Stakeholder Assessment for a Remote Perinatal Telepsychiatry Service Meredith Spada, MD¹, MEd; Neeta Shenai, MD¹; Halina Zyczynski, MD²; Lauren Kullen BSN, RN, RN-BC²; Emma Mack, BSN, MHA, RN²; Priya Gopalan, MD¹



BACKGROUND

Creation of specialized telehealth services can address health care gaps and identify targeted areas for education

This requires input from local health care workers to be successful

Our institution is implementing a telepsychiatry perinatal consultation service to a remote labor and delivery unit



OBJECTIVES

- To describe findings from an anonymous stakeholder survey
- To determine focus for a telepsychiatry service in a community women's hospital labor and delivery unit

METHODS

Anonymous electronic stakeholder survey sent to staff at remote L&D unit

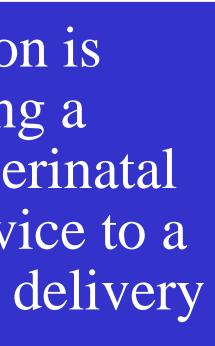
11 questions querying attitude, comfort, knowledge

• This project was approved by the University of Pittsburgh Quality Improvement Review Committee

Figure 1. Deliveries Across Sites

UPMC Magee-Women's Hospital	• 10,000 deliveries pe
UPMC Hamot	• 2,000 deliveries per

¹University of Pittsburgh School of Medicine, Department of Psychiatry ²UPMC Hamot





er year

r year

RESULTS				
Table 1. Stakeholder Discipline		Table 2. Stakeholder	Table 2. Stakeholder Experience	
Stakeholder Discipline	N (%)	Number of Years in Practice Setting		
RN	25 (80.1)	<5	13 (40.6)	
CRNP or PA	6 (16.1)			
Certified midwife	0 (0)	5-10	3 (9.4)	
MD/DO/MBBS	1 (3.2)	10-20	10 (31.3)	
Midwife	0 (0)		(10.0)	
Social Work	0 (0)	20+	6 (18.8)	

Figure 2. Comfort in Psychiatric Practices

Very uncomfortable	Somewhat uncomfortable	Neither c
Very comfortable		

Managing/prescribing medication for opioid use disorder

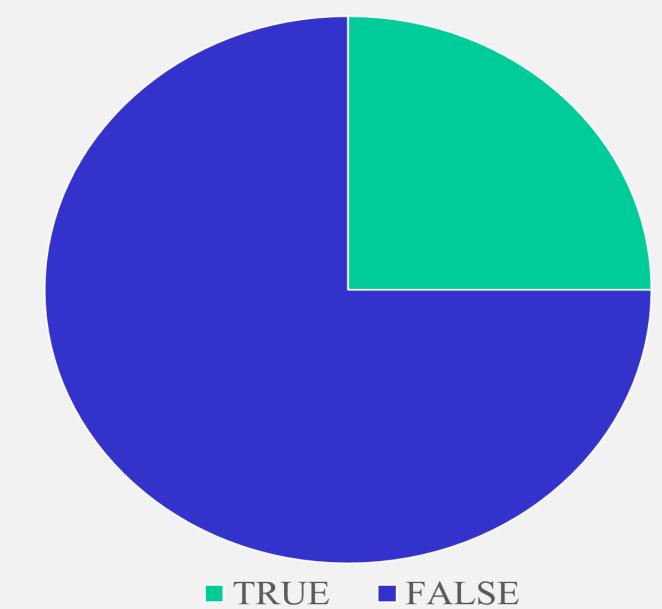
Educating patients on peripartum depression/anxiety

Starting an SSRI for patients (and counseling on use during pregnancy)

Counseling patients regarding lactation considerations with SSRIs

Identifying patients who would benefit from involvement of psychiatric services

Inpatient Mental Health and Dual Diagnosis Services When They Come to Deliver



comfortable nor uncomfortable Somewhat comfortable

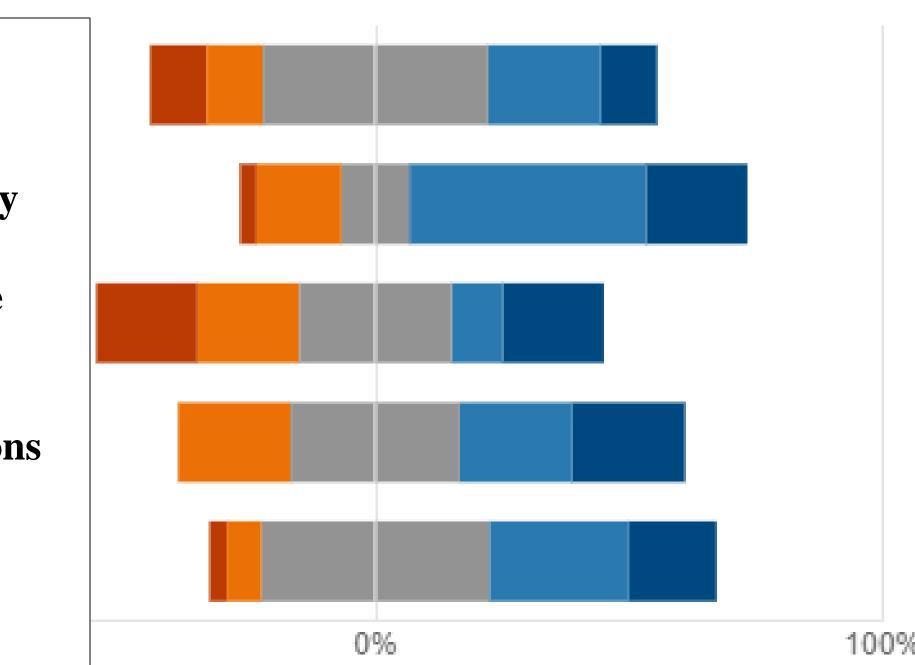
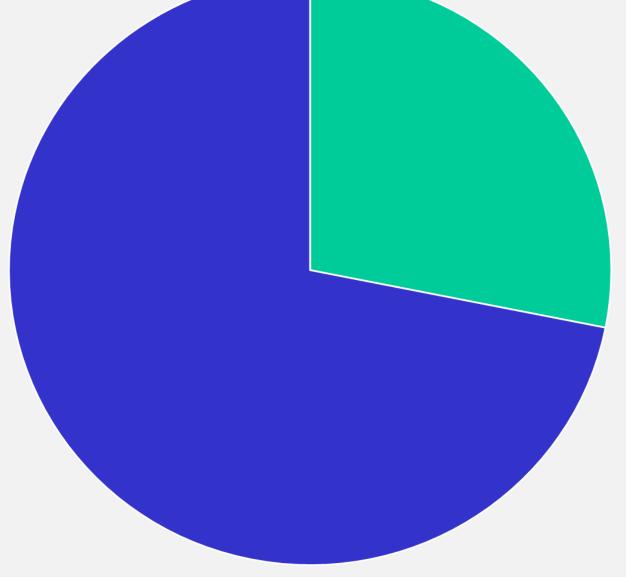


Figure 3. The patients I see have easy access to: **Outpatient mental health and Dual Diagnosis Services During** the Pregnancy/Postpartum Period



TRUE FALSE

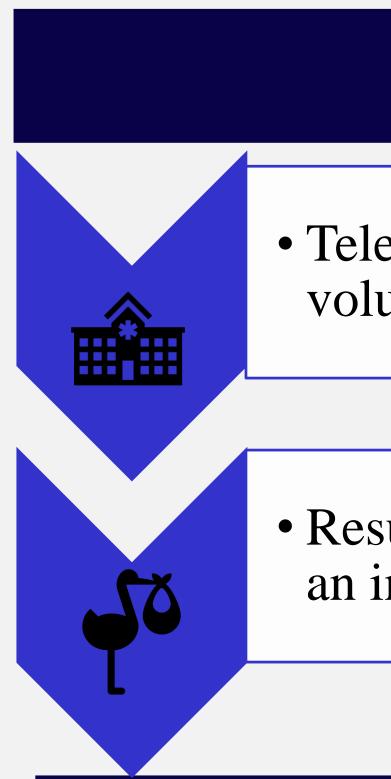
Figure 4: Knowledge

14/32 (43.8%) responded correctly that drug/accidental overdose is leading cause of pregnancy associated death in state of PA

relevant to their practice

- 90.3% felt patients on their unit would benefit from access to telepsychiatry services
- 93.5% would welcome access to telepsychiatry services

- Only 22.2% of those prescribing medications feel comfortable starting an SSRI for perinatal patients
- disorder



Gopalan P, Auster L, Brockman I, Shenai N. Consultation-Liaison Telepsychiatry on an Inpatient Obstetrical Labor and Delivery Unit. J Acad Consult Liaison Psychiatry. 2021 Nov-Dec;62(6):577-581. doi: 10.1016/j.jaclp.2021.04.001. Epub 2021 Apr 20. PMID: 33972195.

UPMC University of Pittsburgh Medical Center

RESULTS, CONT'D

2/32 (6.4%) responded correctly that psychiatric conditions are the most common complication of delivery

DISCUSSION

- Staff indicated that mental health and substance use conditions were
- However they indicated low comfort and need for further education on perinatal psychiatric conditions
- 25% of prescribers feel comfortable managing medication for opioid use

CONCLUSION

• Telemedicine perinatal psychiatry consultation services at a high volume remote L&D unit are in need and would be welcomed

• Results from our stakeholder survey will drive development of an innovative program

REFERENCE