# POSTPARTUM DEPRESSION SCREENING; ARE WE DOING ENOUGH?

# A QUALITY IMPROVEMENT PROJECT



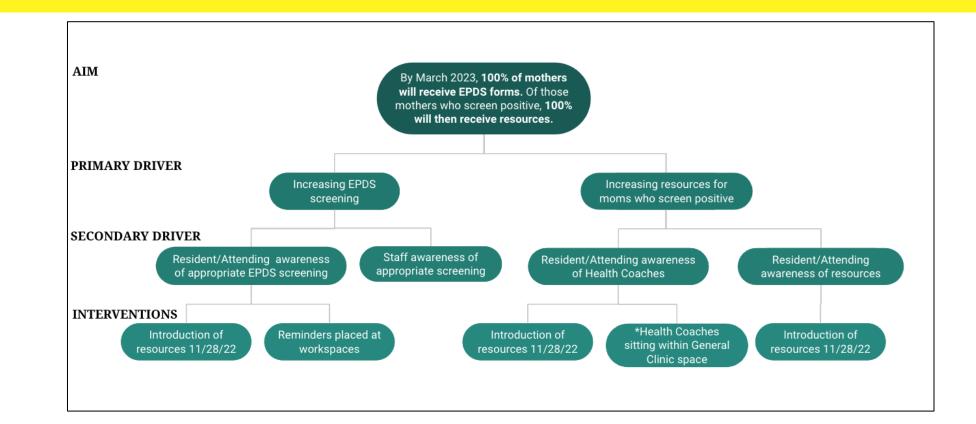


Hansen C., Shakir R., Tran N., Valentine Z., Zhang C., Galan P., Iwaszewski M., Edgal I., Simeonsson K., Hillenbrand, K. Department of Pediatrics • ECU Health Medical Center • Brody School of Medicine at East Carolina University • Greenville, North Carolina

## BACKGROUND AND AIM

- Postpartum depression (PPD) affects nearly 20% of mothers
- Untreated PPD is linked to:
  - Increased risk of abuse and neglect
  - Increased medical cost for mother and infant
  - Early discontinuation of breastfeeding
  - Family dysfunction, potentially creating an unsafe home environment
- The American Academy of Pediatrics recommends caretakers be screened for PPD with a validated screening tool at two-week, two-month, four-month, and six-month well child visits
- Aim Statement: By March 30th, 2023, 100% of mothers will be given EPDS forms at two week to six month well child visits, and 100% of mothers with EPDS scores ≥ 8 or with concerns, will be provided appropriate PPD resources

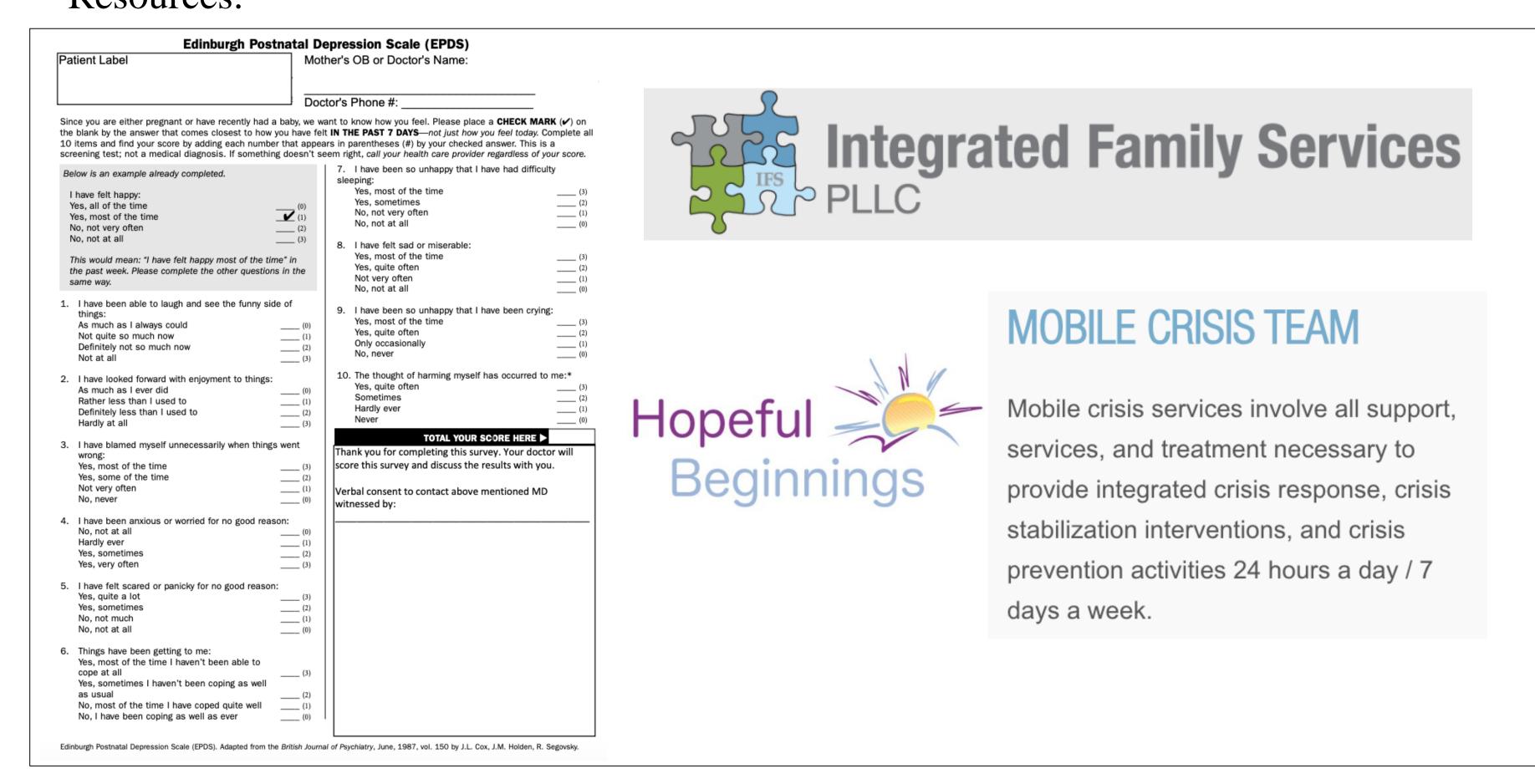
## METHODS

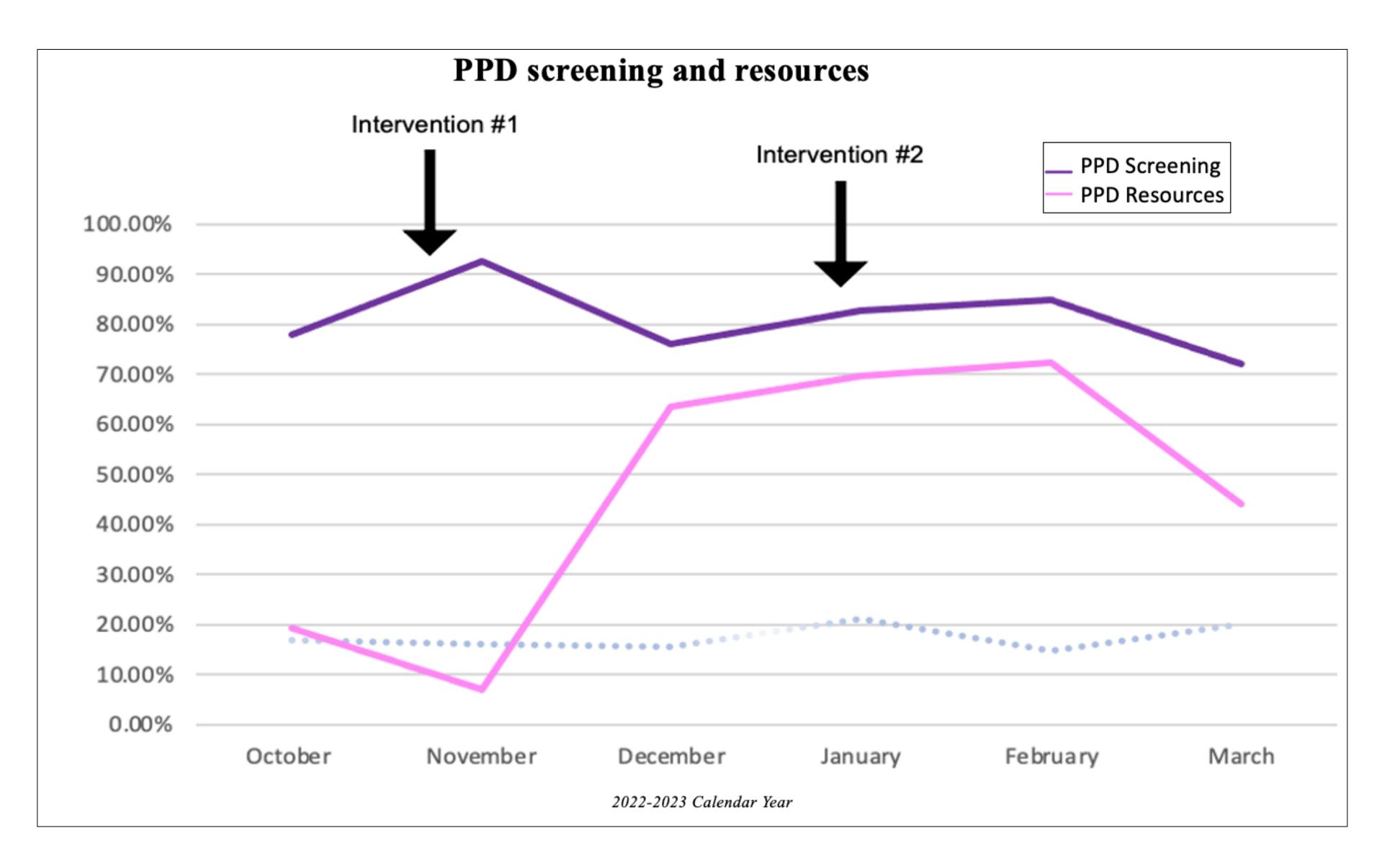


#### Measures:

- Systemic chart review of well-child visits (2-week to 6-month) from October 2022 to March 2023
  - % with screening documented
  - % with positive screen and resources given
  - Preferred language
- Created EPIC SmartPhrase with available resources
  - Contact numbers of local support groups, international hotlines and information on our clinic Health Coaches who are experienced in PPD
- **PDSA Cycle 1:** Email to all pediatric residents notifying them of resources SmartPhrase
- PDSA Cycle 2: Prompt on each clinic workstation in pediatric outpatient clinic and an additional email reminder about SmartPhrase

#### Resources:





#### RESULTS

- Screening: Baseline, 78% screened, increased to 92% after the first intervention and declined to 85% after the second intervention
- Resources: Baseline, 8% received PPD resources; increased to 65% after the first intervention and 70% after the second intervention
- Spanish speaking mothers were screened at a slightly lower rate than English speaking with no documented positive screens

## LIMITATIONS

- Only English and Spanish translated versions available in our clinic
- Non-pediatric residents did not receive email interventions
- Lack of consistent longitudinal follow-up with mothers
- Small sample size of positive PPD screens in non-English speaking mothers

#### CONCLUSIONS

- Screening rates and provision of resources improved with the creation of a resource list and incorporating on-site health care coaches into patient care
- Screening rate was high throughout the project but did not increase significantly
- Provision of resources improved but was not maintained
- Ongoing reminders are likely necessary to maintain improvement

#### ACKNOWLEDGEMENTS

We would like to thank all staff at the ECU Pediatric Clinic for their help with implementing this project. Special thanks to our Health Care Coaches, Caretta Lee, RN and Rebecca Ayscue, RN whose dedication to PPD was instrumental in ensuring the well-being of many mothers and infants.

#### REFERENCES

- 1. McCabe-Beane, J. E., Segre, L. S., Perkhounkova, Y., Stuart, S., & O'Hara, M. W. (2016). The identification of severity ranges for the Edinburgh Postnatal Depression Scale. *Journal of Reproductive and Infant Psychology*, *34*(3), 293-303.
- 2. Earls MF, Yogman MW, Mattson G, Rafferty J; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143(1):e20183259.
- 3. Shorey S, Chee CYI, Ng ED, Chan YH, Tam WWS, Chong YS. Prevalence and incidence of postpartum depression among healthy mothers: A systematic review and meta-analysis. *J Psychiatr Res*. 2018;104:235-248.