Improving Postpartum Depression Screening Practices in the Postpartum Setting

Date: July 12th, 2023
Time: 14:00 to 14:45
Place: Seton Lower-Level Classroom

Abstract
Problem: Postpartum Depression (PPD) is frequently undetected in women due to barriers that limit effective recognition and diagnosis. Depression screenings and treatment referrals improve outcomes in the immediate postpartum period. Follow-up methods for positive depression screens are often missed by postpartum care teams.

Methods: A descriptive, observational design was used for this quality improvement project. A formalized depression screening protocol was created to help guide nursing staff on a Postpartum Unit when detecting a positive depression screen. Convenience sampling was utilized and the sample included patients aged 18-45. Data collected throughout this quality improvement project included Edinburgh Postnatal Depression Scale (EPDS) scores greater than 10 and the number of completed and/or missed social work consults and OBGYN notifications.

Results: A total of 66 positive depression screens were identified during data collection. Prior to the implementation of the QI project, social work consults were completed at a rate of 96.9% (n = 31), and 3.1% (n = 1) were missed. The rate of completed OBGYN notifications was 62.5% (n = 5), and 37.5% (n = 3) were missed. After implementing the QI project, the rate of completed social work consults increased to 100% (n = 34), and 0% (n = 0) were missed. The rate of completed OBGYN notifications increased to 81.8% (n = 9), and 18.2% (n = 2) were missed. Completed follow-up methods for positive depression screens were improved by utilizing a depression screening protocol.

Implications for Practice: Implementing a formalized depression screening protocol is an effective intervention to help improve routine screening and completion of follow-up methods for positive depression screens leading to favorable outcomes for mothers.

Defense of Dissertation Committee
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