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

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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.

(ACOG,2023; Falek et al., 2022; Venkatesh et al., 2016.)

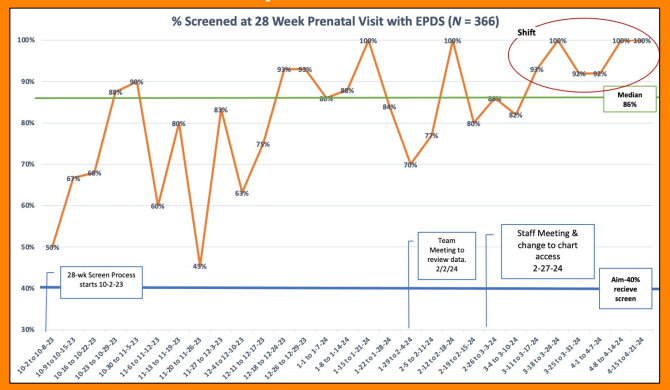
LOCAL PROBLEM

- 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.

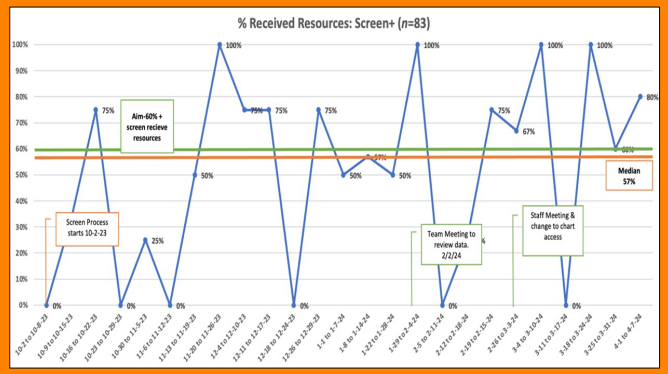
METHODS

- 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.

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



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.

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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

- 41 patients screened + for depression out of 293 screens (14%)
- Of the + depression screens, 10 indicated self-harm (question #10) (3%)
- 75 patients screened + for anxiety out of 289 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