

Reducing Postpartum Depression Through Screenings

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The Problem

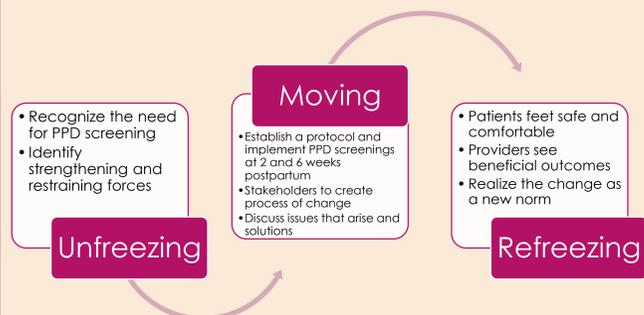
- Postpartum depression (PPD) is a major health challenge that is rising at a rapid rate across the globe.
- One in seven women experience PPD within the first year after childbirth.
- A large number of women with PPD go unnoticed or undiagnosed due to inadequate screening tools in clinics across the country.
- PPD is at an all time high due to restrictions placed by COVID-19.
- PPD does not discriminate. Any woman during the postpartum period can be at risk for this illness.
- This problem was identified in three clinics across Alabama and Mississippi due to the lack of screening tools for PPD, and the rising number of women being found for diagnosis and treatment.

Project Purpose

- The purpose of this planned project is to use evidence-based practices and implement a PPD screening tool at obstetrician-gynecologist (OB/GYN) clinics during postpartum visits to identify patients with PPD and provide tools to reduce the incidence of PPD.

Framework

Kurt Lewin's Change Theory



Methodology

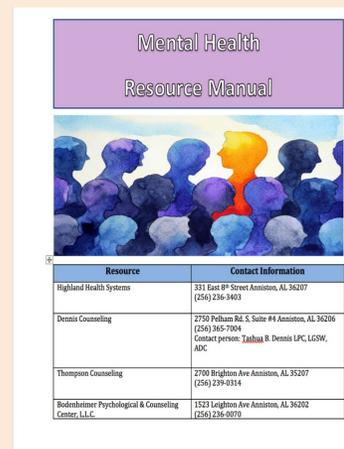
- Project to be implemented in three clinics across the South:
 - OB/GYN clinic in Anniston, AL
 - OB/GYN clinic in Florence, AL
 - OB/GYN clinic in Meridian, MS
- Clinics offer services of gynecological issues, well women visits, obstetric complications and routine visits, as well as postpartum care.
- 2/3 clinics are located in rural areas.
- These clinics serve patients of primarily African American, Caucasian, and Hispanic descents.



The image shows the Edinburgh Postnatal Depression Scale (EPDS) form. It includes a header with the title 'Edinburgh Postnatal Depression Scale¹ (EPDS)', a section for patient information (Name, Address, Your Date of Birth, Baby's Date of Birth, Phone), and a series of 10 screening questions. Below the questions is a section for 'Administered/Reviewed by' and 'Date'. At the bottom, there is a source citation: 'Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786.' and another source: 'Source: K.L. Wisner, B.L. Fary, C.M. Plummer, Postpartum Depression N Engl J Med vol. 342, No. 3, July 18, 2002, 196-199'. A disclaimer at the very bottom states: 'Users may reproduce the scale without further permission provided they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.'

Implementation

- All postpartum patients are screened for PPD using Edinburgh Postnatal Depression Scale (EPDS) at two-week and six-week postpartum visits.
- EPDS is cost effective and has high validity and specificity.
- EPDS is a self reported questionnaire that asks about feelings over the past seven days.
- Screening tool is easily translated into 50 languages.
- Consists of 10 screening questions and responses on a scale of zero to three.
- Scores of 10 or above indicate suffering from some severity of depressive symptoms or illness.
- Upon arrival to clinic the postpartum women would:
 - Given screening tool after checking in at office
 - Provider reviews results during appointment
 - Appropriate diagnosis and treatment plan given as needed
- Pamphlets are created and placed at each clinic to provide education to all women.
- A mental health resource manual will be provided at each clinic and includes local mental health sites and contact information.



Evaluation

- Same months from the previous year will be compared to current rates of PPD in the clinics.
- All data from implementation will be gathered and reviewed, as well as feedback for the overall process.
- Results should reflect an improvement of identifying PPD.
- Participating providers will give feedback on overall process including, but not limited to: the ease of implementing the EPDS tool, the willingness of the patient's participation, and the provider's inclination to continue screening future patients.

The image shows a 'Postpartum Depression Screening Tool Feedback' form. It starts with a header 'How Are We Doing?' and a paragraph: 'We are committed to providing patients with the best healthcare experience possible, so we welcome your feedback. Please fill out this questionnaire by circling the answer that best fits your opinion. Thank you.' The form contains seven numbered questions with multiple-choice options (A, B, C) and a final section for 'Please provide any additional feedback that could improve the implementation of the EPDS in the women's healthcare setting.' with a blank line for text.

Implications for Practice

- EPDS is supported and recommended for the use of PPD screening by American College of Obstetricians and Gynecology as well as the United States Preventive Task Force.
- This project aims to improve early detection of PPD and reduce negative outcomes for both women their children.

References

Available upon request.