

Antenatal psychosocial risk status and Australian women's use of primary care and specialist mental health services in the year after birth

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Purpose

The aim of this paper is to report on the health services used by women for their physical and mental health needs from pregnancy to 12 months after birth and to compare service use for women who have been identified in pregnancy of having psychosocial risk.



Background

- Perinatal mental health problems are a major public health issue
- There are known evidence-based interventions
- Best delivered within an integrated and collaborative service system
- Australia has a tiered system (almost all women access antenatal care; most use child and family health nursing and general practitioner services)
- An opportunity exists to screen women.
- Research suggests women find screening acceptable.

However, many women do not seek help from professionals, preferring to use their own resources to deal with their difficulties.



Domains in psychosocial assessment

- Support
- Recent major stressors in the last 12 months.
- Low self esteem including lack of self-confidence, high anxiety and perfectionist traits)
- History of anxiety depression or other mental health problems
- . Couple's Relationship Problems or Dysfunction (if applicable)
- Adverse childhood experience (childhood abuse) - Now that you are having a child of your own, you may think more about your own childhood and what it was like. As a child were you hurt or abused in any way (physically, emotionally, sexually)?
- Domestic violence screening



Universal Services

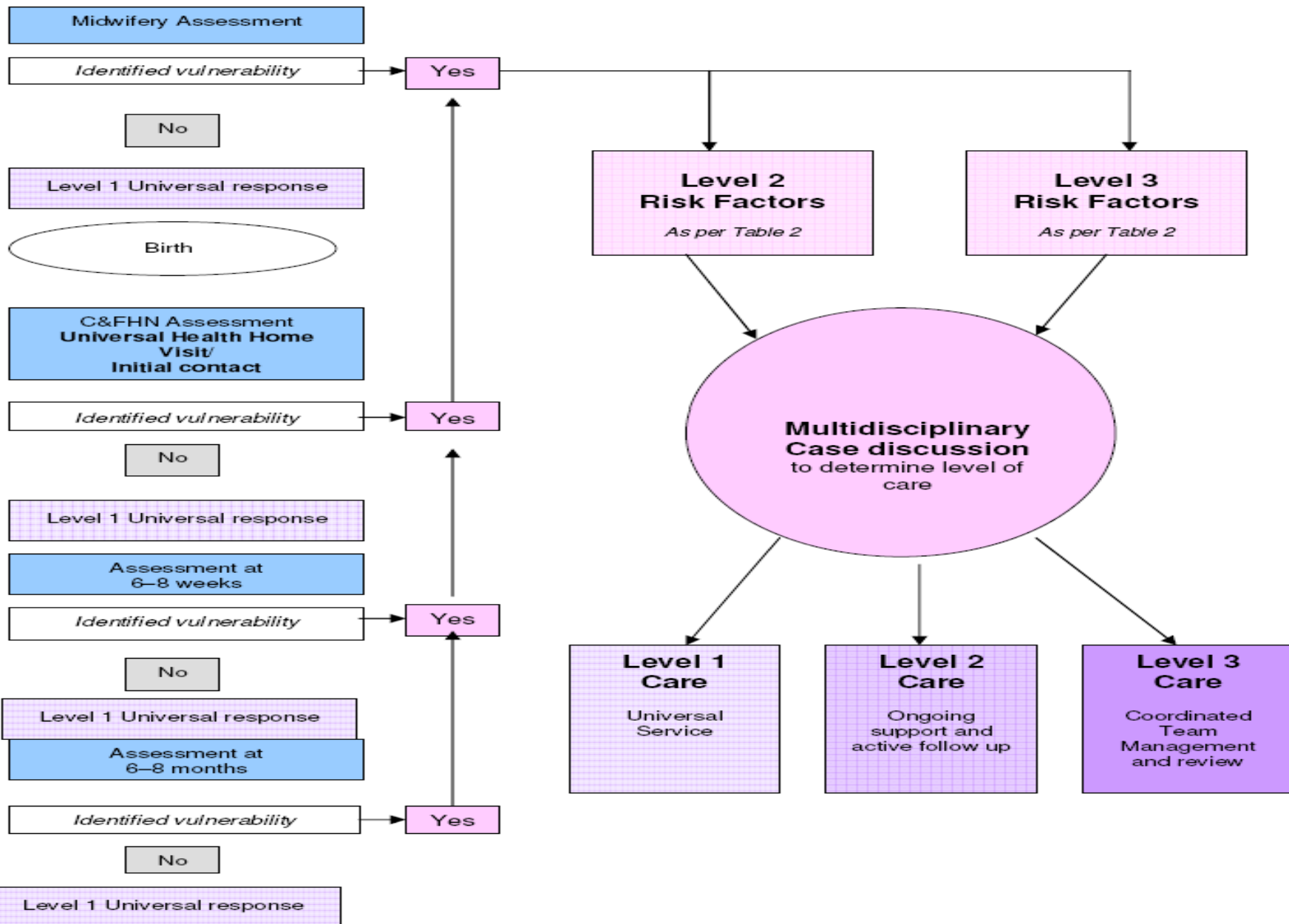


Fig. 1. Primary care pathways for SAFE START.

Methods

Prospective longitudinal pilot study

Sample - Recruited 106 women from 2 Sydney antenatal clinics

Data collection (face-to-face & telephone)

Demographics at recruitment at antenatal booking visit

T1 2 to 4 weeks after booking visit: QoL, health behaviours, mental health & risk factors (ANRQ), help seeking behaviour (14 weeks – 20 weeks)

T2 36 weeks gestation: antenatal service use including referrals for physical and mental health

T3 6 weeks postnatal – birth outcomes, health of baby, feeding, immunisation, ‘Being a Mother’; mental health, relationship social support and service use

T4 6 months service use, general health

T5 12 months mental health, parenting & QoL outcomes



Sample – risk status

Risk status - ANRQ -12 items including:

- emotional support from mother in childhood,
- past or current depressed mood or mental illness and treatment received,
- perceived level of support available following the birth of the baby, partner emotional support,
- life stresses in the previous 12 months,
- personality style (anxious or perfectionist traits)
- history of abuse (emotional, physical and sexual) ([Austin et al., 2013](#)).



Almost 40% (39.6%) of the sample at T1 scored ≥ 23 on the ANRQ

There was no difference in demographic characteristics of women at high risk versus those at low risk.

Table 3: Mental health characteristics of women at high compared to those at low risk (ANRQ)

Characteristics	ANRQ Risk Status		
	Moderate/ High Risk	Low Risk	χ^2 (sig)
	Mean (SD)	Mean (SD)	t (sig)
HADS (total)	8.91 (2.95)	7.61 (1.78)	-2.483 (.015)
EPDS (total)	6.85 (6.28)	3.84 (3.94)	-2.672 (.009)
Confidence as a person	7.48 (1.33)	7.52 (1.68)	.101 (.920)
General help seeking behaviour	42.45 (9.16)	44.88 (8.49)	1.234 (.221)

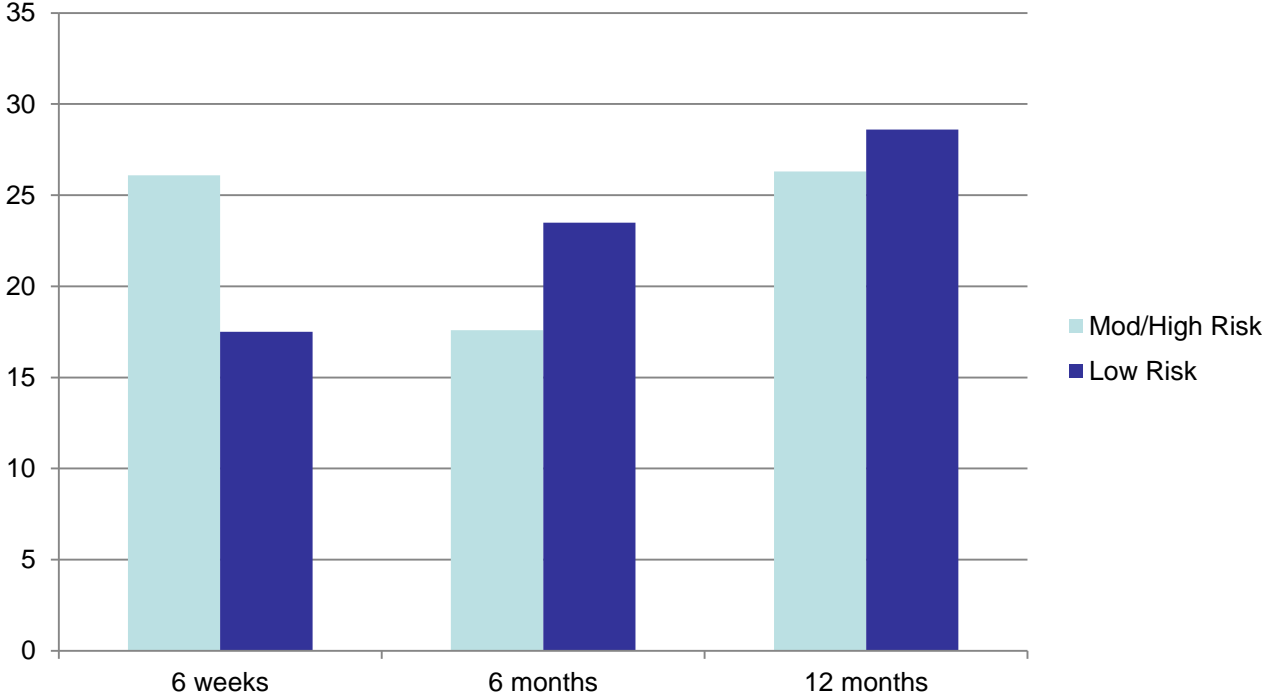
Help seeking



Number of women who have used services at least once in the 12 months following birth

Service	PN 6 Week		PN 6 Months		PN 12 Months	
	Mod/High Risk (n=25)	Low Risk (n=41)	Mod/High Risk (n=17)	Low Risk (n=33)	Mod/High Risk (n=19)	Low Risk (n=34)
Mental Health						
Telephone Helpline	4 (16.0)	5 (12.2)	2 (11.8)	7 (21.2)	1 (5.3)	7 (20.6)
Psychiatrist	1 (4.0)	0 (0.0)	1 (5.9)	1 (3.0)	1 (5.3)	2 (5.9)
Social Worker	1 (4.0)	1 (2.4)	1 (5.9)	1 (3.0)	1 (5.3)	0 (0.0)
Counsellor	0 (0.0)	1 (2.4)	1 (5.9)	1 (3.0)	2 (10.5)	3 (8.8)
Psychologist	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Universal Health Services						
Midwife	13 (52.0)	19 (46.3)	-	-	-	-
GP (for self or baby)	15 (60.0)	30 (73.2)	-	-	-	-
GP (for self)	-	-	14 (82.4)	31 (93.9)	14 (73.7)	28 (82.4)
GP (for baby)	-	-	16 (94.1)	32 (97.0)	18 (94.7)	34 (100)
CFH nurse (at clinic)	12 (48.0)	17 (41.5)	11 (64.7)	19 (57.6)	8 (42.1)	10 (29.4)
CFH nurse (at home)	15 (60.0)	19 (46.3)	8 (47.1)	14 (42.4)	0 (0.0)	2 (5.9)
Specialist Health Services						
Specialist (for self or baby)	7 (28.0)	11 (26.8)	7 (41.2)	14 (42.4)	-	-
Obstetrician	2 (8.0)	5 (12.2)	-	-	-	-
Specialist (for self)	-	-	-	-	1 (5.3)	6 (17.6)
Specialist (for baby)	-	-	-	-	2 (10.5)	7 (20.6)
Lactation Consultant	4 (16.0)	9 (22.0)	1 (5.9)	6 (18.2)	0 (0.0)	0 (0.0)
Other						
Emergency Department	1 (4.0)	6 (14.6)	3 (17.6)	2 (6.1)	8 (42.1)	5 (14.7)*
* $\chi^2=4.943$, p=.026						

Percent of women using mental health services



Key issues

- Only a small proportion of women used any type of mental health service in the 12 months after birth.
- Stigma or fear of being labelled and lack of understanding and/or support from family or appropriate responses from health professionals are well-known to impede help-seeking.
- Accentuated by society's view on the nurturing role of the 'mother' and women report hiding their negative feelings
- However all women used universal primary care services, emphasising their key role

