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Enhanced Defaulter-tracing System for All High Risk Perinatal Mothers

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Introduction

Women in perinatal period are prone to a wide range of disorders, which distinctively have acute onset, and rapid deterioration. The interface between Maternal and Child Health Centres (MCHCs) and psychiatric specialist outpatient clinic (Psy SOPC) for early detection and intervention is crucial. An enhanced defaulter tracing system was in place to ensure the high risk mothers identified in MCHCs in Kowloon East Cluster (KEC) were properly assessed by specialist psychiatrist and the respective MCHC staff was notified of the update.

Objectives

1. To ensure high risk perinatal women attending MCHCs in KEC to attend Psy SOPC for assessment. 2. To ensure those high risk cases who were attending Comprehensive Child Development Service (CCDS) psychiatric nursing service at Yung Fung Shee Psychiatric Centre (YFSPC) to attend the psychiatric appointment.

Methodology

Definition of high risk cases: 1. those who had Edinburgh Postnatal Depression Scale (EPDS) score > 20; 2. those who scored 2 points in question 10 of EPDS (suicide intent); 3. mothers with psychotic features; 4. biological depression; 5. established child abusers or those with high propensity of child abuse. The studying period was from 2 January to 30 September 2013. Apart from filling out 'Tracing New Case Defaulter List' to inform the respective MCHCs for all new case defaulters, high risk CCDS defaulters will have an additional form 'Psychiatric Defaulter- Communication Form' filled out to invite two-way communication with MCHCs. Ownership of the cases was enhanced - CCDS psychiatric nurses would make phone contact to clarify the reason for default, rearrange another appointment, send tracing letters as reminders and update the MCHCs staff.

Result

A total of 18 high risk new case defaulters were identified. Seventeen out of 18 (94.4%) had been traced, 13 by psychiatric nurses and four by MCHC staff and re-assessed at MCHCs by CCDS Psychiatric nurses. Only one (5.6%) was unable to be contacted.

Among the 18 new case defaulters, 13 (72.2%) of them had been rearranged for another appointment at YFSPC, three (16.7%) were reviewed to have no further psychiatric need and two (11.7%) had actively refused another appointment.

Conclusion The result of the enhanced defaulter tracing system for high risk CCDS cases was encouraging. Almost all the high risk defaulters were traced successfully, and most of them had attended psychiatric specialist consultation for proper risk assessment. The communication between Psy SOPC and MCHC was enhanced.