Introduction

Postpartum depression (PPD) is a widespread problem, affecting an estimated 12-22% of mothers nationwide. Pediatricians, through frequent well child checks (WCCs), often have the most contact with postpartum mothers. Unfortunately, one in four mothers report no screening for PPD at these visits, and most cases likely go undiagnosed. As PPD negatively affects multiple arenas of childhood development and livelihood into adulthood, it is imperative that mothers receive screening and treatment resources, and the American Academy of Pediatrics (AAP) has begun to endorse this initiative as well. The Patient Health Questionnaire with a 2- and 9-question version (PHQ-2, PHQ-9) is an approved screening tool for depression, which is readily available to clinic providers. Given the frequency of which pediatricians have contact with these mothers in the neonatal period and the significant negative impacts PPD can have on a child, pediatricians can be a strong resource to detect and refer PPD in struggling mothers.

Smart Goal: Our objective was to increase rates of PPD screening, identification, and referral relative to baseline. For all mothers, initial goals a screening rate of 90% at newborn through first year WCCs, an identification rate of 10% (representing national average), and a referral rate of 100% of identified cases to appropriate resources.

Results

Reviewed 775 charts prior to intervention and 712 charts in a six-month period post-intervention for all newborn-1 year WCCs

• Screening rate increased from 72 to 90%  
• PPD Identification rate increased from 2 to 6% of total number screened.  
• Referrals for resources (including OB/GYN, PCP, psychiatry, counseling, social work) increased from 81 to 86% of total cases of PPD identified.  
• Overall provider comfort in screening and referral improved after educational session.  
• Overall perceived relevance by providers of PPD to our pediatric population increased.

Abstract

We used the PHQ-9 in our pediatric clinic to identify postpartum depression in WCCs in the neonatal period. We reviewed charts to measure outcomes. PDSCA cycles included educating providers on PPD relevance to the pediatric population and methods for screening and referral, screening with the PHQ-9 at 2 week, 2 month, 4 month, 6 month WCCs, implementing the screening into the EMR, and placing a social worker in our clinic to aid ease of referrals. We additionally conducted surveys to providers at multiple points throughout the process to measure changes in provider practice and comfort. Our data shows improvement in the screening, identification, and referral rates for PPD. One large challenge we must overcome is varying levels of provider comfort in screening and referral. We anticipate promising outcomes in the pediatrician’s ability to address postpartum depression.

Description of intervention/study

PDSCA Cycles

Educational session for Providers and staff on effects of PPD, screening and referral processes  
Provide written PHQ-9 at 2 week, 2 month, 4 month, 6 month WCC  
Build EMR template  
Social Worker placed in clinic  

Algorithm Implemented for Approach PPD in clinic

Patient Health Questionnaire-9 (PHQ-9)

Conclusions

Our data shows improvement in screening, identification, and referral rates. Increased provider comfort in screening and referral. In-house resources (social work) improve process. Challenges:  
- Results limited by provider comfort  
- Tracking of results dependent on documentation  
- Surveys limited by patient report  
- Difficult to account for many patients with pre-existing psychiatry and counseling  
- Defining pediatrician scope of practice in PPD screening and intervention  
- PPD does not account for additional caregivers beyond mother (e.g. fathers, foster parents, adoptive parents, etc.)

References