

Logan Together Foundation Roadmap –Project scoping

Project title: Provide universal screening and effective support for pre and post birth social and emotional wellbeing issues

Strategic or Chapter-based project: Health and Wellbeing

Short description: Universal uptake of a pre and post birth social and emotional wellbeing program, including universal screening, specialist and targeted support and fast effective involvement of therapeutic and clinical specialists as part of a whole-family support plan. (Key component of community maternity centres and continuity of care)

What results does it help Logan Together to achieve?

Foundation Roadmap scoreboard outcome (life stage)

Healthy pregnancies and healthy babies

Target

Increase the % of pre-natal and post-natal visits by XXX

Indicators (how do we know the outcome is being achieved)

Increase in women and their partners attend scheduled pre and post-natal visits

Increase in assessed secure attachment between baby and caregivers??

Why will it help achieve those results?

Perinatal depression affects approximately 10% of women during pregnancy. It is associated with psychological and physical morbidity, including poor birth outcomes and increased rates of suicide. Complicating wellbeing in pregnancy is the fact that co-morbid relationship between anxiety and depression is well documented and these results confirm that this relationship also holds in the vulnerable postpartum period (Chojenta et al 2016).

Depression in pregnancy effects a women's capacity for self-care, including inadequate nutrition, drug or alcohol abuse and poor antenatal clinic attendance, all of which may compromise a woman's physical and mental health and may reduce optimal foetal monitoring or restrict the growth and development of the baby. Antenatal anxiety, also, in late pregnancy is associated with children's behavioural/emotional problems at 4 years of age.

The consequences of postnatal depression on child development in early infancy, later infancy and early childhood have been the focus of a number of studies, with cognitive, emotional and social development potentially affected (Deave et al 2008). The relationship between mother and baby may be compromised in the presence of postnatal depression, the effects of which has influences on child's physical and cognitive and social development.

With evidence linking poor maternal, paternal, and infant health outcomes the importance and role of universal and routine psychosocial assessment has long been recognised. Without the application of universal and routine psychosocial assessment, much perinatal anxiety, depression and psychosocial morbidity will go unrecognised.

The perinatal period presents a unique window of opportunity for more frequent contact with the health system. There is a strong relationship between regular antenatal care and positive child health outcomes. Receiving antenatal care at least 4 times, as recommended by the WHO, increases the likelihood of receiving effective maternal health interventions during antenatal visits (WHO 2011).

“The Council of Australian Governments identified that pregnant women that receive a minimum of one antenatal visit during the first trimester (first 13 weeks) of pregnancy is an important indicator of access to care in communities.

¹Antenatal care is important to achieve positive health outcomes for the child and their mother. An antenatal visit in the first trimester of pregnancy is important to monitor the health of the mother and child and can help identify complications early to ensure appropriate treatments are provided.”

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Universal uptake of a pre and post birth social and emotional wellbeing program, including universal screening, specialist and targeted support and fast effective involvement of therapeutic and clinical specialists should be part of a whole-family support plan. By early, effective treatment and management of depression and anxiety earlier in life and during pregnancy may be one of the defences against later post-natal depression: which in turn will have a positive impact on mother-infant bonding, and maternal and infant outcomes.

Project details:

To be determined

Data and scale:

There is a strong correlation between only attending ante-natal visits in 3rd trimester and/or low numbers of antenatal visits and smoking in pregnancy.

We also know that there is a correlation between low numbers of antenatal visits and low AGPAR and premature births.

¹ Australian Institute of Health and Welfare, Australia’s Mothers and Babies 2012. Canberra, AIHW, 2013, p.22

The below table provides percentages and numbers of suburbs for initial antenatal visit in 3rd trimester and low numbers of ante-natal visits.

Suburbs	% First Ante-natal Visits In 3 rd Trimester (>28 wks)	Number	% Low Number of ante-natal visits (0-4)	Number
Australia	-		5.05	
Queensland	-		4.90	
Logan	5.1		9.6	
Kingston	9.0	20	17.9	40
Eagleby	10.0	26	17.3	45
Beenleigh	10.8	15	18.7	26
Marsden	7.1	20	15.3	4
Slacks Creek	9.9	19	13.0	25
Loganlea	10.6	19	14.5	26
Woodridge	11.2	35	16.3	51
Waterford West	3.4	4	6.0	71
Crestmead	3.9		10.7	
Logan Central	7.6	7	16.3	15
Munruben – Park Ridge South	2.6		2.6	
Browns Plains	3.9	6	11.8	18
Bethania – Waterford	4.6		9.1	
Chambers Flat – Logan Reserve	4.3		8.5	
Edens Landing – Holmview	5.8		9.4	
Regents Park – Heritage Park	3.9		8.7	

Boronia Heights – Park Ridge	2.0		5.9	
Mount Warren Park	4.1		14.9	
Hillcrest	2.5		7.4	
Jimboomba	3.6		7.1	
Greenbank	2.9		9.4	
Loganholme – Tanah Merah	6.1		9.4	
Shailer Park	2.6		6.8	
Logan Village	9.1		3.6	
Daisy Hill	0.0		5.6	
Tamborine / Canungra	3.4		6.1	
Bahrs Scrub / Wolffdene	1.4		9.6	
Rochedale South – Priestdale	1.9		5.3	
Springwood	4.4		2.7	
Underwood	2.0		8.0	
Cornubia – Carbrook	3.4		1.1	

Partners:

Co-design:

Quick wins:

References

A randomised controlled trial comparing two schedules of antenatal visits: the antenatal care project BMJ 1996; 312 doi: <http://dx.doi.org/10.1136/bmj.312.7030.546> (Published 02 March 1996)

Bronwyn Leigh, Jeannette Milgrom (2008) Risk factors for antenatal depression, postnatal depression and parenting stress BMC Psychiatry 2008, 8:24

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Deave, T, Heron, J., Evans, J. Emond, A., 2008 The impact of maternal depression in pregnancy on early child development. General obstetrics. BJOG 2008; 115;1043-1051

beyondblue: The national depression: initiative Perinatal Mental Health Consortium

Perinatal Mental Health National Action Plan 2008-2010Full Report

Catherine L. Chojenta, Jayne C. Lucke, Peta M. Forder, Deborah J. Loxton Maternal Health Factors as Risks for Postnatal Depression: A Prospective Longitudinal

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0147246>