While postpartum depression (PPD) affects 28–70% of mothers of infants hospitalized in the neonatal intensive care unit, this population may be missed by outpatient-based PPD screening conducted consistently during postpartum OB/GYN visits or well-child checks. The NICU has been recognized as an important potential setting for PPD detection and referral. However, the few publications describing the implementation of NICU-based PPD screening have identified numerous barriers to successful screening, and to referral for positive screens. We sought to systematically identify those barriers and potential solutions with the goal of developing a framework for effective state-wide implementation of NICU-based PPD-screening programs. We performed a systematic literature review of published NICU PPD-screening protocols, identified a number of barriers, both to administering screening and making referral, and developed referral policies for those who screen positive, as well as strategies for overcoming each challenge. Finally, we utilized this information to inform a ‘best practice roadmap’ (with suggested actions for to be undertaken at state and local hospital levels) to implement a safe and effective NICU-based PPD-screening program.

Introduction

Background: Postpartum depression (PPD) affects 10–20% of mothers in the months following childbirth, and carries important ramifications to the behavioral, cognitive, and physical development of their children. Likely influenced by the additional stressors experienced by parents of infants hospitalized in the neonatal intensive care unit (NICU), a review of evidence suggests that PPD among mother of NICU-hospitalized infants is even greater, between 28 and 70%.

Rationale: Growing attention is being directed toward the implementation of comprehensive PPD screening and referral programs by hospitals, while a body of literature exists describing potential barriers and solutions proposed or implemented by the studies' respective authors. However, there is little broad literature describing the implementation of NICU-based PPD-screening programs.

Purpose: By employing a systematic review of the literature, we sought to identify challenges and proposed solutions identified by previous NICU-based postpartum depression screening programs, and to inform a ‘best practice roadmap’ for overcoming barriers to implementing similar programs throughout Texas.

Methods

Systematic Review

An electronic search of the Medline database was conducted to identify publications describing the implementation of NICU-based screening programs for PPD, from 1980 to 2020. Search terms included “postpartum depression,” “postnatal depression,” “maternal depression,” “screening,” “universal screening,” and “NICU.” We included peer-reviewed English-language original research articles focusing on describing screening programs for postpartum depression evidence of clinical or administrative outcomes of screening in the NICU. Reviews, studies not in English, studies screening for disorders other than postpartum depression, and publications in which implementation of a NICU-based PPD screening program was not a primary study issue were excluded from analysis (Fig 1).

Results

Of 30 non-duplicate records identified through the literature review, 28 publications met our criteria for inclusion. The characteristics of each of the screening protocols are summarized in Table 1. Barriers identified and categorized include: (1) Referral and follow-up; (2) Referral system; (3) Referral process; (4) Referral data; (5) 社会 insurance and referral; (6) 内容 of the study; and (7) Results. The authors for addressing each such barrier were likewise identified.

Conclusions

Through a systematic review of the literature, we identified barriers cited by these studies, as well as solutions proposed by the authors for addressing each challenge. We found that there were several patient-, provider-, and systems-centered barriers both unique to and shared by screening and referral efforts. Particularly apparent were the time constraints and competing demands experienced by NICU providers involved in screening for PPD and making referrals, as well as the cost and scheduling difficulties for patients and providers attempting to navigate available PPD-treatment resources.

Incorporating these findings, we developed a suggested ‘road map’ (Fig 2) to development and rollout of a statewide NICU-based PPD screening program, combining a proposed set of resources developed for distribution and use statewide, with flexibility to account for individual hospital’s local needs and resources.

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Texas Pediatric Society Electronic Poster Contest

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Abstract

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