Improving Rates of Postpartum Depression Screening: A Quality Improvement Project

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Background

- Postpartum Depression
  - Defined as symptoms of major depression occurring between two weeks and twelve months postpartum
  - Affects as many as twenty percent of postpartum patients
  - Common preventable cause of postpartum mortality
  - Edinburgh Postnatal Depression Scale (EPDS)
  - American College of Obstetrics and Gynecology recommends universal screening
  - EPDS is a validated screening tool for postpartum depression

Objective

To improve rates of postpartum depression screening completed by obstetricians at Memorial Health University Medical Center (MHUIMC). By increasing screening, this condition will be identified more frequently and improve access to treatment.

Methods

Retrospective chart review of postpartum visits analyzed initial rates of EPDS use over the course of a year. It was identified that 23% of postpartum visits had no documented depression screening during this time. An algorithm for EPDS screening was created and administered. A pretest and posttest regarding screening comfort and adherence were given to OB/GYN residents to measure improvement.

Pre and Post Tests Completed

Resident Survey on EPDS Use Before vs After Algorithm Distribution

Q1: Percentage of residents who use a validated screening tool such as EPDS at every postpartum visit before algorithm vs percentage who report they will use it after algorithm distribution
Q2: Percentage of residents who document screening scores before algorithm vs percent who reported they will document it after algorithm distribution
Q3: Percentage of residents who feel confident in evaluating for postpartum depression before vs after algorithm distribution
Q4: Percentage of residents who report they are knowledgeable about local resources available for depression before vs after algorithm distribution

Discussion

- Depression screening is an essential component of postpartum care and is often missed during the routine postpartum visit
- Capturing cases of postpartum depression earlier and more often using screening tools could lead to earlier treatment and better patient outcomes
- Standardizing the screening process with an algorithm can prompt providers to incorporate screening, documentation, and counseling during postpartum visits
- Results of the intervention showed an increase in the number of providers who are comfortable with assessment for depression after reviewing the algorithm
- Results also showed increased knowledge of local resources and referral options after reviewing the algorithm
- Results suggest that providers are more likely to use a validated screening tool and document the scores after reviewing the algorithm
- Limitations included small sample size; possible social desirability bias may play a role as well secondary to survey study design
- Other future projects could include creation of educational materials for patients. A protocol for support staff to give every postpartum patient a questionnaire form could also aid in improving screening rates.

Conclusion

- There was a low rate of EPDS use documented in postpartum visit notes. An algorithm which was provided to reinforce screening and guide further management. The algorithm improved provider comfort and perceived compliance with screening at postpartum visits.

References