

Conference abstract

## Pregnancy and Psychiatry (P&P)

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### Abstract

**Purpose:** Cooperation between primary care and specialist care in case of midwives, hospital (midwives and gynaecology), specialist mental health care, pharmacy. The goal is to screen all pregnant women for affective disorders and give them a coherent treatment.

The presentation will describe the process of cooperation, the do's and don'ts and the results so far.

**Context:** Almere is a city of 185.000 inhabitants. Midwives work in primary care and in the only hospital. There is one centre for specialist mental health care. There are 140 GPs and about 25 pharmacists. There is a good structure for cooperation available.

**Data sources:** The presentation will not show specific data, but will describe the process of coming to cooperation and what factors did help to succeed.

If possible we will present the results of the first five months of screening. How many mothers have a positive score and what were the interventions taken.

**Case description:** In 2007, the initiative was taken from the centre of specialist mental health care to start a group for mother-and-child with depression. To know how many women could be included in this group there was the idea of a screening taken for all pregnant women in Almere. This initiative resulted in the screening of all pregnant women in the primary care and also in the hospital. In the near future (end 2010) there will also be a screening in the 8<sup>th</sup> week after birth. Following this screening there was an initiative from the hospital to start a POP (Psychiatry-Obstetrics-Paediatrics) polyclinic to help this mothers in an early stage with their depression. The GP can also direct to this polyclinic.

Also started the pharmacists to make a protocol for medical treatment of this group of pregnant women and their depression.

**(Preliminary) conclusions:** Cooperation comes about because of one or two people who are dedicated to a case, the local authority who sees the importance of the case and offers money to continue a pilot and at last a project manager who only has to combine the good things that are happening already.

13% of the pregnant women has a higher score for affective disorders.

Early tracing can result in a quicker treatment, lower and shorter intervention.

Results of screening and interventions cannot be given definitively.

#### **Discussion:**

1. Should screening happen to all pregnant women or only at risk groups?
2. Should intervention be restricted for the 'line' a women is screened in or be available across the lines.
3. What are the best circumstances for working together and cooperate around pregnant women?

### Keywords

**pregnancy, psychiatry, cooperation**

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