Poster walk 1 - Psykiatri & mentalt helbred

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Regionshospitalet Viborg, May 2025

The transition from infertility treatment to pregnancy: A qualitative study of women's experiences before and after the first trimester scan

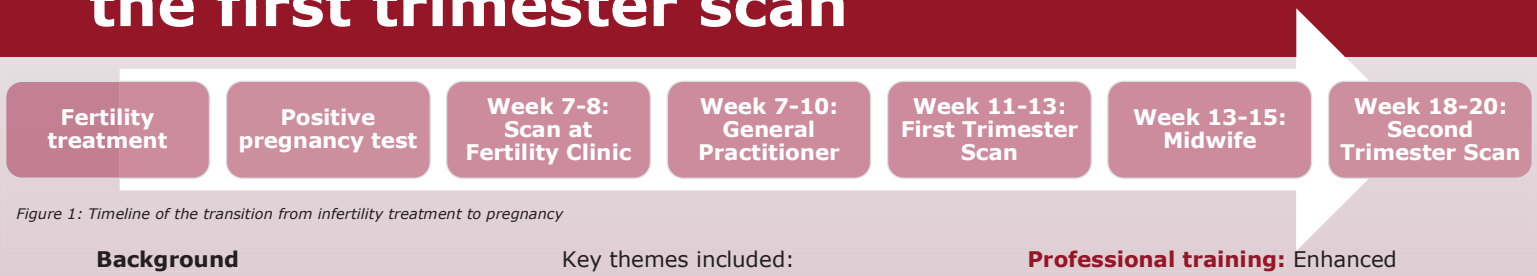

Figure 1: Timeline of the transition from infertility treatment to pregnancy

Background

An increasing number of pregnancies in Denmark are achieved through fertility treatment, yet little is known about the women's emotional transition from the intense and highly monitored fertility process to a standard pregnancy course. This study explores the psychological and emotional experiences of women who conceived through fertility treatment with particular focus on the period before and after the first trimester scan.

Method

A qualitative study was conducted using semi-structured interviews with nine pregnant women recruited from a Danish public fertility clinic. Each participant was interviewed twice – once before and once after the first trimester scan. Interviews were recorded, transcribed, and thematically analyzed using Braun and Clarke's six-step model.

Results

The thematic analysis identified a temporal shift in emotional experience. Initial interviews revealed high levels of anxiety, emotional ambivalence, and a strong need for reassurance and continuity. Follow-up interviews indicated relief associated with the progression of pregnancy, yet persistent emotional residues from the fertility journey.

Key themes included:

- The need for recognition from healthcare professionals
- Changing informational needs
- Individual preferences for support
- Fluctuating emotional attachment

The first trimester scan marked a pivotal moment, but did not fully alleviate underlying concerns, underscoring the need for continued support.

Implications and recommendations

Findings highlight the need for structured transitional support for women moving from fertility to maternity care. Targeted interventions include:

Digital support: Implementation of the "Pregnancy after Fertility Treatment" module in *Emento* (launching 2025), a regional digital care app providing continuous information, emotional support, and direct communication with healthcare professionals.

Follow-up contact: A scheduled phone call at 8-12 weeks post-discharge from the fertility clinic to ensure continuity and address lingering questions.

Improved communication: Better integration between fertility and maternity care through consistent documentation of fertility history.

Professional training: Enhanced education for general practitioners, sonographers, and midwives to strengthen empathy, communication, and fertility-specific expertise.

Peer support: Development of prenatal and postnatal groups for women after fertility treatment to foster community and emotional validation.

Individualized reassurance: Tailored assessments to balance clinical and psychological support needs within existing maternity care frameworks.

Future research should examine the long-term emotional trajectories of this group and evaluate the effectiveness of structured digital and peer-based interventions.

Conclusion

The findings reveal a gap in transitional care for women moving from fertility treatment to pregnancy. As fertility treatment becomes more prevalent, maternity care must evolve to provide ongoing, specialized, and holistic support. Implementing structured interventions and fostering collaboration across care sectors will be key to ensuring continuity and emotional well-being for this growing patient group.

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FØDENDES OPLEVELSE AF AKUT KEJSERSNIT

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BAGGRUND

Akut kejsersnit er blevet vist at være den mest traumatiserende fødselsform og er ofte forbundet med en mere negativ fødselsoplevelse end andre fødselsformer. I udlandet er der endda påvist en sammenhæng mellem akut kejsersnit og udvikling af post-traumatiske stressreaktioner. Det er derfor interessant at undersøge, hvorvidt samme bekymrende tendenser kan genfindes hos danske kvinder. Formålet med dette projekt var at undersøge, hvordan fødende på Regionshospitalet Viborg oplever at få foretaget akut kejsersnit.

METODE

I perioden februar-marts 2025 blev der rekrutteret 9 kvinder, som netop havde født ved enten akut eller subakut kejsersnit på Regionshospitalet Viborg. Disse kvinder deltog i semi-struktuerede interviews ud fra en på forhånd udformet interview-guide.
Interviews'ene blev foretaget telefonisk og optaget, hvorefter de blev transskriberet og analyseret med inspiration fra Braun og Clarke's model for tematisk analyse af kvalitative data. Ud fra analysen blev der genereret 4 temaer.

RESULTATER

"Jeg havde håbet på, at jeg skulle føde naturligt. Det var det, mit mål var". - F3

"Det bliver jeg selvfølgelig ked af, fordi det var ikke lige det, jeg havde regnet med". - F7

"Jeg følte mig altid tryg, fordi jeg vidste, at der var mange til at hjælpe, hvis der var noget". - F2

"Der var god information, så vi var meget trygge i det". - F7

1: Uforløste forventninger

Alle deltagerne havde håbet på at føde ukompliceret, og flere var skuffede over, at dette ønske ikke blev opfyldt.

2: Omlægning forbundet med nervøsitet og lettelse

For nogen var det overvældende at blive omlagt til akut kejsersnit. For andre var det omvendt en lettelse - især for dem, hvis fødsel havde været meget lang.

3: Nærvær og højt informationsniveau skaber tryghed

For alle fødende var personalets nærhed og kompentencer essentielt for, at de følte sig trygge. Ligeledes var det høje informationsniveau væsentligt.

4: God oplevelse under omstændighederne

Til trods for de braste forventninger og den, for nogen, overvældende oplevelse, sad stort set alle deltagere tilbage med en god fødselsoplevelse.

"Det var godt nok overvældende. Meget angstprovokerende faktisk". - F5

"Jeg var noget lettet, da de kom og sagde det". - F1

"Jeg synes faktisk, at selvom det endte i kejsersnit [...] så har det været en rigtig god oplevelse". - F1

"Jeg har virkelig syntes, det var lige, som det skulle være. Der var ikke så meget at komme efter". - F9

KONKLUSION

Langt de fleste deltagere havde en god oplevelse med at føde ved akut kejsersnit, og de følte sig i høj grad trygge undervejs i forløbet. De understregede, at nærhed, tillid til personalet og god kommunikation var essentielt for det høje tryghedsniveau. Det var sværere for nogen end andre at forlige sig med, at deres forventninger og ønsker til fødslen ikke kunne indfries, men det til trods, sad de næsten alle tilbage med en positiv fødselsoplevelse.
Således kunne de negative tendenser fra udlandet ikke umiddelbart genfindes hos de fødende i dette studie. Det åbner op for spekulationer om, hvorvidt det samme vil gøre sig gældende for de fødendes partnere? Og kunne oplevelsen for de fødende ændre sig over tid, eller eventuelt få nogle psykiske konsekvenser på sigt? Disse perspektiver kunne være interessante at undersøge nærmere i fremtiden.

MAPPING SOCIAL LANDSCAPES

Youth NEET Risk and Social Issues in Europe – a systematic literature review

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INTRODUCTION
The 40 million young people's lack of successful transition from the education system to the labor market across Europe has a major focus. This systematic review of literature document social risk factors associated with NEET status in Europe.

AIM
To identify studies documenting social factors influencing whether young people end up in the NEET group.

METHODS
A systematic literature search was conducted in four databases on February 21, 2023, with an update on January 15, 2024.

RESULTS
A total of 98 articles included. Multiple social risk factors were associated with NEET status and divided into three spheres: factors related to the parental influence, the environment circumstance, and the individual factors.

NEET
Not in Education, Employment, or Training

CONCLUSIONS
Lacking a robust sense of self and limited self-efficacy, growing up in unstable home environment, having parents with low educational or labor market attainment are associated with significantly increased risk of NEET. Performing or behaving poorly in school and risk behaviour such as crime and substance use are also correlated with NEET status.

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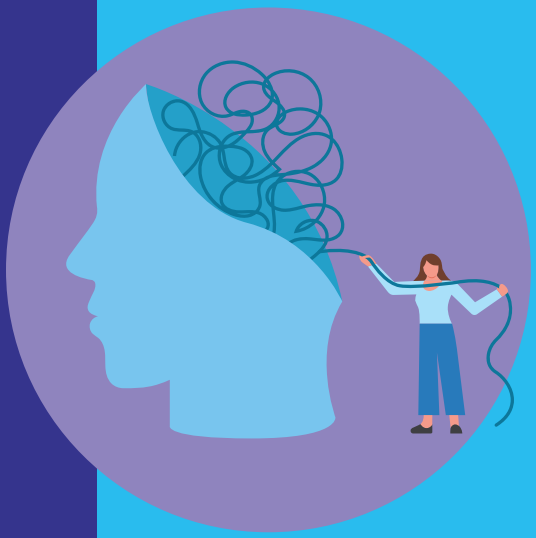
BEYOND THE MIND

Understanding the Influence of Mental Health on Youth NEET Status in Europe – a systematic literature review



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INTRODUCTION

In the fields of labour market and education research, there is a vast interest in mental health factors affecting unsuccessful school-to-work transitions, dropout from school and labour market disconnections for young people. Young people who are not in employment, education, or training are conceived of as NEET.

AIM

To get an overview we conducted a systematic review of the present literature on the influence of mental health on the likelihood of becoming NEET in Europe.

METHODS

A Systematic literature search was conducted in four databases on February 21, 2023, with an update on January 15, 2024.

RESULTS

33,314 articles were screened whereas 41 studies involving 8,914,123 individuals were included. Poor mental health such as attention deficit hyperactive disorder (ADHD), autism, depression, borderline, and psychosis during childhood and adolescence is strongly associated with becoming NEET.

NEET

Not in Education, Employment, or Training

CONCLUSIONS

Mental health issues, whether mild or severe, heighten significant the risk of adverse education and employment outcomes in early adulthood, extending to young individuals with personality disorders, borderline personality disorder, and psychoses. These observations inform early intervention strategies for children and young people grappling with mental health challenges. Timely treatment is essential. Future research should focus on the gap in research like specific disorders such as eating disorders and anxiety.

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PLACE MATTERS

Understanding Geographic Influences on Youth Not in Education, Employment, or Training (NEET) – a scoping review

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INTRODUCTION
Youth aged 15 to 29 who are not engaged in education, employment, or training (NEET) represent a critical concern within the European Union (EU).

AIM
This review aims to ascertain whether existing studies address the impact of living in either rural or urban settings, or in specific types of neighborhoods, on the likelihood of young European individuals falling into NEET status.

METHODS
On February 21, 2023, and subsequently updated on January 15, 2024, a thorough literature search was carried out across four major databases to compile relevant studies.

RESULTS
From an initial pool of 33,314 articles, 11 studies were deemed relevant for this review involving over 786,399 participants. The analysis revealed that residing in disadvantaged neighborhoods, characterized by significant crime rates and unemployment levels surpassing national averages, correlates strongly with an increased incidence of NEET status among youth. Notably, impoverished areas with a high presence of visible minorities were associated with higher rates of school dropout or unemployment. Furthermore, the conditions of the local labor market were found to notably affect dropout rates from secondary schools, especially in urban centers. Whereas rural areas exhibited elevated unemployment rates among the youth.

NEET

Not in Education, Employment, or Training

CONCLUSIONS
This review underscores the need for targeted policies that address geographical disparities in NEET status by tailoring interventions to urban, rural, and neighbourhood-specific contexts. Policymakers should focus on localized support programs and integrate geographical factors into strategic planning to ensure equitable opportunities for all youth.

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FROM ILLNESS TO INACTIVITY

Exploring the Influence of Physical Diseases on Youth NEET Status in Europe – a systematic literature review

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INTRODUCTION

In 2010, 33% of young Europeans (ages 15 to 29) were Not in Education, Employment, or Training (NEET), rising to 40 million by 2015. Those with disabilities or health challenges are 40% more likely to be NEET. Hence, we conducted a systematic search to identify health challenges as NEET risk factors.

AIM

To investigate existing evidence of physical risk factors associated with NEET among young Europeans aged 15-29 years.

METHODS

A systematic search was conducted across four databases on February 21, 2023, with an update on January 15, 2024. Data collected after 1980 were included.

RESULTS

A total of 33,314 articles were screened, resulting in the inclusion of 32 articles in this review. The review identified multiple physical risk factors associated with NEET status, which were categorized into two primary domains: congenital conditions and birth-related factors, e.g., factors encompassed neonatal life in utero and experiences related to birth, and health conditions during childhood and adolescence, e.g., survivors of childhood cancer and other severe health conditions during childhood and adolescents.

NEET

Not in Education, Employment, or Training

CONCLUSIONS

Our findings highlight that varying congenital conditions and birth-related factors as well as diseases from childhood to adulthood challenges or even hinder educational and job market participation, this emphasizing the importance of targeted support for children facing health challenges. These findings highlight the immediate requirement for comprehensive interventions specifically designed for children and adolescents who are e.g., preterm, have experienced severe illness, or are coping with chronic diseases. These interventions should address the challenges encountered by youth in NEET. However, limited evidence on the impact of health conditions on NEET status underscores the necessity for further research into both short- and long-term effects.

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Udbrændthed blandt klinikere – en systemmodel

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Baggrund

Udbrændthed blandt klinikere er en voksende udfordring i sundhedsvæsenet med alvorlige konsekvenser for både medarbejdere og patienter.

Forskning viser, at udbrændthed hænger sammen med lavere trivsel, reduceret behandlingskvalitet, nedsat patientsikkerhed og øget personaleomsætning.

I 2022 udpegede den amerikanske Surgeon General udbrændthed blandt sundhedsprofessionelle som en national krise. Danske forhold viser lignende mønstre med stigende arbejdspres, rekrutterings-udfordringer og personaleafgang.

Disse tendenser peger på, at udbrændthed ikke blot er et individuelt problem, men et komplekst systemisk fænomen, der opstår i samspil mellem strukturelle, organisatoriske og individuelle faktorer.

Formål

At præsentere og kontekstualisere National Academy of Medicine's systemmodel for klinikerudbrændthed.

At anvende modellen til at forstå, hvordan udbrændthed opstår og forplanter sig gennem sundhedssystemet samt dets konsekvenser

At diskutere modellens relevans i en dansk kontekst og dens anvendelse til at identificere forebyggende og afbødende tiltag.

Metode

Der er gennemført en narrativ oversigt baseret på dansk og international litteratur. Modellen fungerer som en analytisk ramme, der organiserer eksisterende viden og illustrerer dynamiske relationer mellem eksterne miljøforhold, organisatoriske strukturer, arbejdsvilkår i frontlinjen, individuelle faktorer samt konsekvenser.

Konklusion

Systemmodellen viser, at udbrændthed opstår gennem et samspil mellem flere niveauer i sundhedssystemet:

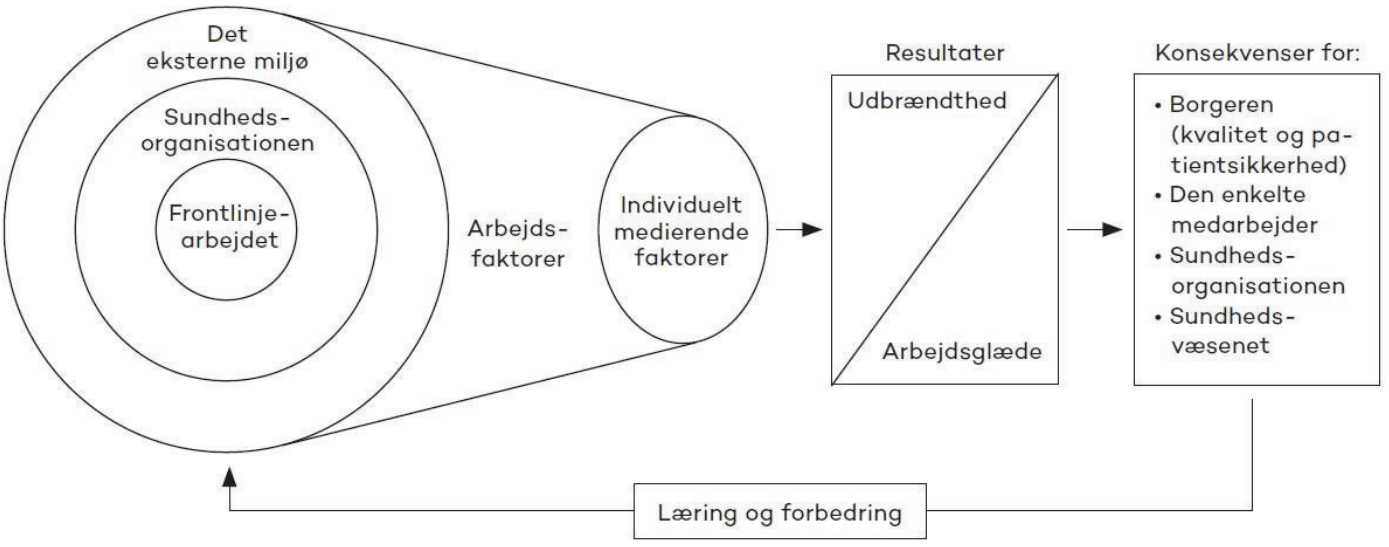
Eksternt niveau: Politiske, økonomiske og regulatoriske rammer skaber strukturelt pres og styrer ressourceprioriteringer.

Organisatorisk niveau: Ledelsesstrategier, kultur og ressourcefordeling påvirker arbejdsmiljø, støtte og indflydelse.

Frontlinjeniveau: Høj arbejdsmængde, tidspres og følelsesmæssige krav fører til belastning, særligt ved utilstrækkelig støtte.

Individniveau: Personlige ressourcer og copingstrategier medierer belastningen, men kan ikke kompensere for vedvarende systemisk ubalance.

Følgevirkninger: Udbrændthed manifesterer sig som emotionel udmattelse, depersonalisering og reduceret effektivitet – med konsekvenser som lavere patientsikkerhed, nedsat behandlingskvalitet, høj personaleomsætning og økonomiske tab.



Figur 1. Systemmodel for udbrændthed blandt klinikere. Modellen er udviklet af National Academy of Medicine (2019)

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