

A green swoosh graphic that starts as a thin line on the left, curves upwards and to the right, and then loops back to the left, ending in a circular shape with a grid of dots.

A NEW Way of Supporting Women in Pregnancy

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(Funded by DHS, Victoria)

Why ANEW?...risk screening in pregnancy

- ✦ Psychosocial issues in pregnancy
- ✦ Should 'risk assessment' be a routine part of antenatal care?
- ✦ Should all pregnant women be screened?



ANEW: A different way

Aim

- Develop implement and evaluate innovative training in advanced communication skills... to
- Enhance the identification of women with psychosocial issues and
- Enhance the support they received from staff

Specific Objectives

To increase the:

- ✦ active listening skills of antenatal care providers
- ✦ ability of antenatal care providers to pick up cues
- ✦ knowledge of antenatal care providers on prevalence and management of common psychosocial issues
- ✦ support for providers to enable them to implement the 'patient-centred' clinical method in routine antenatal care

ANEW

✦ Structure:

- 4x 2hr interactive workshops in small groups (8-10 people)
- 6 x 1 hour meetings with facilitator every 2 weeks

included:

- Advanced communication skills training
- 2 facilitators
- Use of simulated patients
- Psychologist

The workshops overall

- ✦ Explored challenges & opportunities for providing woman centered care
- ✦ Discussed evidence for screening
- ✦ Discussed common psychosocial issues
- ✦ Critically analysed what we do and why
 - use of role play and simulated patients

ANEW Evaluation

✦ Before ANEW

- survey of 584 women
- audit of 100 files
- survey of health professionals

✦ Workshops/Group meetings

✦ After ANEW

- survey of 481 women
- audit of 100 files
- survey of health professionals



Response rates- health professionals

- ✦ Taking part in the program were:
 - 21 midwives (of 28 working in clinic)
 - 5 hospital doctors (of 10 invited, 36 possible)
 - 2 local doctors (of 50 invited)
 - 1 multicultural worker
- ✦ Completing both the pre and post health professional survey:
 - 89% of participants -18 midwives, 6 doctors, 1 multicultural worker

Areas of change: health professionals

- ✚ Participants more likely to ask directly about:
 - domestic violence ($p = 0.05$)
 - past sexual abuse ($p = 0.05$)
 - concerns about caring for the baby ($p = 0.03$)
- ✚ Less likely to report psychosocial issues made them feel overwhelmed ($p = 0.01$)
- ✚ Significant gains in knowledge of range of psychosocial issues, and competence and comfort in dealing with them
- ✚ Participants highly positive about the experience of participating in the program.



CONCLUSIONS

The program increased the self-reported comfort and competency of health professionals to identify and care for women with psychosocial issues

Gunn J, Hegarty K, Nagle C, Forster D, Brown, S Lumley J.
Putting woman centered care into practice: a new (ANEW) approach to psychosocial risk assessment during pregnancy.
Birth (2006) 33 (1), 46-55.

Areas of change: women

- ✚ 78.2 percent (584/747) participated in pre-ANEW survey and 73.3 percent (481/657) in a post-ANEW survey
- ✚ Very few areas of change, but...
 - women more likely to report that midwives asked questions that helped them to talk about psychosocial problems (OR 1.45, CI 1.09-1.98)
 - women more likely to report they would feel comfortable to discuss a range of psychosocial issues if they were experiencing them:
 - coping after birth for midwives [OR 1.51, CI 1.10-2.08]
 - feeling depressed [OR 1.49, CI 1.16-1.93]; and concerns relating to sex [OR 1.35, CI 1.03-1.77] or their relationships [OR 1.36, CI 1.00-1.85] for doctors



CONCLUSIONS

The ANEW program evaluation suggests trends of better communication by health professionals for pregnant women and should be evaluated using rigorous methods in other settings

Hegarty K, Brown S, Gunn J, Forster D, Nagle C, Grant B, Lumley J. *Women's views and outcomes of an educational intervention designed to enhance psychosocial support for women during pregnancy. Outcomes of education intervention to support women during pregnancy. **Birth, 2007; 34;2:155–163.***

Summary...

- ✦ ANEW successfully implemented with strong organisational support
- ✦ ANEW rated very highly by the participants
- ✦ Evidence of increased skills and comfort in many areas
- ✦ Psychosocial issues common in women attending MHW
- ✦ Many women uncomfortable to talk about these issues to health professionals



Next steps: what we thought...

- ✦ Evaluate the effect of the program on women's outcomes – probably by cluster randomised trial
- ✦ Investigate possible reasons for differences between the women's responses for the different health professionals including continuity of care
- ✦ Investigate women's qualitative comments on what stopped or encouraged them from talking about psychosocial issues with each of the three types of health professionals

What did happen next ??

✚ DHS embraced the ANEW program:

- promoted it widely
- publicised it
- funded roll-out across the State
 - \$94,000 + \$68,000 (= \$162,000)

+ original \$230,000 → **\$392,000**

✚ To date 8-15 programs have been conducted
(more planned)

.....but still no evidence of its effect on women's
outcomes