EARLY DETECTION OF POSTPARTUM DEPRESSION: EVIDENCE BASED RISK ASSESSMENT GUIDELINES

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Purpose

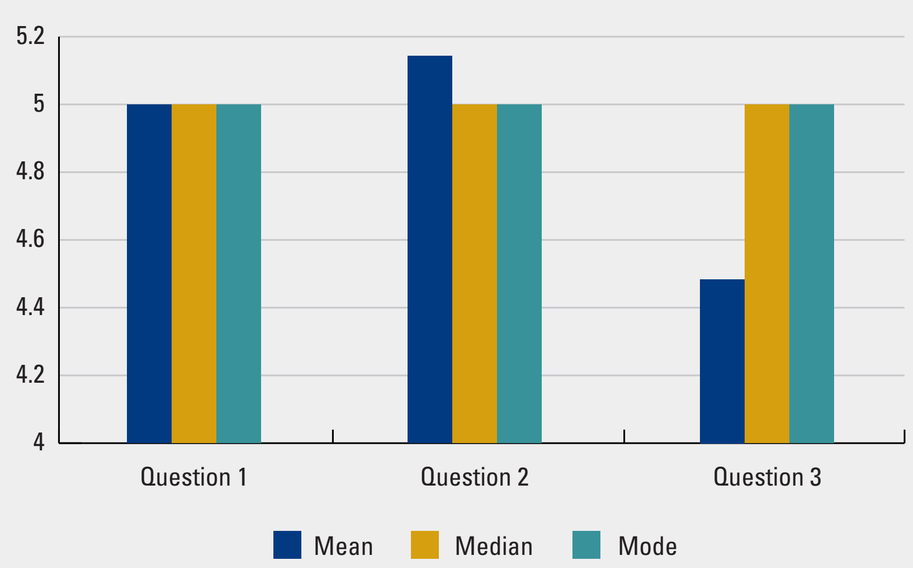
The intent of this project is to propose evidence based risk assessment guidelines for early detection of Postpartum Depression for in-patient hospital setting. This tool will be used with postpartum mothers prior to their discharge.

Background & Significance

Post partum depression (PPD) affects 10-20 percent of the postpartum women (Caple & Schub, 2011; Neiman, Carter, Van Sell, Kindred, 2010). 1 in 10 new mothers are affected by PPD – Mental Health America of Greater Houston (2007-2009). Suicide is a significant reason for up to 20 percent of maternal death during the period after childbirth (Beck, Records, & Rice, 2006). In the U.S., only 50 percent out of 80 percent interested to be screened for PPD get screened (Caple & Schub, 2011). Pregnancy Risk Assessment Monitoring Systems (PRAMS) report - healthcare providers need to identify and educate mothers who are at risk for developing postpartum depression (CDC, 2009).

Needs Assessment

The needs assessment used a survey and indicator approach to answer the quality of PPD assessment, teaching and documentation.



On a scale of 0 (poor) - 10 (excellent), the average rating for quality of PPD assessment was 5; the quality of PPD teaching was 5.1; and the quality of PPD documentation was 4.5. The Primary Investigator Identified the need for PPD risk assessment guidelines to increase PPD risk awareness and knowledge among nursing staff to improve future PPD assessment and education and follow ups.

Literature Review

Key Findings

1. The routine antenatal psychosocial review may increase the provider's consciousness of psychosocial risk (Austin, Priest, & Sullivan, 2008; Neiman et al., 2010). An integrated approach with screening and intervention program into the obstetric setting will improve the help-seeking activities in PPD (Chen, Wang, Ch'ng, Mingoo, Lee, & Ong, 2011).
2. PPD risk factors: antenatal depression, antenatal anxiety, history of depression, life stress, self-esteem, social support, marital or partner status, satisfaction with the marital relationship, undesirable or unintended pregnancy, socioeconomic stability, newborn temperament, child care stress, postpartum blues (Beck, 2001; Beck, Records, & Rice, 2006), current or history of drug abuse (Ross & Dennis, 2009) and delivery of a premature or low birth weight baby (Vigod et al., 2010).
3. Edinburgh Postnatal Depression Scale (EPDS), is a valuable, easy to administer, and a simple assessment tool for PPD risk assessment (Chen, et al., 2011; Anderson, 2010; Davis, 2010; Horowitz, Murphy, Gregory, & Wojicik, 2010; Kirpinar, Gözüm, & Pasinlio lu 2010; Lau, Wong, & Chan, 2009; Hanusa, Scholle, Haskett, Spadaro, & Wisner, 2008; Neiman et al., 2010).

Framework & Implementation

Beck's Postpartum Depression Theory is used to provide a model for clinical practice. Roger's Diffusion of Innovation theory will guide the implementation process.

Evidence Based Risk Assessment Guidelines

Incorporate key findings into assessment, teaching and follow-ups. Include PPD Risk Factor Assessment and PPD Screening with EPDS (below).

PPD Risk Factor Assessment Checklist

#	Predictors of PPD: Does your postpartum mother fall under any of the following category?	Yes	No
1	Is single, widowed, separated, divorced		
2	Has problems with current marital or partner relationship		
3	Belongs to a low socio-economic status (uninsured or Medicaid)		
4	Has inadequate or no social support		
5	Is currently undergoing life stressors like unemployment, job change, moving, death in family or serious illness in family		
6	Has a history of drug abuse or currently has a positive drug screen		
7	Has a history of PPD or major depressive disorders		
8	Has a history of prenatal depression with current pregnancy		
9	Has a history of prenatal anxiety with current pregnancy		
10	Pregnancy was not planned or not wanted		
11	Has child-care stress (Delivered a premature or preterm baby, Baby in Neonatal Intensive Care Unit (NICU))		
	Total # of predictors identified		

EPDS & PPD Screening

Ask mothers to complete the EPDS in private within 24-72 hours of delivery or minimum of 4 hours prior to the projected discharge time

No suicidal or homicidal thoughts

EPDS Score 0-5
- Provide general PPD education and resource information
- PPD follow up screen at 6 week postpartum

EPDS Score 5-10
- Provide general PPD education and resource information
- Provide a blank copy of EPDS for self assessment at home and instruct to call Physician if symptoms get worse or EPDS score >10
- PPD follow up screen at 6 week postpartum

EPDS Score >10
- Provide general PPD education and resource information
- Notify attending physician and psych-response team
- Arrange for Clinical Interview by DSM-IV criteria
- Encourage family involvement
- Initiate the therapy or consult ordered
- Follow up phone call by RN at 5-7 days postpartum
- PPD follow up screen in 2-4 weeks of postpartum

Suicidal or homicidal thoughts
- Stay with the patient
- Notify Physician
- Refer to psych-response team
- Arrange for Clinical Interview by DSM-IV criteria
- Encourage family involvement

Abbreviations: *PPD-Postpartum Depression, EPDS- Edinburgh Postnatal Depression Scale, DSM-IV- Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)*. Guideline is synthesized from Neiman et al. (2010) "Screening for PPD using the EPDS" decision tree

References available on corresponding abstract.

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Element	Poster	**Pages**	1 pg
Live	24 x 36″	**Folded Size**	
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Approvals

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Stephanie Gallo	❒	❒	❒		
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