

**Abstract Title, Author and Affiliations for Symposium Presentation****Patterns of obstetric, psychiatric and other inpatient service utilization among women giving birth in Australia.**

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**Abstract Body****Objective/Background**

To examine the length of stay for obstetric, psychiatric, and other inpatient admissions among Australian childbearing women; and to compare the number of psychiatric inpatient admissions between women with at least one psychiatric admission in the perinatal period and women with one or more psychiatric admissions but not in the perinatal period.

**Methods**

Data were extracted from NSW & WA birth and hospital admission data collections to include women giving birth between July 2000 and December 2009. The cohort comprised three groups of women: Case women with at least one psychiatric admission within the perinatal period; Comparison 1 women with at least one psychiatric admission but only outside of the perinatal period; and Comparison 2 women without any psychiatric admissions during the study period. Outcomes were number of psychiatric admissions, and length of stay examined in terms of admission type (obstetric vs. psychiatric vs. other). Outcomes were modelled using multivariable generalised linear models, adjusted for maternal socio-demographic factors.

**Results**

Unadjusted results indicated higher burden of all admissions in both psychiatric groups (Cases and Comparison 1) compared to the non-psychiatric group (Comparison 2). Multivariable analysis showed that socially disadvantaged Case women had significantly more psychiatric admissions than their less disadvantaged counterparts, whereas the trend was reversed amongst Comparison 1 women. Uninsured Case women had more psychiatric admissions and these were of longer duration than either insured Case women or uninsured Comparison 1 women.

**Conclusion/Discussion**

Results suggest a greater burden of psychiatric morbidity associated with the perinatal period especially in disadvantaged mothers<sup>1</sup>. This has significant cost implications for Australia's public health system<sup>2</sup>.

### Key Words

Perinatal, service utilisation, obstetric, hospital admission, psychiatric.

### References

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