

A Model for Improvement: Perinatal Depression Screening

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Abstract

Postpartum depression (PPD) is estimated to occur in 10-20% of women, but it is thought that fewer than half of cases are recognized. Women who identify with minority groups have the highest prevalence of PPD. The USPSTF recommends all adults, including pregnant and postpartum women, be screened for depression. The Edinburgh Postnatal Depression Scale (EPDS) is validated for use in pregnancy and postpartum. Wesley Health Center (WHC) is a busy, urban FQHC in Phoenix, AZ that sees underserved and minority populations. The clinic has a thorough prenatal care program that includes a postpartum visit. A quality initiative was undertaken in 2012 to improve ante-partum and postpartum depression screening with the EPDS and the associated electronic health record documentation. Improvements were seen in ante-partum and postpartum EPDS screening as well as screening documentation from 2012 to 2013 and 2014.

Introduction

The USPSTF recently published an evidence report which illustrated that screening pregnant and postpartum women for depression may reduce depressive symptoms in women with depression and reduce the prevalence of depression in a given population, especially with additional treatment supports. It was hypothesized that increased patient and staff education about PPD, routine screening, and proper documentation would improve perinatal depression detection and treatment at Wesley.

| Total population | | | | |
|----------------------------|-----------|-----------|-----------|----------------------|
| | 2012 | 2013 | 2014 | P-Value ¹ |
| Ante-partum EPDS | N(%) | N(%) | N(%) | |
| Yes | 13 (20.3) | 56 (70.9) | 39 (88.6) | <0.001 |
| No | 51 (79.7) | 23 (29.1) | 5 (11.4) | |
| Postpartum EPDS | | | | |
| Yes | 9 (20.0) | 33 (66.0) | 16 (53.3) | <0.10 |
| No | 36 (80.0) | 17 (34.0) | 14 (46.7) | |
| Postpartum checkbox | | | | |
| Yes | 16 (42.2) | 46 (92.0) | 14 (48.3) | <0.001 |
| No | 26 (57.8) | 4 (8.0) | 15 (51.7) | |

Table 1. Chi-square analyses for EPDS screening and postpartum checkbox in the total patient population.

Methods

The EPDS (Figure 1) was used for ante-partum and postpartum depression screening. A positive screen (>10 points) resulted in a warm hand-off to the on-site social worker. Ante-partum screening was supposed to take place at 28 weeks GA. Postpartum screening occurred at the visit 6-8 weeks after birth. All EPDS forms were scanned into the EHR. Postpartum depression screening documentation occurred via a checkbox indicating whether or not the patient had depression. All pregnant patients from 2012, 2013, and 2014 were chart reviewed and included if she received consistent prenatal and/or postpartum care at WHC. Data was analyzed using chi-squared tests.

An intervention in January 2013 consisted of staff education, implementation of a new policy regarding ante-partum EPDS screening, and an electronic health record checkbox for postpartum depression screening documentation. These changes were in an effort to recognize and treat depression, stress, adjustment disorder, and domestic violence in a high-risk patient population, like the pregnant women seen at Wesley.

EPDS screening

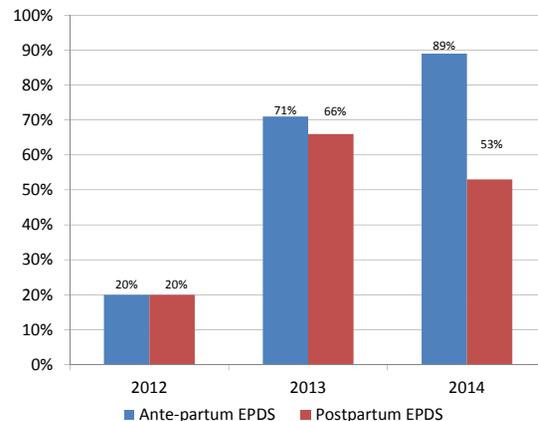


Figure 2. EPDS screening in the total population of patients.

Incidence of corresponding diagnoses

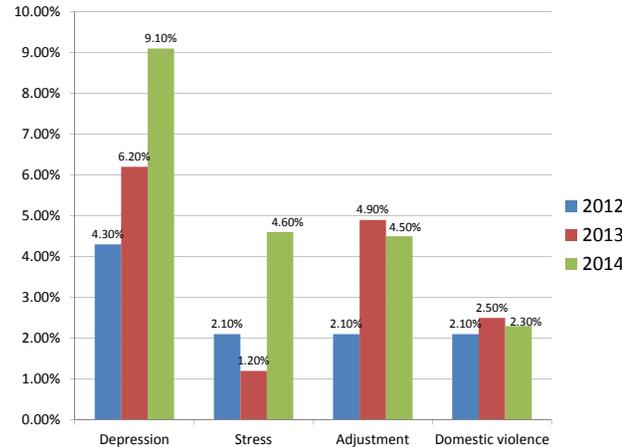


Figure 3. Diagnoses amongst years. 2012 is the control year.

Results

Results from 2012, 2013, and 2014 were collected and compared using chi-squared analyses. The total number of eligible patients was 64, 79, and 44 for 2012, 2013, and 2014, respectively. The number of patients who received both prenatal and postpartum care at WHC was 34, 48, and 29 for 2012, 2013, and 2014, respectively. The number of patients who only received prenatal care was 30, 31, and 15 in 2012, 2013, and 2014, respectively. There were only 2 patients who only received postpartum care and this group was too small to be analyzed. 2012 is the control year.

For all pregnant women who received care at WHC, prenatally and/or postpartum, statistically significant variables included ante-partum EPDS screening and use of the postpartum checkbox. Post-partum EPDS screening approached significance. For ante-partum screening, 20.3, 70.9, and 88.6 percent of patients received the EPDS in 2012, 2013, and 2014, respectively (Figure 2). The checkbox was used in 42.2, 92, and 48.3 percent of visits in 2012, 2013, and 2014, respectively.

For the group of patients who received both prenatal and postpartum care, statistically significant variables were ante-partum EPDS screening, postpartum EPDS screening, and postpartum checkbox usage. 100% of these women received ante-partum EPDS screening in 2014.

Rates of depression, stress, adjustment disorder, and domestic violence were also looked at in the total study population. Percentages are shown in Figure 3. No diagnoses were found to be of statistical significance.

Discussion and Conclusions

Overall, the perinatal depression screening quality improvement initiative brought about positive change for Wesley. Most notably, it formalized a system for ensuring pregnant patients are screened for depression with a validated tool, both ante-partum and postpartum. Staff now have a protocol in place for administering the EPDS to ante-partum and postpartum women, and the on-site social worker receives warm hand-offs with all positive EPDS screens. And although not statistically significant, more patients were identified with depression in research years, and this is thought to be a success for Wesley and the researchers.

Edinburgh Postnatal Depression Scale[®] (EPDS)

Name: _____ Address: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you think or feel **IN THE PAST 7 DAYS**, not just how you feel today. Here is an example, already completed.

I have felt happy:
 Yes, all the time
 Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
 Yes, not very often Please complete the other questions in the same way.
 No, not at all

In the past 7 days:

- I have not been getting up in the morning.
 As usual, almost every day
 Yes, most of the time I haven't been able to get up
 Sometimes I haven't been getting up as well as usual
 I have been getting up as well as usual
 I have not been getting up as well as usual
- I have lost interest in going to things.
 As usual, almost every day
 Yes, most of the time
 Sometimes I have lost interest
 I have been interested as usual
- I have been afraid to go out.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all
- I have been unable to do my usual work.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all
- I have not enjoyed sex with my partner.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all
- I have not enjoyed my usual activities.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all
- I have felt sad or hopeless.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all
- I have thought of harming myself or someone else.
 Yes, most of the time
 Yes, some of the time
 No, not very often
 No, not at all

Addressed to: _____ Date: _____
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 Translated by K. J. Broome & J. Perry, C.M. Perinatal Postpartum Depression Study, Harvard Medical School, July 1992.
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Figure 1. Edinburgh Postnatal Depression Scale (EPDS), used in English and Spanish.

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