Recognizing Maternal Mental Health: An Initiative to Improve Perinatal Depression and Anxiety Identification during Prenatal Visits Using a Standardized Screening Protocol

Breslin Therese Gillis  
*University of Tennessee, Knoxville, bgillis2@vols.utk.edu*

Tracy L. Brewer  
*University of Tennessee, Knoxville, tbrewe12@utk.edu*

Megan L. Young  
*University of Tennessee Medical Center, mlyoung2@utmck.edu*

Heather Moss  
*Womens Care Group Knoxville, hmoss@utmck.edu*

Follow this and additional works at: [https://trace.tennessee.edu/dnp](https://trace.tennessee.edu/dnp)

Part of the Maternal, Child Health and Neonatal Nursing Commons, Psychiatric and Mental Health Nursing Commons, and the Quality Improvement Commons

**Recommended Citation**

Gillis, Breslin Therese; Brewer, Tracy L.; Young, Megan L.; and Moss, Heather, "Recognizing Maternal Mental Health: An Initiative to Improve Perinatal Depression and Anxiety Identification during Prenatal Visits Using a Standardized Screening Protocol" (2024). *Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP)*.  
[https://trace.tennessee.edu/dnp/119](https://trace.tennessee.edu/dnp/119)

This Poster is brought to you for free and open access by the Nursing at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP) by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.
Recognizing Maternal Mental Health: An Initiative to Improve Perinatal Depression and Anxiety during Perinatal Visits Using a Standardized Screening Protocol

Breslin Gillis¹, BSN, RN, CMSRN, Tracy L. Brewer¹, DNP, RNC-OB, CLC, EBP-C, Megan L. Young², MPH, & Heather Moss³, MD
¹University of Tennessee, Knoxville, College of Nursing, ²Center of Women & Infants UT Medical Center, ³Women’s Care Group

63% of pregnancy-related deaths are by suicide due to mental health conditions. 100% are preventable! (Trost et al., 2021)

BACKGROUND
- Perinatal depression (PD) is the most common mental health complication.
- 1 in 8 women experience PD in the U.S. and 11.9% globally.
- 28% of women are diagnosed concurrently with major depression and anxiety.
- The rate of women with PD who receive adequate treatment is as low as 8.6%
- Professional organizations recommend universal PD and anxiety screening.

(TROST, 2021; Falek et al., 2022; Venkatesh et al., 2016.)

LOCAL PROBLEM
- There was no screening for prenatal depression or anxiety at one OB/GYN clinic in East Tennessee.
- There was an identified lack of standardization in the referral process.
- Lack of behavioral health services, resources, and providers for PD in the region.
- Reimbursement and access to mental health care services are barriers to seeking PD treatment.

METHODS
- The Johns Hopkins Evidence-based Practice (JHEBP) Model was the framework to guide the project.
- Implement a process for depression and anxiety screening at the 28-week prenatal visit.
- 4-PDSA cycles
- Measures
  - Rates of adherence to depression and anxiety screening during a 28-week prenatal visit.
  - Rates of the positive screen that receive behavioral health resources or treatment after the provider evaluates the severity of symptoms.

AIM 1: 40% of women will receive depression & anxiety screening during the 28-week visit by April 2024.

AIM 2: 60% with a positive screen will be evaluated by the provider and receive recommended behavioral health resources or treatment based on symptom severity by April 2024.

INTERVENTIONS
- Edinburgh Postnatal Depression Scale (EPDS).
- Screen at the 28-week prenatal visit for depression and anxiety.
- Assess, refer, and/or treat mothers who score ≥10 or answer “yes” to question 10 based on the severity of symptoms.
- Three questions in the EPDS screen for anxiety.
  - Sum ≥5 is a positive score for anxiety

Resources:
- Provider Toolkit and App
- Lifeline4moms
- Patient resources from Postpartum Support International (PSI)

RESULTS

| 43 patients screened + for depression out of 293 screens (14%) |
| 10 indicated self-harm [question #10] (3%) |
| 75 patients screened + for anxiety out of 298 screens (26%) |
| 83 patients screened + for either depression, anxiety, or both out of 293 screens (28%) |
| 32 out of the 83 screens had a + depression and anxiety screen concurrently (39%) |

CONCLUSIONS
- Adherence to screening at the 28-week visit was higher than expected.
- Screening for anxiety using the (3) questions on the EPDS at the 28-week prenatal visit will be continued.
- Redefine the ‘resource’ and ‘treatment’ measures to capture provider documentation.
- Implement depression and anxiety screening at the initial and 28-week prenatal visits.
- Screen for bipolar disorder at the initial prenatal visit