

Improving Care for Postpartum Depression

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Background

Prevalence

- 18.4% period prevalence of depression during pregnancy (Dennis, 2013)
- 19.2% prevalence rate of postpartum depression (PPD) within the first 12 weeks postpartum (Dennis, 2013)

Risk Factors (Dennis, 2013)

- History of anxiety, depression, and other mental health issues
- Lack of social support
- History of abuse
- Stressful life events (i.e. marital conflict, moving, going back to work)

Common Symptoms (Dennis, 2013)

- Dysphoria
- Emotional Lability
- Insomnia/Hypersomnia
- Lack of interest in baby

Effects

- If left untreated, postpartum depression may lead to severe clinical depression (Dennis, 2013)
- Depressed mothers parent less consistently and develop a less secure attachment with their infants (Field, 2010)
- Children of depressed moms score lower on measures of motor development, intelligence, and emotional regulation (Field, 2010; Dennis, 2013)

Evidence-Based Treatment Options

Screening

- Use of the Edinburg Postnatal Depression Scale (EPDS)
 - One of many available screening tools
 - EPDS is recommended for PPD due to its non-clinical questions and its ability to pick up on stress and anxiety in addition to depression (Dennis, 2013)
- Screen at beginning and end of postpartum risk period
 - There is an increased risk for developing depression during the first 3 mos. postpartum (Dennis, 2013)
 - Screening only at the beginning of this period misses later-developing cases, and screening only at the end causes undue suffering for early-developing cases (Dennis, 2013)

Stepped-Care Model

- Framework for keeping PPD care within a primary care setting (Dennis, 2013)
 1. Screen all patients
 2. Diagnostic on-site evaluation for scores above a certain cutoff
 3. Identification of women to treat on-site based on severity and complexity
 4. Referral to mental health care if response to treatment is inadequate
- Reflects preference of moms, as a study recently found that 69.4% of women with perinatal depression preferred to receive treatment at their OB office, either from an OB practitioner or on-site mental health professional (Goodman, 2009)
- Reduces strain on the limited resources of mental health professionals

Utilize Non-Traditional Formats for Care

- Non-traditional formats such as online and telephone support allows mothers to seek treatment on their own schedule within their homes and to keep their symptoms confidential if they so desire
 - Combats the top three barriers to treatment: lack of time, stigma, and an inability to find childcare while attending appointments (Goodman, 2009)

State of Care within LVHN

Need for Support

- *College Heights OBGYN*: 20 – 30 mothers per month needing referrals
- *OBGYN Associates of the Lehigh Valley*: up to 4 PPD patients per month needing referrals
- *ABC Pediatrics*: up to 5 positive PPD screens per month, per location
- *402-CARE*: receives calls from a PPD patient about once per month
- *Center for Women's Medicine*: providing support for about 40 mothers per year

Current Care Practices

- ABC Pediatrics locations screen mothers using the EPDS at 1-month well visit
- OB offices attempt to refer patients to psychiatric providers, but there is a shortage of available providers
- 402-CARE sends an informational packet, makes personalized phone calls, and refers patients to the support group
- "Understanding Emotions after Delivery" support group meets twice monthly, but is not well attended

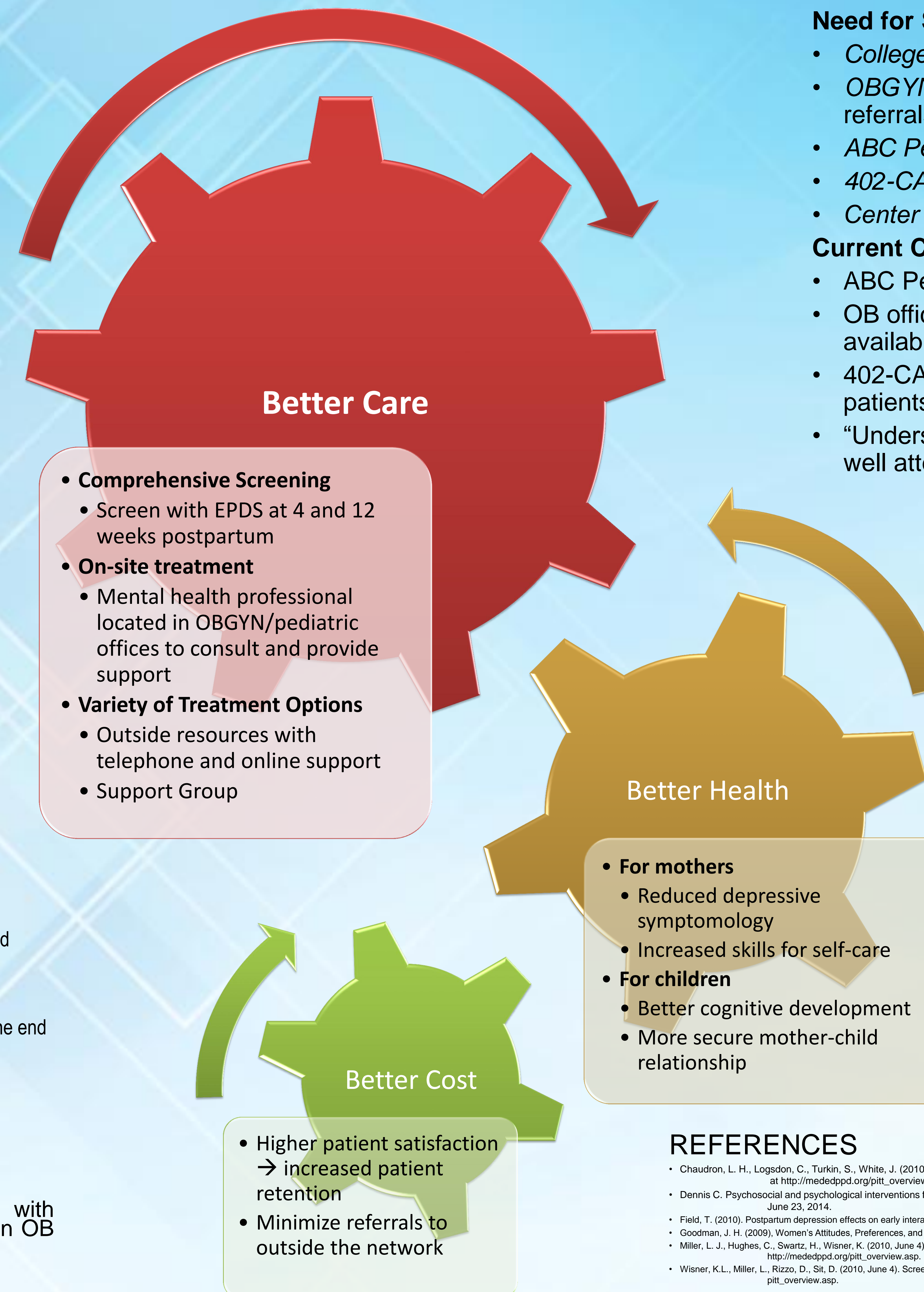
Suggested Improvements

Multiple Screenings

- Screening using the EPDS should be performed at an additional time later postpartum (i.e. at 12 weeks)
- The EPDS is available online and can be administered over the phone if it can not be performed at a provider's office (Dennis, 2013)

Minimize Number of Referrals

- Implement a stepped-care model with a mental health professional located within the primary care environment
- Promote additional outside resources that offer information and support
 - Example: Postpartum Support International (postpartum.net) offers telephone-based support guided by a trained professional, a vast amount of information, and links to additional resources



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