Screening for Prenatal Depression

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Introduction

- The most common complication associated with pregnancy and childbirth is postpartum depression (Loudon et al., 2015).
- About 10-28% of women who give birth, experience postpartum depression, so by screening for depression during pregnancy providers can get a baseline of the mental health of the patient prior to giving birth (Roomruangwong et al., 2016). E
- Early identification of depression, during the prenatal period, may reduce the development of adverse consequences (Fellmeth et al., 2019).

Background and Significance

- Postpartum Depression is a mood disorder that affects women who have just given birth often occurring around six to twelve weeks postpartum and may occur for up to one year after birth (Clevesy et al., 2019).
- The effects of postpartum depression may include a loss of interest in oneself, inability to make decisions regarding the baby, insomnia even when the baby is sleeping, irritability, restlessness, headaches, abnormal appetite, and trouble bonding with the baby which can have a huge impact on the mother's ability to take care of themselves and their baby (National Institute of Mental Health, 2021).
- The American College of Obstetricians and Gynecologists (ACOG) (2018) recommends screening for depression at least once during the perinatal period using a standardized depression screening tool. Several studies have shown that screening and treatment during pregnancy for depression provides numerous benefits and that about 50% of women who experience postpartum depression also experienced symptoms of depression during the prenatal period (King et al., 2019).
- While most of the symptoms of depression are seen within the first four weeks after giving birth, many women experience depressed moods and signs of depression in the third trimester of pregnancy (Anxiety & Depression Association of America, 2021).

Aims

- Evaluated a pilot QA project to implement a prenatal use of the Edinburgh Postnatal Depression Scale in women during their third trimester of pregnancy and refer them to appropriate mental health services.
- The goal was to reduce the number of women who experience postpartum depression by addressing depression during pregnancy and using a tool that is normally used postpartum only, creating a network of support that will function throughout their pregnancy and the postpartum period.

Objectives

- Educated Obstetric/Gynecologic office staff about the importance of screening for depression during pregnancy.
- Evaluated the effectiveness of using the EPDS to screen women during their third trimester of pregnancy for depression and subsequent referral of women who are depressed to mental health providers in reducing the incidence of postpartum depression.
- Reviewed the final analysis of the project with the office staff and plan future steps for implementation.

Edinburgh Postnatal Depression Scale (EPDS)

Patient Label

Mother's OB or Doctor's Name: _____

Doctor's Phone #: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** (✔) on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today.* Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score.*

Below is an example already completed.

I have felt happy:
Yes, all of the time ___ (0)
Yes, most of the time ✔ (1)
No, not very often ___ (2)
No, not at all ___ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
As much as I always could ___ (0)
Not quite so much now ___ (1)
Definitely not so much now ___ (2)
Not at all ___ (3)

2. I have looked forward with enjoyment to things:
As much as I ever did ___ (0)
Rather less than I used to ___ (1)
Definitely less than I used to ___ (2)
Hardly at all ___ (3)

3. I have blamed myself unnecessarily when things went wrong:
Yes, most of the time ___ (3)
Yes, some of the time ___ (2)
Not very often ___ (1)
No, never ___ (0)

4. I have been anxious or worried for no good reason:
No, not at all ___ (0)
Hardly ever ___ (1)
Yes, sometimes ___ (2)
Yes, very often ___ (3)

5. I have felt scared or panicky for no good reason:
Yes, quite a lot ___ (3)
Yes, sometimes ___ (2)
No, not much ___ (1)
No, not at all ___ (0)

6. Things have been getting to me:
Yes, most of the time I haven't been able to cope at all ___ (3)
Yes, sometimes I haven't been coping as well as usual ___ (2)
No, most of the time I have coped quite well ___ (1)
No, I have been coping as well as ever ___ (0)

7. I have been so unhappy that I have had difficulty sleeping:
Yes, most of the time ___ (3)
Yes, sometimes ___ (2)
No, not very often ___ (1)
No, not at all ___ (0)

8. I have felt sad or miserable:
Yes, most of the time ___ (3)
Yes, quite often ___ (2)
Not very often ___ (1)
No, not at all ___ (0)

9. I have been so unhappy that I have been crying:
Yes, most of the time ___ (3)
Yes, quite often ___ (2)
Only occasionally ___ (1)
No, never ___ (0)

10. The thought of harming myself has occurred to me:*
Yes, quite often ___ (3)
Sometimes ___ (2)
Hardly ever ___ (1)
Never ___ (0)

TOTAL YOUR SCORE HERE ▶

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by:

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.

Methodology

- **Design:** Quality Improvement
- **Setting:** Two small privately owned clinics in northern New Jersey, run by the same stakeholder.
- **Sample:** Medical records of all pregnant women between the gestational ages of 36-40 weeks were reviewed during the one-month period of the pilot QA. Medical records were reviewed again approximately two months later after the women previously screened had been delivered. Medical records of women who delivered 12 weeks prior to implementation were also reviewed for postpartum EPDS scores.
- **Measures:**
  - ❖***EPDS.*** To screen for depression during the prenatal period, a reliable and validated tool, the EPDS was be used. The highest possible score was 30. If any of the participants scored 10 or higher on the EPDS, they were either referred to mental health services or 911 was called if the patient was suicidal, or in extreme distress.
  - ❖***Data Abstraction***. Charts of women who delivered before the 12-week period and the 12-week period after the implementation of the EPDS prenatal screening were reviewed.

Methodology (cont'd)

- ❖ **Data Abstraction cont'd.** Data collected from the charts included: Age, race/ethnicity, employment status, marital status; medical history; co-morbidities; medications; number of pregnancies/number of live births, abortions; personal history of mental health issues; and/or family history of mental health issue; scores on the EPDS prenatal and postpartum; type of delivery; anesthesia; infant diagnosis; maternal diagnosis.
- **Analysis:** Descriptive data was used to describe demographic data, by using percentages and frequencies. The Wilcoxon Signs Rank Test was used to compare the EPDS prenatal and post-partum from the same participants. The Mann-Whitney test was used to compare the preimplementation and postimplementation postpartum EPDS scores. The significance level was set at <.05.

Results

- 10 charts were reviewed for the pre-implementation group and 9 charts were included in the post-implementation group.
- In the post-implementation group , one person had an EPDS prenatal score of above 10 and one person had an EPDS postnatal score above 10. Both patients had at least one miscarriage/abortion in the past.
- 3 patients' pre-implementation had scores above 10. 1 of these patient's had a history of bipolar disorder. All of these patients were between the ages of 25-35 years.

Discussion & Implications

- All patients who had EPDS scores 10 or above prenatally or postnatally were referred, but all declined to follow through with the referral. Patient with bipolar disorder was already in therapy.
- No clinical significance or difference seen in postpartum EPDS when the prenatal use of the EPDS was in place.
- Limitations: Data sample too small, insufficient time period for pilot study
- Implementation of EPDS in prenatal period to be reviewed after one year or more could be more useful.
- Use of depression screening during pregnancy could be useful in detecting undiagnosed/ongoing depression and providing information about the psychological well-being about the patient before they deliver.

References

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