of health professionals in the identification and management of perinatal anxiety	<i>Qualitative Study</i>	<i>In-Depth Interviews</i>	23 informants interviewed: 10 general practitioners, 7 midwives, 5 health visitors, and 1 obstetrician		- Awareness and understanding of perinatal anxiety among health professionals varies, with debates about how physiological anxiety forms in pregnancy. - Health professionals suggest that perinatal anxiety can be a challenge to identify, with mixed views on the use and value of case discovery tools. - Opportunistic identification was noted to be significant to help diagnose. -
<i>Establishing a valid construct of fear of childbirth:</i>	Systematically this study aims to identify the key elements	<i>Qualitative Study</i>	<i>Semi-Structured Interviews</i>	10 pregnant women and 13 Midwives		Consultant midwives identified seven themes: fear of having no idea and inability to plan the

<i>findings from in-depth interviews with women and midwives</i> (Slade et al., 2019)	about the term fear of childbirth as reported by the patients themselves.	unexpected, fear of inability to plan the unexpected, afraid of incapable,
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Table 4
JBI Critical Appraisal Checklist for Qualitative Study

Research Question	ARTICLE				
	A1	A2	A3	A4	A5
1. Is there a congruence between the philosophical perspectives expressed and the research methodology?	3	3	3	3	3
2. Is there a congruence between the research methodology and the research questions or objectives?	3	3	3	3	3
3. Is there a compatibility between the research methodology and the methods used to collect the data?	3	3	3	3	3
4. Is there a congruence between research methodology and data representation and analysis?	3	3	3	3	3
5. Is there a congruence between the methodology of the study and the interpretation of the results?	3	3	3	3	3
6. Is there any statement that places the researcher culturally or theoretically?	3	3	3	3	3
7. Is the researcher's influence on the study, and vice versa, handled?	3	2	3	3	3
8. Are participants, and their voices, adequately represented?	3	3	3	3	3
9. Is the study ethical according to current criteria or, for recent research, and is there evidence of ethical approval by the appropriate body?	3	3	3	3	3
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, the data?	3	3	3	3	3
TOTAL SCORE (GRADE)	30/A	29/A	30/A	30/A	30/A

Through the JBI Critical Appraisal Checklist For Qualitative Study, it was obtained that the five articles obtained Grade A. Article 1 has a score of 30, article 2 has a score of 29, article 3 has a score of 30, article 4 has a score of 30 and article 5 has a score of 30. In article 2 on the assessment of whether the researcher's influence on the study, and vice versa, was handled getting point 2

(unclear) because it only highlighted some of the obstacles faced by midwives during the COVID-19 epidemic, highlighting the importance of good communication, emotional support, and stress management in providing women-centered care.

Result and Discussion

Result

Article Characteristic based on Research Design

Based on the inclusion criteria that have been set since the beginning of screening article, the research used 5 articles that used qualitative study.

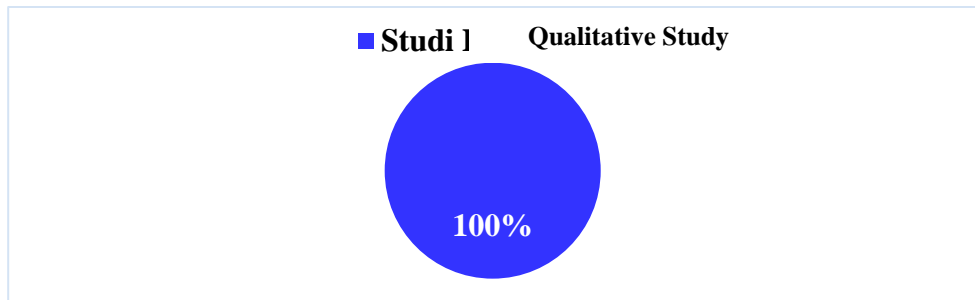


Figure 2. Based on the research design

Article Characteristics based on the Country

The characteristics based on the country in 5 articles that have been chosen are as follow:

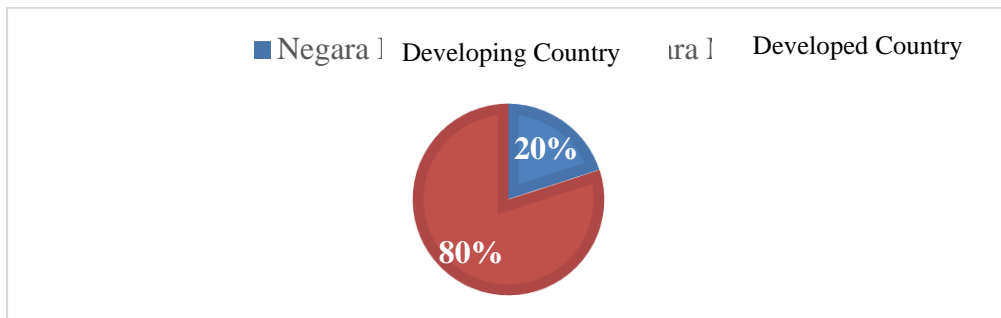


Figure 3. Based on the Country

Characteristics based on the state in the five articles are obtained 1 developing country, such as Sri Lanka and 4 developed countries, i.e., Singapore, Dutch, Liverpool, and Spain.

Characteristics of article Based on the year of Published

Characteristics based on the year published in the five articles are obtained 2 articles published in 2019, 1 article published in 2020 and 2 articles published in 2022.

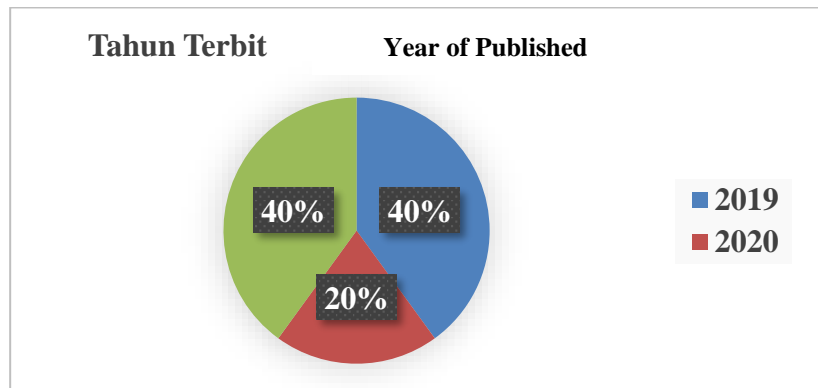


Figure 4. Based on the year of published

Characteristics of Article based on the Grade

Based on qualitative study, there are Scale Grade A (Good) with a score of 21-30, Grade B (Good Enough) with a score of 11-20 and Grade C (Less Good) with a score of < 10. All five articles obtained Grade A with each score, A1 (30/30 good quality), A2 (29/30 good quality), A3 (30/30 good quality), A4 (30/30 good quality) and A5 (30/30 good quality).

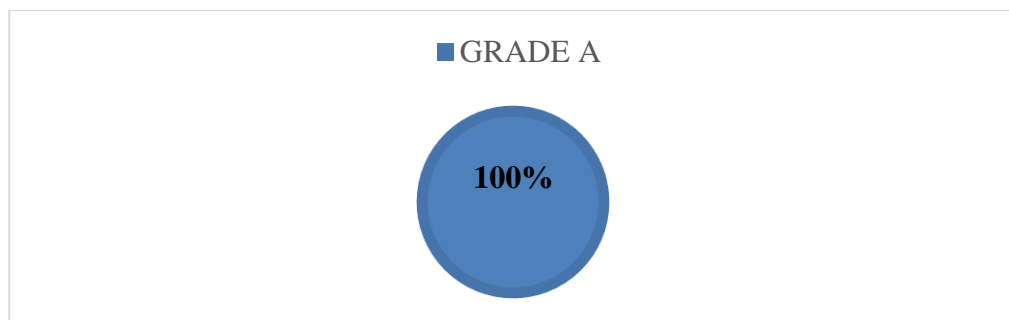


Figure 5. Based on the Grade

Discussion

Midwife's Experience

One of the objectives of the research about the experience of midwives during the Covid-19 pandemic is to investigate the life experiences of midwives in treating patients who are suspected or confirmed to be infected with COVID-19 during childbirth. The average age of the participants was 37.4 years except for one, they were all women with an average of eight years of experience as midwives (González Timoneda et al., 2021). The quality of care provided during the COVID-

19 pandemic is considered adequate given its condition. For future obstetric care during the pandemic, additional telephone checks and postpartum face-to-face visits are recommended to improve the quality of care. After the pandemic, it is recommended that the midwifery care schedule be restored to its pre-pandemic state (Hijdra et al., 2022). Midwives can help with therapy by talking to a psychiatrist and monitoring pregnant women. The midwife is a major role in the follow-up of treatment, making home visits after the treatment begins to examine the mother in their care (Wyatt et al., 2022). Treatment for mothers diagnosed with perinatal anxiety was noted to be irregular even interprofessional communication proved difficult (Silverwood et al., 2019).

Midwife's Challenge and Suggestion for Change

Due to the stigma and misunderstanding of mental illness, some families initially refused to accept the diagnosis or treat pregnant women cruelly. Meanwhile, family is eager to discuss the issue with health care providers, they try to hide it from the rest of the community (Wyatt et al., 2022). There are three main categories were identified: "challenges and differences when working during the pandemic", "emotional and mental health and well-being", and "the psychological distress of women observed by midwives" (González Timoneda et al., 2021). The promotional pathway and referral service available for specialized mental health assistance, according to health professional, is often unclear. Some participants claimed that only through experience they could understand the ever-changing clinical environment and know where to refer effectively, implying that if the pathway is simplified, it will be easier to identify the appropriate assistance for the patient (Silverwood et al., 2019).

Mental Illness

Based on research (Wyatt et al., 2022) there are 8 midwives interviewed, 4 people who believed and considered that mental health during pregnancy is an important issue, and 4 people said no. According to one of the studies the term of Fear of Childbirth (FOC) or what is called the "fear of childbirth" can have a severe influence on a woman's mental health during pregnancy as well as her birth experience. Fear of Childbirth is related to poor childbirth outcomes and postpartum mental health issues. The purpose of this study is to systematically determine the important features of the Fear of Childbirth as reported by women (Slade et al., 2019). The mother feels ignored during the childbirth process, anticipates injury or stress in the baby, worries about overcoming the pain, and feels 'finished' or abandoned during childbirth as a major part of the fear of childbirth (Slade et al., 2019).

Conclusion

The result of the scoping review which contains all qualitative research is exploring the experience of midwives in providing obstetric care for the mental illness of pregnant women and postpartum during the Covid-19 pandemic. Based on the midwife's experience, it is obtained that some of midwives are lack of knowledge in realizing the importance of mental health problems and the lack of diagnostic tools to detect mental health problems for pregnant women and

postpartum. The existence of dissatisfaction with the limitations of specific resources to send women who experience prenatal anxiety, especially the extended waiting period for psychological counselling, which makes some health professionals feel disappointed and disrespected.

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