



EARLY IDENTIFICATION OF MATERNAL DEPRESSION SYMPTOMS BY INSTITUTING A POSTPARTUM DEPRESSION (PPD) SCREENING

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Practice Concern

- 1 in 7 women suffer from PPD, making it the most common postpartum complication (ACOG, 2015)
- 60% of women with PPD symptoms do not receive a diagnosis, and 50% with a diagnosis do not receive treatment (CDC, 2017)
- Maternal suicide is the leading cause of death in postpartum women (Mgonja & Schoening, 2016)
- PPD impedes maternal-infant interactions, leading to poor attachment, infant developmental and socialization issues (Evans, Phillippi, & Gee, 2015)

Needs Assessment

- 12.9% of new mothers in Texas reported PPD symptoms in 2009-2011, with prevalence increasing as income decreases (tmc.edu, n.d.)

Table 2. Estimated Number of Women Experiencing PPD in Harris County and Texas				
	Number of Births	Mothers living <200% of FPL	Mothers living ≥200% of FPL	Number of Mothers Experiencing PPD*
Harris County	70,284	55%	45%	12,827-14,408
Texas	387,079	53%	47%	69,481-78,577

* Computed using 10% as the low end and 15% as the high end for mothers living ≥200% federal poverty line (FPL). 25% was used in calculations for both regions for mothers living below 200% FPL

(Texas Medical Center Health Policy Institute, n.d.)

- **Reluctance to screening:**
 - Responsibility of screening provider to initiate intervention in response to positive screen
 - Resistance by pediatric providers to counsel women with positive screens
 - Lack of community resources for women with positive screens (Evans, Phillippi & Gee, 2014)

PICOT Question

Does a practice change of administration of the Edinburg Postnatal Depression Scale (EPDS), by pediatric providers to mothers at every well child appointment, up to one year of age, increase the rates of capture and referral of patients with postpartum depression?

Literature Review

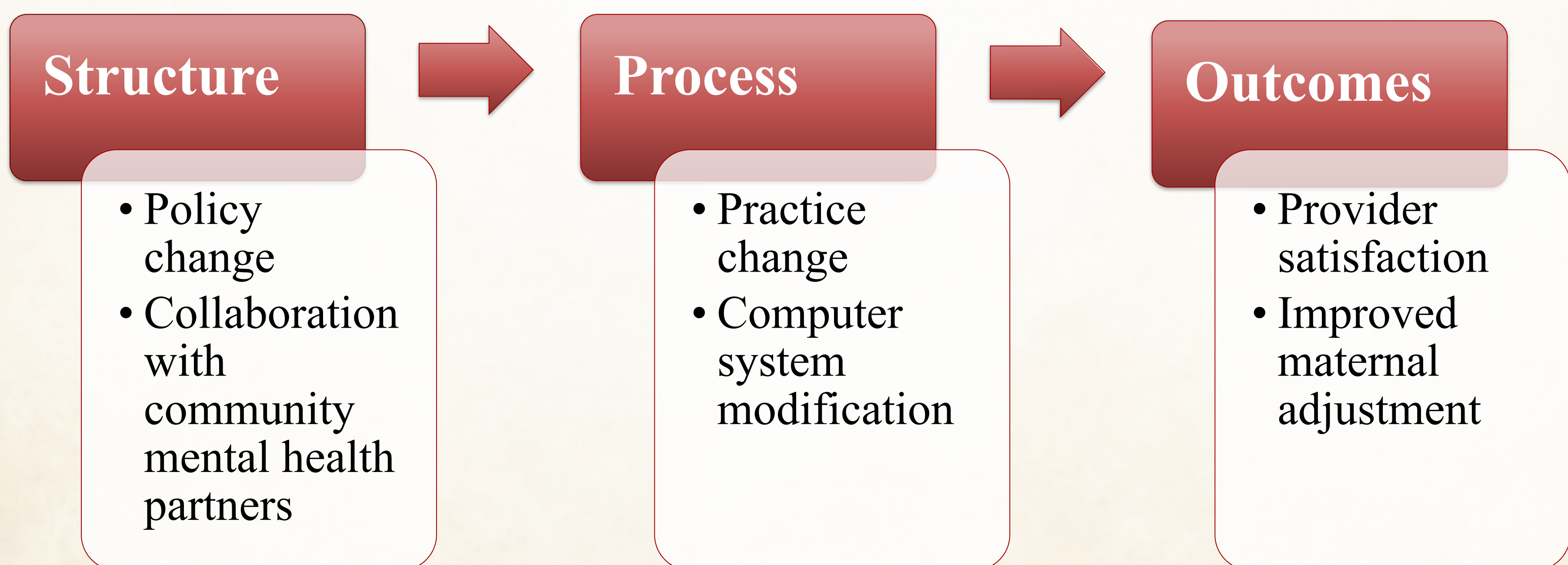
- Databases utilized: CINAHL Complete, Cochrane Library, and the Joanna Briggs Institute
- Search terms: postpartum depression, screening, Edinburgh Postnatal Depression Scale, and pediatric well-child visits
- Three of the 14 articles selected were level I, meta-analysis
- The remaining 11 articles were levels III-VII

EBP Guidelines

- **American College of Obstetricians and Gynecologists (ACOG, 2015):**
 - Screening at least once during the perinatal period for depression and anxiety symptoms, utilizing a standardized, validated tool
 - Women with current mood disorders require closer monitoring, evaluation, and assessment
 - Screening alone is insufficient, and must be coupled with appropriate follow-up and treatment, with referral to behavioral health resources
 - Systems should be in place to ensure follow-up for diagnosis and treatment
- **American Academy of Pediatrics/Bright Futures (2018):**
 - Integrating postpartum depression surveillance and screening at the 1, 2, 4, and 6 month visits

Theoretical Framework

Donabedian's Quality Framework



(Donabedian, A., 1966)

Implementation

- **Policy change:**
 - Presentation of project to facility administration to obtain buy-in and funding
 - Collaboration with providers, management, and community resources to develop policy
 - Modification of electronic charting system to include EPDS tool and prompting system
- **Practice change:**
 - Educate staff on risk factors, signs and symptoms of PPD, administration of screening tool, and follow-up management
 - Initial PPD education and EPDS completed by provider at 1st newborn visit
 - Electronic administration of EPDS by Medical Assistant, at 1, 2, 4, 6, 9, and 12 month visits, and reviewed by provider before closing out the chart
 - Referral of positive screens to pre-determined community partnerships

Evaluation

- Complete health history and demographic information on each mother
- Survey of mothers at 6 and 12 months to assess perceived quality of care, infant-maternal attachment, and adjustment to motherhood
- Chart review to be conducted at 6 and 12 months to assess trends in maternal scores and infant development
- Mothers with positive EPDS to be tracked for referral and follow-up care

References

- Available upon request

Acknowledgements

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