

# ANSC CASE STUDY: YOUNG PARENTS CLINIC

*RPA/Canterbury ANSC: Educational Case Study Series - December 2022*

## Presentation

Katrina is a 22-year-old woman who presented to her GP with an unplanned but welcome pregnancy at 5 weeks gestation. Her background is as follows:

### PMHx:

- Anxiety / depression
- Borderline personality disorder with past self-harm (cutting)
- AOD use
- Eczema
- G2P0, TOP for unwanted pregnancy in 2020

### FHx:

- GDM (mum)
- HT (dad, PGM)
- Mental health disorders

### SHx:

- Healthy relationship with partner (father of the baby), supportive mother
- Lives in supported accommodation

### AOD:

- EtOH: up to 6 SDs, 4 days per week
- Cigarette smoking
- Previous trial of methamphetamine
- Stopped all AOD use once found out pregnant

### Meds:

- Pregnancy multivitamin

Her GP organised appropriate booking investigations and referred her to RPA for antenatal care. Katrina attended her booking visit with the midwives at 17 weeks. She was offered and accepted antenatal care through the Young Parents Clinic.

### Young Parents Clinic (YPC)

The YPC runs on a Monday afternoon at RPA. We provide antenatal care to pregnant people aged 22 and younger, although we can provide care to older people if there are other vulnerabilities that may be suited to our care. The YPC is staffed by a GP-VMO and midwife, with support from the obstetrics team as needed. We have strong links to other useful services, including the Aboriginal Clinical Midwifery Consultant, the social work team, and parent education. Patients at YPC may also be linked in with D&A services or the perinatal mental health team. At the YPC, we aim to provide a patient-centred, comprehensive service, that improves access for young parents to the supports they need. We hope to provide a positive experience with the health system that promotes healthy pregnancy outcomes and parenting confidence once the baby is born.

### Issues for Katrina

Katrina had a number of issues that were well suited to the YPC.

- **Mental health:** Katrina was already accessing psychology services through Wesley Hospital and attending a regular DBT group at the time of booking. The GP-VMO conducted regular mental health assessments to ensure Katrina did not need any escalation of care and provided additional psychosocial support and counselling throughout her pregnancy. Katrina also received mental health support from the social work team.
- **Drug and alcohol:** Katrina had done the hard work at the beginning of her pregnancy by ceasing all alcohol and other drugs. She was referred to the D&A CNC and had regular sessions to assist her in maintaining her abstinence.
- **Social support and post-partum planning:** through the YPC, Katrina was able to access multiple avenues of support to prepare her for the birth and parenting role to come. This

included regular social work visits to plan for baby's arrival and referral to Dandelion Support Network to assist her with supplies for the baby. Katrina had an external case worker who provided support and assistance with housing, allowing Katrina to move from supported living into a private rental at 27 weeks. She received regular parent education at her YPC visits from the parent educator. Katrina's partner was Aboriginal, so she was also received support from the Aboriginal CMC. And finally, she was referred to Child, Youth and Family Services for prolonged early childhood visits and support once the baby was born.

#### How did she do?

Katrina's antenatal course was a fantastic illustration of patient-centred, coordinated care with great patient outcomes. There were some hiccups along the way including: iron deficiency requiring oral iron, COVID-19 infection at 33 weeks monitored by RPAvirtual, and the diagnosis of genital herpes at 39 weeks that responded well to antivirals and settled in time for delivery. Her mental health and drug and alcohol needs were met, and she received the support she needed to manage her conditions well. The social work team was vital in supporting Katrina during the pregnancy and ensuring she was ready and had what she needed once the baby was born. She was induced at 39 weeks for reduced foetal movements and proceeded to a vaginal delivery of a healthy baby girl. Katrina successfully breastfed her baby and was discharged home under the care of the home midwives. She has been engaged in prolonged early childhood nurse support, with regular visits for both mum and bub. Her mood dropped in the post-partum period, and she restarted an SSRI with good effect. She remains under the care of the D&A team who provide her ongoing counselling and support. She has a good GP who coordinates her care. Katrina's baby is now 8 months old and thriving, and Katrina reports feeling proud to be her mum.

#### Author details

Dr Penelope Elix is a GP in Alexandria and the GP-VMO at the YPC at RPA. She is happy to be contacted via the ANSC Liaison Midwife with any queries or suggestions for the YPC.