

Depression Screening in Antepartum Females

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PURPOSE

The purpose of this clinical scholarship project was to improve depression screening in a Midwestern OB-GYN practice by using the Patient Health Questionnaire (PHQ) PHQ-2 and/or PHQ-9 in antepartum women

BACKGROUND

Perinatal mood disorders affect approximately 15 to 21% of antepartum and postpartum females (Byrnes, 2018)

Females are 1.6 to 1.7 times more likely than men to experience depressive symptoms (Fairbrother, Young, Janssen, Anthony & Tucker, 2015)

One in seven females may experience perinatal and postpartum depression (Silverman et al., 2017)

ACOG and USPTF recommended depression screening during antepartum and postpartum periods (Avalos, Raine-Bennett, Chen, Adams & Flanagan, 2016; Brown, 2018)

LITERATURE REVIEW

The prevalence of postpartum depression is 10% in the obstetrical patient (Viguera, Tondo, Koukopoulos, Reginaldi, Lepri & Baldessarini, 2011)

Pregnant and postpartum women had a reduction in depressive symptoms when they were screened and treated early for depression (O'Connor, Rossom, Henninger, Groom & Burda, 2016)

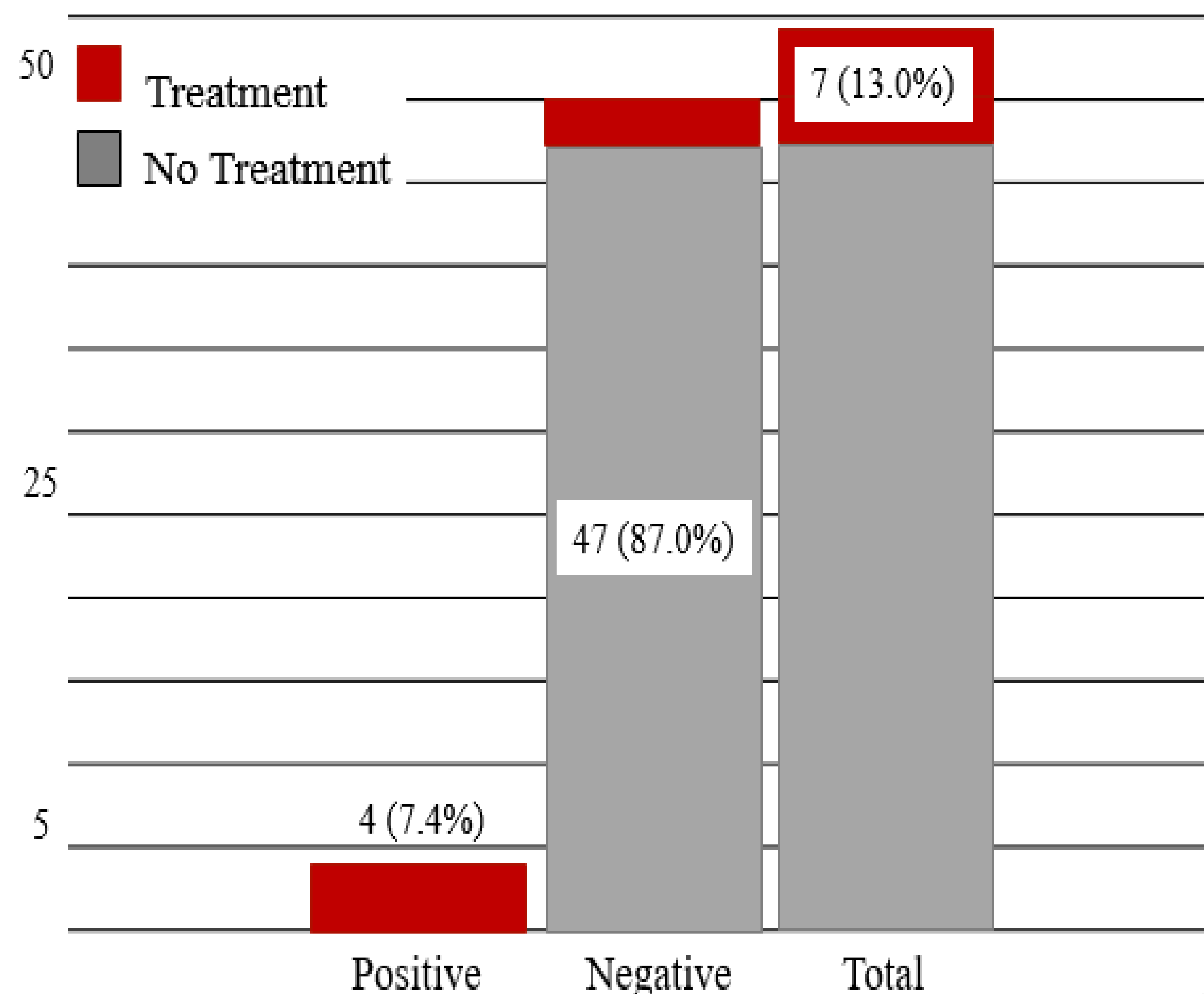
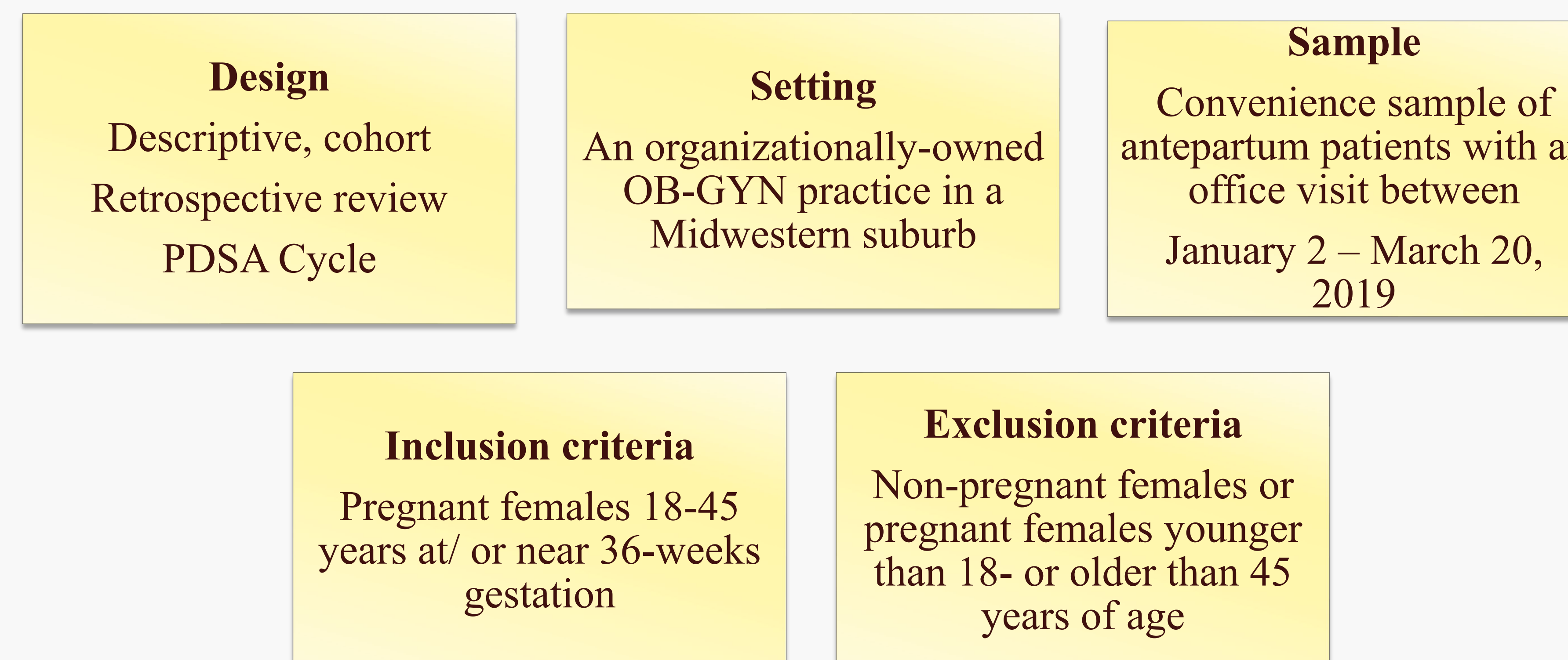
The PHQ-2 and PHQ-9 depression screening tools are the most commonly used for adults (Maurer, 2012)

QUESTIONS FOR STUDY

In pregnant women aged 18-45 years of age at/or around 36-weeks gestation:

- 1.What was the rate of PHQ-2 screening from January 2nd through March 20th, 2019?
- 2.When the PHQ-2 indicated increased depression risk, what was the rate of PHQ-9 screening?
- 3.Of those identified as increased risk for depression, what was the rate of those who received treatment (medication) or referral to a mental health provider?

METHOD/RESULTS



Note. Four subjects screened positive on the PHQ=2 and PHQ-9 and were treated. Fifty subjects were negative on the PHQ-2, 3 of which were being treated. A total of 54 subjects participated in the study with seven being treated.



DISCUSSION

- 80% antepartum screening rate for depression with the PHQ versus essentially zero screening without the use of the PHQ
- One in 20 patients were found to have mild to moderate depression which is consistent with previous published findings
- The PHQ screening instruments identified the risk for prenatal depression and enabled early treatment ($p<0.001$)

RECOMMENDATIONS

1. Antepartum screening at/or near 34-weeks gestation may improve the therapeutic effects of medication (if needed) prior to the postpartum period
2. Next cycle of PDSA should include PHQ screening at six weeks postpartum for comparison with screening six weeks prior to delivery.

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