Improving Care for Postpartum Depression

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**Background**

- **Prevalence**
  - 18.4% period prevalence of depression during pregnancy
  - 19.2% prevalence rate of postpartum depression (PPD) within the first 12 weeks postpartum

- **Risk Factors**
  - History of anxiety, depression, and other mental health issues
  - Lack of social support
  - History of abuse
  - Stressful life events (e.g., marital conflict, moving, going back to work)

- **Common Symptoms**
  - Dysphoria
  - Emotional Lability
  - Insomnia/Hypersomnia
  - Lack of interest in baby

- **Effects**
  - If left untreated, postpartum depression may lead to severe clinical depression
  - Depressed mothers parent less consistently and develop a less secure attachment with their infants
  - Children of depressed moms score lower on measures of motor development, intelligence, and emotional regulation

**Screening**

- Use of the Edinburg Postnatal Depression Scale (EPDS)
  - One of many available screening tools
  - EPDS is recommended for PPD due to its non-clinical questions and its ability to pick up on stress and anxiety in addition to depression
  - Screen at beginning and end of postpartum risk period
  - There is an increased risk for developing depression during the first 3 mos. postpartum
  - Screening only at the beginning of this period misses later-developing cases

**Stepped-Care Model**

- Framework for keeping PPD care within a primary care setting
  - Screen all patients
  - Diagnostic on-site evaluation for scores above a certain cutoff
  - Identification of women to treat on-site based on severity and complexity
  - Referral to mental health care if response to treatment is inadequate
  - Reflected preference of moms, as a study recently found that 69.4% of women with perinatal depression preferred to receive treatment at their OB office, either from an OB practitioner or on-site mental health professional
  - Reduces strain on the limited resources of mental health professionals

**Utilize Non-Traditional Formats for Care**

- Non-traditional formats such as online and telephone support allows mothers to seek treatment on their own schedule within their homes and to keep their symptoms confidential if they so desire
  - Combats the top three barriers to treatment: lack of time, stigma, and an inability to find childcare while attending appointments

**Evidence-Based Treatment Options**

- **Better Care**
  - Comprehensive Screening
  - Screen with EPDS at 4 and 12 weeks postpartum
  - On-site treatment
  - Mental health professional located in OB/GYN/obstetric offices to consult and provide support
  - Variety of Treatment Options
  - Outside resources with telephone and online support
  - Support Group

- **Better Health**
  - For mothers
    - Reduced depressive symptomology
    - Increased skills for self-care
    - For children
    - Better cognitive development
    - More secure mother-child relationship

- **Better Cost**
  - Higher patient satisfaction
  - Increased patient retention
  - Minimize referrals to outside the network

**State of Care within LVHN**

- **Need for Support**
  - College Heights OB/GYN: 20 – 30 mothers per month needing referrals
  - OB/GYN Associates of the Lehigh Valley: up to 4 PPD patients per month needing referrals
  - ABC Pediatrics: up to 5 positive PPD screens per month, per location
  - 402-CARE: receives calls from a PPD patient about once per month

- **Center for Women’s Medicine: providing support for about 40 mothers per year**

**Current Care Practices**

- ABC Pediatrics locations screen mothers using the EPDS at 1-month well visit
- OB offices attempt to refer patients to psychiatric providers, but there is a shortage of available providers
- 402-CARE sends an informational packet, makes personalized phone calls, and refers patients to the support group
- “Understanding Emotions after Delivery” support group meets twice monthly, but is not well attended

**REFERENCES**

10. © 2014 Lehigh Valley Health Network

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