

Postpartum Depression: Breaking Down Barriers and Improving Behavioral Health Care Access

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Background

- Postpartum depression (PPD) is a national problem that has lasting detrimental consequences on the mother, the baby and the mother-child relationship.
- PPD is associated with negative effects on maternal physical and psychological health and with worse quality of life.¹
- There are significant negative associations among maternal PPD and infant cognitive development, language development, infant behaviors, overall infant concerns, and the infant's quality of sleep.¹
- *ACOG Committee Opinion 757: Screening for Perinatal Depression* strongly recommends screening once for PPD with a validated tool during the perinatal period.²
- The Committee Opinion provides evidence that screening alone has clinical benefits, though initiation of treatment or referral to behavioral health care providers offers maximum benefit.²
- Current protocol at our community OB practice is to refer patients to the website psychologytoday.com, after screening positive on the Edinburgh Postnatal Depression Scale (EPDS) with clinical concern for PPD.
- Unfortunately, the website has inaccurate information regarding providers contact information, location, appointment availability, and types of payments accepted.
- This serves as a substantial barrier for women suffering from PPD and seeking urgent behavioral health (BH) support.

Innovation Objectives

- Increase BH referrals and care establishment for women diagnosed with PPD.
- Create a patient-focused and provider-accessible comprehensive resource of community BH providers.

Program Description

- Called behavioral health providers in El Paso County, CO to find providers who treat women with PPD and are currently accepting patients.
- Types of behavioral health providers included psychiatrists, psychiatric NP's, counselors, multimodal behavioral health centers and inpatient units.
- Created a dot phrase ".ppdresources" in our EMR including the providers names, contact information and types of payments accepted.
- Using shared decision-making, women diagnosed with PPD were referred to BH, and the PPD resource list was attached to their after-visit summary.
- PPD patients had close follow up to ensure establishment with behavioral health providers, if desired by patient.

Screening Tool

Edinburgh Postnatal Depression Scale (EPDS)³

Please answer questions closest to how you have felt in the last seven days

1. I have been able to laugh and see the funny side of things 0 As much as I always could 1 Not quite so much now 2 Definitely not so much now 3 Not at all	4. I have been anxious or worried for no good reason 0 No, not at all 1 Hardly ever 2 Yes, sometimes 3 Yes, very often	7. I have been so unhappy that I have had difficulty sleeping 3 Yes, most of the time 2 Yes, sometimes 1 Not very often 0 No, not at all
2. I have looked forward with enjoyment to things 0 As much as I ever did 1 Rather less than I used to 2 Definitely less than I used to 3 Hardly at all	5. I have felt scared or panicky for no very good reason 3 Yes, quite a lot 2 Yes, sometimes 1 No, not much 0 No, not at all	8. I have felt sad or miserable 3 Yes, most of the time 2 Yes, quite often 1 Not very often 0 No, not at all
3. I have blamed myself unnecessarily when things went wrong 3 Yes, most of the time 2 Yes, some of the time 1 Not very often 0 No, never	6. Things have been getting on top of me 3 Yes, most of the time 2 Yes, sometimes 1 No, most of the time I coped well 0 No, I have been coping as well	9. I have been so unhappy that I have been crying 3 Yes, most of the time 2 Yes, quite often 1 Only occasionally 0 No, never
		10. The thought of harming myself has occurred to me 3 Yes, quite often 2 Sometimes 1 Hardly ever 0 Never

Results

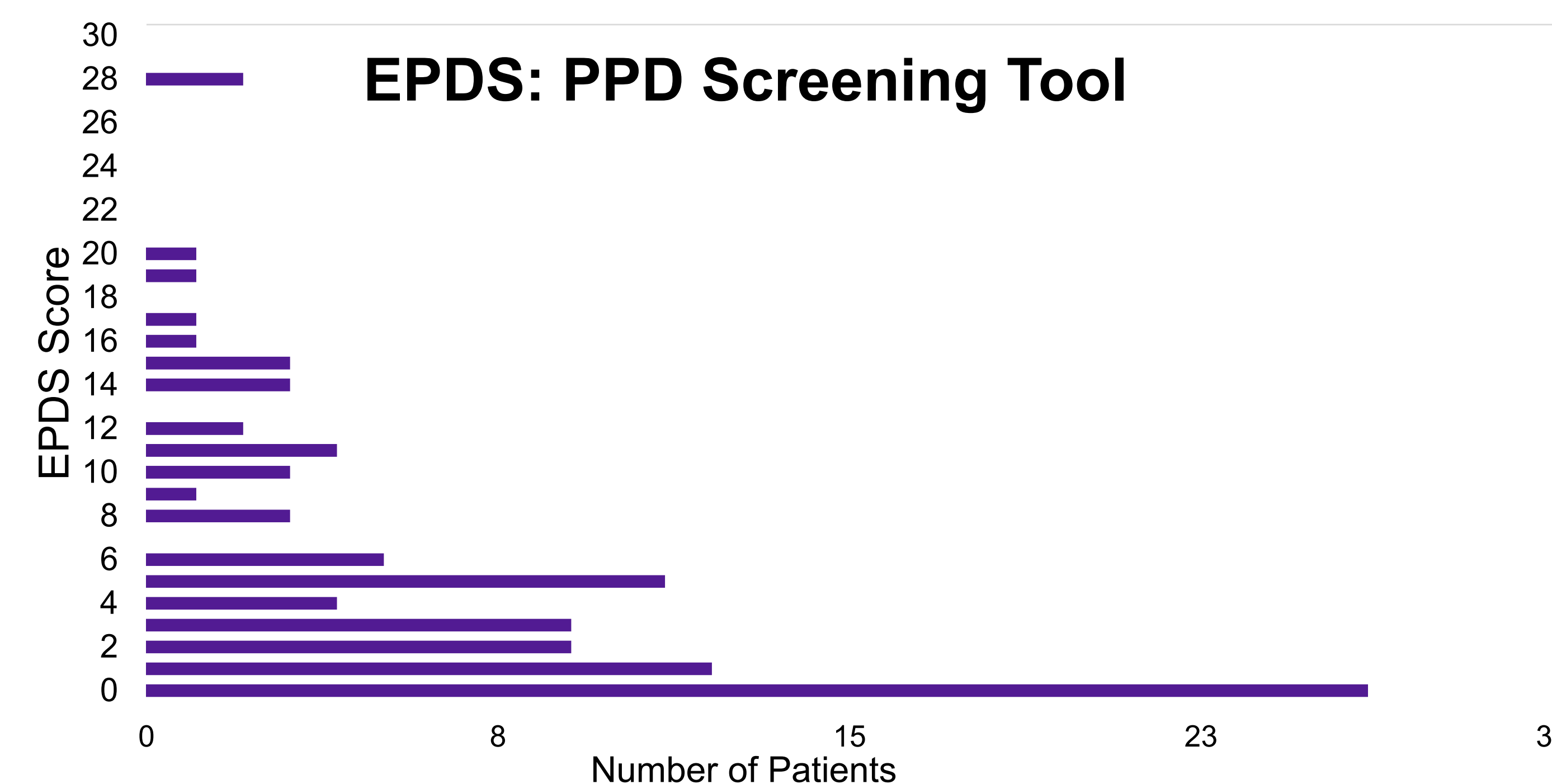


Figure 1: EPDS results of number of women screened during their 2-week to 6-week postpartum visit. A score of 10 or more suggests that a provider should ask the patient follow up questions to determine if the woman has PPD.

Prevalence of PPD

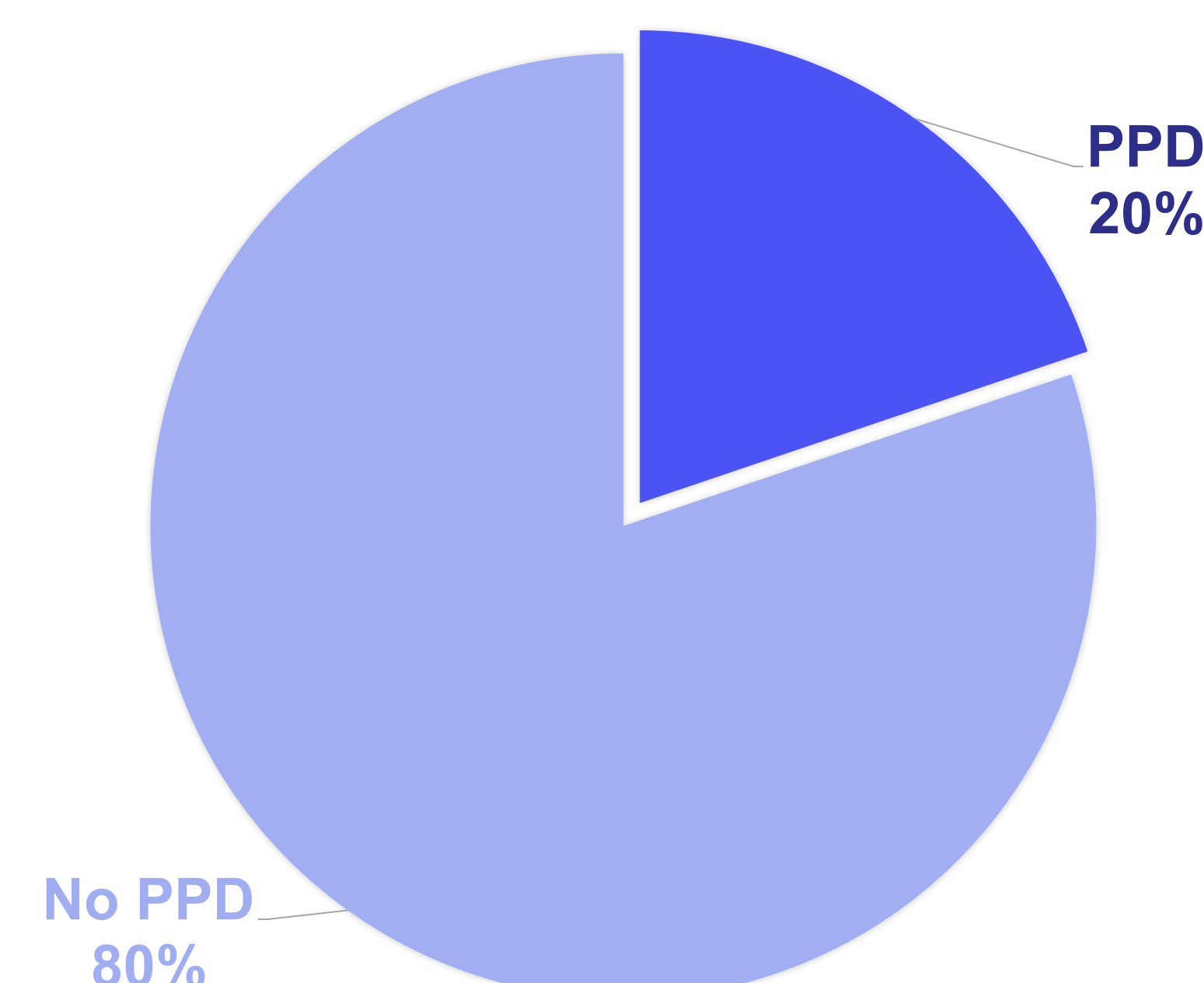


Figure 2: Percentage of women diagnosed with PPD during their postpartum visits. Out of 101 women screened between Jan 2020-April 2021, 20 women were diagnosed with PPD.

Behavioral Health Access for PPD

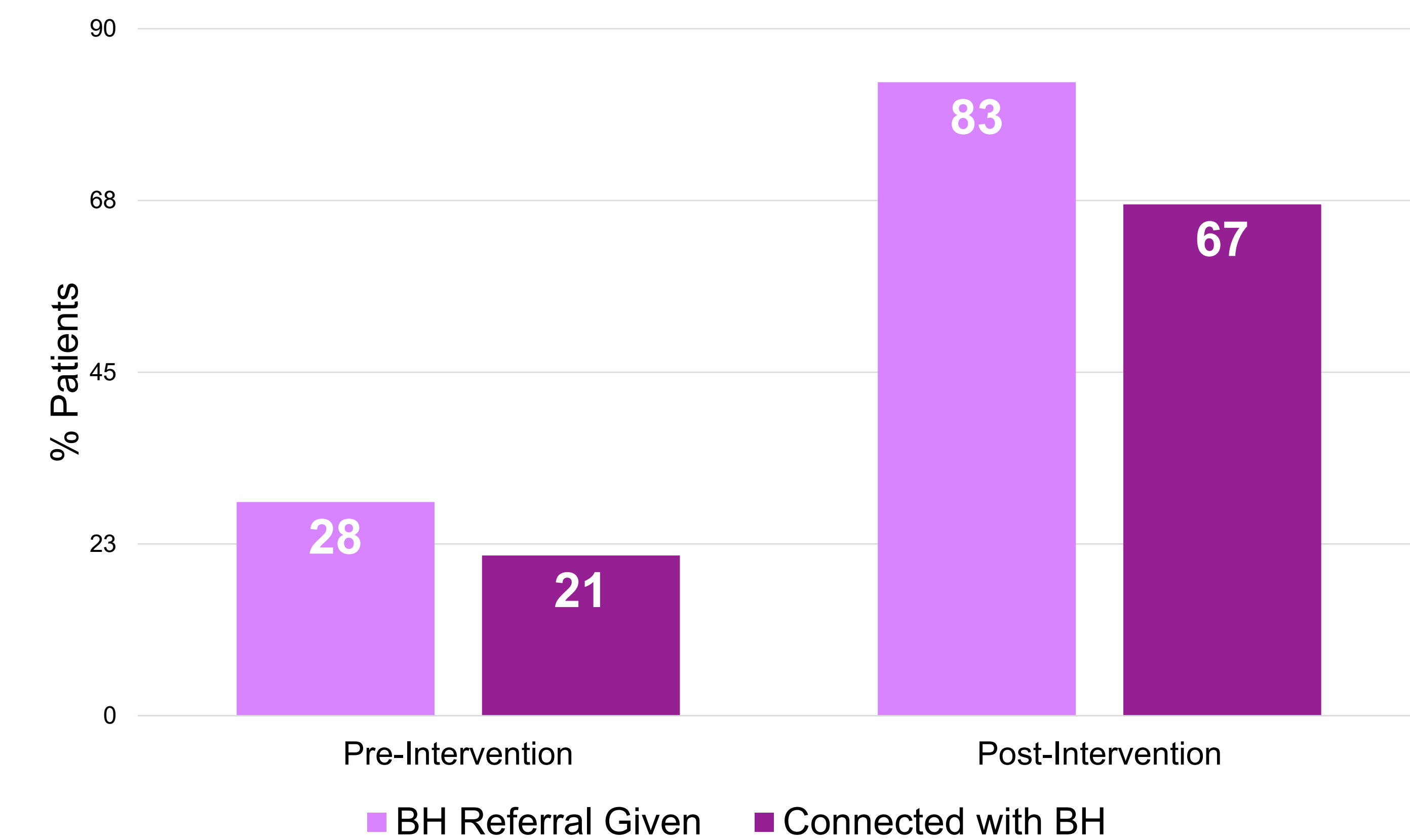


Figure 3: In patients diagnosed with postpartum depression, the percentage of patients who were given a BH referral and resources went from 28% to 83%. The percentage of patients who established care with a BH provider went from 21% to 67%.

Discussion

- A significant number of women in our community experience PPD.
- Intervention aimed at improving ease of access to accurate and patient-focused information about BH providers who treat PPD.
- El Paso County, CO is a BH resource limited region, thus creating an extensive and accurate list of providers was challenging.
- Our community OB practice successfully improved the number of referrals to BH providers to support women experiencing PPD.
 - Possibly due to increased provider confidence in the accuracy and helpfulness of the resource.
- Women experiencing PPD were more likely to establish care with a BH provider, likely due to:
 - Ease of establishment via direct referral.
 - Decreased barrier of finding a provider that accepts the patient's type of insurance or alternate payment method.
- Increasing ease of access to BH resources markedly enhanced patients' ability to establish care, hopefully improving time to resolution of PPD symptoms and the lives of mothers and infants.

Next Steps

- Perform a formal needs assessment of women experiencing PPD, to determine additional barriers of treatment.
- Determine differences among resolution of PPD between women who established care with BH providers vs no established care.

Reference

1. Sloman, J, et al. *Womens Health (Lond)*. 2019.
2. ACOG Committee Opinion 757. *Screening for Perinatal Depression*. 2018.
3. Cox, J.L, et al. *Brit J Psychiatry*. 1987.