

Identifying Patients at Risk for Perinatal Anxiety: An Evidence-Based Quality Improvement Project

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BACKGROUND

- Perinatal anxiety (PA) affects 11-21% of individuals and is characterized by constant worry, racing or intrusive thoughts, and uncomfortable physical symptoms.¹
- Maladaptive behaviors develop in response to perinatal anxiety, leading to adverse pregnancy outcomes (preterm labor, preeclampsia, cesarean birth), abnormal infant development (low birth weight, reduced Apgar scores, attention/behavioral issues through adolescence), and increased healthcare costs.²⁻⁵
- Screening for perinatal mental health disorders focuses on postpartum depression (PPD) but lacks emphasis on anxiety, which contributes to PPD and increases suicide risk.⁵

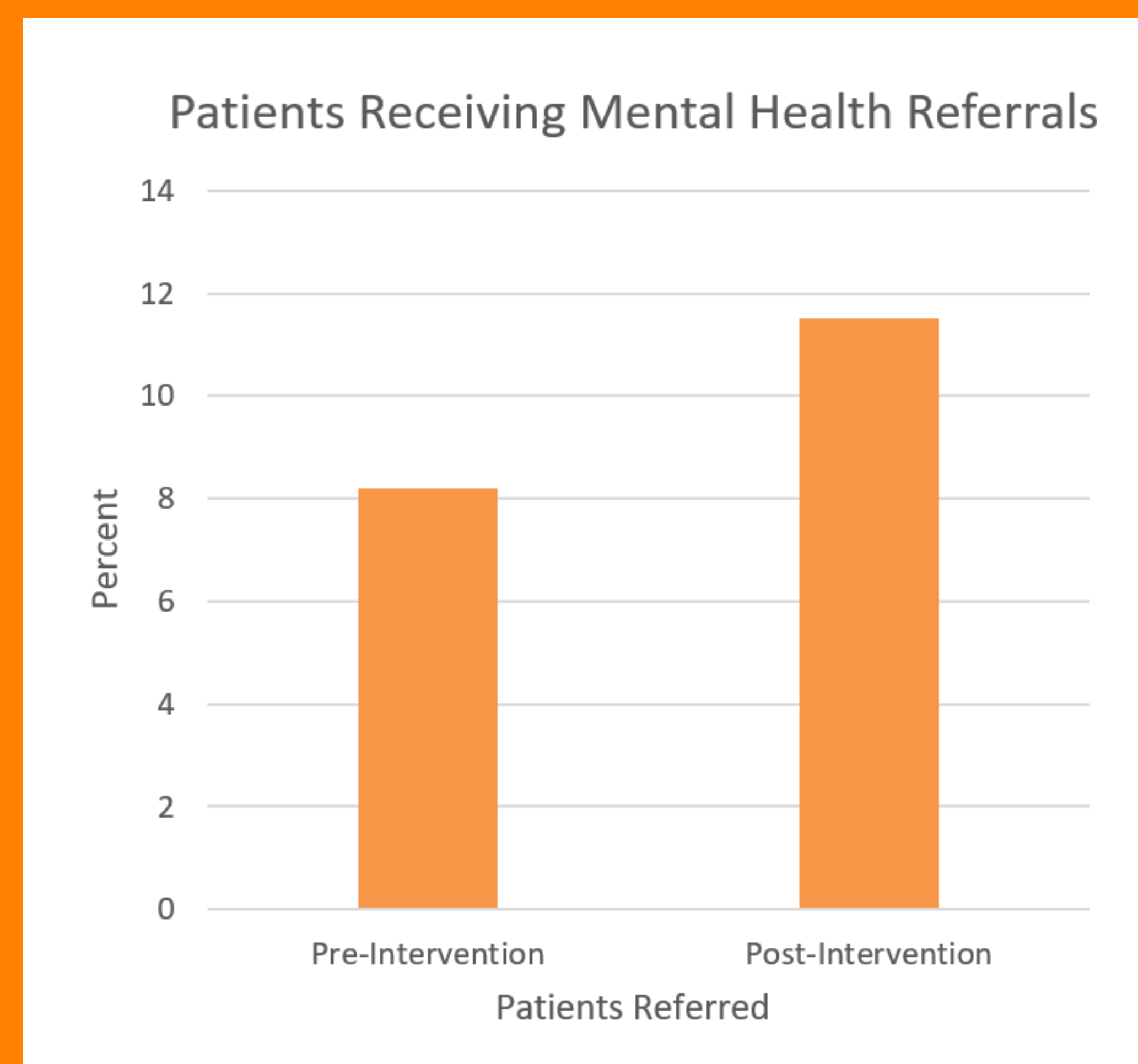
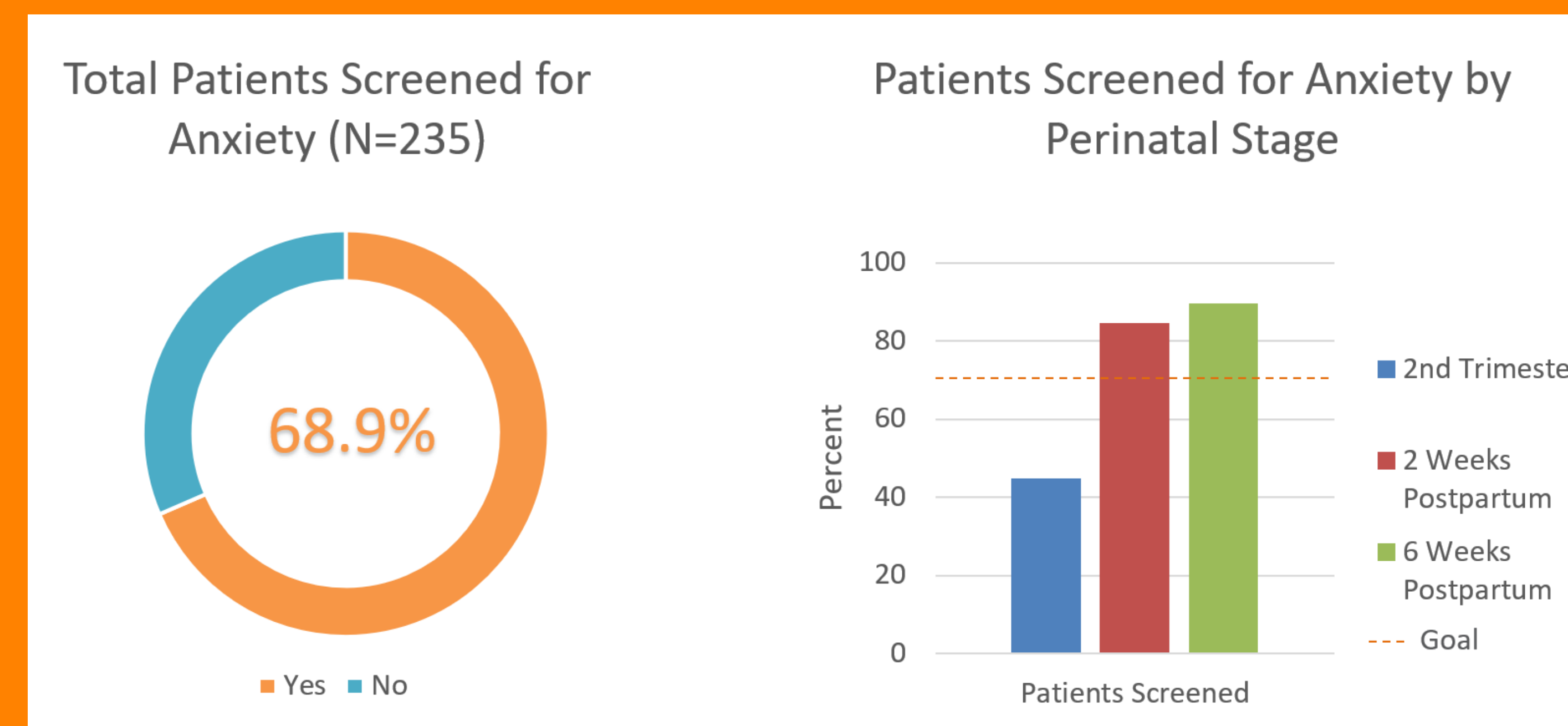
LOCAL PROBLEM

- The project site was a Magnet-affiliated midwifery practice in East Tennessee.
- Participants included patients presenting for routine visits in the 2nd trimester and at two and six weeks postpartum.
- Midwives at the practice assessed for PA using clinical judgement but did not follow a standardized screening process.
- The purpose of the project was to improve the quality of perinatal mental healthcare by screening for PA and providing intervention.
- The project aimed to increase PA screening by 75% within three months.

METHODS

- The Evidence-Based Practice Improvement Model served as the project's guiding framework.
- Critical appraisal of the literature demonstrated good and consistent evidence supporting implementation of PA screening during pregnancy and the postpartum period.⁶⁻¹⁰
- The Generalized Anxiety Disorder-7 (GAD-7) tool was used to screen for PA, and screening rates were measured over 3 months.
- Mental health referrals were measured pre and post implementation of the GAD-7.

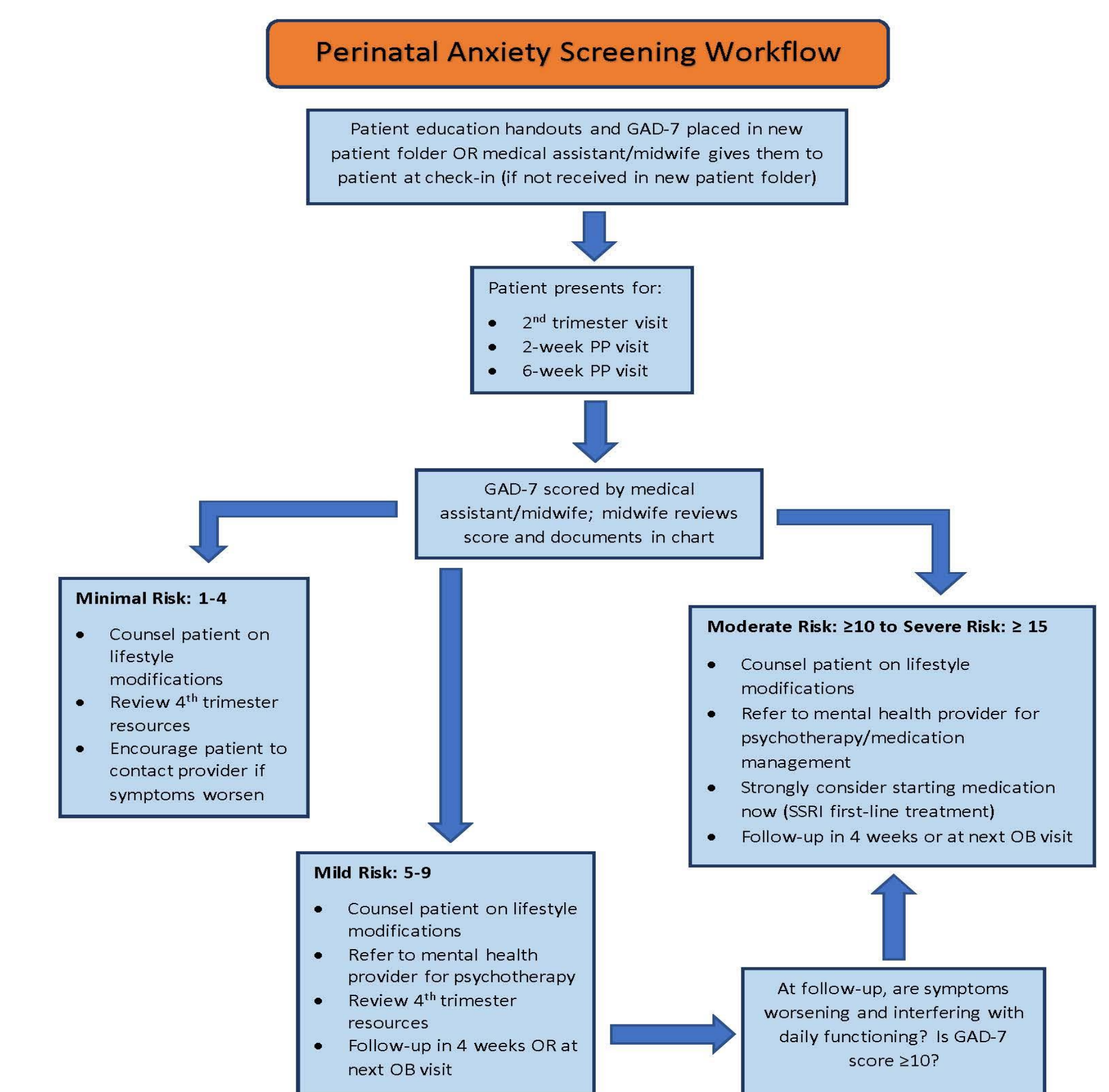
Screening for perinatal anxiety using the GAD-7 increases mental health referrals.



Scan for references

INTERVENTIONS

- Patients were screened for PA using the GAD-7 during routine PPD screening in the second trimester and 2 and 6 weeks postpartum.
- Intervention was provided for positive GAD-7 scores (≥ 1) and based on severity level.



RESULTS

- 68.9% of patients were screened for PA.
- 2nd trimester participants were half as likely to be screened compared to postpartum participants.
- Mental health referrals increased from 8.2% pre-intervention to 11.5% post-intervention
- Anxiety severity was similar across perinatal stages, but moderate to severe anxiety almost doubled, from 7.3% to 13.3%, at the 6-week postpartum visit.

CONCLUSIONS

- Use of the GAD-7 identifies patients at-risk of PA and increases mental health referrals.
- Improvement in 2nd trimester screening is needed to avoid consequences of untreated PA.
- Increases in anxiety severity at the 6-week follow-up suggest a need for continued monitoring beyond this visit which typically concludes obstetric care.
- Identification of PA and referral for treatment will improve quality of life for patients and their families.



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