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Barriers to antenatal psychosocial assessment and depression screening in private hospital settings

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ABSTRACT

Problem: The evidence of benefit for antenatal psychosocial assessment and depression screening has been sufficient to lead the implementation of screening in public hospitals in all states of Australia. Details of the implementation of perinatal screening in private obstetric settings is less well known.
Aim: As any successful implementation relies on the identification of local barriers, we aimed to determine what perceived or actual barriers may exist for the implementation of evidence-based perinatal screening interventions in private obstetric care, and specifically within small private hospitals.
Method: The integrative literature review method offers a structured systematic approach to organise, synthesize and critique research from a range of sources. This method was used to determine what barriers have been identified in implementing psychosocial assessment and depression screening with women receiving obstetric care in private hospital settings.
Findings: The integrative review findings suggest that barriers to implementing psychosocial screening in the private sector are similar to those experienced in the public sector but may also be influenced by the corporate focus of private services. Barriers were identified among health professionals, within the personal and psychosocial context of women and their families, and at provider or system level.
Conclusion: Once identified, barriers can be systematically addressed to enhance the success of implementing psychosocial and depression screening in the private sector. Screening is likely to be influenced by the business models and operating systems of private service providers. Health professionals working within this environment need more support to conduct perinatal assessment within this context.

Statement of significance

Problem or issue

Perinatal psychosocial screening and assessment is recommended at all public obstetric hospitals in Australia, however, implementation in private obstetric settings is less common. Details of the implementation of perinatal screening in private obstetric settings is relatively unknown.

What is already known

There is an important relationship between maternal anxiety, stress and depression in pregnancy and poor obstetric and child outcomes. The early identification of women either at risk, or symptomatic of anxiety and depression, facilitates referral for timely and appropriate management.

What this paper adds

An integrative review to explore barriers to implementing psychosocial screening in the private sector in Australia. The barriers were found to be similar to those experienced in the public sector but may also be influenced by the corporate focus of private services.

1. Introduction

A large background literature supports the important relationship between maternal anxiety, stress and depression in pregnancy and poor obstetric outcomes.[1] With evidence to suggest that the in-utero environment can produce permanent effects on the

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phenotype of the child,[2,3] maternal antenatal depression is an environmental stressor with significant potential to impact on foetal development and possibly attachment.[4] Given the potentially high morbidity associated with perinatal mood disorders, it is imperative that women either at risk, or symptomatic of maternal anxiety and depression, be identified as early as possible in the perinatal period and be referred for appropriate management.[5]

Antenatal psychosocial assessment and depression screening aims to identify women either at risk, or currently experiencing, mental health disorders. When mental health risks are detected during the perinatal period, women can be offered continued monitoring or referral to appropriate assessment, support and treatment services. Psychosocial assessment and depression screening are becoming routine in the majority of public hospitals in Australia, however, in private obstetric care, screening is initiated only at the discretion of the individual hospital or private provider.

The successful implementation of any program relies upon the identification of local barriers.[6] Specific barriers to perinatal psychosocial assessment and depression screening for women receiving care from a private provider are not well known but are important to understand if implementation of these assessments are to be successful within this context. With approximately 30–40% of Australian women choosing to deliver their baby in the private sector,[7] the identification of local barriers is an important first step towards implementing evidence-based antenatal screening interventions for psychosocial assessment and depression in private obstetric care and improving mental health outcomes for women and their babies. The question explored by this review is: What are the barriers to implementing psychosocial assessment and depression screening with women receiving obstetric care in private hospital settings?

2. Participants, ethics and methods

Recognising that private obstetric care is offered under different models both within and outside Australia, and that barriers may be identified in a range of ways using a number of approaches, an integrative literature review method was adopted for this review. An integrative review (IR) is a specific method that summarises empirical or theoretical literature to provide a comprehensive understanding of a particular problem. The IR method aims to offer more than a simple synthesis of findings from primary studies. The inclusion of studies using different research approaches aims to increase the potential of the review to contribute to a broader synthesis, and to the development of new theories. The IR was developed using a standardised systematic method to ensure rigour and transparency and to improve the validity of the synthesis of established evidence.[8,9]

2.1. Search strategy

The method proposed by Whittemore and Knafl[9] is followed for this review. A range of keywords and terms were identified and used separately and in combination to search the Cumulative Index Nursing Allied Health Literature (CINAHL), PsycINFO and MEDLINE databases for research studies published in English between the years 2000–2016. While there is a significant body of literature about screening and postnatal depression, this review specifically targeted the identification of barriers to psychosocial and depression screening during the antenatal and postnatal (perinatal) period within the context of private obstetric care. For the purposes of this study, private obstetric care is defined as care by an obstetrician and/or gynaecologist, involving a financial fee for service, and conducted within a private hospital or other setting. Further, as the range of care encompassed by psychosocial assessment and depression screening is extended to the detection and appropriate referral of women if risk factors were indicated by screening, barriers to appropriate referral form part of the broader context of this definition of private obstetric care. Barriers could include those perceived by women themselves, midwives, obstetricians and other health care professionals working in this setting.

2.2. Inclusion criteria

Consistent with the IR method, studies were included in the review if they reported the results of either qualitative or quantitative research relevant to the review question and were published in English after the year 2000 and;

- Included women participants who were primarily cared for by an obstetrician or gynaecologist (as opposed to a midwife or group practice) and planned to deliver within a privately owned facility or;
- Examined psychosocial or depression screening with pregnant women either antenatally or postnatally in public or private settings or;
- Investigated the views of obstetricians, gynaecologists, midwives or other health professionals with regard to psychosocial risk factors and depression screening in pregnant women and;
- Explored barriers to the implementation of screening within the above contexts.

Research theses and unpublished studies were also eligible for inclusion. Studies published in languages other than English and editorial and opinion pieces were excluded.

The initial keyword search (barriers & depression & obstetrics) failed to identify literature meeting the inclusion criteria but offered further search terms. Repeat searches using these and combinations of the terms psychosocial and depression screening; antenatal; postnatal; perinatal depression; perinatal mood disorders; postnatal depression; antenatal depression; midwives and screening; and private hospitals yielded a total of 34 studies. One paper failed eligibility criteria during initial abstract review and was excluded; yielding a total of 33 papers for further examination. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework[10,11] guided the selection of published papers for relevance to the question; eligibility and study quality (Fig. 1). The researcher and two supervisors independently applied the inclusion and exclusion criteria to select; and then examine and extract data from the full text of selected studies.

The eligibility of studies was further determined by appraisal of study quality using a Quality Assessment Checklist.[12] Again, three assessors (researcher and supervisors) compared assessments to achieve consensus, with 20 studies excluded on the basis of poor quality (two or more domains rated as inadequate on the checklist). Thirteen studies remained in the integrative review for further data extraction and qualitative synthesis of results.

3. Results

The 13 studies contributing data to the integrative review were conducted in Australia, and the United States of America (US) and were published between 2005 and 2016. Various study designs and methods were used including questionnaires, focus groups, interviews, development of a quantitative screening tool and three qualitative ethnographic studies. While all studies scored between four and seven (indicating moderate to good quality) on the Power and Franck checklist,[12] all had limitations (Table 1). Summarized data extracted from the 13 papers are presented in Table 1 with the qualitative synthesis revealing barriers to

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