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What are the barriers to implementing psychosocial assessment in the private sector?Tanya Connell¹ and Bryanne Barnett²¹University of Sydney, Australia²University of New South Wales Sydney, Australia

Approximately 30-40% of obstetric women choose to deliver in the private sector in Australia. Compared to the public sector, women in the private sector are more likely to have an induction of labor, a caesarean section, an instrumental delivery and a longer postnatal stay. Obstetricians and midwives in the private sector note that the role of obstetricians in postnatal care is minimal. Psychosocial assessment, including depression screening as part of perinatal care has been deemed good practice in the national clinical guidelines for perinatal depression and anxiety. However, little is known about psychosocial assessment in the private hospital sector. 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. The study included implementing psychosocial assessment as part of the booking-in process at a regional private hospital in NSW. This study reports on the barriers encountered in introducing psychosocial assessment to the pilot site. Recommendations for how to identify and overcome some of these barriers are discussed with the aim of facilitating the introduction of this assessment at other private hospitals. Access to information on risks to maternal and infant health is considered a fundamental privilege of antenatal care. Routinely assessing and measuring psychosocial risks and mental disorders are essential activities in evaluating the need to provide appropriate and timely responses to identified risks, to reduce infant mortality, preterm births and low birth weight infants. The perinatal period provides a unique opportunity to identify and intervene in perinatal anxiety and depression, partner violence, substance use problems, unresolved loss and other traumatic history. There is an increasing move internationally to standardize and make routine the psychosocial assessment and depression screening of all pregnant women.

Biography

Tanya Connell is currently completed PhD. She is an RN, Midwife, Child and Family Health Nurse, Lactation Consultant and Childbirth Educator. She has Masters in Adult Education and a Masters in Science-Research.

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