

Implementing Postpartum Depression Screening In a Pediatric Primary Care Setting



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Background & Significance

- 15% of new mothers experience postpartum depression (PPD)
- Approximately 50% of PPD cases undiagnosed in USA
- Roughly \$12.4 billion/year in PPD-related expenditures

Problem Statement

- American Academy of Pediatrics recommends integrating a validated tool for PPD screening during well-child check-ups (WCCs)
- Current practice: single unstructured question at 1-week and 2-month WCCs
- Baseline PPD screening rate: 0%
- No mothers identified at risk for PPD using this method

Project Purpose/Goals

Implementation of the Edinburgh Postnatal Depression Scale (EPDS), and creation of a mental health referral list to increase the early detection and referral rates of PPD

Goals:

- 100% of mothers screened with EPDS at WCCs
- 100% screening results documented in electronic health records (EHR)
- 100% of mothers EPDS scoring ≥ 10 referred to primary care provider or mental health provider

Methods

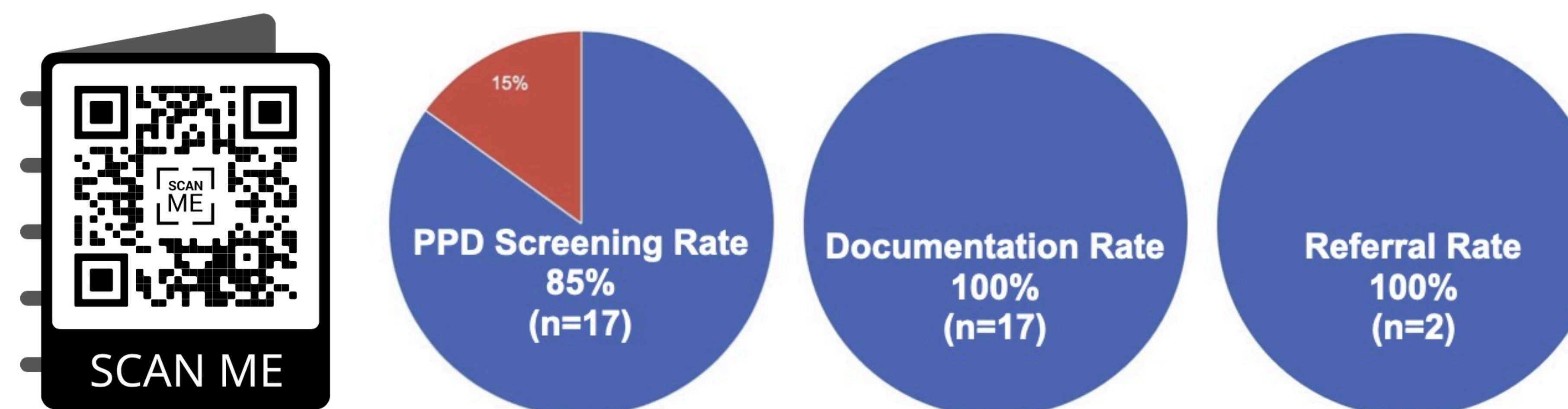
- Setting:** small suburban private pediatric primary care
Population: mothers with infants ≤ 12 months of age
Timeframe: over a 15-week period in Fall 2023
Theoretical Framework: Promoting Action on Research Implementation in Health Services (PARIHS)
Intervention: maternal EPDS screening at WCCs
Strategies:
- Developed screening algorithm and mental health referral list
 - Obtained free English and Spanish EPDS forms online
 - Conducted staff training with voiceover powerpoint
 - Displayed PPD awareness posters in exam rooms
 - Conducted weekly chart audits and run chart analysis
 - Shared data during weekly meetings with clinical site representative
 - Stored and analyzed data in HIPAA-protected REDCap software

Measures:

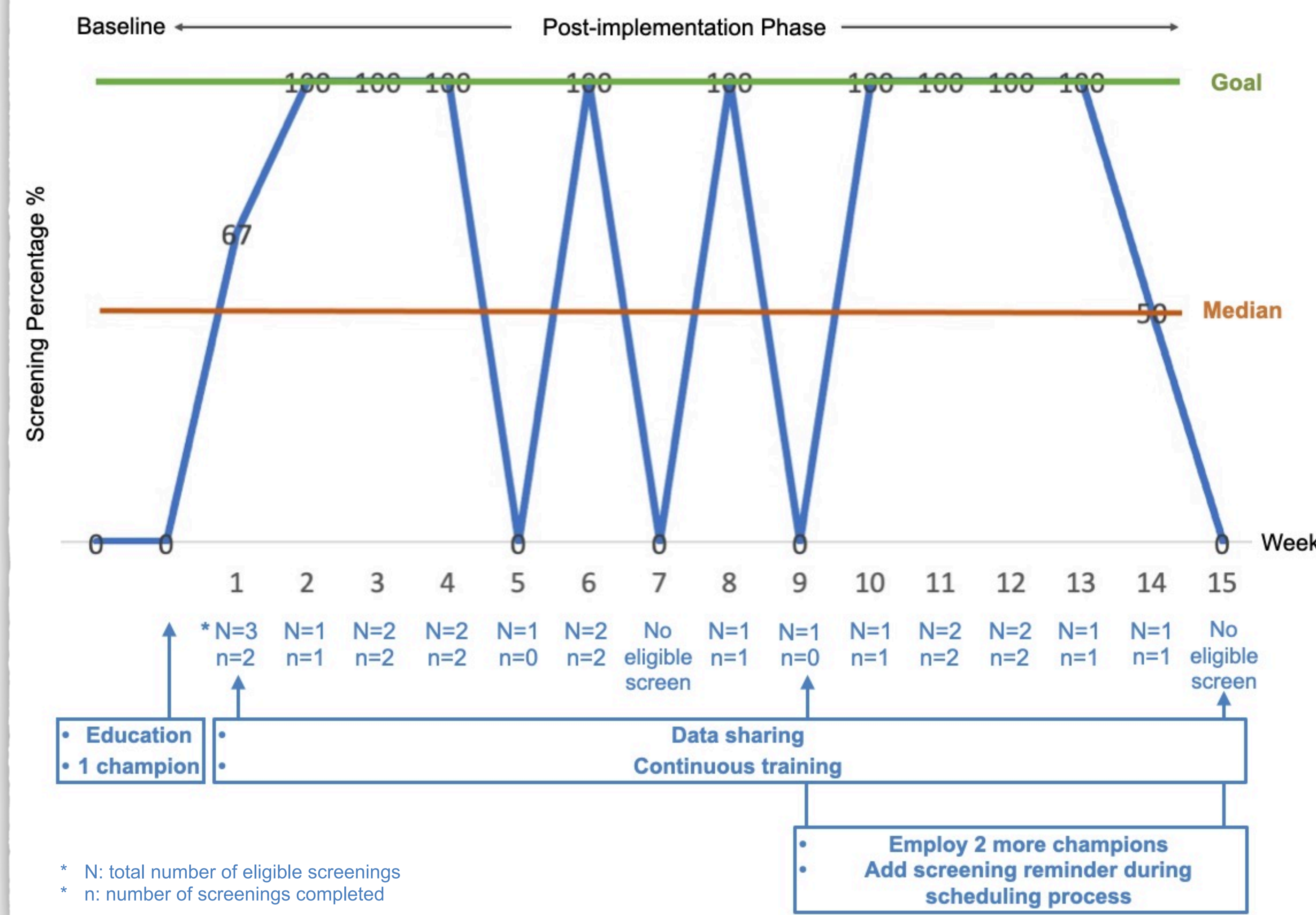
- PPD screening rate
- EHR documentation rate
- Referral rate

Results

PPD Screening Algorithm



Postpartum Depression Screening Rate



Discussion

Achievements:

- PPD screening rate increased to 85% (n=17), ranging from 0% at baseline to 100%.

- 100% (n=17) of screening results documented in EHR
- 100% (n=2) of mothers with EPDS score ≥ 10 referred
- No emergency referrals made

Limitations:

- Data limitations:
 - Small baseline data volume
 - Missed appointments
 - Office operational hours closure due to holidays and unanticipated events
- Paper format screening challenges:
 - Inability to embed EPDS tool into EHR increased personnel time for scoring and scanning results
 - Extra office space required for secure storage per HIPPA
- Staff shortage: busy private pediatric practice with one full-time provider and one part-time provider with no medical assistant

Conclusions

The implementation of the EPDS tool in a pediatric primary care increased the early identification of at-risk mothers for PPD

12% of PPD screening yielded positive results, which aligns closely with the 15% rate reported among postpartum women in the literature

Next Steps:

- **IT collaboration:** embed EPDS and billing code into EHR
- **Sustainability measures:** front desk staff stores EPDS and distribute to mothers with infants ≤ 12 months at WCCs; voiceover powerpoint presentation for continuous staff education
- **Utilize site champion:** audit screening results monthly
- **Follow up:** develop a mental health referral follow-up triage plan

References/Acknowledgement



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