Improving Perinatal Mood and Anxiety Disorder Identification and Referral Process During Prenatal Care

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BACKGROUND

- Perinatal Mood and Anxiety Disorders (PMADs) include various psychiatric disorders that can occur anytime during pregnancy and up to a year after giving birth, with the most common being postpartum depression and generalized anxiety disorder[1].
- Certain pregnant individuals are also at an elevated risk of developing bipolar disorder during the perinatal period[2].
- Initial prenatal appointment screening for PMADs can result in early identification and treatment.
- The estimated financial cost of untreated PMADs up to 5 years after delivery is $14 billion[3].

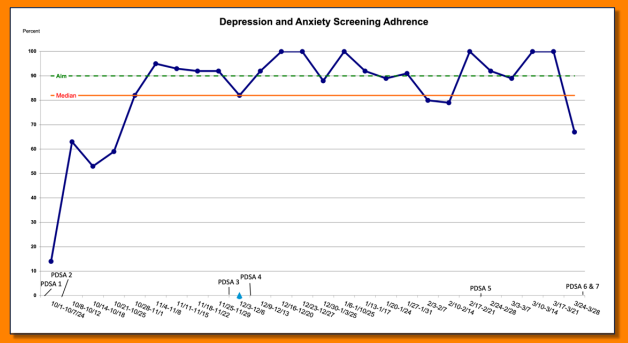
LOCAL PROBLEM

- The site for the practice improvement project was an OB/GYN clinic in East Tennessee.
- There was no process for screening PMADs at the initial prenatal visit, which includes screening for depression, anxiety, and bipolar disorder.
  - ACOG recommends screening for PMADs at various times during pregnancy and postpartum and screening for bipolar disorder once during pregnancy or before prescribing SSRIs[4]
- The purpose of this project was to implement a process for screening for PMADs at the initial prenatal visit that includes screening for depression, anxiety, and bipolar disorder.

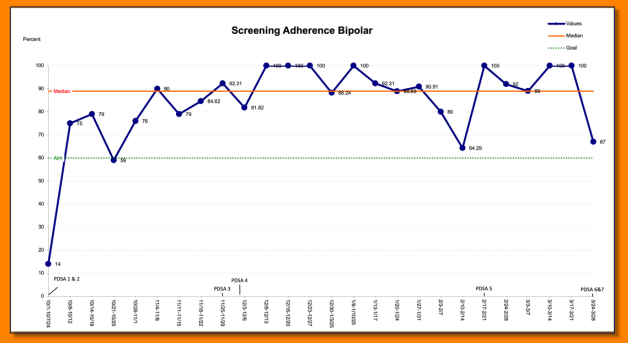
METHODS

- The Evidence-based Practice Improvement Model was used as the framework for this project.
- The search, evaluation, and appraisal of the literature provided good and consistent evidence for recommending that screening for depression, anxiety, and bipolar disorder occurs during the initial prenatal appointment.
- PDSA (Plan-Do-Study-Act) cycles were utilized to assess project implementation and evaluate process and outcome measures.

Historically thought to only be a concern for postpartum persons, it is now understood that PMADs are most prevalent in the first trimester of pregnancy[4]



90% of pregnant persons will be screened for depression and anxiety using the EPDS tool at the initial 12-week prenatal visit.



60% of pregnant persons will be screened for bipolar disorder using the MDQ at the initial 12-week prenatal visit.

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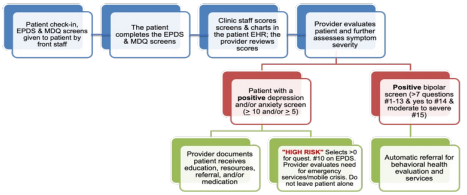
INTERVENTIONS

- Use the Edinburgh Postnatal Depression Scale (EPDS) for depression and anxiety screening
  - Total score ≥ 10 OR sum of questions #3, #4, and #5 ≥ 5 OR answer "yes" to question #10 = + screen[5].
- Use the Mood Disorder Questionnaire (MDQ) for bipolar screening
  - Positive MDQ is indicated by answering yes to 7 or more on question #1, yes to question #2, and moderate to serious on question #3[6]



RESULTS

- 304 out of 367 patients (83%) were screened at the initial prenatal appointment for depression and anxiety.
- 305 out of 367 patients (84%) were screened at the initial prenatal appointment for bipolar disorder.

	Depression	Anxiety	Co-Occurring	Bipolar
Positive Screening Rates	14%	20%	43%	2.3%
Provider documented evaluation	82%	82%	82%	82%
Patient received resources/referral/treatment	52%	52%	52%	52%

CONCLUSIONS

- Screening at the initial perinatal appointment has improved the identification of patients with PMADs earlier in the prenatal period.
- Screening at the initial perinatal visit allows for prompt identification, evaluation, and treatment of PMADs toward improved perinatal outcomes.

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