# Postpartum Depression Screening and Referral

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## **Postpartum Depression**

### WHAT IS IT?

Mood Disorder similar to depression that can present itself up to 12 months after delivery

1 in 7 mothers experience Postpartum Depression

1 in 3 women from low-income areas

### **EFFECT ON MOTHERS AND FAMILIES**

PPD may affect the mother and infant bonding
Negatively impact child development.
Put a strain on family relationships
Lead to Postpartum Psychosis
Mother harming herself or child

## Review of Literature on PPD Screening Tools

## Edinburgh Postnatal Depression Scale

- Limitations
- Studies indicate the need for EDPS to be more inclusive of women from racial and ethnic minorities.
- Limitations based on Age (Davis et al., 2020; Ukatu 2017).

### Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS) Name: Address:

Your Date of Birth: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_

As you are program or have recently had a baby, we would like to know how you are feeting. Please check the enswer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.
If there is an example, already completed.
If there felt happy.
Ves, all the time
Ves, most of the time
Ves, most of the time
Ves, most of the time
Vesaer complete the other questions in the same way.
No, not very often
Vesaer complete the other questions in the same way.
No, not et all
In the past 7 days.

1.	I trave open able to augh and see the furmy side of inings As much as I always could Not quite so much now Definitely not so much now Not at all	15	Things have been gateng on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes / haven't been coping as well as usual
3	I have locked forward with enjoyment to timiga		<ul> <li>No, i have been coping as well as ever</li> </ul>
	Rather tess than Luseq to     Definitely lass than Lusen to     rised y at all	+7	I have been so unhappy that I have had difficulty sreeping. Yes, most of the time - Yes, sometimes - Not every often
3	I have blamed myself unnecessarily when things, were wrong		No, not al all
	<ul> <li>Yes, most of the time.</li> <li>Yes, some of the time.</li> <li>Not very often</li> <li>Not, mover</li> </ul>	2	I have that such or missionable 2. Yes, most of the time 3. Yes, curite often 3. Not very often Mu, ore at all
đ.	I have been anisous or womed for no good reason > No, not at all > Handy even > Yes, sometimes	19	Insure seam and appy that I have been crying     Yes, most of the time to      Yes, custer other
3	_ Yes, very often		<ul> <li>Only occasionally</li> <li>No, never</li> </ul>
-5	<ul> <li>I have link scared or panicky for no very good reason</li> <li>Yes, quite a IM</li> <li>Yee, sometimes</li> <li>No, not much</li> <li>No, not at all</li> </ul>	*10	Trise thought of hermining myself free occurred to me - Yes, cutle often - Somotimes Hardly shar - Never
-	internet Parisant to	Date	

Sounce: Cox, J.L. Holden, J.M., and Sagavsky, A. 1987. Detection of postnatal depression: Devisiopment of the T0-item Editoburgh Postnatal Depression Scale. British Journal of Psychiatry 150,782-786.

<sup>9</sup>Source: K. L. Warter, B. L. Party, C. M. Plantek, Postpart/um Depression N Engl J Med vol. 347, No.3, July 18, 2002, 194-109

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### **Review of Literature on PPD Screening Tools** PATIENT HEALTH QUESTIONNAIRE-9

### PHQ-2 and PHQ-9

- The 2-question screen is highly  $\succ$ sensitive (True Positives) (Gjerdingen et.al, 2009)
- PHQ-9 is more specific (True Negatives) (Gjerdingen et.al, 2009)
- Evidence shows the PHQ-9 is as  $\succ$ accurate as Edinburgh scale at detecting PPD (Davis et.al, 2013)
- PHQ-9 may more accurately detect  $\succ$ depression when utilized with higher risk populations (Flynn et. al, 2011)

Over the jast 2 weeks, the by any of the following p (Upp ' P' in Indeals your i	ini often nave you been bothered roblems? interer)	Not at all	Sevenit days	Hitre than half the days	itinat even) day	
1. Littler er kirkesi de skirkesur)	rit daing bings	\$	10	z	3	
2. Feeing sown depresse	0		2			
<ol> <li>Temple Milling of Stapping</li> </ol>	a	10	2			
4. Pauling limit or having l	a.	11	a'	a		
K. Point expellent of passes	a.	10	x	3		
<ol> <li>Feesing bod about yourn have led yourhald ar your</li> </ol>	0	- 00	x	9		
7. Toovbie concentrating of newspaper or watching	ø	- 10	2	. 4		
<ol> <li>Moving or eservice give a opticed? Carthe opposit MM, you have been think</li> </ol>	0	1	2	¥		
<ul> <li>Troughts field you assure youtself to some deay</li> </ul>	ġ.	- 0	2			
	File arrise see	- v -	_		_	
If you checked off any pr	phierra, how difficult have these	problems in	unde il for	you to do	yaur	
Not difficult at all	and same of things at home, or got along with other of difficult Somewhat at all difficult			Estremely difficult		

PHQ-9

## **Results of QI Project**



- 14% (n=23) of patients screened received a positive score
  An increase of 64% compared to preimplantation rates.
- Utilization of the PHQ-2 and PHQ-9 resulted in increased depression screening rates
- Utilization of the PHQ-2 and PHQ-9 resulted in increased identification of positive screenings
- Trends on the run chart identified that staff reminders and check-ins throughout implementation lead to increased screening rates the next week.

## **Discussion/Take-Away**

Consider the populations, Social Determinants of Health when administering screening tools and implementing referrals



#### Postpartum Depression Screening and Referral in Low-income and Diverse Communities Implementation Marilyn Berchie-Gialamas, DNP, CRNP, NP-c; Linda Costa, PhD, RN, NEA-BC, FAAN; Kimberly Callendar, DNP, CRNP, APRN-BC

#### Abstract

**Background:** Women in the United States most at risk for postpartum depression (PPD) are disproportionately impoverished racial/ethnic minorities. The prevalence of PPD increases from affecting 1 in 8 mothers in the nation compared to 1 in 3 mothers in low-income communities. Unfortunately, women from low-income neighborhoods tend to face barriers to quality mental healthcare due to financial resources and socio-economic challenges. At a home visiting clinic in Baltimore City, there have been lower numbers of positive depression screenings (9%) than referrals for mental health services for depression in postpartum women (31.7%) (showing a discrepancy between screening and referring for postpartum depression). Given the vast effects of PPD on the entire family and the disproportionate distribution of PPD among women from lower socio-economic backgrounds, clinicians should formulate a plan to decrease the rate of untreated PPD. This plan should include consistent screening for PPD until at least 12 months postpartum.

**Purpose:** This quality improvement project aimed to implement an evidence-based screening and referral process for postpartum depression for women from low-income areas in Baltimore City using the Patient Health Questionnaires (PHQ) 2 and 9.

**Method:** This project occurred at a home visiting clinic in Baltimore city over 15 weeks. Women ages 17-44 in a low-income area identified by U.S. census data. Staff education was conducted with the community health workers on postpartum depression and administering and scoring the patient health questionnaires PHQ-2 and PHQ-9. Education was done via lecture, case studies, and roleplaying. Postpartum women within 12 months of delivery had a documented monthly screening for postpartum depression using the PHQ by the community health worker. Women who were positively screened for postpartum depression using the PHQ-2 (a score of two or more) were then screened with the PHQ-9. If the score of the PHQ-9 was four or higher (indicating mild depression), the woman received a direct referral for mental health services. Project data was collected on the data management spreadsheet using medical records audits. This data included a patient code to protect confidentiality. In addition, the PHQ scores, client's month postpartum, referral to mental health services, and disposition were collected. Finally, a run chart of the data was completed to identify trends in the data collected.

**Results:** The procedure and process map were changed before implementation. Electronic and printed forms were available 100% of the project days for documentation purposes.

100% of staff educated (18 staff members) before implementation. Fourteen percent (n=23) of clients screened positive for PPD. An increase of 64% compared to preimplantation rates. In addition, 100% of clients with a positive score had a referral for mental health services.

Conclusions: Results from this Q.I. project demonstrated that routine depression screening