What are the barriers to implementing antenatal psychosocial assessment in the private sector?

Overview

- Aims of PhD project
- Background
- Barriers to implementation

Aims of project

1. implement routine, psychosocial assessment and depression screening in a small private obstetric hospital
2. evaluate obstetric and psychosocial outcomes
3. adapt and refine screening guidelines for recommended best practice in private obstetric care across New South Wales

- The primary aim of this study was to establish what is known about such assessment for women who choose private obstetric/maternity and postnatal care, particularly the availability and appropriateness of referral pathways and barriers to implementation.

Background

- There is an increasing move internationally to standardise and make routine the psychosocial assessment and depression screening of all pregnant women
- In Australia this is recommended in the national clinical guidelines for perinatal depression and anxiety
- But little is known about psychosocial assessment in the private hospital system

- 15-30% of all perinatal women in NSW have psychosocial issues/risk factors or diagnosed anxiety or depressive disorder

- 30-40% of pregnant women deliver in the private sector in Australia

- PhD project:

  Screening and assessment introduced into one private hospital in NSW. There were 255 women in the study that were screened. 40 were lost at follow-up at 6/52 pp

  Midwives from other hospitals also interviewed about screening.


I'm just feeling a bit down

Barriers

- Patient:
  stigma, fear and denial

- Provider and system:
  lack of – skill, confidence, time, facilities, resources, managerial support, authority to implement change,
- plus: failure to follow-up referral recommendation


Is it really my role?
I don't feel adequately trained

Barriers in literature

- Obstetricians have identified lack of time as an important barrier to screening (Parsons et al, 1995). There is also an identified lack of training on the treatment if clinical depression in women (Schmidt et al, 1997).

Barriers in literature

- Health system barriers include normalising of symptoms, offering unacceptable interventions and disconnected pathways (Sword et al, 2008). Social network barriers include; normalising of symptoms and limited understanding. Individual level barriers include; normalising of symptoms, limited understanding, waiting for symptoms to improve, fears and discomfort discussing mental health concerns (Sword et al, 2008).

Barriers to screening

- The evidence for the intervention, context of where the intervention will occur and facilitation need to be identified and addressed prior to and throughout the implementation process.
- Successful implementation requires: multifaceted and collaborative interventions, clinical leadership, outreach, education, training and clear care pathways.
- Continuity of care from a healthcare professional that shows genuine concern and investment in the woman is recommended.

Barriers to implementation of project

- Researcher not being part of the recruitment process
- Lack of awareness of psychosocial issues/impact on the family unit and referral pathways by staff
- Delayed implementation of process

Interviews

- Barriers to the implementation of psychosocial screening were explored with health professionals at the study site and with midwives at 3/11 other sites in NSW offering private midwifery care using either single interviews or focus group methods.

Interviews

- What do you perceive to be the most difficult barriers to administering these questions?
- “We have a lot of women from India who come with their husbands, often the husbands fill out the EPDS for their wives or with them, we rely on them to interpret for the women. This is a cultural barrier, but part of the cultures hierarchy” .

- “I have an issue with the EPDS, because it asks the women how she was feeling over the last 7 days only it is often inaccurate, as things change” we then judge them on their score and things may have changed, i.e-early hyperemesis that causes stress”
- The obstetricians, they are often defensive”
- “There is a power barrier with the obstetricians”


I am trying to help, but with limited information

- “ Some women that we talk to say that they will sort things out when they get home”
- “ Sometimes they fob you off when you identify an issue and alert them- the obstetricians”
- “Some obstetricians just don’t want to know about any issues that the women may have”
- “We have to rely on our experience to detect issues”.
- “But some of the midwives don’t have the experience to do this”.

- “ Some women don’t want to know about community services as there is a fear attached, i.e- DOCS”
- Are there any questions that are particularly awkward/difficult for you to ask?
- “Yes question 4, (I have been anxious or worried for no good reason):it is often misunderstood and needs explaining to the women” , women say that they worry but don’t understand or misinterpret what it means by worry for no good reason”

- “The obstetricians have midwives in their rooms that sometimes run one on one classes/education sessions with the women, but we don’t know what they cover and if they have done this for a particular woman”.
- “However, they tend to stay longer here, so we have the time to pick things up”.
- “ “The antenatal card has a lack of information from the obstetrician so it does not often tell us much”.

- “The notes only flag information for some women that they are concerned about, otherwise we are left in the dark”.
- “We often, ”flounder in the dark” with a women’s history as we don’t know”, therefore we are “missing opportunities to help the woman”
- “ We need to be clear of the referral pathways to help a woman, instead of feeling lost”.
- “ we need a community link for the women”

- Do you have any suggestions about how to improve the psychosocial assessment and depression screening process/procedure?
- “We are often busy on the postnatal ward, but we should review the woman’s notes as the information is often not flagged to us” “information often doesn’t get passed on and gets missed”
- “we could also ask the booking in midwives if there are any concerns about the women”

- An obstetrician at the study site when interviewed answered in a summary format below;
- I have received good feedback from patients about the study/questions. I am happy for my patients to continue to be asked these questions. I have not had many referrals/feedback from the booking-in midwife regarding concerns about my patients at booking-in.

Conclusion

- Some midwives were interested in a woman's perinatal mental health/ psychosocial risk factors
- Others said that this was not part of their role
- We need to educate and support midwives working in the private sector in their vital role in provision of comprehensive care.

PUBLICATIONS

- 2019. What is the health professional's role in perinatal psychosocial screening assessment and referral in the private sector?" Journal of Womens Health and Development.Vol 2, Issue 2.
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