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Translating an Evidence-Based SBIRT Protocol into Practice to Address Depression, Alcohol, and Drug Use Among Pregnant Women Living with HIV (LWHIV)

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Abstract

Background: Among Pregnant women living with HIV, rates of depression are alarmingly high ranging from 30.8% to 78% compared to 10-15% in HIV negative women (Bonacquisti et al., 2014). Alcohol use during pregnancy is also detrimental to maternal and child health. Addressing depression, drug and alcohol use is critical to the prevention of mother to child transmission and minimizes maternal complications during pregnancy. There is also an urgent need to better understand the pervasiveness and severity of these issues through formal screening. An evidenced based approach to address this need is Screening, Brief Intervention, and Referral to Treatment (SBIRT) (SAMHSA, 2016).

Objectives: 1) To assess the satisfaction of licensed personnel following a 2-day workshop as well as their confidence to deliver SBIRT in the future; 2) To evaluate the SBIRT protocol implemented to assure early identification of depression and/or at-risk substance use among pregnant women LWHIV.

Methods: The four steps in the cycle include Plan, Do, Study and Act. Plan: staff education and the SBIRT process implementation. Do: engaged stakeholders affected by the clinical problem and implemented screenings including brief intervention and referral to treatment. Study: decided on what data to collect and method of collection. Act: stakeholder's feedback, and reports of improvements.

Results: A total of seven staff participated in the 2-day workshop. Participants were surveyed at the end of the workshop on satisfaction with education (3 items) and confidence in being able to deliver SBIRT (3 items). All five providers were "satisfied" with the 2-day workshop and 80% reported being very confident with use of SBIRT. A 100% screening rate was achieved post implementation. BI was provided and documented in the EMR for 3 of 10 patients screened to be at moderate risk for depression. Referral to treatment to the on-site psychologist for the patient screened to be at moderate risk for depression.

Conclusions: Appropriate implementation of the SBIRT clinical strategies can increase the quality of care provided to pregnant women living with HIV (LWHIV).