

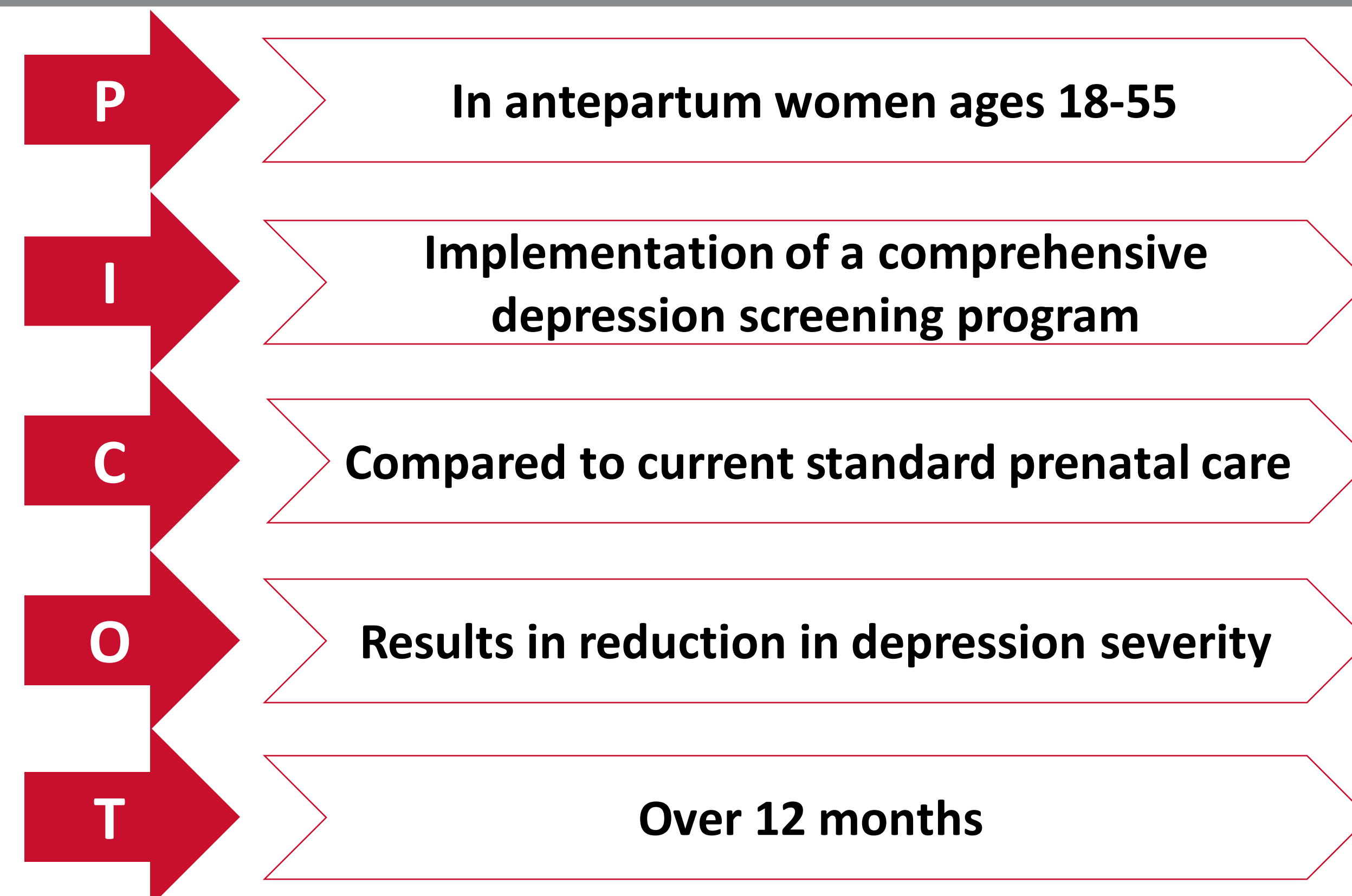
Perinatal Depression: The Impact of Pre-screening on Adult Perinatal Women

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Background

Antepartum depression is a prevalent mental health issue that can have adverse effects on both the mother and the developing fetus, but current standards of care offer only one screening post-partum despite the many women presenting with symptoms throughout pregnancy.^{3,7} Insufficient screening practices for antepartum women (ages 18-55) have led to a concerning lack of identification and subsequent treatment of depression during pregnancy. Many cases of depression in this population go untreated, posing a significant risk to the emotional well-being of women during a vulnerable period.^{6,8} Inadequate screening contributes to the high prevalence of postpartum depression, which affects approximately 6.9-20% of new mothers worldwide and has detrimental effects on both maternal and infant health.^{3,8} Implementing a comprehensive depression pre-screening program is crucial to addressing this issue and ensuring timely intervention that could reduce or eliminate symptoms of postpartum depression and improve mental health outcomes for antepartum women.⁵

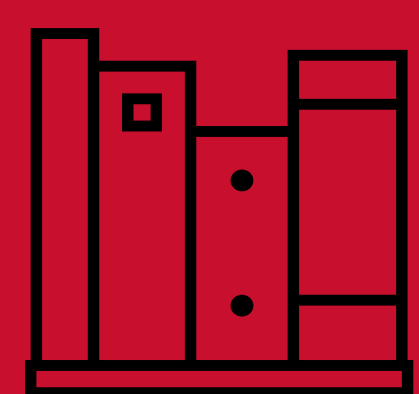
PICOT Question



Literature Search

Databases:

- CINAHL
- PubMed



Key Terms:

- Depression
- Perinatal depression
- Screening for perinatal depression

Search Criteria:

- Published 2017-23
- In English
- Peer reviewed journal
- Includes perinatal depression

Synthesis of Findings

- Research highlights the neurobiological changes during the peripartum period and their implications for maternal health and behavior.³ These findings emphasize the importance of perinatal screening for depression as it can help identify women who may be at risk due to these neurobiological changes, enabling early interventions and support.¹⁰
- The primary emphasis of depression screening in pregnant women has traditionally been done during the postpartum phase.⁵ However, research indicates that incorporating antenatal screening, along with prompt referral to mental health services, has been associated with improved symptom trajectory.^{2,5}
- Through systematic depression screening in pregnant individuals, healthcare providers can proficiently identify and intervene at an early stage, thereby enhancing maternal well-being and yielding positive mental health outcomes for both mothers and their infants.^{4,7,10}



Decision to Change

- The American College of Obstetrics and Gynecologist (ACOG) recommends clinicians screen patients at least once during the perinatal period for depression symptoms using a standardized, validated tool.¹ However, clinicians have a significantly lower rate of prescreening for depression of pregnant patients compared to postpartum patients.⁷
- Our project recommends a comprehensive perinatal depression screening using the Edinburgh Postpartum Depression Scale at each antepartum appointment.⁵ By integrating additional comprehensive depression screenings into standard prenatal care, the current practice will be transformed to promote early identification and intervention for depression, potentially reducing the need for more intensive and costly treatments during the postpartum period.^{7,10}
- Incorporating antenatal screening, along with prompt referral to mental health services, has been associated with improved symptom trajectory.^{2,6} A cost-benefit analysis could demonstrate the economic advantages of implementing the pre-screening program.

Evaluation

- By the end of the 12-month implementation period, antepartum depression screening with the Edinburgh Postpartum Depression Scale (EPDS) will be given to 70% of the participants that qualify.⁵
- By the end of the 12-month implementation period, antepartum depression screening with the EDPS will result in an EDPS score that is equal to or less than the patient's initial baseline.

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References

1. American College of Obstetrics and Gynecologists (2023). *Clinical guidance: Practice bulletin*. Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-bulletin>
2. Alhasanat, D., Fry-McComish, J., & Yarandi, H.N. (2017). Risk for postpartum depression among immigrant Arabic women in the United States: A feasibility study. *Journal of Midwifery & Women's Health, 62*(4), 470-476. <https://doi.org/10.1111/jmwh.12617>
3. Cárdenas, E. F., Kujawa, A., & Humphreys, K. L. (2020). Neurobiological changes during the peripartum period: Implications for health and behavior. *Social Cognitive and Affective Neuroscience, 15*(10), 1097-1110. <https://doi.org/10.1093/scan/nsz091>
4. Coburn, S. S., Luecken, L. J., Rystad, I. A., Lin, B., Crnic, K. A., & Gonzales, N. A. (2018). Prenatal maternal depressive symptoms predict early infant health concerns. *Maternal & Child Health Journal, 22*(6), 786-793. <https://doi.org/10.1007/s10995-018-2448-7>
5. Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*(6), 782-786. <https://doi.org/10.1192/bjp.150.6.782>
6. Elansary, M., Kistin, C. J., Antonio, J., Fernández-Pastrana, I., Lee-Parritz, A., Cabral, H., Miller, E. S., & Silverstein, M. (2023). Effect of immediate referral vs a brief problem-solving intervention for screen-detected peripartum depression: A randomized clinical trial. *JAMA Network Open, 6*(5), Article e2313151. <https://doi.org/10.1001/jamanetworkopen.2023.13151>
7. Fedock, G. L., & Alvarez, C. (2018). Differences in screening and treatment for antepartum versus postpartum patients: Are providers implementing the guidelines of care for perinatal depression?. *Journal of Women's Health, 27*(9), 1104-1113. <https://doi.org/10.1089/jwh.2017.6765>
8. Joshi, D., Shrestha, S., & Shrestha, N. (2019). Understanding the antepartum depressive symptoms and its risk factors among the pregnant women visiting public health facilities of Nepal. *PLoS ONE 14*(4), Article e0214992. <https://doi.org/10.1371/journal.pone.0214992>
9. Schaffir J. (2018). Consequences of antepartum depression. *Clinical obstetrics and gynecology, 61*(3), 533-543. <https://doi.org/10.1097/GRF.0000000000000374>
10. Stewart, & Vigod, S. N. (2019). Postpartum depression: Pathophysiology, treatment, and emerging therapeutics. *Annual Review of Medicine, 70*(1), 183-196. <https://doi.org/10.1146/annurev-med-041217-011106>
11. Zou, R., Tiemeier, H., Van der Ende, J., Verhulst, F. C., Muetzel, R. L., White, T., Hillegers, M., & El Marroun, H. (2019). Exposure to maternal depressive symptoms in fetal life or childhood and offspring brain development: A population-based imaging study. *American Journal of Psychiatry, 176*(9), 702-710. <https://doi.org/10.1176/appi.ajp.2019.18080970>