

Universal early postpartum depression screening in the inpatient postpartum unit: an opportunity for early intervention.

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INTRODUCTION

Postpartum depression affects 1 in 10 women. The Edinburgh Postnatal Depression Scale (EPDS) is validated in detecting postpartum depression. In 2019, TriHealth implemented universal screening immediately after delivery. Prior to 2019, patients were only screened if they reported symptoms. This study was conducted to determine if the universal screening increased provider and patient awareness of postpartum depression and resulted in a higher rate of interventions to treat and mitigate the risks of undiagnosed and untreated postpartum depression.

HYPOTHESIS

We hypothesize that the EPDS used after delivery on the mother baby unit will capture more patients, therefore increasing provider and patient awareness of postpartum depression and allowing for earlier treatment.

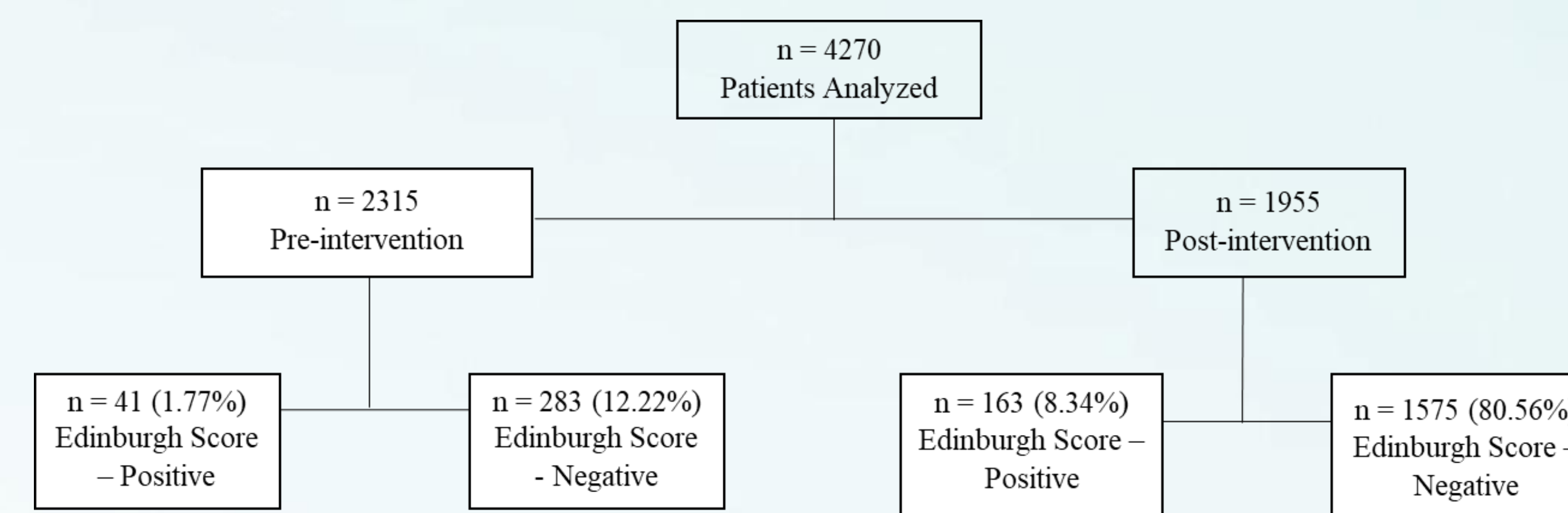
METHODS

This retrospective cohort study took place September 2018 through August 2020. Patients were included in the cohort if they were cared for by the OB/GYN resident practice at Good Samaritan and Bethesda North hospitals. Descriptive statistics of the independent and dependent variables were generated for each cohort of patients.

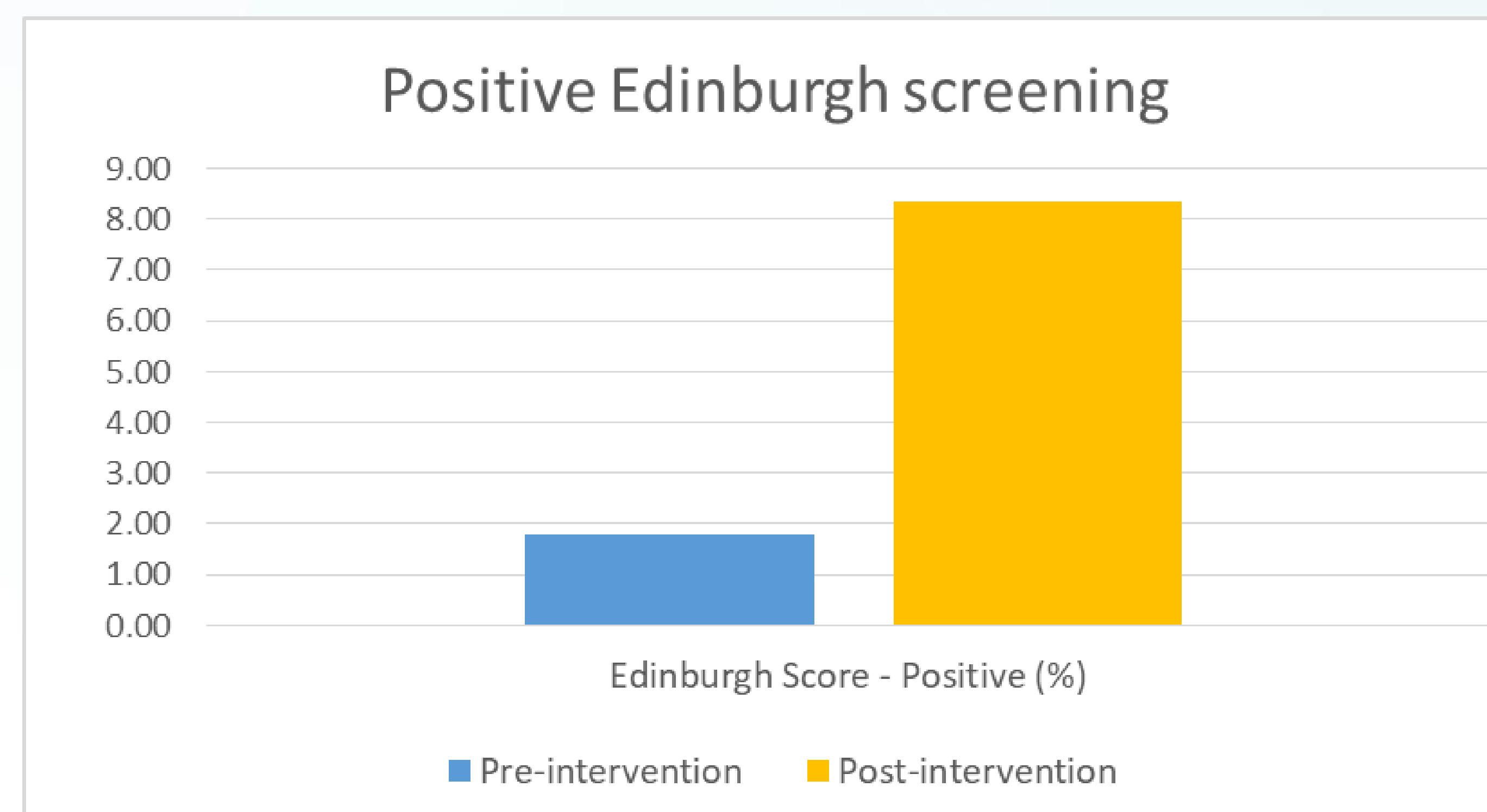


RESULTS

Between September 2018 and August 2020, 4270 patients met our inclusion criteria. Patient demographics were the same in both cohorts. Only 14% of the patients were screened in the pre implementation group whereas 88.9% were screen after instituting universal depression screening. The rate of positive screens for depression increased from 2% to 8%, following implementation of universal depression screening.



Time Period	Total (N)	Score - Positive (N)	Score - Positive (%)	Score - Negative (N)	Score - Negative (%)
Pre-intervention	2315	41	1.77	283	12.22
Post-intervention	1955	163	8.34	1575	80.56



RESULTS (cont.)

When assessing interventions for postpartum depression that occurred prior to discharge, there was no statistically significant change in the percentage of patients who received interventions (p-value 0.152, OR 0.509 (0.220 - 1.178)). These interventions include two week follow up, antidepressant order in hospitalization, brief intervention by provider, social work consult, psychiatry consult, or mental health consult.

DISCUSSION

Implementing a standard protocol to universally screen patients immediately after delivery allowed for a increase in the number of patients assessed for postpartum depression. We did not, however, find a significant increase in interventions despite having a lecture with a toolkit of resources for the residents. Due to the small number of patients that screened positive, we cannot make conclusions about the effect of interventions, therefore limiting our ability to determine which interventions are most effective at preventing the sequela of untreated depression. Future quality improvement efforts could increase the reliability of evidence based interventions by Obstetricians to address positive screens. An Epic alert could be created for providers when a patient has a positive screen with an order set with suggested interventions.

VALUE IMPACT

Overall this new implementation to screen all women for postpartum depression on the mother baby unit has led to a significant increase in patient screening.