

Depressed, pregnant women receive inconsistent treatment, have longer hospital stays

June 16 2011



Dr. Christie Palladino of Georgia Health Sciences University discusses survey results pointing to inconsistent treatment and longer hospital stays for pregnant women who are depressed. Credit: Phil Jones

Pregnant women who screen positive for depression are unlikely to receive consistent treatment, researchers say.

That may translate to women spending more time in the hospital before babies are even born.

The Obstetric Clinics and Resources Study, published in *General*

Hospital Psychiatry, tracked 20 [health care providers](#) in six Michigan clinics and revealed a lack of uniformity in addressing perinatal depression.

"There are a lot of barriers to translating information into everyday practice situations," said Dr. Christie Palladino, an obstetrician/gynecologist with Georgia Health Sciences University's Education Discovery Institute and principal investigator on the study. "We wanted to understand what it's like for prenatal care providers to deal with [depression care](#)."

Providers felt burdened having to make instant decisions about complex issues, the multidisciplinary research team found. And those decisions varied dramatically, even within the same clinic.

"There was no system-level support for providers," Palladino said. "They felt as if they were making decisions out on an island."

That sense of isolation, coupled with a lack of direction about how to treat [pregnant women](#) with depression, may explain why fewer than half of women who need treatment receive it.

Adding to the disconnect was providers' discomfort in talking about the disease with both patients and [mental health care](#) providers.

"In training, we tend to talk about how frequent a disease is, what the known causes are and the treatments that are available, but we don't address developing referral relationships," Palladino said. "We need to focus on not only knowledge of the disease, but also on the intrinsic motivations."

To address the problem, GHSU's Education Discovery Institute is conducting a [pilot project](#) to teach such skills. Residents and faculty in

OB-GYN, psychiatry and pediatrics are collaborating to develop and test tailored [educational interventions](#) in perinatal depression care, in hopes of quickly implementing the content into clinical practice.

Palladino is applying for a Health Resources and Services Administration grant to test the curriculum and intervention at other locations as well.

An earlier study led by Palladino discovered that depressed women had significantly longer-than-average hospital stays: more than 24 hours prior to delivery.

"That's a long time for an otherwise healthy woman to be in the hospital before going into labor," Palladino said. "It has serious consequences for the mother, for the family and for the hospital system in terms of time and cost."

The study, published in the Journal of Women's Health and funded by the Robert Wood Johnson Foundation, also confirmed previous research linking depression to an increased risk of complications such as pre-term delivery, pre-eclampsia, premature membrane rupture and gestational diabetes.

"I was in a fantastic residency program, but treating depression during pregnancy wasn't even on the map at the time," Palladino said, noting that many OB-GYN residency programs still lack mental health training. "This has become my passion."

Provided by Georgia Health Sciences University

Citation: Depressed, pregnant women receive inconsistent treatment, have longer hospital stays (2011, June 16) retrieved 26 April 2024 from

<https://medicalxpress.com/news/2011-06-depressed-pregnant-women-inconsistent-treatment.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.