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# Perinatal Wellbeing Service

Initiative Type

Model of Care

Status

Sustained

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<https://clinicaexcellence.qld.gov.au/improvement-exchange/perinatal-wellbeing-service>

## Summary

The Perinatal Wellbeing Service (PWS) model is a nurse-led, client-centred model for perinatal mental health, developed and provided by mental health nurses. It was implemented in 2015 to target service gaps for pregnant and postnatal women experiencing perinatal mental health concerns in Logan and Beaudesert, and was extended to Redlands in 2018. The service provides non-urgent, voluntary services over one to six community-based appointments with experienced perinatal mental

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health nurses while supporting and educating GPs, midwives, child health nurses and obstetricians to provide evidence based care. The PWS also includes a nurse practitioner who can prescribe antidepressant medication using a risk benefit assessment or, where women are linked with a GP, support GPs to prescribe using contemporary evidence based recommendations. The PWS is voluntary and focuses on encouraging self-determination around health and wellbeing goals. To aid access, the referral process is simple and accepts referrals from women or their families with consent as well as from a variety of professionals. A range of communication means helps with ease of access including phone calls, text messages, emails and postal letters. Referrers and GPs are kept well informed by letters about the outcome of the referrals. Women are offered a choice of appointment location options that are convenient and friendly and include community health, NGOs, child health, GP practices, local kindergarten, one of the many maternity group practice (MGP) hubs or at the hospital around the time of their hospital antenatal visits if preferred. The co-location of clinics within key NGOs, (including the Eagleby Family Centre, the Family Centre at Woodridge, Kingston East Neighbourhood Centre and Redland Community Centre) provides a less stigmatising environment and a soft entry point for new referrals. Furthermore, women and families can directly access a variety of other psychosocial and health supports. Treatment plans are developed in partnership with the woman and her supports and, with consent, shared with relevant stakeholders. While the partnership approach to care is centred on the perinatal woman and her family it also refers to shared care with other involved health providers such as GPs, midwives, obstetricians, child health nurses and NGOs. In addition, the PWS has a strong focus on working closely with NGO's around perinatal mental health promotion and community education, prevention and early intervention. A key annual event hosted by the PWS is for the national perinatal anxiety and depression awareness (PANDA) week in November and involves a range of community agencies that are family focused. The team provides formal support and education to their GP, midwife, child health and other mental health partners, along with cross team collaboration and expertise to external case conferences such as the child safety meetings and high-risk maternity meetings at Logan and Redlands. The PWS clinicians are lead facilitators for the statewide 'Together in Mind' day program delivered collaboratively with child health and infant mental health clinicians. The model offers the potential for replication in other areas where service gaps for perinatal women and families persist and resources remain scarce, with the research providing unique information on the role of the nurse practitioner within this specialty area. The success of the model has been presented at several conferences including the Australian College of Mental Health Nurses, Queensland Consultation Liaison Psychiatry Symposiums, the Australian College of Nurse Practitioners and Metro South Community Nurses symposiums, and was recently recognised as a finalist in the 2018 Queensland Health Awards for Excellence.

#### Key dates

Jun 2015

Nov 2017

#### Implementation sites

Logan, Beaudesert and Redlands Hospitals.

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## Partnerships

Key NGOs in the Logan and Redlands areas include: The Eagleby Family Centre, The Family Centre at Woodridge, Kingston East Neighbourhood Centre and Redland Community Centre, GPs, midwives, obstetricians, child health nurses.

## Key Contacts

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## Aim

The overarching aim of the PWS is to improve the mental health outcomes for women aged 18 years and older that are pregnant or up to one year postnatal, at risk of or with mild to moderately severe mental health problems such as anxiety and depression.

## Benefits

- Offers a client-centred and partnership approach.
- Individualised evidenced based treatments.
- Accessible, flexible service delivery in a community setting.

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## Background

Perinatal mental illness is prevalent and if unrecognised and inadequately treated, there is the potential for a range of adverse maternal and infant outcomes. Prior to the implementation of the PWS in 2015, there were no specialist perinatal mental health services in Metro South. When GPs or other primary care providers attempted to access advice, assessment, or treatment, they were directed to traditional tertiary mental health services. These services typically focused on crisis presentations with high acuity, frequently deeming perinatal presentations below the threshold of need. In addition, literature identified other barriers to care for women. These included problems with women identifying signs of mental illness or failing to seek help because of fear of stigma, as well as mixed experiences when they did seek help. Many women reported unsatisfactory outcomes in primary care that indicated non-contemporary interventions and treatment that often resulted in women ceasing necessary medication in pregnancy or ceasing breastfeeding.

## Solutions Implemented

The nurse practitioner provides health screening and prescribes antidepressant medication as clinically indicated. The model addresses barriers to care such as poor health awareness and access difficulties and stigma, through a simple referral process that accepts self and professional referrals, a flexible client-centred approach, and range of appointment venues that include partnerships and co located family friendly clinics with key health and non-government organisations.

## Evaluation and Results

The research team was comprised of PWS nurses, a senior research fellow (Metro South Authorised Mental Health Service) and a nurse researcher from the Princess Alexandra Hospital (PAH) Nursing Practice Development Unit. The formal evaluation had a primary aim to evaluate whether the PWS improved the mental health outcomes of perinatal women. It also aimed to evaluate if the model improved attendance and engagement as compared to a previous model; engaged the target group of women with depression, anxiety disorders and adjustment disorders; whether the NP role was well utilised; and, if the model provided accessible, flexible services across a range of community venues. A prospective study design was used. Participants were perinatal women who consented to the service, and were seen during a 2-year period between 2015 and 2017 with data collected as part of routine care. The outcome data was based on women who attended a face to face appointment more than once, using the Edinburgh Depression Scale (EDS), the Parent Coping Scale (PCS) and the Health of the Nation Outcomes Scale (HONOS) measures. Pre-measures were taken at the first appointment and post measures at the last appointment. All analyses were completed using Stata version 13 (Statacorp, Texas). Descriptive statistics including frequencies and percentages of referrals to the PWS were reported. The differences between the initial mean scores and second or

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final scores were tested using Student's t-tests. Of the 770 women referred to the PWS, one third booked an appointment, 117 of those were seen once and 104 were seen for two to six appointments. Statistically significant improvements in the women's mental health were demonstrated, with a reduction in depressive and anxiety symptoms and, for parenting women, an increase in their perception of coping with parenting. There were low rates of non-attendance and high rates of engagement (90 per cent) once women attended the first appointment. The primary diagnoses confirmed the target group of women were seen. The nurse practitioner role was well utilised with 73 pharmacotherapy reviews and 26 prescriptions completed. Most women were seen in community health and NGO settings. Further qualitative research to analyse women's experiences of the service is planned.

## Lessons Learnt

Delivering a specialist perinatal mental health service in the community in a variety of settings to aid access including key NGO spaces offers several advantages: opportunity for 'soft entry referrals', a less threatening environment that helps address barriers such as stigma and aids engagement and opportunities for social connection for perinatal women and families to many helpful activities and supports that NGOs offer.

## References

Harvey, S., Bennett, J., Burmeister, E., & Wyder, M. Evaluation a nurse-led community model of service for perinatal mental health, [Collegian \(2018\)](#) Harvey, S.T., Fisher, L.J. & Green, V.M. (2012). Evaluating the clinical efficacy of a primary care focused, nurse led, consultation liaison model for perinatal mental health. *International Journal of Mental Health Nursing*, 21, 75-81.

## Further Reading

[Metro South Perinatal Wellbeing Service](#)