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# Early Screening of Postpartum Depression

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Benchmark Change Project: Early Screening of Postpartum Depression

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## Executive Summary

Postpartum depression (PPD) is the most common pregnancy-related complication affecting over half-million mothers each year in the United States and only 50% of these women seek treatment or even receive a mental health evaluation (American College of Obstetrics and Gynecology, 2015; Horowitz & Goodman, 2004). Failure to detect or diagnose PPD can have serious consequences for both mom and baby. Nurses play a key role in discharge teaching and education, which puts them in the perfect position to ensure that adequate referrals are coordinated and to stress the importance of follow-up care to new mothers (Logsdon et al., 2018). Current practice includes nurses providing discharge teaching and education with postpartum patients prior to discharge but no screening for PPD is required to be completed. Nurses can identify at-risk women and provide effective referrals or prevention strategies by administering the Edinburgh Postnatal Depression Scale (EPDS) prior to the new mother's discharge. Screening for PPD is not a standard part of in-hospital maternal care in the United States (Logsdon et al., 2018). The current practice needs to be changed in order to increase detection of patients at risk for PPD and to increase their education on the screening process so that they know what symptoms to look for in the coming weeks and months of their postpartum journey.

**Rationale for the Project**

Postpartum depression occurs in approximately 15% of women and is the most common complication of childbirth faced by women (DelRosario, Chang & Lee, 2013). Not only is the mother's mental and physical health impacted but the infant's health is also at risk. By using an effective screening process during the antepartum and early postpartum periods, secondary prevention of postpartum depression is possible (Castle, 2008). Failure to detect or diagnose PPD can have serious consequences for both mom and baby. Practitioners often miss the diagnosis of PPD because many of the symptoms of depression can also occur as normal changes during the postpartum period (Morgan & Yount, 2012). Given the frequency and negative effects of PPD on mothers and infants, developing and testing methods to detect the risk of developing PPD is an essential step in helping mothers to get the treatment and support necessary (Horowitz et al., 2011). Current practice needs to be improved in order to increase detection of patients at risk for PPD and to increase their education on the disease so that they know what symptoms to look for in the coming weeks and months of their postpartum journey. My benchmark project seeks to improve patient outcomes by utilizing early screening of PPD with the EPDS prior to being discharged from the hospital and provide patients with a more thorough discharge education of postpartum depression. Screening the patients with the EPDS prior to discharge will not only allow nurses to identify patients at risk but also allow nurses to provide high risk patients with the resources and follow-up information they may need. The EDPS is considered reliable as early as day 2 after delivery for identifying potential women at risk for developing PPD and the EPDS has effective sensitivity, specificity, and prognostic power in the immediate postpartum period (Dennis, Merry, Stewart, & Gagnon, 2016; El-Hachem et al., 2014). Identifying women that score above 9 on the EPDS gives health care

providers a chance to provide these women with increased support, education and readily

available professional services and follow-up (El-Hachem et al., 2014).  By identifying these

patients at risk for developing PPD, hospital nurses can follow-up with telephone calls in the

early postpartum period and assess if these patients were getting the care that they need

(Logsdon, 2018).  Evidence-based practice validates that early screening leads to detection of

patients at risk for developing PPD and this ensures that these patients are provided with the

proper follow up care.  Until early screening for postpartum depression becomes standard

practice, our health care system will fail to detect these women at risk and consequently fail to

provide our community with optimal care.

**Literature Synthesis**

To review the evidence supporting EPDS screening prior to hospital discharge and how

this approach will influence detection of women at risk for developing postpartum depression,

the following bibliographic databases were searched electronically for eligible trials: MEDLINE,

PsychINFO, CINAHL and PubMed.  The following terms were searched as text words:

postpartum, depression, early, and screening.  Searches were unrestricted by date or language.

The bibliographies of studies identified were searched for additional studies.

Although there is limited published data on rates of screening for depression after

hospital delivery, incorporating a protocol in all postpartum settings that all new mothers must be

screened for postpartum depression prior to being discharged is important and necessary.  The

EPDS is a fast and cost-efficient screening tool that should be used prior to hospital discharge to

detect mothers that are at greater risk for PPD.  The ability to identify women that score above 9

on the EPDS generates the opportunity for healthcare providers to provide them with increased

support, education and readily available professional services and follow-up resources (El-Hachem et al., 2014). Early identification of potential risk factors will assist in the recognition and treatment of postpartum depression (Kirpinar, Gozum & Pasinlioglu, 2010). Follow-up telephone calls by hospital-based nurses to new mothers during the postpartum period offer chances to reassess women found to be at high risk for PPD and assure they are getting the care that they need (Logsdon, 2018). The American College of Obstetricians and Gynecologists strongly encourages all health care providers to screen for postpartum depression at every patient encounter (Farr et al., 2014). 1 in every 8 women that gave birth in 2018 in the United States reported having never been asked about depression (Bauman et al., 2018). There is always missed opportunities for competently educating women about the signs and symptoms of PPD and how to seek help when needed. Healthcare providers must evolve the discharge education provided and screen these patients during the prenatal and immediate postpartum periods (Bauman et al., 2018). The EPDS rating scale is consistently stable during the whole postpartum period (Kubota et al., 2018). New mothers even described the depression screening and education of community resources as a positive part of their care (Logsdon et al., 2018).

Evidence validates that early screening of PPD with the EPDS leads to detection of patients at high risk for PPD and early screening will ensure these patients are being provided with proper education and follow-up resources. The EPDS has effective sensitivity, specificity, and prognostic power in the immediate postpartum period (Dennis, Merry, Stewart & Gagnon, 2016). The EDPS is considered reliable as early as day 2 after delivery for identifying potential women at risk for developing PPD (El-Hachem et at., 2014). EPDS scores within 96 hours post-delivery moderately correlated with screening 2-8 weeks postpartum (Knights et al., 2016).

A sizable screening and pamphlet education intervention relationship between time and treatment interaction exist and as healthcare providers we must utilize this research to enrich our practice and postpartum patient outcomes (Edward et al., 2019).

## Project Stakeholders

Currently, postpartum patients are provided with discharge education on symptoms that need to be reported to their physician such as infection, excessive bleeding, signs of deep vein thrombosis and then told to "call their healthcare provider for any signs or symptoms of postpartum depression". No postpartum depression screening is completed prior to discharge and no thorough education on the signs and symptoms of postpartum depression are discussed. If our patients and their families do not know what to watch for then how do we believe they will be able to identify that there is a problem? PPD statistics including the number of women affected and never screened, treated, or educated on the disease will be viable in building a case that this evidence-based change is warranted. The key stakeholders at the heart of this project are the postpartum patients. Inter-professional involvement will be crucial between physicians, nurses, and the postpartum patients and their families. Patients depend on their healthcare providers to teach them everything they need to know about their condition, treatment, and potential complications (Fahey & Shenassa, 2013). Nursing staff caring for the patients and implementing the enhanced postpartum depression are also key stakeholders. Without buy-in and involvement of the nursing staff the project will fail.

**Implementation Plan**

The evidence-based change to practice being proposed is that it becomes protocol that all postpartum patients are screened with the EPDS prior to being discharged from the hospital and provided with a thorough discharge education on the signs and symptoms of postpartum depression. Permission and contribution from administrators, physicians, the unit's nurse managers, nurse educators, and staff nurses must all be granted to enact this evidence-based change, therefore, they will all serve as the gatekeepers. Interprofessional teamwork will aid in enacting and providing this change towards more proficient patient care. For implementation to be successful, I believe initiation of postpartum education must begin prenatally. Utilizing every patient care interaction as a chance for education will help eliminate having to divulge in so much new information prior to discharge.

**Timetable/Flowchart**

To enact this proposed change, nurses will be carrying out this evidence based change through providing PPD screening using the EPDS and better discharge education on PPD signs and symptoms. A week will be spent collecting pre-intervention data through follow-up phone calls and a week spent solely educating the nursing staff on screening and improved patient education. As seen in Table 1, the major phase of this project will be spent implementing the new intervention of administering the EPDS screening and providing improved discharge education. There will also need to be adequate time allotted after implementing the change before nurses will provide follow-up telephone calls to patients to reassess their EPDS scores to make sure the patients are seeking the follow-up care they need.

**Table 1**

*Change Project Training Steps and Approximated Time Allotted*

| Step | Time |
|---|---|
| 1. Pre-intervention data collection via postpartum follow-up phone calls to previous patients to determine % screened, educated, and/or diagnosed with PPD | 1 week |
| 2. Staff education of intervention- screening, and discharge education | 1 week |
| 3. Implementation of intervention: patients screened with EPDS prior to discharge and provided with more thorough PPD education | 6 weeks |
| 4. Post-intervention data obtained via follow-up phone calls (EPDS scores, diagnosed %) | 4 weeks |
| 5. Data analysis and project evaluation | 1 week |

## Data Collection Methods

To prove the effectiveness of this proposed evidence-based change, evaluation will occur via comparison of both pre and post-intervention data sets to determine the efficacy of the intervention (Melnyk & Fineout-Overholt, 2015).  The EPDS will be utilized as the main method of collecting data in-hospital and postpartum follow-up.  The EPDS was specifically developed to assess depression in postpartum women.  The EPDS is a reliable, valid, brief 10-item took that can be administered easily in about 5 minutes at no cost (Horowitz, Murphy, Gregory, & Wojik, 2011).  The scale is available online and easy to follow and complete at any time.  Nurses will provide follow-up telephone calls to patients to reassess their EPDS scores and make sure the patients are seeking the follow-up care they need.  Total percentages of patients diagnosed with PPD will also be assessed and compared between the pre and post-intervention groups.

## Cost/Benefit Discussion

Untreated postpartum depression is estimated to have an annual $22,647 financial impact per one mother (Wilder, 2010).  No additional costs will be associated in implementing this

change into practice.  Nurses will be educated and trained during their normal shifts and

screening and education tools are all available online free of charge.  Adding a more thorough

PPD discharge education to current education printouts will not increase costs.  The patient care

benefits and financial savings of enacting this evidence-based change will also be far-reaching in

sustaining this change in practice.

### Discussion of Results

Due to the current world pandemic, implementation of my benchmark project has not yet

been reached.  Peer and instructor feedback have led me to believe this project will be successful

and that patient education needs to be initiated at admittance to hospital.  I agree education will

play a vital role in this project and if for some reason the change project cannot be enacted, steps

towards better educating our postpartum patient population will still have a vast impact on this

topic.

### Conclusions/Recommendations

The birth of a baby is usually one of the most joyful times in one's life, but postpartum

depression can turn that joy into sadness, anxiety, and despair.  Failure to detect postpartum

depression can have serious health consequences for mom and baby.  The EDPS is a fast, easy,

cost-efficient screening tool that should be mandatory before hospital discharge (Dennis et al.,

2015).  Evidence-based practice demonstrates that early screening leads to detection of patients

at risk for developing PPD and this ensures that these patients are provided with the proper

follow up care (Logson et al., 2018).  Nurses must fulfil their role in detecting women at risk for

PPD by utilizing the EDPS and educating all patients on the symptoms of postpartum depression

and the resources available after discharge.  I believe this benchmark project has the potential to

demonstrate that early screening of PPD leads to detection of patients at risk for developing PPD

and this ensures that these patients are provided with the appropriate resources.  Education will

play a vital role in the project's success and my future recommendations would be to always

strive to be superior educators.  As patient-care providers it is so easy to get stuck in completing

assessments and skills that we forget the multitude of preventative care that is gained with better

patient education.  Until early screening and better education of postpartum depression becomes

standard practice, our health care system will fail to provide our community with optimal care.

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