Project: healthy moms, healthy babies, healthy society

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Overview

Perinatal mood and anxiety disorders (PMADs) are the most common complication of pregnancy and have been found to have long-term implications for both mother and child (Lancaster, 2010). In the last year, systematic reviews suggest increased psychological symptoms, especially depressive and anxiety symptoms, in pregnant and postpartum women during COVID-19 (Iyengar, 2021). In July 2020, Al Wakra Hospital (AWH) implemented the first HMC Perinatal mental health clinic. The main objective was to establish an integrated patient-centered care for all women leading to a better health and wellbeing. The Clinic was run by a collaborative and multidisciplinary team of obstetricians, nurses & midwives, clinical nurse specialist and psychiatrists. The clinic is held once a week, from 7am to 3pm with 11 patient slots of 45 minutes. The service offers screening and triage assessment, diagnoses, follow-up and management of PMADs in alignment with national health strategy to improve maternal–child health and wellness.

The mental health services were included in the national political agenda as the Fourth of Seven Specific priorities of Qatar National Health Strategy 2018-2020 (MOPH, 2018). At AWH the perinatal mental health project received a strong internal support from AWH EDON, Obstetrics & Gynecology Medical Director and the mental health division. The service was sustained by a clear and concise pathway of universal prenatal and postnatal screening at first opportunity visit, postpartum follow-up and homecare visits across the clinical system. Other important milestones include use of screening and triage tools and staff engagement. During screening staff nurse/midwife used GAD2 and PHQ2 questionnaires. Patients scoring ≥3 were further triaged with GAD 7 and EPDS tools and clinically assessed by the Clinical Nurse Specialist (CNS) and referred to psychiatrist for further evaluation if necessary.
The service's implementation was interrupted from March until July 2021, as AWH became a Covid-19 facility. In July 2021, the service was re-implemented with some important new initiatives: patient Online Screening (QR Code, email and message), approval of Clinical Nurse Specialist Competency, Cerner optimization with inclusion of GAD2, PHQ2 screening scores and patient's satisfaction survey for bereaved women.

Results

From August 2020 to December 2021, 1,012 women from 48 countries were screened for anxiety and depression (Fig 1). 85% were screened antenatally and 25% postnatally. From the initial screening, 278 women (27.5%) had scores ≥3 for anxiety and 276 (27.3%) for depression. Further screening of these women by the CNS showed 44 (15.9%) women presented with score more than 10 for depression and 37 (13.3%) had score over 10 for Anxiety. Outcomes and management after more detailed assessment shown below.

Risk of suicidal evaluation and management was developed for 5 women in collaboration with the AWH Mental Health team.100%of this group of patients were managed with rooming-in and receiving support to breastfeed in accordance with their treatment, mother's safety and sleeping protection. The principal risk factors identified in this group were poor partner/family support, social isolation, financial and social situation of expatriate families during COVID-19, domestic conflict/violence, co-morbidities including gestational diabetes, obesity and chronic pain chronic pain and a history of perinatal trauma/loss.

It is worth highlighting that the most common cause (92%) of referrals for women presenting with sadness and excessive worries was the absence of mother/family during delivery. Our incidence rate for anxiety and depression were 15.9% and 13.3%, respectively; comparable to international incidence rates of between 7% and 20% in high income countries (Melville et al., 2010).

The PDSA model shows the improvements and some activities being developed to improve the services and cover gaps and difficulties encountered during the implementation of new strategies. From our data screening and triage process represents an important tool to identify patients at risk of PMADs and to arrange appropriate interventions and referrals.

Bibliography

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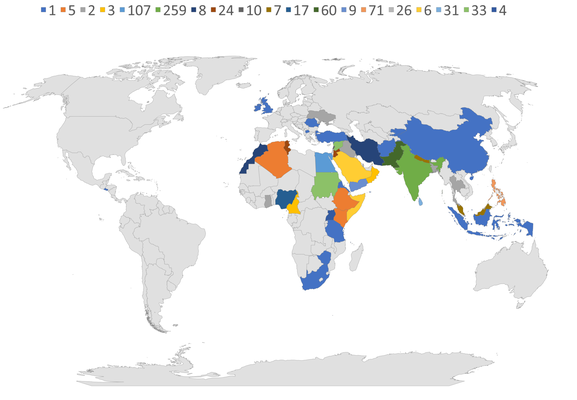
Conclusion

The implementation of a screening and triage methodology implemented for PMAD's shows that it is possible to identify at risk vulnerable women. This model could serve as a template for developing a national model for improving perinatal mental health centered-patient care in Qatar. To further enhance the services some other strategies would need to be considered including specific training for healthcare professionals on management of PMAD's and establishment of mother-baby units.

Key words: Integrated care, perinatal mental health, screening tools, PMAD's

Patients Demographic Distribution, Welbeing Clinic July/2020 to dec//2021 AWH



Improving access Though New Technologies

QR Code screening questionnaire

Perinatal Mental Health Evaluation -PDSA