

Detecting and responding to child protection risk during hospital-based antenatal care

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Background: Routine antenatal health care presents a non-stigmatising opportunity to identify and respond to mothers and their unborn infants experiencing high levels of child protection related risk. Clinical and administrative data collected during antenatal care provides a platform from which whole-population risk profiles can be developed, and system responses to identified risk can be investigated.

Methods: This study uses de-identified clinical and administrative data on women who gave birth in 2015 (~n=3,649) at a metropolitan birthing hospital in South Australia. Information collected during routine antenatal screening includes child protection history, domestic violence, mental health risk, substance use, disability, health behaviours (e.g. smoking), and sociodemographic characteristics. Information on psychosocial referrals and service contacts are also recorded throughout pregnancy. This information is collected in structured and free text fields.

Descriptive analyses were undertaken to profile antenatal child protection related risk and investigate referral pathways. In-depth analysis of a sub-sample of women experiencing moderate to high risk who were primarily offered hospital-based psychosocial services (n=86) was undertaken to assess local referral uptake and service provision.

Results: Preliminary analysis demonstrates that of the n=3,649 women who attended antenatal appointments in 2015, 24% were identified as experiencing either a history of domestic violence, substance abuse, or a high risk of depression or other mental illness. In a sub-sample of women offered hospital-based psychosocial services (n=86 women), around half did not take up any of those services, and those who did received on average less than two hours of face-to-face contact.

Conclusion: This study demonstrated high prevalence of child protection related risk, and indicated that the need for appropriate therapeutic services in pregnancy may be greater than previously believed. Systems and services need to respond and engage with vulnerable populations in a way that ameliorates child protection related risk for unborn infants.