

MISSED OPPORTUNITIES IN PERINATAL MENTAL HEALTH: A COMPARATIVE AUDIT OF RISK DETECTION AND REFERRAL GAPS IN PUBLIC AND PRIVATE SETTINGS IN LIMERICK.



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01 INTRODUCTION

- Perinatal mental health disorders affect up to 20% of women, representing a critical window for intervention to prevent long-term adverse outcomes for mother and infant.
- A dual approach to identification: **Universal Screening** (Whooley/GAD-7) alongside **Clinical Concerns** (risk via history or symptoms).
- Identifying risk is the first step. Systemic gaps often occur during **Escalation** (the failure to refer a positive screen) or **Engagement** (the patient decline specialist input).

02 OBJECTIVE

- To evaluate the efficacy of perinatal mental health pathways in Limerick by identifying "missed opportunities" in risk detection, clinical escalation, and patient engagement.
- Variability in referral drivers (screening vs. clinical concern) and care settings (public vs. private) contributes to significant gaps in patient care.

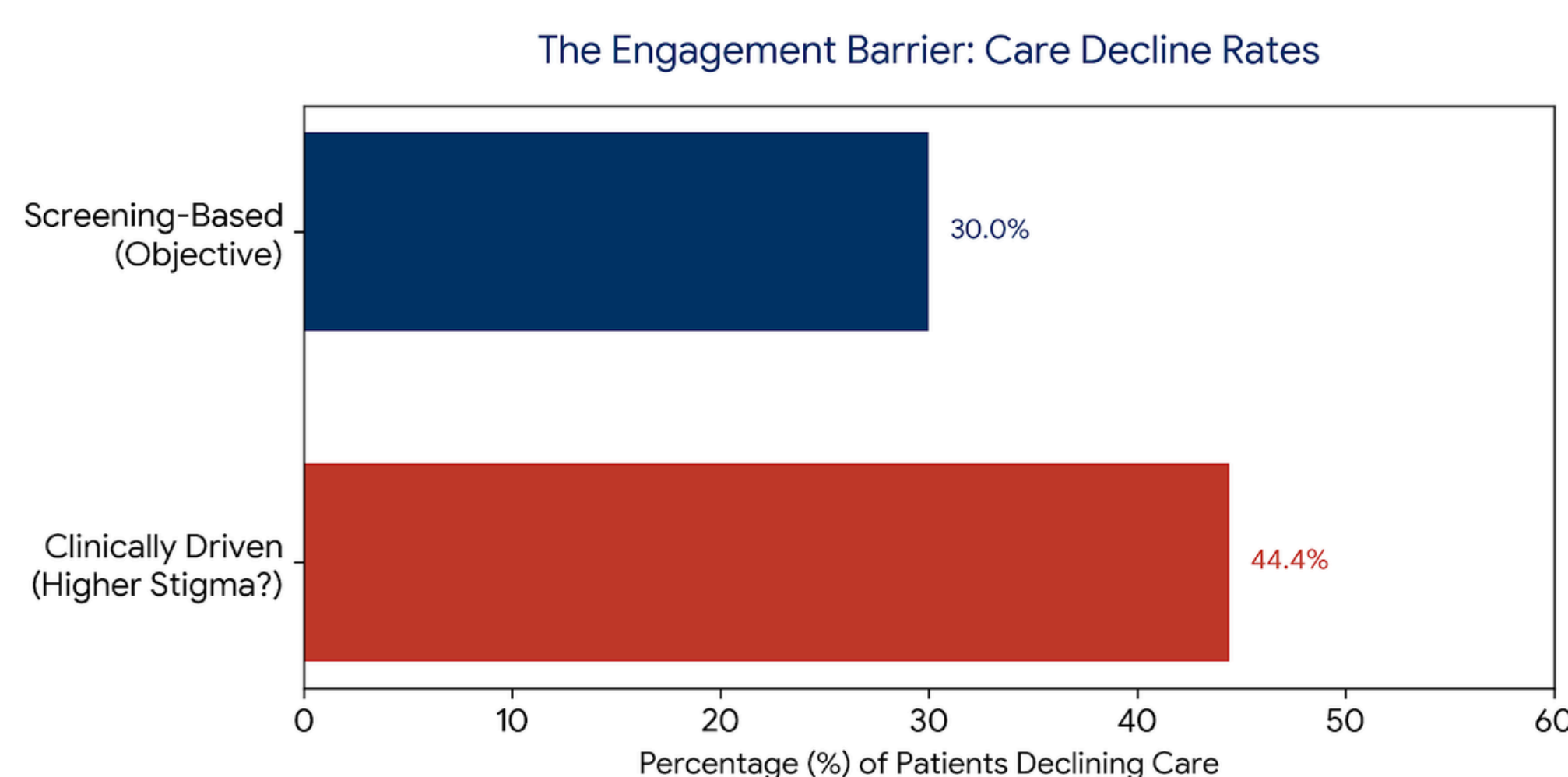
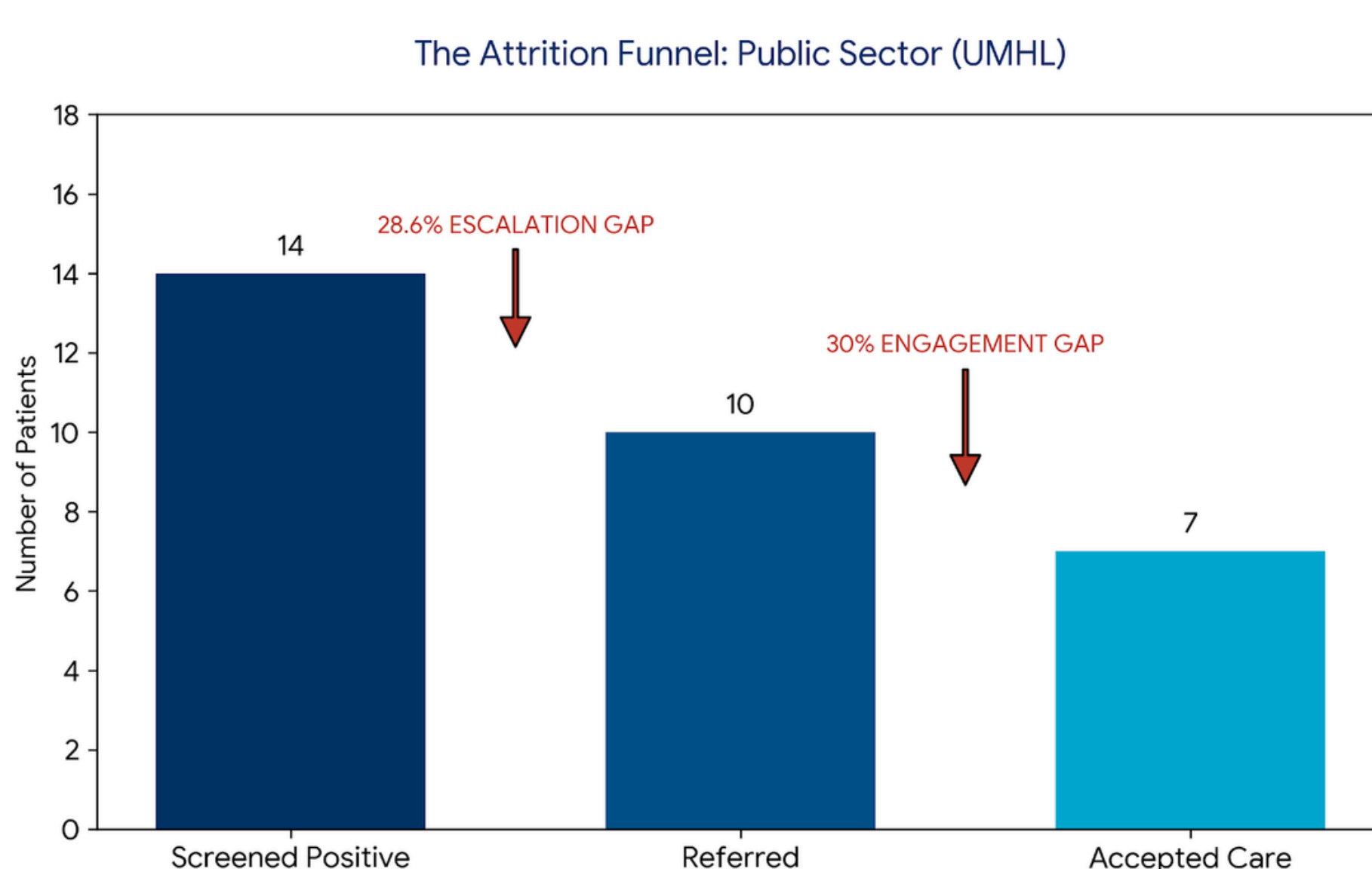
03 METHODOLOGY

- Design: Retrospective service evaluation.
- Settings: University Hospital Maternity Limerick (Public, n=100) and a Private Specialist Clinic (Limerick, n=50).
- Analysis: Comparison of screening outcomes, referral pathways (screening-led vs. clinically driven), and patient engagement rates.

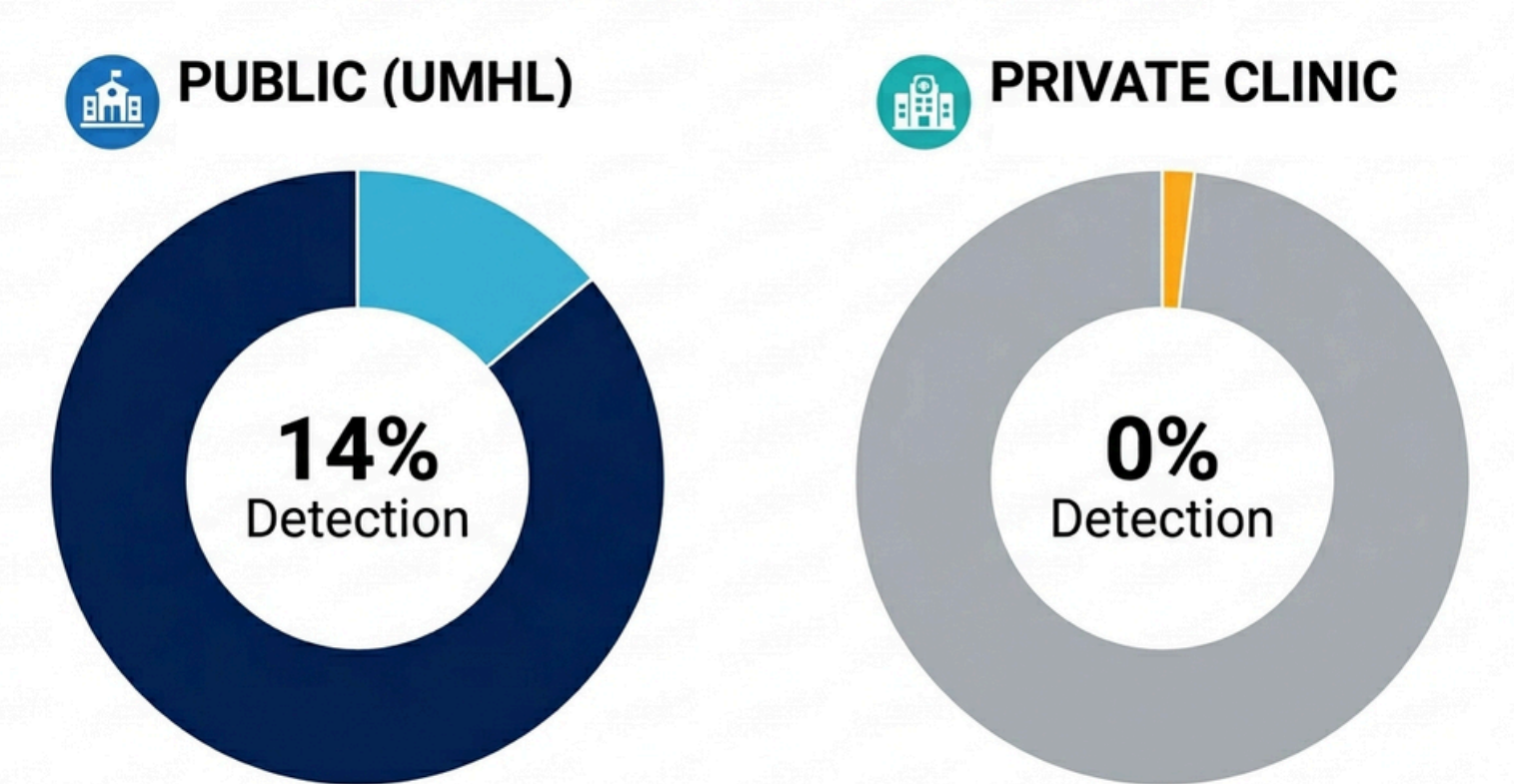
04 RESULTS

- Public (UMHL): 14% were identified as at-risk via screening. However, 28.6% of this group were not referred.
- Engagement Gaps: 39.3% of referred public patients declined care. Decline rates higher for clinically driven referrals (44.4%) compared to screening-based referrals (30%).
- Private: 90% screening completion rate, 0% screened positive. All referrals (4%) were based on clinical judgment alone.

05 ANALYSIS



The Detection Paradox: High Compliance vs. Zero Risk Identification



06 CONCLUSION

- This evaluation identifies two distinct "failure points". **Public:** Missed opportunities at the escalation and engagement phases. **Private:** Missed opportunity in risk detection.
- **The Escalation Paradox (Public):** 28.6% non-referral for at-risk patients – positive screening results are not always translating into clinical action (critical break in the safety net).
- **The Engagement Barrier (Public):** The high decline rate (39.3%), especially in clinical concerns (44.4%), is it due to stigma or less 'valid' than objective screening tools.

- **Detection Sensitivity (Private):** The 0% detection rate despite 90% compliance suggests a "false reassurance" effect, screening tools may lack the sensitivity required for this specific patient demographic.
- **Enhance Engagement:** Develop strategies to improve engagement for patients identified via clinical concern.
- **Screening review:** Evaluate the screening process in private settings to ensure at-risk mothers are not being overlooked.