Background

Perinatal Depression (PD) affects 15%-20% of pregnant women in the U.S. (MDMH, 2014). PD can have detrimental consequences to women, babies and families and is associated with premature labor, adverse obstetrical outcomes as well as developmental deficits for the child (Accortt, et al., 2015).

Women in jail have increased eight-fold in last 30 years (Sufrin, 2014). Up to 25% of women arrive to jail either pregnant or having delivered in the last year (McPhail, Falvo, & Burk, 2012). Currently, pregnant women at Milwaukee County Jail (MCJ) are not being screened for PD unless suicidal ideation or thoughts of hurting self or others is reported by the patient. The lack of screening exhibits a gap in equitable care within the Jail, from community standards as well as recommendations from state and national governing institutions.

Measures

Outcomes Measures
- 80% of women offered screening
- NP’s competent in screening, engagement and referral process
- Appropriate women screened
- Positive screens used shared decision making tool and get referral
- Referrals seen by mental health within 72 hours

Process Measures
- % of women offered screening
- Refusal rates to be screened
- % use of shared decision making
- Refusal rates of positive screens for mental health referral

Balancing Measures
- # of overdue tasks for medical
- # of overdue tasks for mental health

Planned Improvement

This project is a collaboration between Medical and Mental Health. The Edinburgh Perinatal Depression Screening and Healthwise antidepressants in pregnancy shared decision-making tool were utilized.

AIM

By June 2nd, 2017, 80% of pregnant and postpartum women who come into Milwaukee County Jail will be screened for Perinatal Depression and if positive given information on Perinatal Depression, a shared decision-making tool for therapy options and chosen treatment initiated.

Results

For women who screened positive and worked with shared decision making tool 15% referred and seen by mental health

Women were generally engaged and showed a 9% refusal rate to be screened; & 9% refused to be screened.

80% increase in:
- NP’s competence in screening, engagement and referral process
- Appropriate women screened
- Positive screens using shared decision making tool and get referral
- Referrals seen by mental health within 72 hours

Conclusion Lessons Learned

The key achievements of this project were in identifying and treating women for perinatal depression successfully.

The project exceeded its aim and 91% of pregnant and postpartum women that were housed at MCJ and HOC were screened and treatment options for PD implemented.

A total of 101 women were seen. 93 were offered screening, 76 were screened, 43 had positive screenings and 37 started treatment within the facility. That is 46-57% of this aggregate of women that screen positive for perinatal depression.

This study highlights the need for increased engagement, conscious trust building, screening and treatment for this vulnerable and understudied population of pregnant and postpartum women to ensure equitable care is provided in correctional institutions.

Acknowledgements

Starting a mental health, preventative screening program within the correctional system is challenging for many reasons. Logistical, technological, security, bias towards mental health, distrust of systems and skepticism of healthcare in general, all needed to be addressed.

The biggest factor that enabled the successful implementation of the program, was the attitude and belief in the importance of engaging and improving care for pregnant women; by the providers, mental health providers, the Qi nurse and the Medical Director.

References


2. McPhail, M. E., Falvo, D. R., & Burker, E. J. (2012). Psychiatric disorders in incarcerated women: Treatment and rehabilitation needs for women that were housed at MCJ and HOC were screened and treatment options for PD implemented.


