



Diamond in the Rough: Exploring the Management of Postpartum Depression in a Pediatric Clinic

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Background

The healthy development of an infant is dependent upon the wellbeing of its mother, and postpartum depression (PPD) has been tied to children having increased rates of social and emotional difficulties, a variety of delays, aggression, and subsequent depression.¹

- Nationally, 1 in 9 women experiences symptoms of postpartum depression, for mothers with low-income the rate jumps to 1 in 4, and for teenagers with low-income there is a 50% prevalence.^{2,3}
- The American Academy of Pediatrics recommends to screen for postpartum depression at 1, 2, 4, and 6 month well-child checks, using a tool such as the Edinburgh Postnatal Depression Scale (EPDS), with a focus on identification and referral for treatment.³ The USPSTF gives a grade B recommendation that mothers at increased risk of PPD be provided or referred for counseling services.⁴
- Two years ago, after extensive preparations ranging from care coordination to documentation and legal counsel to workspace logistics, the Peak Vista Pediatric Health Center (PVPHC) launched an initiative to screen for PPD with the EPDS (≥ 10 being positive) at all 4 month well-child checks, .
- The current workflow is believed to show efficacy in screening moms, but uncertainty remains in regards to how the project can evolve to most benefit the families served.

Aim Statement

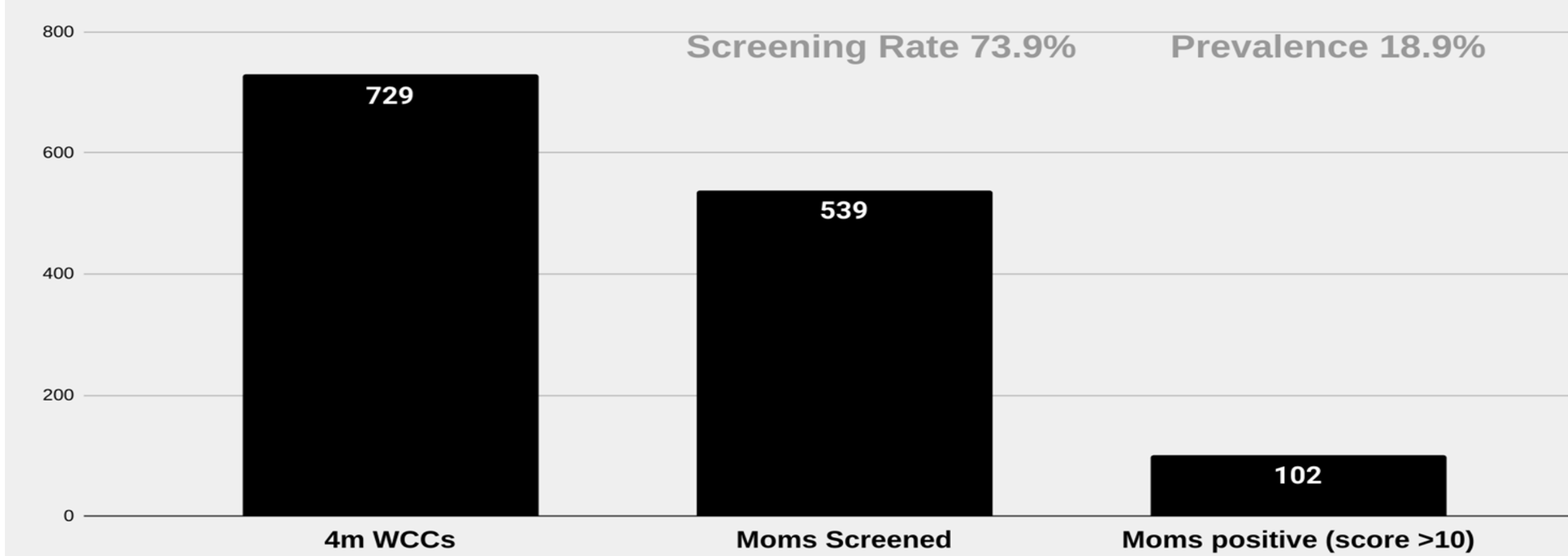
- We endeavored to investigate, from a systems level, the workflow and data collection of the Postpartum Screening Program at PVPHC, focusing on moms who screened positive, with the goal of gaining insights as to how the effect of this already noteworthy initiative can be optimized.

Program Description

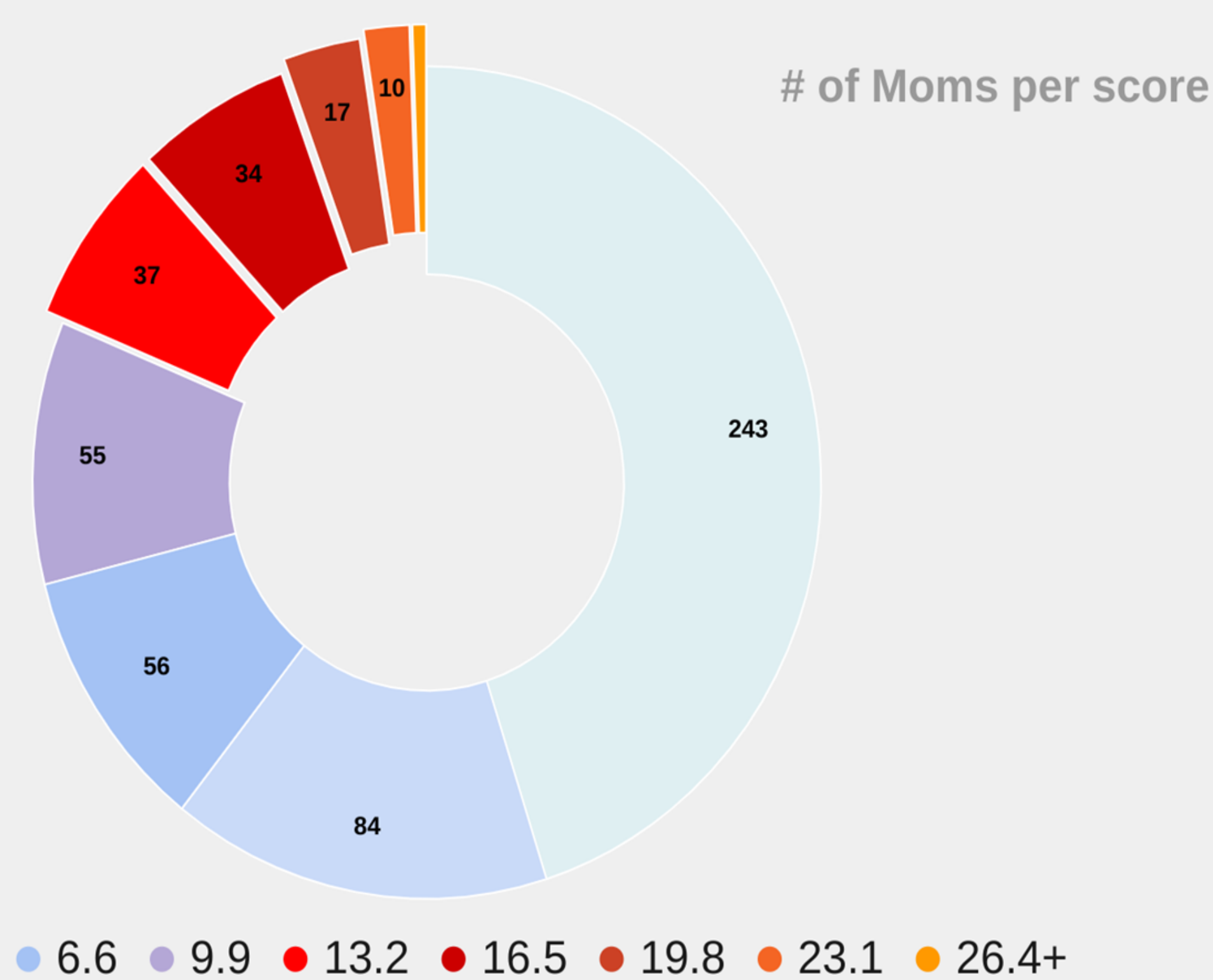
- Met key team-members to learn about the project's progression since initiation, current thoughts, and hopes.
- Reviewed the current workflow and discussed it with staff.
- Met bioinformatics (BI) specialist to query and collect data on screening with the EPDS at Peak Vista Pediatric Health Center.
- Conducted chart reviews amongst select moms who had screened positive, and analyzed for trends in provision of care.
- Presented findings and possible workflow modifications.

Measures

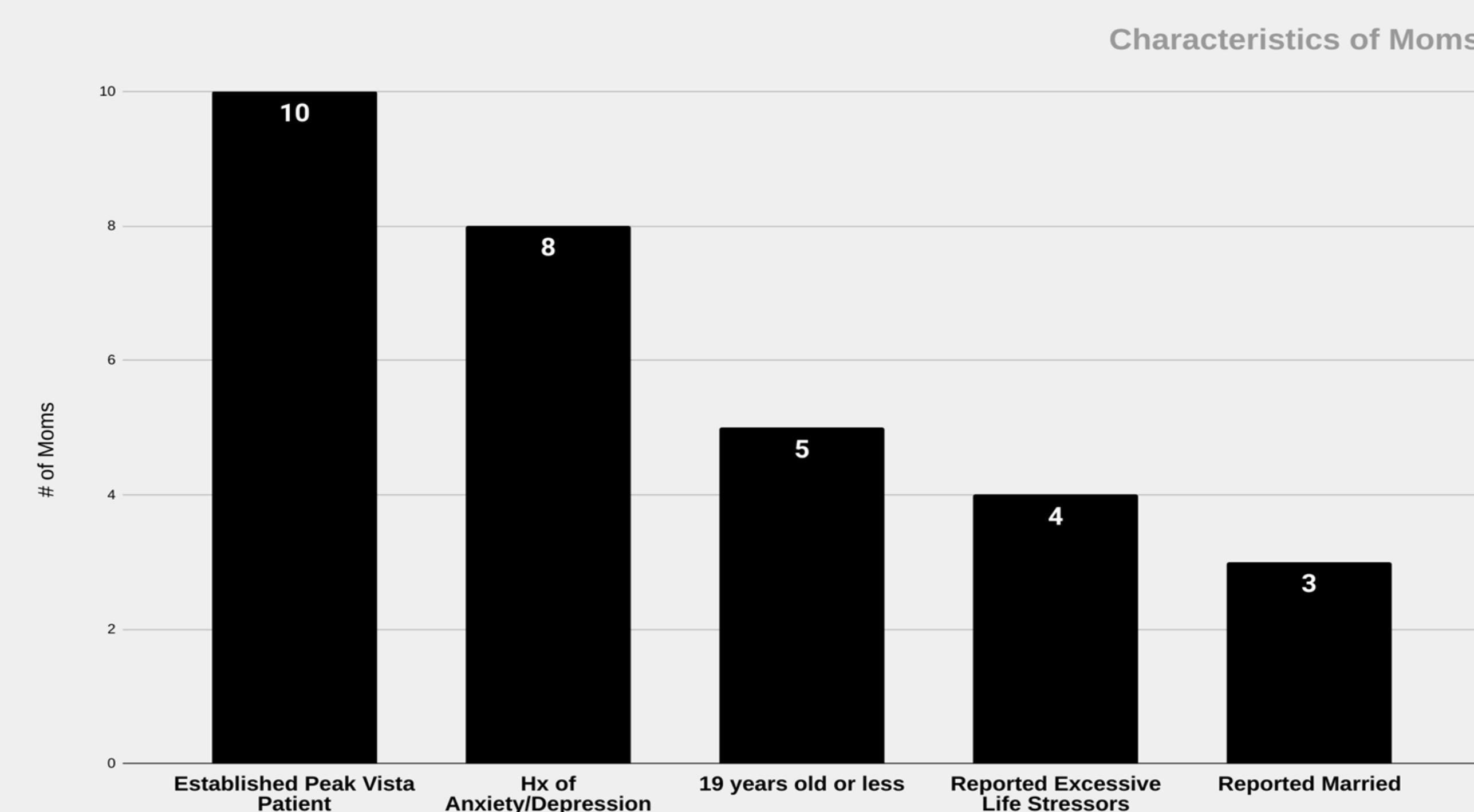
2019 PPD Screening (n=729)



Breakdown of EPDS-3 Scores (n=539)



Moms with EPDS-3 scores ≥ 23 (n = 13)



Discussion

- PVPHC is on par or ahead of programs touted as national exemplaries, evidenced by screening and referral rates, caring for a population with nearly double the rate of positive screenings, and without adult medicine providers in-house.⁵
- Many programs do not track referrals and others have referral rates below 3%.⁶
- Meanwhile, PVPHC provided 10 of 13 moms at least one of the following beyond the initial BH visit at screening- (follow-up visit w PVPHC BH, call from PVPHC BH, enrollment in 1st visitor program, provision of info on variety of resources, appt made w PCP).

Next Steps

For Peak Vista Pediatric Health Center:

- standardize and streamline documentation
 - the more specific and searchable, the better
- document, flag, and prioritize follow-up for highest risk moms
 - initial visit, BH follow-up, phone calls, community resources
- run data reports from BI on a regular basis
 - evidence base to guide program and advocate for resources

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