Background

- 5-25% experience postpartum depression (PPD) and 50% are left untreated
- Research shows untreated depression can have negative effects on mother, child, and family members
- Edinburgh Postpartum Depression Scale (EPDS) is reliable and valid, 10 item questionnaire (takes less than 5 minutes to complete)
- 3 reputable organizations support screening
  - US Preventive Services Task Force (USPSTF)
  - American College of Obstetricians and Gynecologists (ACOG)
  - American Academy of Pediatrics (AAP)

Study Question

- In a group of private practice obstetricians in the Texas Medical Center (TMC), does the availability of a postpartum depression screening toolkit (PPDST), compared to current clinical practice (standard of care), increase knowledge and screening at the end of an eight week time frame?

Expected Outcome

- The proposed intervention, PPDST, will increase knowledge of PPD and facilitate screening to improve safety and overall quality in postpartum (PP) health care.

Intervention

- Components of the toolkit (PPDST) included:
  - Valid screening tool (EPDS) with instructions
  - Protocol for scoring of EPDS and follow up
  - Assessment and treatment strategies
  - Inpatient and outpatient referral forms
  - List of relevant providers and patient resources
  - Proper reimbursement codes

- Retrospective chart review using PP global diagnosis code V24.2 (8 week time frame, 13 physicians, 10 random charts per physician)
- In-service for medical assistants
- Initiate project via physician in-service, including pre/post test and toolkit evaluation survey (same content, 2 different dates)
- Second chart review using PP global diagnosis code V24.2 (8 week time frame, 13 physicians, 10 random charts per physician)
- Repeat toolkit evaluation survey 8 weeks post intervention

Barriers

- Lack of knowledge
- Barriers to screening
- Time constraints
- Lack of reimbursement
- Lack of referral base

Results

- Pre/Post Knowledge Assessment Test Scores
- Pre and Post EPDS Screening Assessment

Analysis

- Pre/Post Knowledge Assessment Test Results
  - One tailed paired samples t-test
  - T (12) = -8.314, P < 0.001, d = -2.306
  - Participants scored higher on the post-test (M = 93.23, SD = 8.447, N = 13) than on the pre-test (M = 72.92, SD = 10.642, N = 13); The effect size was large.

- Pre/Post EPDS Screening Assessment Chart Review Results
  - Chi squared test
  - Chi-Square = 38.394, df = 1, p = <0.001
  - Physician screening rates for PPD using EPDS were higher post-intervention compared to pre-intervention.

Discussion

- PPD is prevalent and produces distressing effects on mother, child, and family.
- The one tailed paired samples t-test provided evidence that there is a statistically significant difference (<0.001) in test scores post-intervention compared to pre-intervention.
- The Chi Squared test revealed strong evidence of a statistically significant relationship (<0.001) between pre and post screening with EPDS due to the proposed intervention.

- 100% of physicians (13) had an increase in knowledge; The proposed intervention was shown to be effective in addressing barriers to facilitate PPD screening with EPDS.

Conclusion

- Transition to motherhood is challenging; Those who have trouble transitioning may succumb to the shame and stigma associated with PPD and suffer silently (5-25%).
- Screening is beneficial and supported by reputable organizations (USPSTF, ACOG, and AAP).
- EPDS is a reliable, valid, 10 item questionnaire and completed within 5 minutes.
- The proposed intervention, PPDST, was successful in this small group of physicians; Further research with a larger group is necessary to determine longevity and effectiveness of its use.
- Ultimately, the use of the PPDST should be implemented to begin improving safety and overall quality in postpartum women’s health care.