

Identifying Pregnancy Related Depression and Psychosocial Concerns in Pediatric Primary Care



Austin Chavez¹, Sheng Xiong¹ B.S, Ryan Asherin, PhD^{1,2}, & Ayelet Talmi, PhD^{1,2}
 Pediatric Mental Health Institute, Children's Hospital Colorado¹; University of Colorado, Anschutz Medical Campus²



Background

- With a prevalence rate of 10%-15%, Pregnancy Related Depression (PRD) is a global health problem. (Rogathi et al., 2017)
- Socioeconomic status, low levels of social support, low income, financial strain, lower social status, or experiencing a stressful life event have been associated with PRD symptomology. (Robertson et al., 2004; Rogathi et al., 2017; Mundorf et al., 2017)
- In the past decade, screening for PRD increased from 33% to 44% of eligible women seen in pediatric primary care settings. (Kerker et al., 2016).
- However, less than half of pediatricians universally screen for or inquire about PRD, missing the opportunity to identify depression early and manage it or refer to women for treatment. (Kerker et al., 2016)
- Integrated behavioral health services in primary care can help identify and address psychosocial complexity and PRD in settings that screen for these issues. (Burnett et al., 2017)

Objectives

- Determine if psychosocial concerns vary by pregnancy related depression status (elevated or not elevated) at two months postpartum as measured by the Edinburgh Postnatal Depression Scale (EPDS) and Psychosocial Screener.
- Determine if additional screening for depression using a psychosocial screener increases the number of patients identified with depressive symptomology when compared with identification using only the EPDS.

Hypotheses

- Among women with elevated EPDS scores, their responses on the psychosocial screener will be more likely to identify concerns about social support, low income, food insecurity, financial strain, intimate partner violence, and experiencing a stressful life event.
- Using two depression screeners, the EPDS and the Psychosocial Screener, will identify postpartum women with depressive symptoms who may have been missed if they only completed one screener.

Project CLIMB

Project CLIMB (Consultation & Liaison In Mental Health and Behavior) provides comprehensive, integrated mental health services to children and families seen in an urban academic pediatric primary care clinic.

Methods

Electronic Medical Records (EMRs) from 1/17/17-12/20/17 of patients seen at the two-month well-child check in a large urban primary care teaching clinic serving primary primarily low-income families were abstracted for demographics, EPDS score, and psychosocial screener responses.

Measures

Figure 1. Edinburgh Postnatal Depression Scale

• Edinburgh Postnatal Depression Scale (EPDS) is a 10-item questionnaire used to screen mothers for symptoms of depression during the first 4 months after birth.

Figure 2. Psychosocial Screener

• The Psychosocial Screener is a 14-item questionnaire that is used to screen families for psychosocial resource needs, mental health, and adverse or traumatic experiences.

Data Analysis

• SPSS was used to conduct Chi-Square analyses to examine psychosocial concerns mothers with elevated and non-elevated EPDS screener.

Table 1. Demographics of Study Population N=533

Gender	N	Percentage
Female	245	46%
Male	288	54%
Ethnicity		
Hispanic/Latino	195	37%
Not Hispanic/Latino	322	60%
Not Reported	16	3%
Race		
White	142	27%
Black/African American	159	30%
Other/Not Reported	232	44%
Language		
English	413	77%
Spanish	48	9%
Other/Not Reported	72	14%
Insurance		
Public (Medicaid, CHP+)	431	81%
Private (Contract)	72	14%
Self-Pay	26	5%
Tricare	4	1%

- English (77%) and Spanish (9%) were the most prevalent among the 20 languages spoken.
- 37% of patients identified as Hispanic/Latino.
- > 80% of the sample was publicly insured.

Results

Figure 3. Study sample workflow.

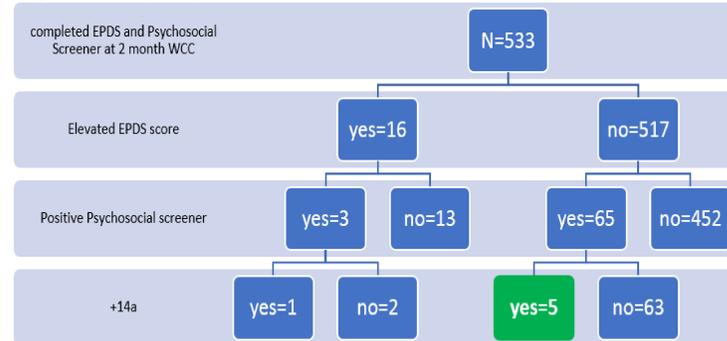


Table 2. Psychosocial Concerns by Elevated Status

Psychosocial Screening Item Description	EPDS Elevated (N=16)	EPDS Non-Elevated (N=517)
1. Help finding a doctor?	6% (1)	5% (26)
2. Concerns making appointments?	6% (1)	1% (7)
3. Stressed about making ends meet?	13% (2)	5% (25)
4. Food insecurity worry?	19% (3)	7% (36)
5. Food insecurity?	19% (3)	4% (20)
6. Worried about benefits?	6% (1)	4% (2)
7. Concerns about child's education needs?	0% (0)	0.4% (2)
8. Housing concerns?	0% (0)	2% (8)
10. Need support?	6% (1)	1% (3)
11. Anyone at home with alcohol or marijuana issues?	0% (0)	0% (0)
12. Are drugs used in the home?	0% (0)	0.4% (2)
13. Any violence occurring in the home?	0% (0)	0.2% (1)
14. sad, hopeless, or anxious a lot of the time?	6% (1)	1% (5)

- Of the 945 patients attending a 2 month WCC, 533 had EPDS scores and completed Psychosocial Screeners.
- Two-month well-child visits (N=533) were grouped based on elevated (n=16) and non-elevated (n=517) EPDS scores. Psychosocial screener responses were also abstracted.
- EPDS results were categorized by elevated (score ≥10; n=16) or non-elevated (score <10; n=517) scores.
- Although statistically insignificant, 18% (n=3) of patients with an elevated EPDS score at 2 months postpartum also had a positive psychosocial screener, compared to only 12.5% (n=65) of those without an elevated EPDS score (Figure 3).
- Patients with elevated EPDS scores (Table 2) reported more concerns about finding a doctor, making appointments, making ends meet, food insecurity worry and it occurring, worry of about benefits, needing support, and feeling sad, hopeless, and anxious a lot of the time than patients with non-elevated scores.
- None of the differences were statistically significant.
- The psychosocial Screener (item 14a) identified an additional five women with depressive symptomology who did not report elevated scores on the EPDS (see Figure 3).

Discussion

- Women with an elevated EPDS score did not report significantly more psychosocial concerns than women who did not have elevated EPDS scores.
- However, results indicated that higher psychosocial needs were identified by mothers reporting elevated depressive symptoms.
- Using a second measure with questions about depression, an additional five mothers were identified in primary care.

Limitations/Future Directions

- The current study used electronic medical record abstraction that relies on the correct documentation of screening results.
- The sample size for mothers with an elevated EPDS and positive psychosocial screener was small (n=3), which made finding differences between the two groups difficult.
- Future research could examine a larger sample size for relationships between PRD and psychosocial concerns. Additionally, these findings could be compared to primary care settings that only use one screener.

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