

# Perinatal Assessment of Risk of Mental Illness Experience of New Mothers and Clinicians at Two Private Hospitals

Part of an explanatory, mixed methods study  
of early parenting support services

Deborah Sims

# The Supervisors



Perinatal Assessment of Risk of Mental Illness - Women Who  
Gave Birth Private Hospital

# The Researcher



Dr Amir Hanna, Obstetrician + Mentor



Dr Des Cohen, paediatrician



Darwin, Karen, Viv,  
Delonika, Coralie (Nurse)

## CHECKLIST



# Ethical Considerations

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UTS Ethics Approval  
Hospital 1 Ethics Approval  
Hospital 2 Ethics Approval  
Participant Informed Consent  
Data Secure



# Stakeholder Experience



**Assessment of Risk  
of Mental Illness**



**Women Who Gave Birth  
in a Private Hospital**

Assessment facilitates  
early intervention and  
improves outcomes





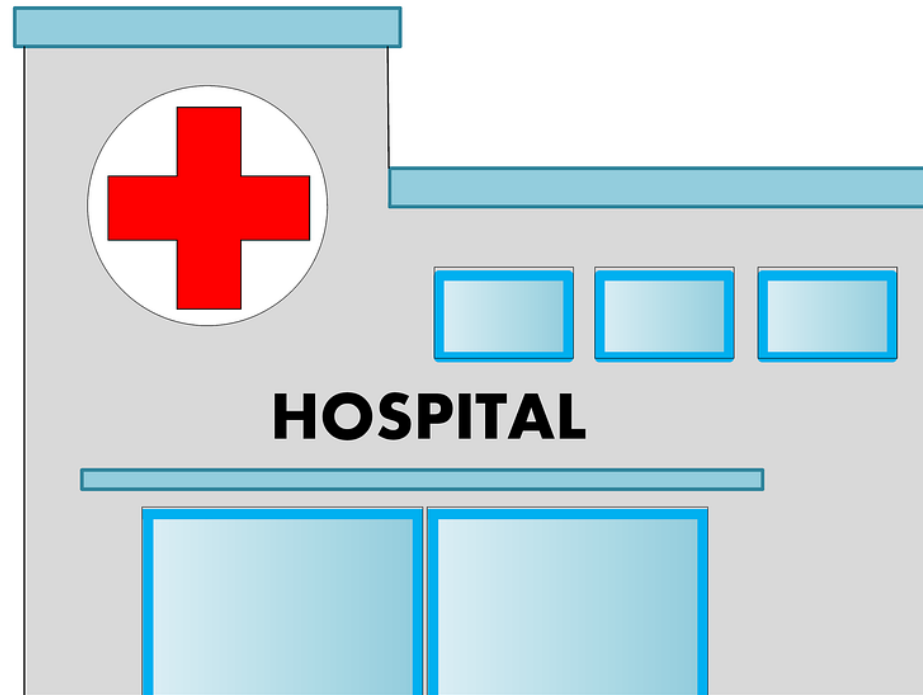
**Assessment of Risk  
of Mental Illness**



**Women Who Gave Birth  
in a Private Hospital**

**Less Likely**

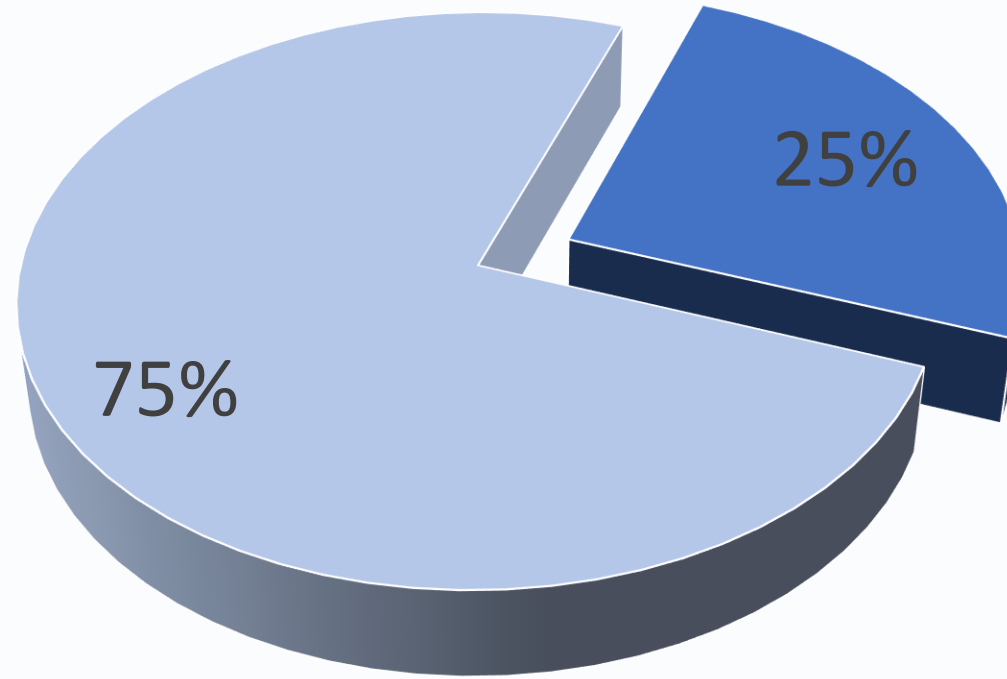
# Private Hospital



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Gave Birth Private Hospital



# Place of Birth



■ Public Hospital Birthing Centre or Home Birth

■ Private Hospital

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# Perinatal Services



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“(Australia’s) universal health services for pregnant women, children and families ... are delivered in a fragmented manner with both duplication and gaps in services.....”

(Schmied et al 2010 )

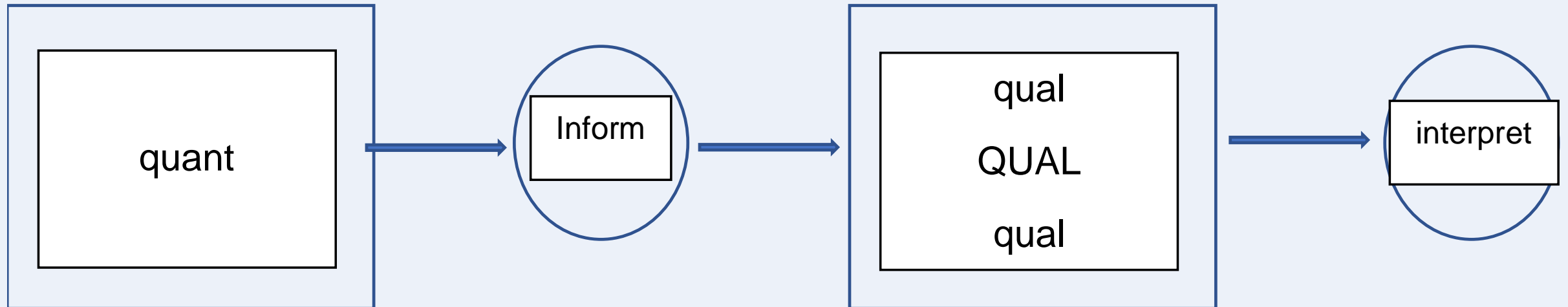


## **Assessment of Risk of Mental Illness**

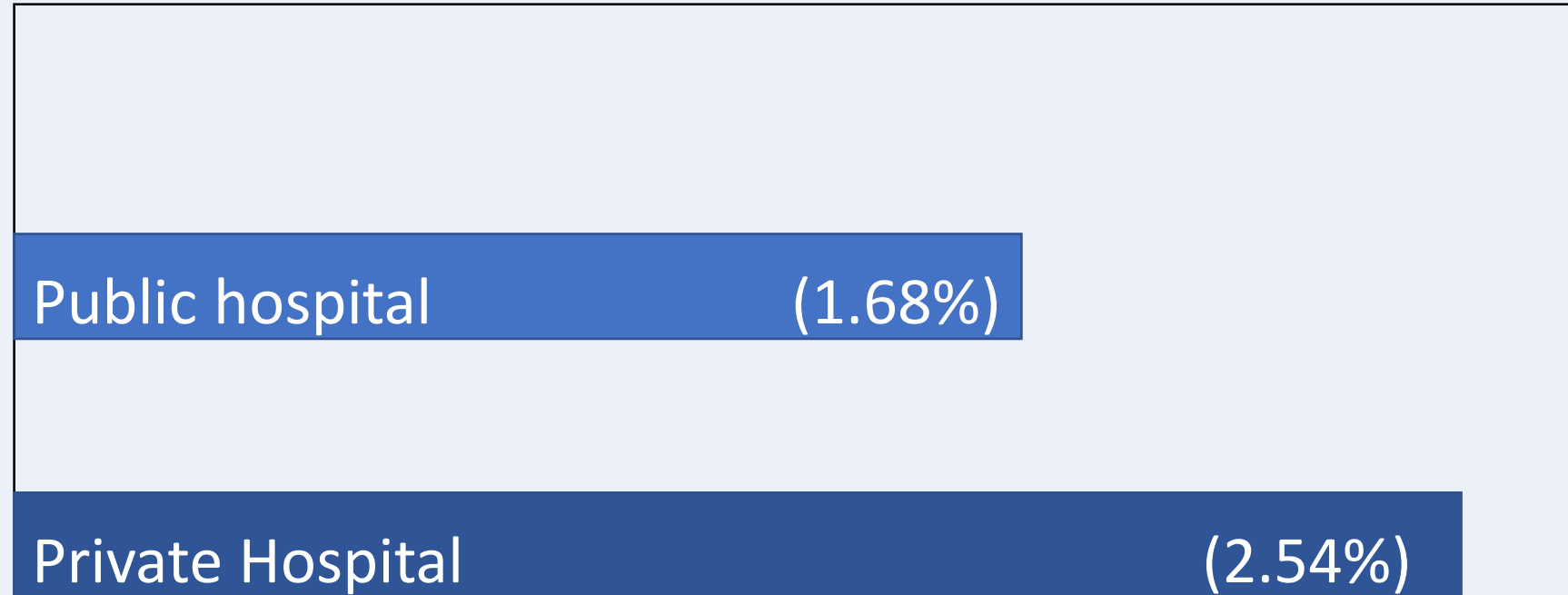


## **Women Who Gave Birth in a Private Hospital**

# Study Design – Mixed Methods



# Risk of Mental Illness - Women Who Gave Birth in Public and Private Hospitals in NSW





## POSTNATAL MENTAL DISORDER - OUTCOME OF MATERNITY CARE FUNDING TYPE

Deborah Sene RN MA MEd PhD Candidate, Fenglin Xu PhD, Christine Catling RM RN MSc (mid) PhD, Catherine Fowler RN PhD

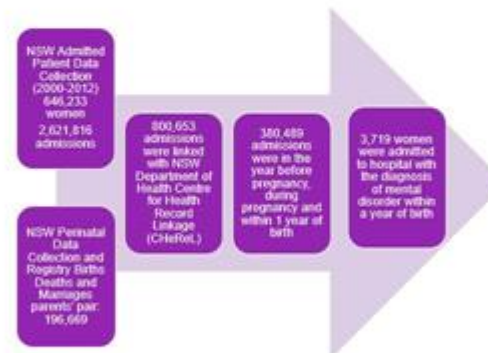
**Aim:** Comparison of hospital admissions for mental disorders between primigravida women who gave birth in a private hospital and primigravida women who gave birth in a public hospital.

Descriptive statistics were used to analyse the rate of hospital admissions (including the 95% confidence interval), hospital type, demographic factors, and women's characteristics. Binary logistic regression models were used to estimate the odds ratio (OR) of hospital type.

Analysis included first postnatal hospital admission with a principal diagnosis of a mental health disorder.

The diagnoses for each admission was coded according to the Australian modification of the World Health Organization ICD-10 Classification of Diseases and Related Health Problems (ICD-10-AM).

Adjusted Factors: maternal age, country of birth, diabetes mellitus, hypertension, gestational diabetes, smoking status during pregnancy, remoteness of living, method of birth, gestational age and the Index of Relative Socio-economic Disadvantage Quintile.



### RISK ADMISSION in the POSTNATAL YEAR for MENTAL DISORDER

Women who gave birth in private hospital = 2.54%

Women who gave birth in public hospital = 1.68%

**In NSW, between 2009 and 2013, women who gave birth in a private hospital were 1.13 times (adjusted OR) more likely to be admitted to hospital with a diagnosis of mental disorder in the first year after birth.**

This study was approved by the NSW Population and Health Services Research Ethics Committee (AU RED Reference: HREC/11/CIPH/5/33) and the Human Research Ethics Committee of University of Technology Sydney, Australia (ETH16-0839).

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## **Assessment of Risk of Mental Illness**



## **Women Who Gave Birth in a Private Hospital**

# Private Hospital

# Women Clinicians



Perinatal Assessment of Risk of Mental Illness – Women Who  
Gave Birth Private Hospital

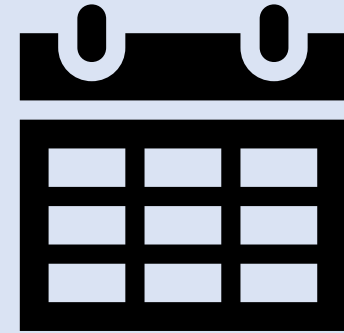
# Recruitment Campaigns

- In-Person Visit
- Hospital Email
- Poster
- In-service Presentation
- Class And Clinic Attendance
- Snowball

**STUDY ON**  
**SUPPORT**  
**FOR**  
**NEW MOTHERS**



# Study Dates



19 September 2017 – 4 October 2018



# New Mothers



- Average age 34 years (30 – 39)
- Baby aged 4 – 6 months
- All had partner
- 6 had university degrees
- 2 managers, a teacher, a hairstylist, an accountant, a lawyer, a doctor and a broker
- 5 baby boys, 3 baby girls



Table 1 Characteristics of clinicians and administrators				
Factor	Value	Clinicians	Administrators (A)*	Number
Sex	Male	7	0	7
	Female	19	0	19
	Total	23	3	26
Years of experience in specialty	0-9	6	0	6
	10-19	6	0	6
	20-29	6	0	6
	30+	5	3	8
	Total	23	3	26
Duration of practice at hospital	0-9	7	0	7
	10-19	14	0	14
	20-29	1	3	4
	30+	1	0	1
	Total	23	3	26
Qualification	Midwives (M*)	11	3	14
	Nurses (N*)	3	0	3
	Obstetricians (O*)	6	0	6
	Paediatricians (P*)	3	0	3
	Total	23	3	26
*Denotes participant's profession at end of each quote				

What emotional health assessments have you had during pregnancy or since birth?

What emotional wellbeing of mental health services have you accessed since you became pregnant?



Do you use any psychosocial assessment to assist you in identify the risk of mental illness?

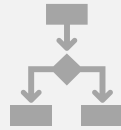
Women identified as being at risk of mental illness; what referral or support options do you recommend?



# FINDINGS ASSESSMENT OF RISK OF MENTAL ILLNESS



**Part of routine perinatal care**



**Comprehensive assessment**



**Coordinated Between  
Providers**



**Mental Health Resources**

# Part of Routine Perinatal Care - Women



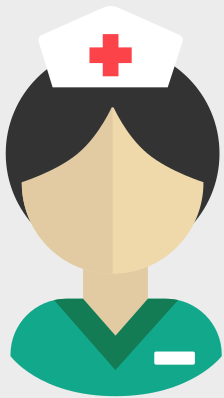
Interviewer: So, in regard to your emotional health and well-being, or your mental health, did you have any assessment during the pregnancy?

Jessica: No? (answered with puzzled expression on face and questioning tone in voice)

Interviewer: And what about since the baby's birth?

Jessica: No? (answered with puzzlement)

## Part of Routine Care - Midwives and Nurses



Participant 2: I think a lot of that [responsibility] sort of goes on [to] the obstetricians. In terms of antenatally, we often don't meet them [mothers] until they're in hospital, or maybe at a class. But in the public system they do.

Participant 3: Yes. It's probably handled a lot better in the public system.



## Comprehensive Assessment - Obstetrician



I believe I have a better feel for the patient if I ask them directly how their mood has been. It is one of my standard questions in the six-week postnatal review. But I don't use a standardised tool. (Obstetrician 004)

# Comprehensive Assessment - Women



So, if you don't want to see someone, it's very easy to answer them so that you don't have a problem ... I said I was fine. ... those tests are so easy, it's not a secret test, you pick the right answer and you get a good score. So, if you don't want help, or if you don't want to admit you've got a problem, then it's very easy to avoid it. (Nicole)

## Coordinated Between Providers - Women



... my obstetrician, she did one. Um, I scored badly. I then did one with the family health woman. I scored worse. [Laughs] 21 out of 30 or something, on the Edinburgh thing. I then did another one, because she [nurse] likes to keep up on that ... no doubt, I will probably end up having to do another one ...

(Nicole)

# Mental Health Resources – Paediatrician



I've had a few patients who have had significant psychiatric problems and if I feel they're not coping I definitely speak to the obstetricians. We've accessed in-home care for some of those families.

(Paediatrician 003)

# Mental Health Resources - Midwives and Nurses



... I talk about PANDA, I talk about Beyond Blue, I talk about Gidget Foundation, as they all have great online resources. (Midwife F002)

# Not Provided as Part of Routine Care

Reilly N, Harris S, Loxton D, Chojenta C, Forder P, Milgrom J, et al. Disparities in reported psychosocial assessment across public and private maternity settings: a national survey of women in Australia. BMC Public Health. 2013;13.

# High Levels of Acceptability

Kohlhoff J, Hickinbotham R, Knox C, Roach V, Barnett B. Antenatal psychosocial assessment and depression screening in a private hospital. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2016;56:173-8.

Kalra H, Reilly N, M-P. A. An evaluation of routine antenatal depression screening and psychosocial assessment in a regional private maternity setting in Australia. Aust NZ J Obstet and Gynaecol. 2018;58(1):1-7.

# Comprehensive Psychosocial Assessment

International Marce Society. Psychosocial assessment and depression screening in perinatal women - position statement. Swansea, Wales; 2014.

Austin M-P, Highet N, Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne Centre of Perinatal Excellence; 2017.



# Coordinated Care

Psaila K, Schmied V, Fowler C, Kruske S.  
Discontinuities between maternity and child and family health services: health professional's perceptions.  
BMC Health Services Research. 2014;14(1):1-22.

Rossiter C, Fowler C, Hesson A, Kruske S, Homer CSE, Kemp L, et al. Australian parents' experiences with universal child and family health services.  
Collegian. 2018.



**Assessment of Risk  
of Mental Illness**



**Women Who Gave Birth  
in a Private Hospital**

**not provided as part of routine perinatal care,  
uncomprehensive or uncoordinated**

Assessment facilitates  
early intervention and  
improves outcomes





# Limitations



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