South Australian Perinatal Practice Guideline

Women with Significant Psychosocial Needs

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:
The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant women. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.

 ***Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.***

Purpose and Scope of PPG

This guideline provides clinicians with broad information for identifying and assessing women with significant psychosocial needs.

Table of Contents

Summary of Practice Recommendations
Abbreviations
Introduction
Significant psychosocial needs
Antenatal
Mandated notification
Clinical assessment
Mental Health issues
Suspected substance misuse
Suspected domestic violence
Past trauma
Previous abuse of an infant/child
Intellectual ability
Attachment
Social isolation
Homelessness
Postpartum
Before discharge
Discharge and follow up
Planned discharge
Self-discharged against medical advice
References
Acknowledgements

Summary of Practice Recommendations

- Use screening tools to assess for psychosocial factors
- More detailed assessment in specific areas may be required to target referral(s)
- Child protection concerns need to be acted upon
- Use this guideline in combination with the *Screening for perinatal depression and anxiety* PPG (available at www.sahealth.sa.gov.au/perinatal) as it contains screening tools and referral pathways for both metropolitan and country areas

Abbreviations

ANRQ	Antenatal Risk Questionnaire
CARL	Child abuse report line
CSA	Childhood sexual abuse
CYH	Child and Youth Health
e.g.	For example
EPDS	Edinburgh Postnatal Depression Scale
et al.	And others (et alii)
GP	General Practitioner
NGO	Non-government organisation
PIF	Priority information form
PNRQ	Postnatal Risk Questionnaire
SA	South Australia
UCC	Unborn child concern

Women with Significant Psychosocial Needs

Introduction

- Some women may be more vulnerable in the perinatal period due to a combination of biological, genetic, psychological, physiological or social factors[1, 2]
- Identification of the psychosocial needs of these women should occur so that psychosocial support can be provided and outcomes for women improved[3]

Significant psychosocial needs

- Includes women with issues related to:
    - Mental health
    - Substance misuse
    - Domestic violence
    - Past trauma currently impacting woman (including childhood sexual abuse)
    - Previous abuse of an infant / child
    - Intellectual ability
    - Attachment
    - Physical ability (e.g. maternal cerebral palsy)
    - Social Isolation
    - Financial issues e.g. non-residents, immigration

Antenatal

- Identification of women with significant psychosocial needs usually occurs (but is not limited to) at the first antenatal clinic appointment (*See Normal pregnancy labour and puerperium management* PPG www.sahealth.sa.gov.au/perinatal)
- Referral to Social Work / perinatal mental health team where available
- Consider for multi-disciplinary high risk case discussion meeting as indicated
- An Unborn Child Concern (UCC) notification should be made to CARL by 34 weeks gestation if the baby is assessed as being at high risk
    - It is not necessary for the reporting health care professional to identify themselves

Mandated notification

- Under Section 11(1) and (2) of the Children's Protection Act 1993, all health care professionals have a legal obligation to report any suspected child abuse or neglect to Families SA (Dept. for Child Protection on Child Abuse Report Line 131478).
- It should be documented in the case notes that a report has been made

Clinical assessment

> The woman completes the Edinburgh Postnatal Depression Scale (EPDS) and Antenatal Risk Questionnaire (ANRQ) at booking. Refer as appropriate (*Screening for perinatal depression and anxiety* PPG www.sahealth.sa.gov.au/perinatal for further information on screening tools)

Mental Health issues

> Identify history / any diagnosed mental health disorder
> Support services (e.g. Psychiatrist, agencies involved)
> Prescribed medications
> History of self harm / suicidal ideations

Suspected substance misuse

> Identify type/s or drug/s used
> Date / time of last dose / amount used
> Route of administration
> Previous withdrawal experiences
> Onset / type and intensity of symptoms
> History of seizures or psychosis

Suspected domestic violence

> Question in a safe environment (partner not present)
> Establish if any ongoing support network in place
> Establish the woman's needs in relation to pregnancy
> Fears in relation to pregnancy
> Fears in relation to safety
> Respect the woman's right to make her own choices
> Establish if there is a need to prioritise immediate referral to social work
> Establish the safety of domiciliary midwife follow up in the home environment

Past trauma

> Establish the nature of 'Past trauma'
> Women may not openly disclose that they have been subjected to CSA (for further information (see *Sexual abuse in childhood – care considerations* PPG at www.sahealth.sa.gov.au/perinatal)
> Ask the woman if she has any concerns about her pregnancy
> Any support services in place?
> Offer information on appropriate support services (e.g. social work, Women's Health State-wide)
> Establish if there is a need to prioritise immediate referral to social work

Previous abuse of an infant / child

> Maternal history of abuse as a child including childhood sexual abuse history
> History of abuse of any children under the care of the woman
> Any support services in place?
> Family / social supports
> History of removal of children by Families SA (Dept. for Child Protection)

Intellectual ability

> Identify nature of intellectual ability
> Support services involved in daily care
> Family / social supports
> Consider educational needs and relevant referral

Attachment

> Woman's attachment pattern to family of origin
> History of relationship breakdown with previous children
> History of self harm
> Any ongoing counselling (psychiatrist, social worker, psychologist NGO)
> Fears in relation to pregnancy

Physical ability

> Identify nature of physical ability
> Support services involved in daily care
> Family / social supports
> Consider educational needs and relevant referral

Social Isolation

> Limited or no social supports
> history of limited engagement with services

Homelessness

> defined as transience, unstable housing, sleeping rough etc
> unsuitable housing arrangements due to safety

Postpartum

- *See Normal pregnancy labour and puerperium management* PPG (www.sahealth.sa.gov.au/perinatal) for ongoing postpartum management
- Notify Department for Child Protection and Social Work Services of birth for those babies previously assessed at risk
- Observe and document parenting capacity (see *Assessing parent infant relationship* PPG at www.sahealth.sa.gov.au/perinatal for further information)
- The EPDS may be completed by 'at risk' women at any stage after birth though may not be reliable during the first 3 postpartum weeks
- The EPDS should be completed by all women at their Universal Contact Visit with a Child and Family Health nurse. If this appointment is missed the EPDS should be competed at their 6 week check-up (usually with GP)
- Psychosocial risk factors can be identified using the Postnatal Risk Questionnaire (PNRQ) see (*Screening for perinatal anxiety and depression* PPG www.sahealth.sa.gov.au/perinatal)
- The PNRQ is a self-report psychosocial assessment tool which is highly acceptable to both women and staff. In combination with the EPDS and routine questions relating to drug and alcohol use and domestic violence, the PNRQ is most useful as a key element of a "screening intervention" aimed at the early identification of mental health risk and morbidity across the perinatal period
- See *Screening for perinatal anxiety and depression* PPG (www.sahealth.sa.gov.au/perinatal) for a guide to scoring of the PNRQ. A score of over 24 or endorsement of critical questions (item no's 2 AND 2a or 2b, Q 8 or 9) requires further assessment and / or appropriate referral (e.g. to social work)

Before discharge

- A discharge plan should be organised by the multi-disciplinary team and communicated with the family as appropriate and with the services involved with the infant and family. This should also be communicated to CaFHS for postnatal follow up
- Discharge planning should consider postnatal supports for all presenting issues
- Infants should not be discharged without a formal neonatal / obstetric / medical - psychosocial discharge plan which attends to the parents' and babies' needs
- Document case conference plan in case notes

Discharge and follow up

- Follow postpartum discharge management in *Normal pregnancy labour and puerperium management* PPG (www.sahealth.sa.gov.au/perinatal)

Planned discharge

- Mother and baby discharged -- based on individual hospital criteria led discharge and based on length of stay protocols
- Arrange early home visit with Domiciliary Midwife
- Priority Information Form (PIF) to Child and Family Health Service (CaFHS)
- Referral to appropriate community resources
- Review appointments as required

NB: if high risk infants do not attend neonatal follow-up appointments the matter should be discussed with the postnatal follow-up services involved with the mother and infant

Self-discharged against medical advice

> If the mother indicates intention to leave the hospital against medical advice, notify the team of workers involved in her care. For high risk infants this may be coordinated by a Key Social Worker
> Notify Families SA if child protection or child safety concerns
> Arrange Domiciliary Midwife visit
> Referral to CaFHS through PIF requesting assessment for community services
> Review appointments as required

References

1. Fisher JRW, Feekery CJ, Rowe-Murray HJ. Nature, severity and correlates of psychological distress in women admitted to a private mother-baby unit. J Paediatr Child Health 2002; 38: 140–45.
2. Boyce PM. Risk factors for postnatal depression: a review and risk factors in Australian populations. Arch Women Ment Health 2003; 6 (suppl): S43.
3. Austin M-P, Highet N and the Guidelines Expert Advisory Committee (2011). Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals. Melbourne: beyondblue: the national depression initiative. Available from URL: http://www.beyondblue.org.au/index.aspx?link_id=6.1246

Useful Resources

1. Austin MP, Colton J, Priest S, Reilly N, HadziPavlovic D. The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. Midwifery In press 2010.
2. Sheeder J, Kabir K, Stafford B. Screening for postpartum depression at well-child visits: is once enough during the first 6 months of life? Pediatrics 2009; 123:982-88.
3. Beyond Blue https://www.beyondblue.org.au/home

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Write Group Lead
Anne Sved Williams
Elaine Gordon Edwards
Mark McCarthy

Other major contributors
Perinatal Mental Health Team
SAPPG work group 2003-2014

SAPPG Management Group Members
Sonia Angus
Dr Kris Bascomb
Lyn Bastian
Elizabeth Bennett
Dr Feisal Chenia
John Coomblas
A/Prof Rosalie Grivell
Dr Sue Kennedy-Andrews
Jackie Kitschke
Catherine Leggett
Dr Anupa Parange
Dr Andrew McPhee
Rebecca Smith
A/Prof John Svigos
Dr Laura Willington

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Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: HealthCYWHSPerinatalProtocol@sa.gov.au
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