Psychosocial Nurse Assessments, Referrals, and Birth Outcomes

NANCY S. GOLDSMITH, DNP, ANP-BC, RNC

DEPARTMENT OF ACUTE AND CHRONIC; JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MD

Introduction

Pregnancy is a complex interplay of biopsychosocial and emotional processes that may lead to Preterm Delivery (PTD), and Low Birth Weight (LBW) via hormonal, biologic, stress and emotional pathways (Coussons-Read, 2013). When intimate partner violence is experienced in pregnancy, a multitude of biological and psychosocial health problems increase for the mother, fetus, and newborn. PTD and LBW are associated with (9.62% and 12.80%) increase in neonatal morbidity and mortality, which is particularly concerning since many causes are modifiable (Coussons-Read, 2013; Hamilton et al., 2016).

Objectives

To describe the prevalence, correlates, and association between psychosocial risk factors of intimate partner violence (IPV)/physical abuse and mental health disorders (MHD) during pregnancy, nurse assessments and referrals with birth outcomes.

Methods

CoHORT

Descriptive correlational secondary data analysis from a prior chart review of delivery records for relationship of psychosocial risk of IPV and MHD and referrals by nurses with birth outcomes of PTD and LBW.

Study Variables

Secondary data for 2,725 women who delivered at a metropolitan hospital in Baltimore, MD between January 1, 2006 and December 31, 2006. Data were abstracted from the data base of the parent study. The Abuse Assessment Screen (AAS) (McFarlane et al., 1992) and an investigator-developed record review form were utilized to identify psychosocial, social, MHDs, behavioral and obstetric risk factors, and birth outcomes.

Study Criteria

Inclusion criteria were women with deliveries of a live, singleton infant, 23 and greater gestational weeks. Ninety-four records were excluded: multiple gestations (n = 59), 22 weeks or less gestational age (n = 22), undocumented gestational age (n = 15), and combined undocumented gestational age and multiples (n = 2). The final sample size was 2631. The demographic characteristics of the sample are in Table 1. Four variables were investigated in this study: IPV, MHD, PTD, and LBW.

Results

One hundred seven women (4%) reported being victims of IPV or were diagnosed with MHDs during pregnancy. Women with MHDs were significantly more likely to have PTD or LBW compared to women without MHDs. Using logistic regression, MHDs were associated with lack of referral or minimal prenatal care, birth weight less than 2500 grams, and delivery prior to 37 completed weeks.

A significant association between MHDs and gestational age was found. Women with documented MHDs have a significantly greater LBW neonates compared to women without documented MHDs (Table 2).

Conclusions

The study found that health care providers in L&D were inconsistent with the assessment of IPV and MHDs. When the assessments were conducted and there was detection of IPV or MHD, initiation of referrals was inconsistent. The findings of our study confirm the importance of emphasizing a more comprehensive approach to risk assessment and service presentation in high risk perinatal women with MHDs.

Offering health care providers interventions that would improve identification and referrals can result in implications for reduction of poor birth outcomes that are important to perinatal women with MHD. With intervention for women with MHD risk factors in the perinatal period potential results could translate into a reduction of PTD and LBW within that population. When necessary, the healthcare provider should refer the patient to SWS for further evaluation or intervention. The study results encouraged health care providers to go beyond an initial psychosocial risk assessment education program, thus providing ongoing staff awareness, meeting updates, and yearly educational curriculum to provide services during perinatal care to address such risks. The potential cost savings associated with reduction of births within the PTD and LBW risk categories may be substantial. More research is needed to assess the outcomes for AAS in the perinatal woman.

References


