

## Problem Statement

- The American College of Obstetrics and Gynecology (ACOG) reports perinatal depression as the most common complication of pregnancy, affecting 10-15% of all women.
- The consequences of maternal depression include costly and inappropriate medical care, early cessation of breast feeding and increased risk of child abuse or neglect.**
- The American Academy of Pediatrics (AAP) policy calls for maternal depression screens using a validated tool at the 1-6-month well-infant visits. An AAP 2019 review revealed only 53% of practices conducted formal screening.
- A large Mid-Atlantic primary pediatric office had a practice gap. No formal screening of maternal depression existed prior to this Quality Improvement project.

## Purpose and Goals

**Purpose:** Implement the Edinburgh Postnatal Depression Scale (EPDS) for postpartum mothers within a primary pediatric practice during 1-6-month well-infant checks to increase identification of and referral for maternal depression.

### Goals

- Shortterm:** Starting 9/15/2020, nursing staff will obtain EPDS screens from 100% of mothers presenting with their 1-6-month infants for a well-baby visits and will enter screens in the EHR.
- Short term:** Starting 9/15/2020, of providers will review 100% of EPDS scores and document support and resource provision for scores greater than 10, the cut-off for positive screens.
- Long term:** 100% of all new office health care staff will be trained on EPDS screening upon hiring

## Methods

- Setting: Large primary pediatric practice
- Pre-project chart review: no maternal depression documentation
- The PDSA model was utilized for this project
- Screening tools: EPDS valid & reliable as maternal depression screen
- Nursing staff and providers trained on EPDS application, scoring and cut-off
- EPDS embedded as required task in the EHR for 1-6-month well-infant visits
- Data collection over 16 weeks:
  - percentage of mothers screened
  - percentage of providers documenting review
  - percentage of positive screen with counseling or resource disbursement documented

## Figures

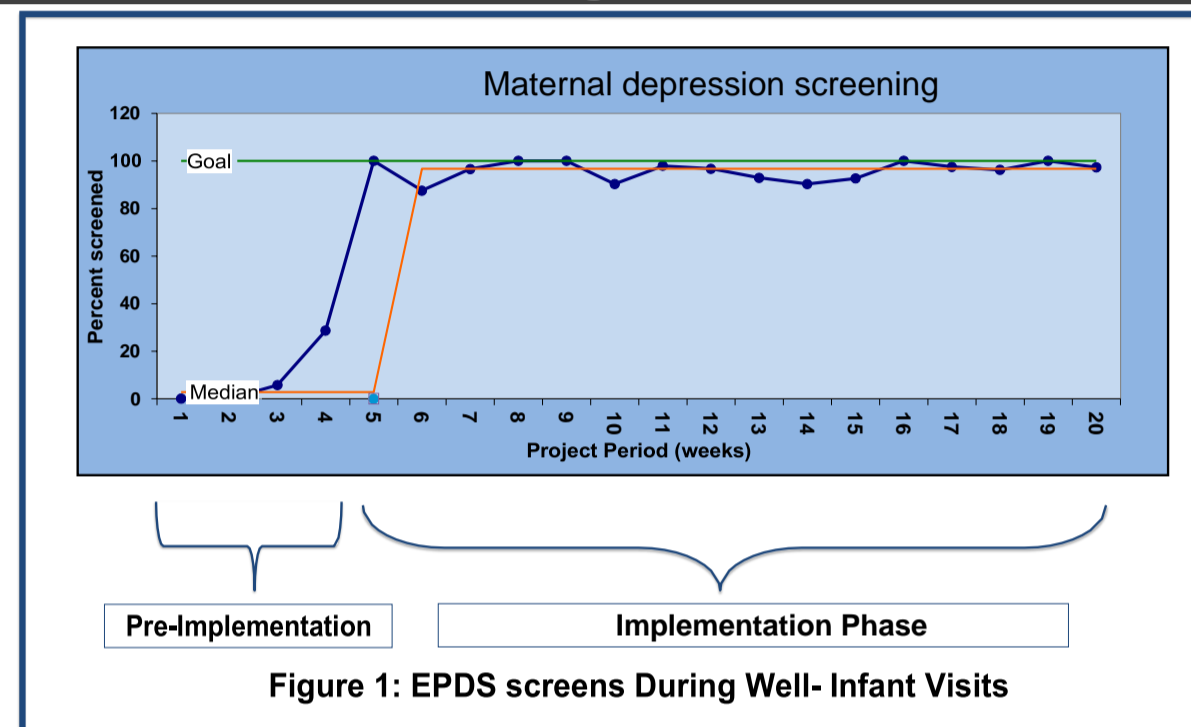


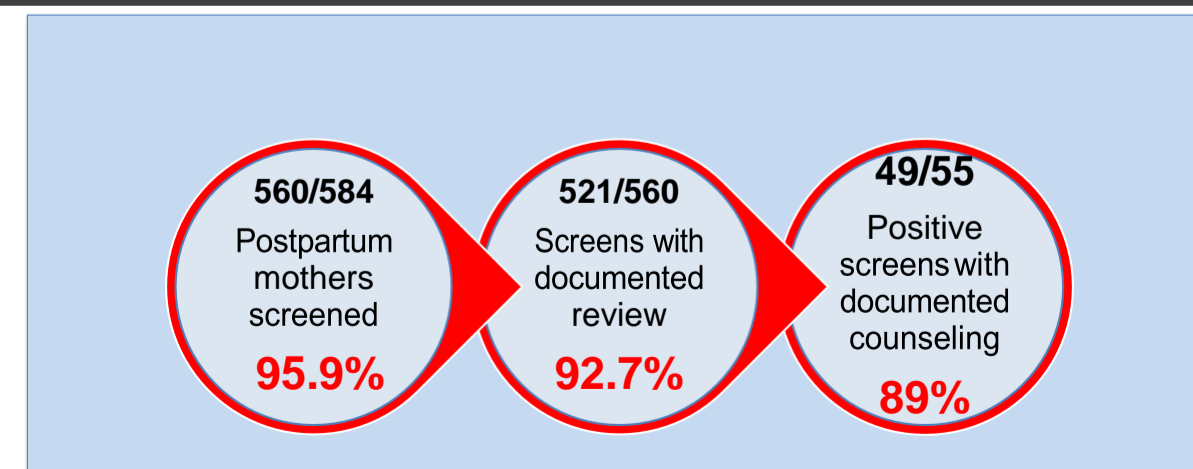
Figure 1: EPDS screens During Well- Infant Visits

9.8% (n=55) of the EPDS scores were  $\geq 10$  / at-risk category for depression

Weeks	Positive screens	Offered/provided resources
1-4	9.7% (n=14)	86% (n=12)
5-8	9% (n= 12)	83% (n=10)
9-12	12.5% (n=18)	94% (n=17)
13-16	8% (n=11)	91% (n=10)

Figure 2: Positive screens receiving resources

## Results



## Discussion and Limitations

**Limitations:** The COVID-19 pandemic complicated implementation

- Insufficient time between receipt of paper screen, escort to room, and nursing interventions led to delays in screen completion by mothers
- Providers struggled to review the screen results in the EHR and provide counseling prior to the end of the well-visit due to completion delays
- Documentation of provider counseling was inconsistent, particularly for scores at the cut-off of 10, some of which were documented as normal.

**Adjustments:**

- After week 4, the paper screens were both entered in the EHR and given to providers, in order to increase opportunities for review
- Providers were reminded of cut-off score and nurses circled scores of  $\geq 10$  on paper screen.

**Discussion**

- Actions to increase sustainability included embedding EPDS in the EHR, making screen a required nursing task, and embedding reimbursement codes.
- Screens not reviewed stayed on a provider's task list until completed.
- Findings from the project will be presented at the next provider meeting with discussion concerning review and referral strategies.

## Conclusion

- The results of this Quality Improvement project indicate that the use of a validated screening tool, such as the EPDS, improves the detection of maternal postpartum depression
- The QI project EPDS detection rate of 9.8% for maternal depression was comparable to national average estimates of 10-15%
- Implementation of maternal depression screening in the primary pediatric setting is feasible, increases identification of at-risk mothers and facilitates delivery of community mental health resources.

## References

