



Bilaga 5 Tabell över inkluderade studier med kvalitativ metodik/Appendix 5 Table of included studies with qualitative methodology

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Tabell över inkluderade studier med kvalitativ metodik/Table of included studies with qualitative methodology

Author	Hadfield et al
Year	2019
Country	United Kingdom (UK)
Reference	[92]
Aim	To explore mothers' experiences of psychological interventions for PND
Theoretical approach	A realist method of qualitative analysis
Researcher competence	None stated.
Researcher positionality	The reflexive position of both researchers was considered, including the impact of their life experiences and professional orientations on the interpretations of the data.
Setting	UK NHS primary care mental health settings.
Treatment received	13 women: CBT in 12 individual or 6 group sessions. 1 woman: Eye Movement Desensitisation and Reprocessing (EMDR). 6 individual therapy, 8 group therapy. All treatments with a focus on parenting-related outcomes.
Treatment deliverer	Psychotherapists
Recruitment	Convenience and snowball sampling through NHS services who provided contact information, and through advertisements on social media platforms
Participants	14 women (mean age 32 years) who had received psychological treatment for postnatal depression
Data collection	Semi-structured individual interviews following a topic guide, 30–75 minutes.
Data analysis	Framework analysis because answers to specific questions were sought. Five stages of analysis in line with Ritchie & Spencer (1994).
Methods to ensure rigour of findings	Not stated
Main findings	Three superordinate themes: The experience of therapy for postnatal depression; Views about parenting in therapy; and Therapy outcomes, encompassing in total 8 themes and 8 subthemes. Authors' conclusion: Primary care-based psychological therapy for PND was perceived as helpful and acceptable.
Methodological limitations	Moderate. Some concerns for sampling strategy and lack of discussion on validation procedure.

NHS = National Health Service; PND = Post-natal depression

Author	Masood et al
Year	2015
Country	United Kingdom (UK)
Reference	[93]
Aim	To assess the acceptability and overall experience of the Positive Health Programme by British South Asian mothers.
Theoretical approach	None specified
Researcher competence	None stated
Researcher positionality	Primary researchers from same linguistic and ethnic group as the participating women
Setting	Primary care: General Practices and Children's Centres in Manchester and Lancashire areas in the UK Part of a RCT trial.
Treatment received	Positive Health Programme: a culturally adapted Cognitive Behavioural Therapy in groups. Manual-based, 12 sessions during 3 months.
Treatment deliverer	Trained research staff
Recruitment	Random selection from women in the treatment arm of the RCT. 20 women contacted.
Participants	17 women (20–45 years), all South Asian (Pakistani, Indian, Bangladeshi) living in UK.
Data collection	In-depth individual interviews (approx. 45 min.) at participant's home. Topic guide covering reasons for participation, barriers to receiving the intervention, and perception of the intervention process including participants' initial expectations and reflections. Iterative data collection until data saturation was achieved.
Data analysis	Thematic analysis. First at semantic level, then at latent level to find meaning in a coherent and adequate manner.
Methods to ensure rigour of findings	Researcher and supervisor reviewed themes and subthemes.
Main findings	Results grouped under six headings: Motivators to participate, Barriers to attendance and commitment, Understanding the cultural and linguistic needs, Participation in group sessions, Feeling confident and empowered, and Suggestions for improvement. Authors' conclusion: Culturally-sensitive psychological interventions can lead to better health outcomes and higher overall satisfaction levels.
Methodological limitations	Moderate. Some concerns for validation of analysis, and for lack of information about researcher's position.

RCT = Randomised controlled trial

Author	O'Mahen et al
Year	2015
Country	United Kingdom (UK)
Reference	[94]
Aim	To gain patient perspectives on engagement and barriers to the Netmums "Helping with Depression" treatment.
Theoretical approach	Thematic analysis drawing on principles from grounded theory
Researcher competence	"We designed and tested an online treatment", which suggests researchers have clinical competence
Researcher positionality	None stated.
Setting	Part of a large effectiveness trial
Treatment received	Online self-help behavioural activation. Minimum 11 sessions.
Treatment deliverer	Delivery through a "popular UK parenting website, Netmums.com"
Recruitment	Two-stage sampling: First, purposive from original trial sample divided into sub-categories. Then, random sampling from relevant sub-groups contacted via phone and email.
Participants	Data collection until maturation was achieved 22 women (mean age 31.3 years) within a year of receiving treatment.
Data collection	Individual interviews (via phone) using a semistructured interview guide, modified as data collection went on.
Data analysis	Thematic analysis in an iterative process guided by raw data and concepts from behavioural activation theory.
Methods to ensure rigour of findings	At least two members of research team independently coded. Continuous meetings to discuss and interpret data and to reach group consensus. Coder agreement calculated (81%, acceptable).
Main findings	Two main themes: motivation and barriers. Several subthemes + suggestions for treatment improvement Authors' conclusion: Open access, self-help internet interventions are acceptable to women with postnatal depression, but it is critical to provide tailoring and support to help overcome barriers and improve treatment adherence.
Methodological limitations	Moderate. Some concerns regarding lack of information on researcher positionality.

Author	Pugh et al
Year	2014
Country	Canada
Reference	[99]
Aim	To obtain a comprehensive understanding of the participants' experience with TAICBT in an effort to gain information that would improve effectiveness, reduce attrition, and enhance therapist-assistance in TAICBT for PPD.
Theoretical approach	None specified.
Researcher competence	1 st author Doctoral student of Clinical Psychology. 2 nd author registered psychologist and expert in TAICBT.
Researcher positionality	None stated.
Setting	Study part of a larger, RCT, program
Treatment received	TAICBT (therapist-assisted internet cognitive-behavior therapy). 7 modules over 10 weeks.
Treatment deliverer	Trained internet therapists at Online Therapy Unit for Service Education and Research, Saskatchewan, Canada
Recruitment	Women in the treatment arm of a clinical trial. Various methods such as newsletters, support groups, posters, websites.
Participants	24 women who had received the TAICBT
Data collection	Responses to 10 open-ended questions on an online survey.
Data analysis	Thematic analysis in line with the six stages suggested by Braun & Clarke (2006).
Methods to ensure rigour of findings	Two coders worked independently, a third experienced researcher was consulted on the analytic framework
Main findings	Positive experiences with the TAICBT program; Challenges with the TAICBT program, and Future directions of TAICBT programs. Several sub and sub-subthemes found. Authors' conclusion: the positive experiences reported by the majority of participants suggest that TAICBT is a promising treatment for PPD because it can overcome several treatment barriers for women in the postnatal period.
Methodological limitations	Moderate. Some concerns for lack of declaration of researcher positionality.

TAICBT = Therapist-assisted internet cognitive behavior therapy; PPD = Postpartum depression; RCT = Randomised controlled trial

Author	Rossiter et al
Year	2012
Country	Australia
Reference	[98]
Aim	To examine the mothers' perspectives on the program, to understand how mothers experienced the intervention and which aspects they found particularly valuable.
Theoretical approach	None specified
Researcher competence	None stated
Researcher positionality	None stated
Setting	Primary care: Australia. Part of a large evaluation project on HVP.
Treatment received	Home Visiting Programme including a video of mother-infant interaction, support-providing and strengthening parental capacities. 10 visits.
Treatment deliverer	Child and family health nurse
Recruitment	Questionnaire sent to all women who had received the HVP during four waves.
Participants	111 mothers diagnosed as depressed
Data collection	Satisfaction questionnaire (both rating scales and open-ended). Hand-written answers to 14 open-ended questions were used as data.
Data analysis	Thematic content analysis
Methods to ensure rigour of findings	None explicitly specified
Main findings	Four major themes identified: Personal and professional qualities of the home visitors; The nature of the HVP; Confidence in parenting; and The understanding between mothers and babies. Authors' conclusion: The clients' satisfaction data have provided a deeper understanding of the program and valuable indicators as to how to adapt and enhance similar interventions in future in a way that is beneficial for participants, enhances their engagement, and overcomes some of the barriers to accessing support and early intervention.
Methodological limitations	Moderate. Some concerns for the quite low response rate (~50%), lack of external validation, and lack of discussion on researcher positionality.

HVP = Home Visiting Programme

Author	Shakespeare et al
Year	2006
Country	United Kingdom (UK)
Reference	[95]
Aim	To explore the experiences of women who have received listening visits for postnatal depression.
Theoretical approach	None specified
Researcher competence	Researchers included a general practitioner and a psychiatrist, who both conducted the interviews.
Researcher positionality	Authors write: "the fact that both the interviewers were heavily involved in the development of the local strategy could be a bias in the interpretation of the data".
Setting	Primary Care, Oxford City, UK. Part of a wider project evaluating women's views on screening and listening visits.
Treatment received	Listening Visits, usually 4 visits at weekly intervals
Treatment deliverer	Trained health visitors
Recruitment	Researchers asked health visitors for contact information to women who had received health visits. Interested women returned information and was contacted by the interviewers
Participants	16 women who had received the listening visits and were interviewed (19–41 years)
Data collection	Individual interviews following a topic guide, which was updated during the data collections phase to explore emerging themes. Iterative data collection until data saturation was achieved.
Data analysis	Qualitative thematic analysis (in line with Pope et al 1999).
Methods to ensure rigour of findings	All three authors coded text and discussed emerging themes. Interview quality was checked.
Main findings	Four themes or factors that made listening visits a positive experience were identified: Agreeing with a medical model for postnatal depression; The relationship with the health visitor; Being offered choices and options; and The process of the visits. Authors' conclusion: This study showed that there are certain conditions that need to be met if women with postnatal depression were to view listening visits as a positive experience.
Methodological limitations	Moderate. Some concerns for low response rate and the time that had passed since the visits.

Author	Slade et al
Year	2010
Country	United Kingdom (UK)
Reference	[96]
Aim	To provide the first integrated in-depth exploration of postnatal women's experiences of the identification and management of symptoms of depression and the offer and acceptance of postnatal care by health visitors taking part in the PoNDER trial.
Theoretical approach	None specified.
Researcher competence	Authors comprise two professors (clinical psychology, psychiatry), associate professor of health research, and three research psychologists.
Researcher positionality	None stated.
Setting	Primary care. Part of a large RCT; PoNDER
Treatment received	Three interventions: Cognitive-behavioural approach, person-centred approach, treatment as usual (home visits). Up to 8 one-hour sessions.
Treatment deliverer	Health visitors
Recruitment	Women in the trial with EPDS ≥ 18 invited to participate.
Participants	30 women, 9 (control home visits), 10 (CBT) and 11 (PCA). Ages 18–45.
Data collection	Individual interviews, at participants' home, following a semi-structured interview schedule.
Data analysis	A "template approach" (King, 1998) was used. Prespecified template of themes important to the research question, to answer specific questions.
Methods to ensure rigour of findings	Three interviewers and coders developed codes together. Final themes and subthemes verified by two other researchers.
Main findings	Three themes: Seeking help; Roles and relationships; Experiences of intervention or support. Several subthemes. Authors' conclusion: Women's experience of their health visitors providing psychological sessions to help with postnatal depressive symptoms is highly positive.
Methodological limitations	Moderate. Some concerns for lack of discussion on reflexivity and researcher position.

CBT = Cognitive behavioural therapy; EPDS = Edinburgh postnatal depression scale; PCA = Person-centred approach; RCT = Randomised controlled trial; PoNDER = Post-Natal Depression Economic Evaluation and Randomised trial.

Author	Turner et al
Year	2009
Country	United Kingdom (UK)
Reference	[97]
Aim	To explore women's experiences of health visitor delivered listening visits as a treatment for postnatal depression
Theoretical approach	None stated
Researcher competence	None stated
Researcher positionality	None stated
Setting	Primary care in three UK cities. Part of the RESPOND trial, a RCT evaluation.
Treatment received	Listening Visits. 4 weekly visits, with opportunity of 4 more visits
Treatment deliverer	Research health visitors, specifically trained by clinical psychologist
Recruitment	Purposeful sampling from those who had received the LV's, aimed at variation in age and socio-economic background
Participants	22 women (19–45 years), clinically diagnosed with depression.
Data collection	Individual interviews using a topic guide with 6 open-ended questions. 40 mins to 2 hours per interview
Data analysis	Transcripts read by different members of research team. Independently coded by two authors. Codes analysed using framework analysis.
Methods to ensure rigour of findings	Internal validation, consensus discussions
Main findings	Four major themes: Benefits of the listening visits; Relationship with the RHV; Support given by the RHV's; and Ending the visits. Authors' conclusion: Women with postnatal depression may report listening visits as helpful but insufficient to manage their depression.
Methodological limitations	Moderate. Some concerns for the lack of information on the researchers and their positionality

LV = Listening Visits; **RCT** = Randomised controlled trial; **RHV** = Research health visitors; **RESPOND** = Randomised Evaluation of antidepressants and Support for women with POstNatal Depression

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