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Implementation of Prenatal and Postpartum Depression Screening for a Telehealth Company

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Implementing Perinatal and Postpartum Depression Screening at a Telehealth Company

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Executive Summary

Introduction

Depression is a leading mental health disorder in the United States (Maurer et al., 2018). Women are especially at high risk for developing depression during childbearing years. Depression occurring during the perinatal and postpartum periods has become very prevalent throughout the world, impacting 5-10% of women during pregnancy (van de Loo et al., 2018) and 9-23.5% postpartum (Bauman et al., 2020). The implementation of screening tools can help identify women at risk based on their signs and symptoms of postpartum depression.

Literature Review

Depression during the perinatal and postpartum period can have a negative effect on both the mother and child. Postpartum depression can negatively affect breastfeeding, caregiving, and can lead to relationship strain with the child (Madlala & Kassier, 2018). Research shows that 1 in 8 women have symptoms of depression after birth, 20% of women are not asked about depression during prenatal visits, and 50% of pregnant women with depression go untreated (Centers for Disease Control and Prevention, 2020). This data demonstrates how common it is for perinatal and postpartum depression (PPD) to be underdiagnosed and undertreated, which leaves new mothers with unmanaged symptoms of depression.

Current recommendations vary on when to implement screening tools for perinatal and postpartum depression. The vague recommendations allow providers to gauge their patients' attitudes and needs to determine if it is an appropriate and beneficial time to initiate the conversation about PPD. Women should be screened prior to and after delivery. Current recommendations also vary on which scale is most appropriate to use to assess patients. There are several screening tools available to use to screen for PPD (American College of Obstetricians

and Gynecologists, 2018). The two most common are the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire-9 (PHQ-9). However, the EPDS has significantly more data and research to validate the use of the tool.

Screening for perinatal and postpartum depression is essential so providers can detect signs and symptoms, diagnose, and offer treatment to mothers. There is evidence that screening for PPD can be beneficial, and initiating treatment or referring to mental health providers can be even more valuable (American College of Obstetricians and Gynecologists, 2018). Providing specific guideline recommendations for screening can help guide providers on how to address PPD.

Project Methods

This is a quality practice improvement project that implemented a screening tool for postpartum depression. It utilized pre- and post-intervention questionnaires to evaluate the impact on the organization's practice. The pre-questionnaire was distributed, and then an educational session was provided about current postpartum depression (PPD) screening guidelines and treatment protocols. The EPDS was the screening tool used and administered to perinatal and postpartum women. After the intervention phase was completed, a post-intervention questionnaire was again distributed to employees to assess their attitudes towards screening and opinions on the importance of screening. This intervention occurred at a small-sized telehealth company based in the western United States that employs multiple patient care providers. The company previously had no protocol in place for screening perinatal and postpartum patients for depression. IRB approval was not indicated for this project.

Summary of Data and Evaluation

The primary outcome measured was the comfort level and attitudes of physicians, nurses, and mental health advocates in identifying, addressing, and screening for perinatal and postpartum depression with the use of a standardized screening protocol. This assessment was completed through the completion of pre- and post-intervention questionnaires, which analyzed the impact of the integration of perinatal and postpartum depression education and screening guidelines.

Project implementation started in June of 2023, with the pre-intervention questionnaire deployed on June 14 and educational sessions held on June 23 and 27. One session was completed with the mental health team, and one session was completed with the medical team. A total of 20 people attended these sessions, which focused on the current standards of practice surrounding depression screening for perinatal and postpartum patients. Any questions the participants had were addressed. The use of the EPDS began on June 28, 2023, and ended on September 1, 2023. Following the close of the intervention period, post-intervention questionnaires were deployed to the participating staff members.

The questionnaire responses were voluntarily and anonymously collected via Qualtrics. A 5-point Likert scale was used to assess the provider's views and comfortability on perinatal and postnatal depression and screening for postpartum depression. A total of ten questions were asked on the survey, as well as an additional question that collected demographics on the participant's job description. A total of 11 pre-intervention responses and 11 post-intervention responses were completed. Three of the responses were from nurse practitioners, five responses were from physician assistants, one response was from a nurse, and three responses were from other ancillary staff.

The following contains significant data from the collection. Graphs at the end of this report display changes in numerical values between the pre-and post-questionnaire results. Prior to the educational sessions, 36% of participants felt strongly comfortable in addressing mental health concerns with this population, and 73% felt strongly comfortable in the post-survey. There was an improvement in identifying signs and symptoms of depression, as well as increased comfortability with treating this patient population. Forty-five percent of participants felt extremely comfortable in identifying symptoms of depression prior to the education, and 73% reported feeling extremely comfortable identifying signs post-education. There was also improvement in how likely providers are to screen patients for postpartum depression. Before education, 55% felt extremely likely to screen, whereas 82% felt extremely likely to screen post-education. This demonstrates the long-term positive impact on the patient population within this organization as staff members have more confidence in depression screening and management.

This project also noted how many times the screening tool was utilized. Data was monitored and analyzed using the company's patient tracking board and portal. The board included both pregnant and postpartum patients. This tracking board showed that the screening tool was utilized for 19 screenings throughout this time period.

In addition, a survey was created to be used to track each time providers implemented screening when treating a pregnant or postpartum patient. Providers were to fill out the survey stating if they did or did not provide education or screening. This survey was only utilized twice. The results showed that one provider offered screening, and one did not.

Limitations

A significant limitation of this project was the sample size of the providers and the company's pregnant and postpartum patients. This is a developing and expanding company that

patients use as an adjunct to their primary healthcare benefits. Due to the unique way that patients receive care at this organization, patients are not frequently following up with these providers, impacting how often screening can be provided and re-evaluated. Additional limitations to this study included providers, nurses, and mental health specialists not filling out the pre- and post-questionnaires. There was also a lack of participation as some providers either did not utilize the tracking survey for screening or did not screen all of the pregnant and postpartum patients they encountered. No data was available showing how many pregnant or postpartum patients were seen and not screened. This was due to some providers not filling out the form asking if screening had been completed. Multiple patients missed screenings due to not receiving any care through the company because this is an adjunct to other healthcare services. Many of the screenings completed were done by the mental health team seeking these patients out to perform depression screenings. Although this proactive approach was helpful, it was not noticed that the company as a whole was not initiating screening for all appropriate patients at the initial visits. Additionally, it is unknown if all performed screenings were logged to the tracking board.

Impact on Practice and Future Recommendations

The results of this project showed many improvements regarding screening for and treating perinatal and postpartum depression. Other clinical settings could also utilize this screening protocol for this patient population. This could be adapted and implemented in primary care settings, women's health, and pediatric offices. Further recommendations could include creating a protocol for treatment options that can be implemented based on the screening results. This could include medication management, therapy options, and appropriate follow-up care. In conclusion, this project increased providers' comfort levels in addressing mental health concerns, increased their comfort levels in identifying signs and symptoms of perinatal and postpartum

depression, and increased the likelihood of providers screening their patients for perinatal and postpartum depression.

Conclusion

Specific guidelines and education on screening can help direct providers on how to address postpartum depression. Although there were some limitations to this quality improvement project, the intervention led to many benefits. Providers felt more comfortable addressing mental health concerns with this population and recognizing signs and symptoms of PPD after the intervention. The implementation of an EPDS screening tool can help providers provide new and expecting mothers with high-quality care.

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Graph 1:

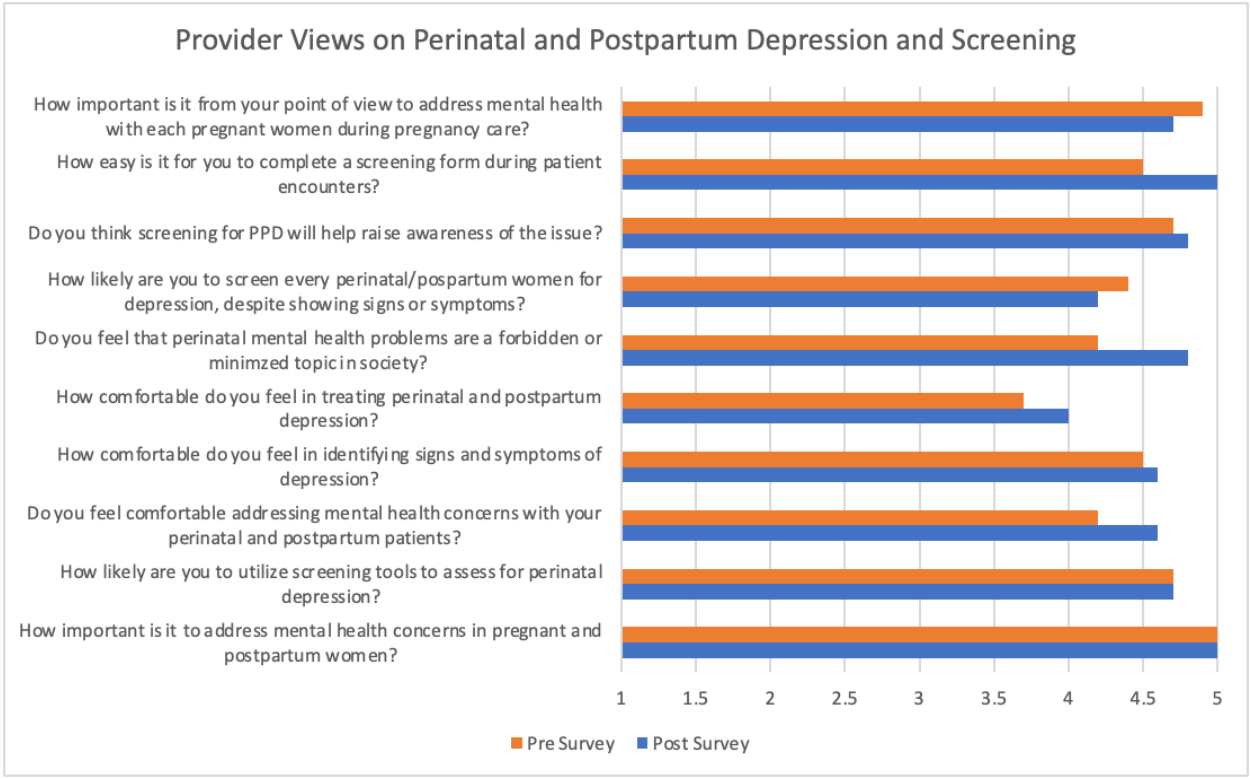

Provider Views on Perinatal and Postpartum Depression and Screening
How important is it from your point of view to address mental health with each pregnant women during pregnancy care?
How easy is it for you to complete a screening form during patient encounters?
Do you think screening for PPD will help raise awareness of the issue?
How likely are you to screen every perinatal/pospartum women for depression, despite showing signs or symptoms?
Do you feel that perinatal mental health problems are a forbidden or minimzed topic in society?
How comfortable do you feel in treating perinatal and postpartum depression?
How comfortable do you feel in identifying signs and symptoms of depression?
Do you feel comfortable addressing mental health concerns with your perinatal and postpartum patients?
How likely are you to utilize screening tools to assess for perinatal depression?
How important is it to address mental health concerns in pregnant and postpartum women?
1
1.5
2
2.5
3
3.5
4
4.5
5
Pre Survey
Post Survey

Figure 1: Pre and Post Questionnaire

1. **How important is it to you to address mental health concerns in pregnant and postpartum women?**

Strongly agree Agree Neither agree or disagree Disagree Strongly Disagree

2. **How likely are you to utilize screening tools to assess for perinatal depression?**

Very likely Likely Neutral Unlikely Very unlikely

3. **Do you feel comfortable addressing mental health concerns with your perinatal and postpartum patients?**

Strongly agree Agree Neither agree or disagree Disagree Strongly Disagree

4. **How comfortable do you feel in identifying signs and symptoms of perinatal and postpartum depression?**

Strongly agree Agree Neither agree or disagree Disagree Strongly Disagree

5. **How comfortable do you feel in treating perinatal and postpartum depression?**

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

6. **Do you feel that perinatal mental health problems are a forbidden and minimized topic in society?**

Strongly agree Agree Neither agree or disagree Disagree Strongly Disagree

7. **How likely are you to screen every perinatal or postpartum woman for postpartum depression despite if they are showing signs and symptoms?**

Very likely Likely Neutral Unlikely Very unlikely

8. **Do you think screening for PPD will help raise awareness of the issue?**

Strongly agree Agree Neither agree or disagree Disagree Strongly Disagree

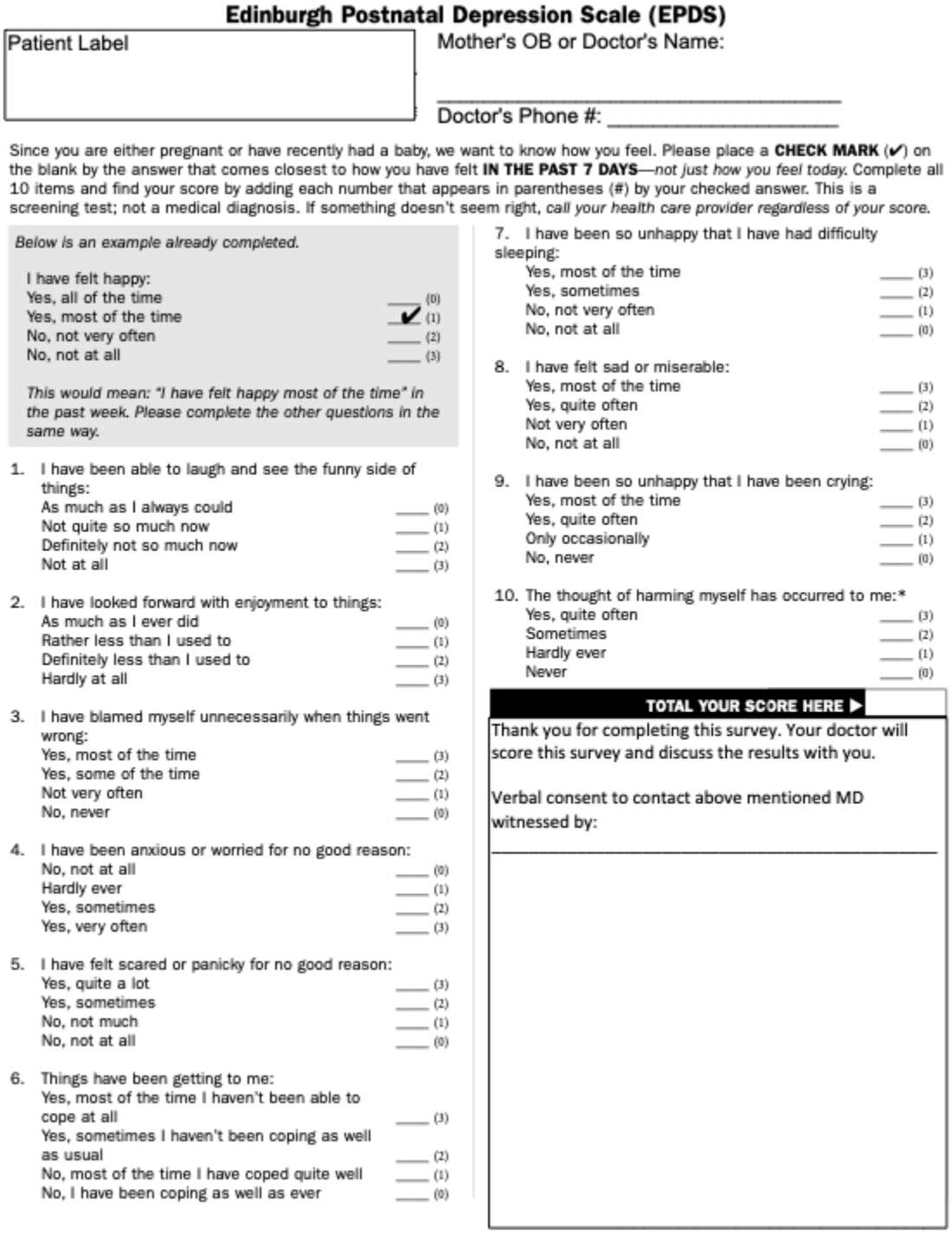
9. **How easy is it for you to complete the EPDS during encounters with your patients?**

Very easy Easy Neutral Difficult Very difficult

10. **How important is it from your point of view to address the subject of mental health with each pregnant woman during pregnancy care?**

Very important. Important. Neutral. Not important. Very unimportant

Figure 2: Edinburgh Postnatal Depression Scale



Edinburgh Postnatal Depression Scale (EPDS)

Patient Label

Mother's OB or Doctor's Name:

_____

Doctor's Phone #: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** (✔) on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today.* Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score.*

Below is an example already completed.

I have felt happy:
Yes, all of the time ____ (0)
Yes, most of the time ✔ (1)
No, not very often ____ (2)
No, not at all ____ (3)

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
   As much as I always could ____ (0)
   Not quite so much now ____ (1)
   Definitely not so much now ____ (2)
   Not at all ____ (3)

2. I have looked forward with enjoyment to things:
   As much as I ever did ____ (0)
   Rather less than I used to ____ (1)
   Definitely less than I used to ____ (2)
   Hardly at all ____ (3)

3. I have blamed myself unnecessarily when things went wrong:
   Yes, most of the time ____ (3)
   Yes, some of the time ____ (2)
   Not very often ____ (1)
   No, never ____ (0)

4. I have been anxious or worried for no good reason:
   No, not at all ____ (0)
   Hardly ever ____ (1)
   Yes, sometimes ____ (2)
   Yes, very often ____ (3)

5. I have felt scared or panicky for no good reason:
   Yes, quite a lot ____ (3)
   Yes, sometimes ____ (2)
   No, not much ____ (1)
   No, not at all ____ (0)

6. Things have been getting to me:
   Yes, most of the time I haven't been able to cope at all ____ (3)
   Yes, sometimes I haven't been coping as well as usual ____ (2)
   No, most of the time I have coped quite well ____ (1)
   No, I have been coping as well as ever ____ (0)

7. I have been so unhappy that I have had difficulty sleeping:
   Yes, most of the time ____ (3)
   Yes, sometimes ____ (2)
   No, not very often ____ (1)
   No, not at all ____ (0)

8. I have felt sad or miserable:
   Yes, most of the time ____ (3)
   Yes, quite often ____ (2)
   Not very often ____ (1)
   No, not at all ____ (0)

9. I have been so unhappy that I have been crying:
   Yes, most of the time ____ (3)
   Yes, quite often ____ (2)
   Only occasionally ____ (1)
   No, never ____ (0)

10. The thought of harming myself has occurred to me:*
    Yes, quite often ____ (3)
    Sometimes ____ (2)
    Hardly ever ____ (1)
    Never ____ (0)

TOTAL YOUR SCORE HERE ▶

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by:

_____

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.