

Screening women of refugee background for depression and anxiety in pregnancy. What maternity health providers think.

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Background: Up to 1 in 5 women feel depressed or anxious when pregnant. They can also feel like this after having a baby. Women of refugee background may be more likely to be at risk. This is because of exposure to conflict, violence and loss. Australian guidelines recommend screening all women in pregnancy. This is for depression and anxiety. Screening in early pregnancy can help find women who need support. Not all women are asked in all hospitals.

In 2016, we started a screening program. We asked women about symptoms of depression and anxiety. This happened at their first appointment with a midwife. We asked questions about depression and anxiety. This was on the Edinburgh Postnatal Depression Scale. We also asked questions about social health. Women answered the questions on an iPad using iCOPE*. The questions were in English. They were also in other languages. Results were available for midwives on a website called COPE. Women received results by text or email. We included extra referral options. These were for women who had symptoms of depression and anxiety.

Aim: To find out what maternity health providers views are on screening women for depression and anxiety in early pregnancy.

Method: We surveyed 24 maternity health providers. We followed this with 2 focus groups and 8 interviews.

Results: Maternity health providers liked the program. They agreed the program helped to provide more holistic care. Screening helped to discuss depression and anxiety with women. These discussions were more detailed than before. Maternity health providers said they would like more training and resources. This would help with making the program routine practice.

Discussion: This information will help introduce the program across the all of the maternity service at Monash Health.

What maternity health providers told us about the program

How they made sense of the screening program	Better discussion about mental health. They liked the use of the iPad. More information was available on referral.
How they build their practice around the screening program	They see screening as a part of their role. They need key people to drive the program forward. People like the refugee health nurse liaison and managers. More screening could happen. This could happen with audio versions for women with low literacy.
How they can establish the program into routine practice	Working with each other helps. Need to have support from managers. Need more training and resources.
How they understand the program	It provides more holistic care. Helps to find women with emotional health issues. Improves being able to discuss emotional health with women.

What does this mean for maternity practice? We asked women and they told us they liked being able to talk about their feelings with midwives.

Women who took part in the study were more likely to report depression and anxiety symptoms. Women who needed more support for depression and anxiety were more likely to get help.

Knowing what maternity health providers and women need will help us make emotional health care in pregnancy better for all women.

*COPE digital screening <https://www.cope.org.au/health-professionals/icope-digital-screening/>