

Screening and Follow up for Postpartum Depression: How to Improve Practice

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Significance of Problem

- Postpartum depression is one of the most common mental health conditions, affecting 1 in 7 women during their reproductive years (ACOG, 2018)
- There is a lack of proper screening for postpartum depression in primary care and women's health care settings (Austin & Hight, 2017; Kendig et al., 2017; Learman, 2018)
- Healthcare providers, especially those in women's health care settings, can participate in evidence-based screening and follow up care protocols for postpartum depression

PICOT Question

Among women who are 2- to 6-weeks postpartum (P), how does the implementation of a screening tool (EPDS) and follow up protocol (I) in a women's health care setting affect screening rates and detection of postpartum depression (O), compared to current practice (C), over a 19-week period (T)?

Review of Literature

- **Key terms:** Postpartum depression, screen*, detect*, diagnos*, obstetric*, "primary care", "primary health care", and "primary healthcare"
- **Inclusion Criteria:** Published within last 5 years, peer-reviewed, English language, female gender
- **Exclusion Criteria:** Published in non-English language, focused primarily on treatment or prevention of postpartum depression, did not include women in the postpartum period, focused on depression in fatherhood

Evidence	LOE; Type of Evidence	Quality
ACOG (2018)	VII; Expert Opinion	High
Austin & Hight (2017)	I; CPG	High
Che Abdullah et al. (2019)	I; Systematic Review	High
Edwards MPhil (2020)	I; Evidence Summary	High
Kendig et al. (2017)	VII; Expert Opinion	High
Kurtz et al. (2017)	VII; Expert Opinion	Good
Learman (2018)	VII; Expert Opinion	Good
Maurer et al. (2018)	I; Evidence Review	Good
O'Connor et al. (2016)	I; Systematic Review	High
RNAO (2018)	I; CPG	Good
Simas et al. (2018)	I; Systematic Review	Good

Best Practices

- Screen for postpartum depression at the 2- or 6-week postpartum visit using the EPDS screening tool
- Follow up if EPDS score ≥ 10 to rescreen in 2- to 4-weeks and discuss treatment options according to protocol
- Treatment should include alternative therapies such as cognitive behavioral therapy, exercise, time for self, and support from peers/family and pharmacologic treatment including sertraline and escitalopram when deemed necessary

Implementation

- **Setting:** Women's Health Clinic in Northwest Indiana
- **Sample:** Women visiting the clinic for 2- or 6-week postpartum visit
- **Tool:** Edinburgh Postnatal Depression Scale (EPDS)
- **Intervention:** EPDS tool and demographic form administered, and participants given patient education handout with information on postpartum depression; repeat screening in 2- to 4-weeks if EPDS score >10 and discuss treatment options per protocol
- **EBP Model:** Johns Hopkins Nursing Evidence Based Practice Model (JHNEBP)
- **Duration:** 19 weeks

Conclusions and Recommendations

Conclusions:

- Use of the EPDS tool is feasible, cost-effective, and simple
- Implementation of this EBP project increased screening/detection rates of postpartum depression by using a valid/reliable screening tool (EPDS)
- Following a protocol allows for consistent and effective screening and management of postpartum depression

Recommendations for Practice:

- Women's health clinics should screen all postpartum women for depression using an evidence-based screening tool
- Protocols should be in place for screening and management of postpartum depression

Implications for Future Research:

- Further research on risk factors for postpartum depression
- Further research on use of the EPDS in women's health clinics

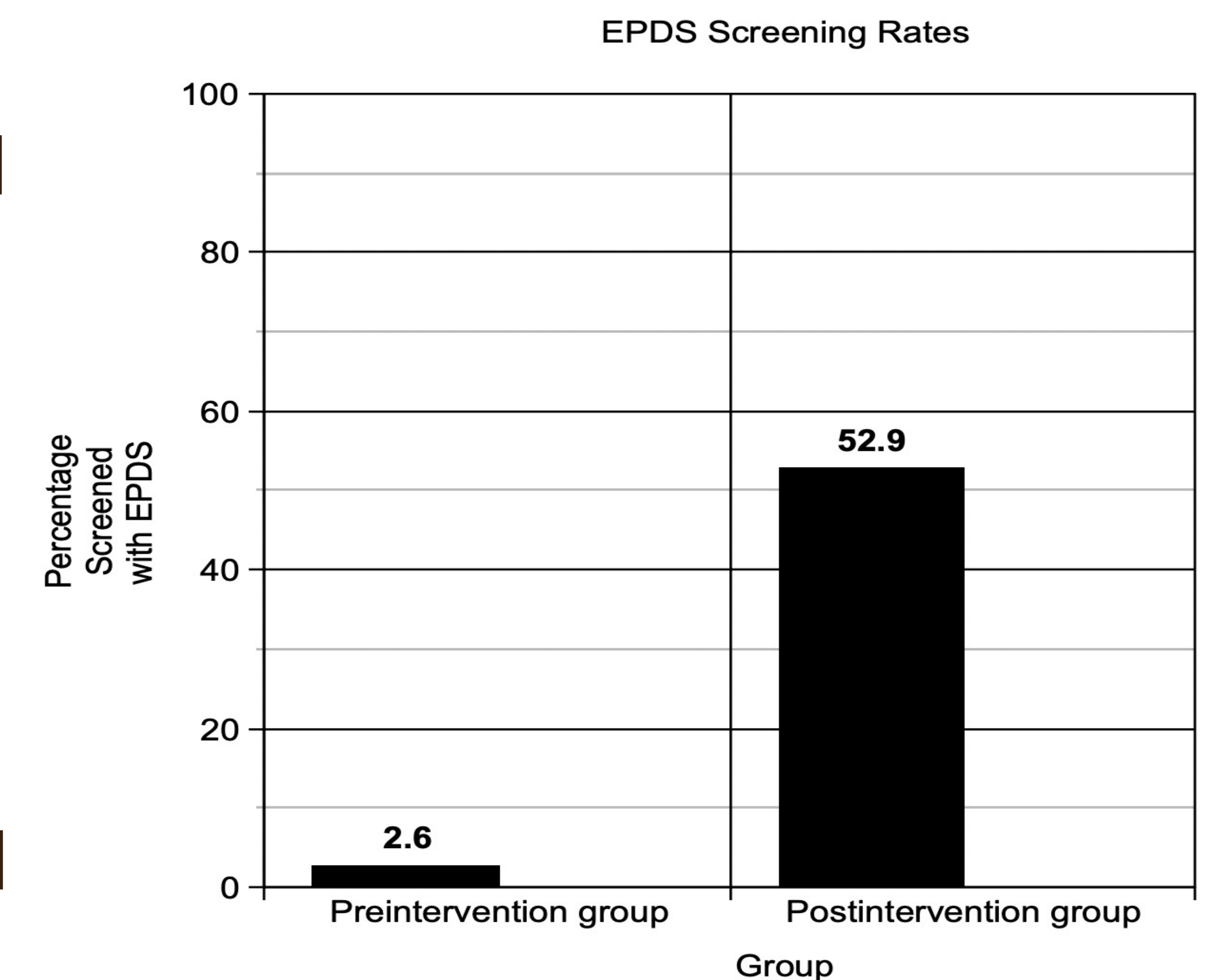
Limitations:

- Staffing issues
- COVID-19 impact
- Reliance on staff to recruit participants
- Concurrent recruitment of participants and project implementation

Evaluation

Primary Outcome:

- Significant increase in screening rates using the EPDS in the postintervention group compared to the preintervention group
- Prior to implementation of this EBP project, only 2.6% of women seen for a postpartum visit were screened using the EPDS, compared to 52.9% in the postintervention group
- A 50.3% increase in screening rates using the EPDS was seen as a result of project implementation



Secondary Outcomes:

Detection Rates of Postpartum Depression:

- Depression detected in two participants in the postintervention group compared to one in the preintervention group
- 100% increase in detection rates of postpartum depression seen as a result of project implementation

Demographic Variables and EPDS Scores:

- Age was a statistically significant variable ($p = .048$) affecting whether the participant had a positive screening (scored ≥ 10 on EPDS)
- Women in their mid 30s had the highest EPDS scores of 11 and 18
- Variables of education level, job status, race, marital status, and social history were not statistically significant

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