Postpartum Depression Screening in Obstetrical Practice: Bridging the Gap

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BACKGROUND AND SIGNIFICANCE

- Postpartum Depression (PPD) is depression that occurs during the postpartum period (first 12 months following birth) which does not resolve on its own (NIMH, 2019)
- Formal screening with a validated tool (Edinburgh Postnatal Depression Scale [EPDS]) is recommended at least once during the postpartum period (ACOG, 2018)
- Treatment recommendations include: talk-therapy (group or individual), medication(s), lifestyle changes, and/or support (ACOG, 2018)
- Partnership for Maternal and Child Health of Northern New Jersey (NJ):
    - Non-profit organization committed to improving the health of women, children, and families
    - Offers provider and patient education, outreach, and advocacy for patients/families suffering from PPD

NEEDS ASSESSMENT

- Medgen EMR was queried to identify postpartum visits (ICD 10: Z39.2) and postpartum depression (ICD 10: F53.0) between January 1, 2019 through December 31, 2019
    - 309 Women were seen for routine postpartum visits
    - None were coded for PPD
    - Based on the incidence rate of PPD (15%) up to 24 women suffering from PPD could have been missed (2-3 per month)

CLINICAL QUESTION

- Will implementation of a comprehensive plan comprised of education about PPD, screening, treatment, and referral followed by creation and implementation of a site-specific workflow improve standardized PPD screening, increase detection rates, and facilitate an appropriate referral process for those women screen positive?
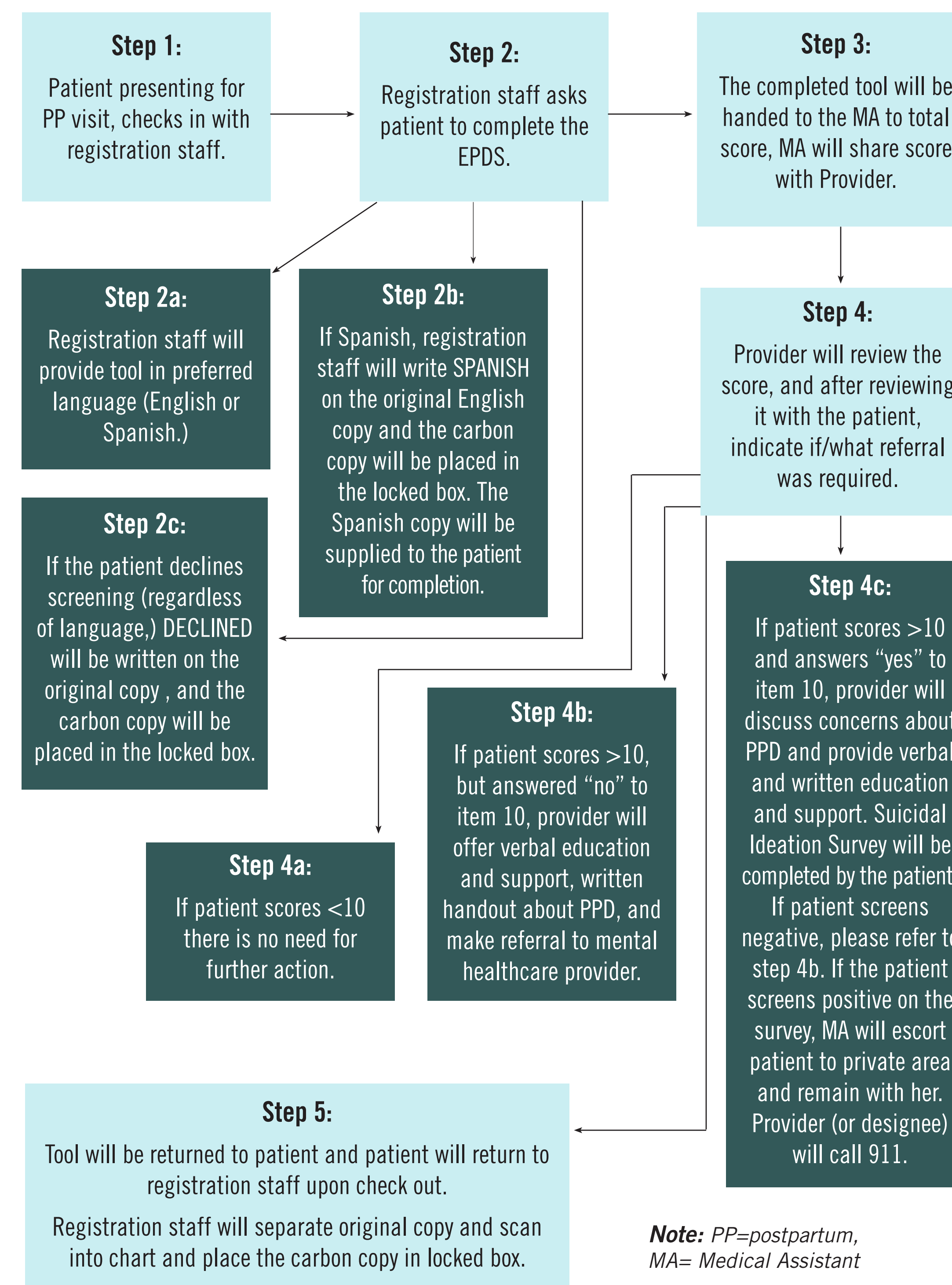
AIM

- The EPDS was integrated and a referral process was established to improve identification and timely referral for PPD in an obstetrical setting
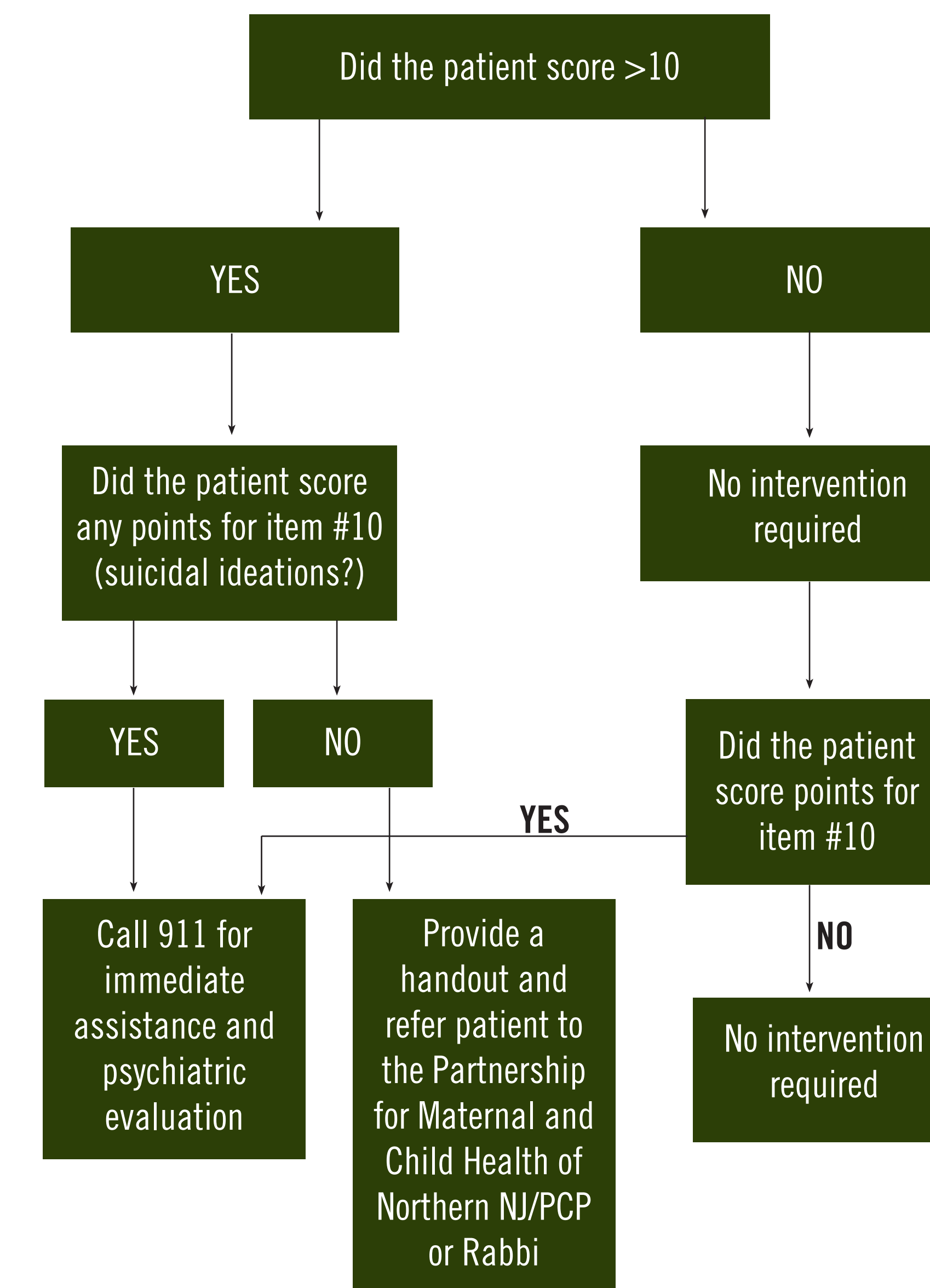
METHODOLOGY

Design: Non-experimental quality improvement

Setting: Obstetrical, Gynecological, and Infertility Office in Clifton, NJ

Recruitment: Convenience sampling

Measures: Demographics (weeks postpartum, history of PPD, current treatment for depression,) total score of EPDS (maximum 30, cutoff for referral 10) type of referral made, and whether or not workflow and referral algorithm was successful.

Analysis: Demographics obtained were entered into Excel Data Collection tool. Responses to each item on completed EPDS were entered into data collection tool. Trends based on demographic data as well as total score were noted.

WORKFLOW DIAGRAM

Step 1: Patient presenting for PP visit, checks in with registration staff.

Step 2: Registration staff asks patient to complete the EPDS.

Step 2a: Registration staff will provide tool in preferred language (English or Spanish.)

Step 2b: If Spanish, registration staff will write SPANISH on the original English copy and the carbon copy will be placed in the locked box. The Spanish copy will be supplied to the patient for completion.

Step 2c: If the patient declines screening (regardless of language,) DECLINED will be written on the original copy , and the carbon copy will be placed in the locked box.

Step 3: The completed tool will be handed to the MA to total score, MA will share score with Provider.

Step 4: Provider will review the score, and after reviewing it with the patient, indicate if/what referral was required.

Step 4a: If patient scores <10 there is no need for further action.

Step 4b: If patient scores >10, but answered "no" to item 10, provider will offer verbal education and support, written handout about PPD, and make referral to mental healthcare provider.

Step 4c: If patient scores >10 and answers "yes" to item 10, provider will discuss concerns about PPD and provide verbal and written education and support. Suicidal Ideation Survey will be completed by the patient. If patient screens negative, please refer to step 4b. If the patient screens positive on the survey, MA will escort patient to private area and remain with her. Provider (or designee) will call 911.

Step 5: Tool will be returned to patient and patient will return to registration staff upon check out.

Registration staff will separate original copy and scan into chart and place the carbon copy in locked box.

Note: PP=postpartum, MA= Medical Assistant

REFERRAL ALGORITHM

Did the patient score >10

→ YES
→ NO

YES: Did the patient score any points for item #10 (suicidal ideations?)
→ YES → Call 911 for immediate assistance and psychiatric evaluation
→ NO → Provide a handout and refer patient to the Partnership for Maternal and Child Health of Northern NJ/PCP or Rabbi

NO: No intervention required
→ Did the patient score points for item #10
→ YES → Provide a handout and refer patient to the Partnership for Maternal and Child Health of Northern NJ/PCP or Rabbi
→ NO → No intervention required

RESULTS

Factor	n	%
Weeks Postpartum		
<6 weeks	3	37.50%
6-8 weeks	4	50%
>8 weeks	1	12.50%
History of PPD		
yes	0	
no	8	100%
Treatment for PPD		
yes	0	
no	8	100%

Mean EPDS Score By Question and By Total

Item Description	Mean	Highest Score	Lowest Score
"I have been able to laugh"	0.40	2	0
"I have enjoyment for things"	0.40	2	0
"I blame myself when things go wrong"	0.25	1	0
"I have been anxious or worried for no reason"	1.00	3	0
"I have felt scared or panicky for no reason"	1.25	3	0
"Things have been getting on top of me"	0.50	2	0
"I have difficulty sleeping"	0.40	2	0
"I have felt sad or miserable"	0.50	2	0
"I have been crying"	0.25	1	0
"The thought of harming myself has occurred to me"	0.00	0	0
Total Score	4.90	18	0

Two patients required referral, scores were 12 and 18.

DISCUSSION

- 22 patients were eligible for screening
    - 12 patients were scheduled for routine postpartum follow-up (ICD 10: Z39.2)
    - 3 patients were scheduled for postpartum cesarean incision checks (ICD 10: O90.0)
    - 7 patients were scheduled for cesarean incision staple removal (ICD 10: Z48.02)
- 14 were missed
- Workflow modifications necessary to cater to practice
- Referral algorithm effective in managing referral options for those who screened positive

RECOMMENDATIONS/SUSTAINABILITY

- Incorporate reminders into workflow to promote access to screening
- Integrate EPDS into the EMR and administer screening via tablet to eliminate paper copies and excess workload by scanning into EMR
- Resources for providers and staff to receive ongoing education through online education modules have been provided
- Include a broader number of ICD 10 codes to determine eligibility for screening

REFERENCES