

Decision Support to Enhance Prenatal Care Using the Screening, Brief Intervention, and Referral to Treatment Model

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ABSTRACT

Timely and adequate prenatal care and associated health screenings contribute to optimal health for the woman and her developing fetus. Prenatal screening is crucial for the nurse practitioner, who may be the only provider of care. This article provides the nurse practitioner with an adaptation of the Screening, Brief Intervention, and Referral to Treatment model with realistic standard-of-care screening tools, interpretation of scores, and referral resources for scores warranting intervention. Early differentiation of risk levels can help promote positive health outcomes for the woman and her baby.

Keywords: decision support, pregnancy, prenatal care, SBIRT, screening

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INTRODUCTION

Prenatal care for the woman and her developing fetus contributes to optimal health outcomes. Prenatal screening is critical because obstetric care providers: (a) have frequent contact with women during pregnancy and birth; (b) may be the only care provider the woman visits on a regular basis during her lifetime; and (c) are the vanguards for early identification of health deviations and prompt intervention to avoid negative sequelae.¹ Among care providers in clinical settings that implement prenatal screening as a standard practice, there is a lack of recognition of high screen scores or misattribution of high scores to the somatic and expected symptoms of pregnancy,¹ inadequate preparation for intervening, uncertainty regarding resources to recommend for patients, and inadequate community health resources.² The nurse practitioner (NP) often is the routine care provider until client abnormalities are seen or in between the less frequently occurring obstetrician visits. Over the previous decade, there has been a 30% increase in prenatal visits conducted by physician assistants or

NPs,³ highlighting the importance of a concise and evidence-based resource for health screening during pregnancy.

This article outlines a suggested protocol to inform clinical decision-making during prenatal screening for some of the common health deviations during pregnancy. An adaptation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model developed by the Substance Abuse and Mental Health Services Administration⁴ is presented that includes universal screening to help identify the appropriate level of services needed based on the patient's risk level. SBIRT is a community- and evidence-based practice that began as an early intervention approach to identify individuals needing treatment prior to the point of needing specialized care or emergency treatment for substance use.⁴ The Substance Abuse and Mental Health Services Administration website has a variety of resources to assist with screening and to train practitioners in use of the SBIRT model of practice.⁴

In general, patients who indicate little or no risky behavior and have a low screening score may

not need an intervention, whereas those with moderate scores may be referred to brief intervention. Patients who score high may need either brief treatment or a further diagnostic assessment and

more intensive, long-term specialty treatment. Expanding the SBIRT model from a focus solely on substance use to screening, intervention, and brief referral for major health deviations during

Table 1. Level of Risk and Treatment Options by Domain (ordered alphabetically)

Domain	Instrument	Level of Risk		
		Low	Moderate Risk	Severe Risk
Alcohol	Health Interview	No use is acceptable		
Anxiety	GAD-7 ^a	< 10	> 10 to < 15 <i>Options:</i> <ul style="list-style-type: none"> • Brief intervention • Education • Stress management 	> 15 <i>Option:</i> <ul style="list-style-type: none"> • Refer to specialty care provider^f
Depression	PHQ-9 ^b	< 10	> 10 to < 15 <i>Options:</i> <ul style="list-style-type: none"> • Refer to specialty care provider • Stress management resources 	Question 9 > 0 <i>or</i> total score > 15 <i>Options:</i> <ul style="list-style-type: none"> • Escort to emergency room • Refer to specialty care provider^f
Gestational diabetes mellitus	(a) Fasting blood glucose (b) 1-hour postprandial	(a) < 90 mg/dL (b) < 140 mg/dL	(a) > 90 mg/dL (b) > 140 mg/dL <i>Option:</i> <ul style="list-style-type: none"> • Medical and dietary management 	(a) > 90 mg/dL (b) > 140 mg/dL <i>Option:</i> <ul style="list-style-type: none"> • Medical and dietary management^x
GWG	IOM ^c Guidelines	4-lb. gain during first trimester	3-lb. gain during first trimester <i>Option:</i> <ul style="list-style-type: none"> • Nutritional counseling PA recommendations 	1-lb. gain during first trimester <i>Options:</i> <ul style="list-style-type: none"> • Nutritional counseling^f • PA recommendations^c
Overweight or obesity	BMI ^d	18.5-24.9 kg/m ²	25-29.9 kg/m ² <i>Option:</i> <ul style="list-style-type: none"> • Nutritional counseling 	> 30 kg/m ² <i>Option:</i> <ul style="list-style-type: none"> • Nutritional counseling^f
Physical activity	Stanford Brief Activity Survey ^e	Moderate, hard, or very hard	Inactive or light activity <i>Option:</i> <ul style="list-style-type: none"> • 10-minute bouts of walking 3 times per day, 5 days per week at a moderate intensity level 	Inactive <i>Option:</i> <ul style="list-style-type: none"> • 10-minute bouts of daily walking at comfortable intensity level to begin
Sleep	ISI	Sleep hygiene education; referral		Sleep center referral ^f
Substance abuse	Health Interview	No use is acceptable		
Tobacco and nicotine	Health Interview	No use is acceptable		

GWG = gestational weight gain; IOM = Institute of Medicine; ISI = Insomnia Severity Index; PA = physician assistant.

^a GAD-7 = Generalized Anxiety Disorder—7-item scale freely available on the internet and as Table 3.

^b PHQ-9 = Patient Health Questionnaire, 9-item scale freely available on the internet at the Substance Abuse and Mental Health Services Administration website.

^c IOM Guidelines for weight gain during pregnancy based on pre-pregnancy BMI and number of weeks of gestation.

^d BMI = body mass index.

^e Assesses on-the-job activity and leisure time activity with a 2-item scale.

^f Specific type of specialty referral will vary depending on a clinician's holistic clinical judgment of a client's risk score within the context of a complete assessment; suggested specialty or education resources are identified in Table 2.

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