



Government of **Western Australia**
Department of **Health**

ANRQ – Midwife Training and Pilot Implementation at KEMH



**Lea Davidson, Education and Training Officer
Women and Newborn Health Service**

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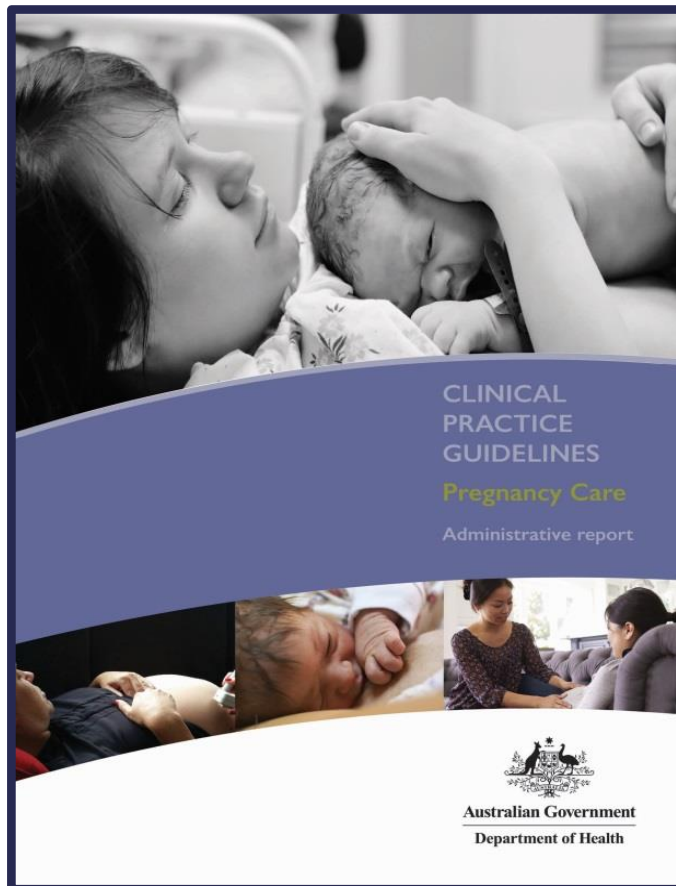
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Why are we introducing this tool?

The ANRQ is recommended for use as part of psychosocial screening in a number of national guidelines

NHMRC Clinical Practice Guidelines:
Pregnancy Care (2018)



Mental Health Care in the Perinatal Period:
Australian Clinical Practice Guideline (2017)

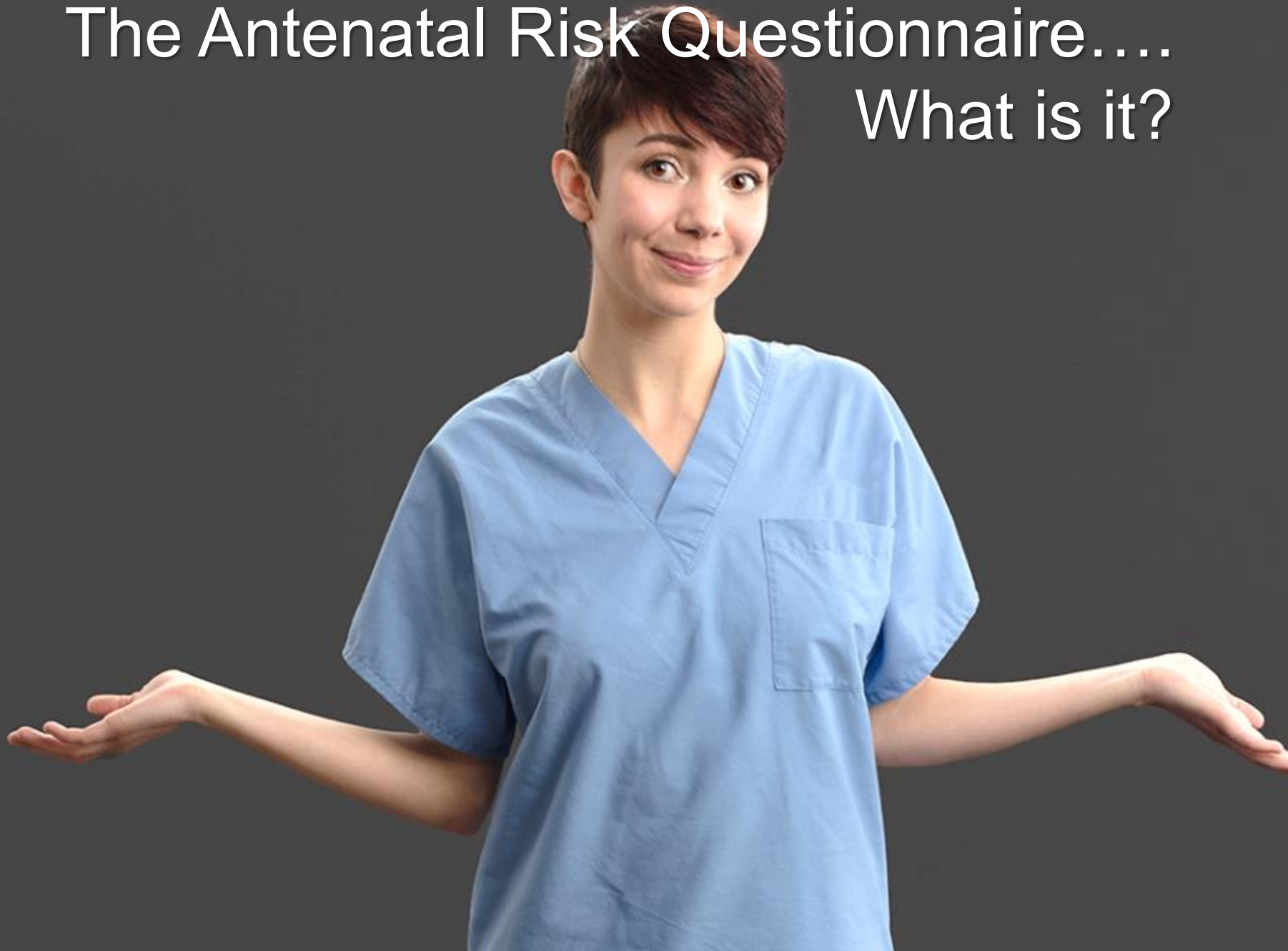


Getting Started....

- SPIMHP & WHGMH Research officer in consultation with key stakeholders;
 - DNAMER
 - Coordinator of Midwifery
 - Clinical midwifery Managers
 - Psychological medicine
 - Director Social Work Department

The Antenatal Risk Questionnaire....

What is it?



Education module

- Introduction to psychosocial screening
- Questionnaire breakdown
- Scoring the ANRQ
- Having the conversation
- Principles of trauma informed care
- Screening interview
- Referral
- Professional responsibility

Method

- Prior to implementation six education sessions held with 44 midwives attending
- DVD developed and included in final three sessions
- Midwives from MGP 4 & 5 encouraged to attend
- Pre exposing activities

Evaluation

- Participants asked to complete a pre and post course self assessment
- Both questionnaires contained 7 questions
- Further qualitative Qs included to explore usefulness of the training, areas for improvement and if they would recommend to others
- 73% of participants responded

Results

- Mean scores calculated for each pre and post course questions GEKO 27746
- Improvements noted for all items
- Responses to qualitative questions

Qualitative responses

- What did you find most useful?
 - *Learning I do not have to fix it, just validate it*
 - *Reassurance about human interaction*
 - *Increased awareness of social stressors*

...but what do you say when?

Dealing with disclosure and sensitive topics

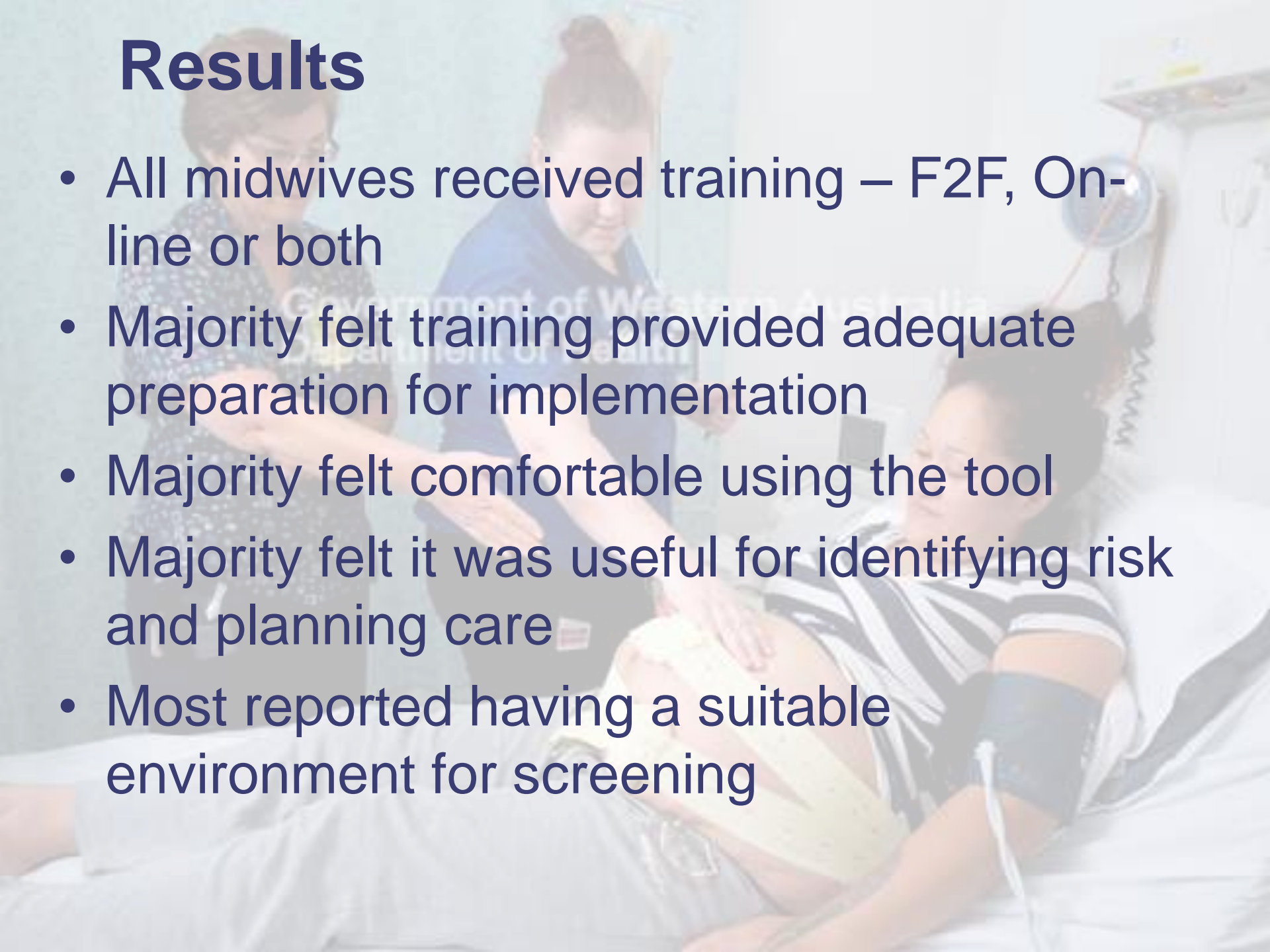


Pilot Implementation – MGP

- Commenced February 2019 – staff instructed to use ANRQ with EPDS and cease using the PASS
- Implementation - February to April 2019
- Midwife questionnaire – 1st two weeks of May
- Response rate – 71%

Results

- All midwives received training – F2F, On-line or both
- Majority felt training provided adequate preparation for implementation
- Majority felt comfortable using the tool
- Majority felt it was useful for identifying risk and planning care
- Most reported having a suitable environment for screening



Benefits

- Challenging questions but important to ask, tool easy to follow and women can see you are following a screening tool not just being 'nosy'
- Very good at identifying childhood trauma
- I found I had increased knowledge/depth of history (of patient)
- I liked the question about support – this was a good conversation about postnatal period.

Challenges

- Can be awkward have to ask partner to leave. I tend to warn them at start of appt -
- there will be a 'girls only' section
- Very personal questions for women you have just met (common response).
- Important questions but feels like a very cold approach to ask at booking
- Environment to perform privately and safely

- Have gotten important information from women that I would never have gotten from previous tools used. It has opened up important conversations and allowed me to appropriately refer to supporting services. Combined with EPDS, it has helped me work out whether a referral is required immediately or whether it just highlights a woman to keep a closer eye on as she may be more susceptible. E.g. – due to her history she scored quite high but has done a lot of work prior to pregnancy and is in a good place, so her EPDS was low. She didn't require any referral but being aware will help me provide the best care for her pregnancy.

Conclusion

- Overall general acceptance however most reported the importance of having a private space
- Despite small sample size – comparable with Austin et al (2013) results

Actions taken from Recommendations

- Continued implementation of ANRQ and cessation of PASS from MGP 4 and 5
- The ANRQ be rolled out in a phased approach commencing with Doctors Clinic (Red Team) and Midwives Clinics with further evaluation Jan/Feb 2020
- Further education and training provided
- Discussions/ supporting staff emotional wellbeing (prevent burn out)
- Future design of antenatal clinics at QEII site to include private space for midwifery interviews