

South Australian Perinatal Practice Guidelines

Women with significant psychosocial needs (Care of)

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Guidelines for all allied health workers

Introduction

- > Some women may be more vulnerable to mental health disorders in the perinatal period due to a combination of biological, genetic, physiological or social factors^{1, 2}
- > Assessment of significant psychosocial needs aims to identify these women, so that psychosocial support can be provided and outcomes for women improved³

Significant psychosocial needs

- > Includes women with issues related to:
 - > Mental health
 - > Substance misuse
 - > Domestic violence
 - > Childhood sexual abuse
 - > Previous abuse of an infant / child
 - > Intellectual ability
 - > Attachment
 - > Physical ability (e.g. maternal cerebral palsy)

Antenatal

- > Identification of women with significant psychosocial needs usually occurs at the first antenatal clinic appointment (for further information, refer to the Pregnancy standards for antenatal care)
- > Referral to Social Work / perinatal mental health team
- > Consider for high risk case discussion meeting as indicated
- > General practice (unborn baby) notification should be made to Families SA if the baby is assessed as being at risk

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 and neglect to Families SA (Child Abuse Report Line 131478 or after hours Crisis Care 131611).
- > It should be documented in the case notes that a report has been made
- > It is not necessary for the reporting health care professional to identify themselves

Clinical assessment

- > Complete Edinburgh Postnatal Depression Scale (EPDS) and AnteNatal Risk Questionnaire (ANRQ) with the woman at booking and refer as appropriate (for further information on screen tools, refer to the PPG 'screening for perinatal anxiety and depression')

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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
- > Associated substance abuse

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

Childhood sexual abuse (CSA) history (or suspected)

- > Women may not openly disclose that they have been subjected to CSA
- > 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
- > 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

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Intellectual ability

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

Attachment

- > History of relationship breakdown with previous children
- > History of self harm
- > Any ongoing counselling (psychiatrist or social worker)
- > 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

Postpartum

- > Refer to PPG 'Normal pregnancy labour and puerperium management' for ongoing postpartum management
- > Notify Families SA and social work of birth for those babies previously assessed at risk
- > Observe and document parenting capacity (for further information, refer to the PPG 'Assessing parent infant relationship')
- > 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 completed at their 6 week check up (usually with GP)
- > Psychosocial risk factors can be identified using the PostNatal Risk Questionnaire (PNRQ) see PPG 'Screening for perinatal depression and anxiety Appendix V'
- > 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 PPG 'Screening for perinatal depression and anxiety Appendix VI' 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)

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Before discharge

- > Social work will organise a case conference attended by the parents, relevant hospital case workers and key personnel from external support agencies to address:
 - > Case management
 - > Discharge planning
 - > Referral and follow up
- > If a notification has been made to Families SA, social work will liaise with and arrange their attendance at the case conference
- > Babies 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 link to routine postnatal discharge management

Planned discharge

- > Mother and baby discharged after 7 days or later, following medical and psychosocial review
- > Arrange early home visit with Midwife
- > Referral to Child and Youth Health (CYH) requesting sustained home visiting
- > 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 referred to social work

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
- > Notify Families SA if child protection concerns
- > Arrange Domiciliary Midwife visit
- > Referral to CYH requesting sustained home visits for women with high medical or psychosocial issues
- > Review appointments as required

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References

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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
4. Department of Human Services. Sustained home visiting program model. Early childhood services initiative. Department of Human Services South Australia; October 2003.
5. Families SA. Child safe environments: Reporting child abuse and neglect. Guidelines for mandated notifiers. Government of South Australia. Department for Families and Communities, September 2008.
6. 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.
7. 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.

Useful reference

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

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Abbreviations

SA	South Australia
EPDS	Edinburgh Postnatal Depression Scale
ANRQ	AnteNatal Risk Questionnaire
e.g.	For example
CSA	Childhood sexual abuse
GP	General Practitioner
PNRQ	PostNatal Risk Questionnaire
CYH	Child and Youth Health
et al.	And others (et alii)

Version control and change history

PDS reference: OCE use only

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1.0	22 Dec 03	03 Mar 09	Original version
2.0	03 Mar 09	12 Apr 11	Reviewed
3.0	12 Apr 11	Current	