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 behavioral health providers if desired by patient.
• Types of payments accepted.

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 4. I have been amenorrhea or worried for no good reason
2. I have looked forward with enjoyment to things 5. I have felt scared or panicky for no good reason
3. I have blamed myself unnecessarily when things went wrong 6. Things have been getting on top of me
4. I have been amenorrhea or worried for no good reason 7. I have been so unhappy that I have had difficulty sleeping
5. I have felt scared or panicky for no good reason 8. I have felt sad or miserable
6. Things have been getting on top of me 9. I have been so unhappy that I have had difficulty sleeping
7. I have been so unhappy that I have had difficulty sleeping 10. The thought of harming myself has occurred to me
8. I have felt sad or miserable 0. No, I have been coping as well
9. I have been so unhappy that I have had difficulty sleeping 1. Never
10. The thought of harming myself has occurred to me 2. Sometimes

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.

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.

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
2. ACOG Committee Opinion 757. Screening for Perinatal Depression. 2018.