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You’re Not Forgotten: Effects of Screening for Postpartum Depression within Pediatric Setting

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Significance & Background

- Postpartum depression is depression that occurs in women after childbirth, it affects as many as 1 in 7 women and is the most common within the postpartum period (USPSTF, 2019).
- There are missed opportunities to screen for depression among postpartum mothers in the United States.
- A variety of healthcare providers can participate in the postpartum depression screening process including pediatricians and pediatric nurse practitioners during well-child visits.

PICOT Question

In postpartum women (P), how does the implementation of a screening and referral protocol (I) for postpartum depression in a pediatric setting effect mental well-being (EPDS scores) (O), as, compared to the current practice (C) over a twelve-week period (T)?

Review of the Literature

- Key Terms:** “postpartum depression” OR “postnatal depression” AND pediatric* OR “pediatrician office” OR “well child visit”
- Inclusion Criteria:** (a) published within the last 5 years; (b) written in English; (c) peer-reviewed.
- Exclusion Criteria:** (a) conducted outside of the U.S.; (b) published in non-English language; (c) interventions not implemented in a pediatric setting; (d) article provided background information regarding postpartum depression, knowledge, or attitudes toward and definitions, and (e) prenatal depression screening.

Database	Results	Duplicate Articles	Abstracts Reviewed	Articles Appraised
CINAHL	47	0	15	9
JBI	38	0	1	1
Cochrane	34	5	1	0
MEDLINE	103	15	1	1
Proquest	2	0	2	1
PsycINFO	155	12	2	1
Citation Chasing	5	0	1	1
Total:				14

Synthesis of Evidence

Levels of Evidence	Number of Articles	Design of Evidence	Quality Grade
Level I	1	Prospective Cohort Study	A
Level II	3	Quasi-experimental; Pilot Study; Systematic Review	B, B, A
Level III	1	Appraisal	A
Level IV	2	Recommendation; Position Statement	A, B
Level V	7	Evidence Summary; Literature Review (3); Quality Improvement(3);	A/B, B, A/B, A, A, B, B

The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Research Evidence Appraisal Tool (Dearholt & Dang, 2017)

- Screening:** Utilization of established screening tools to measure risk for postpartum depression.
- Referral:** Referral process for mothers who screen positive for risk for postpartum depression.
- Education:** Providing education materials to individuals regarding postpartum depression including symptoms, treatment and management.
- Communication:** Communication between pediatric provider and patient regarding postpartum depression
- Community Resources:** Community resources for referral process and follow-up.
- Follow -up:** Follow-up process with primary care providers or obstetrician –gynecologist based upon results of screening.

Decisions to Change Practice

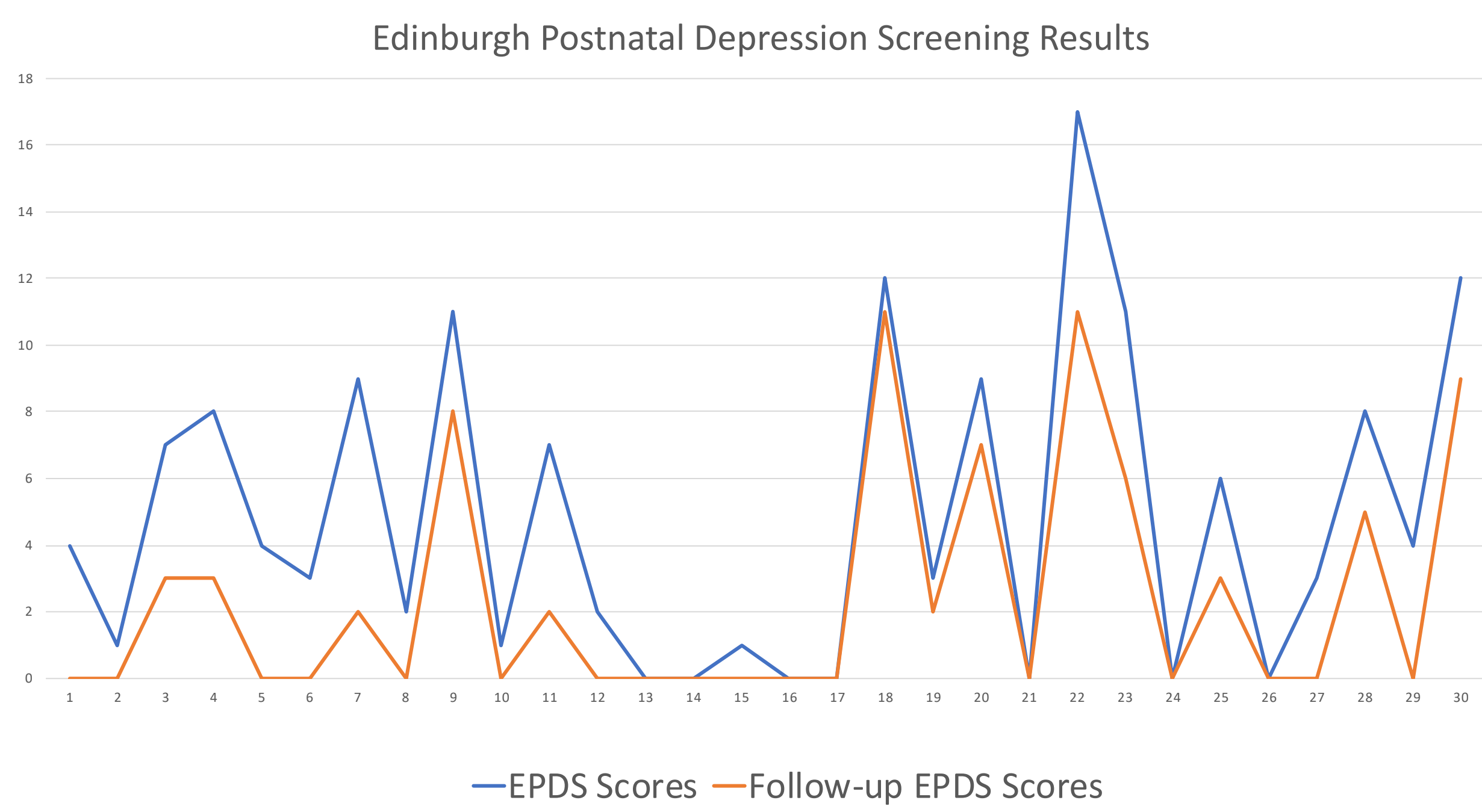
Based on the synthesis evidence and practice recommendations a screening protocol was established that included:

- Staff education/training on the EPDS screening tool.
- Visual cues and handouts located at clinic workstation.
- Referral process for high-risk screenings that include community resources.
- Increasing utilization of the EMR and documentation of mother EPDS scores in the infant’s chart, for future evaluation.

Implementation

- Setting:** Pediatric clinic in Fort Wayne, IN
- Sample:** Postpartum mothers visiting the clinic at either 1,2, 4- or 6-month well-child visits
- Tool:** Edinburgh Postnatal Depression Scale (EPDS)
- EBP Model:** Academic Center for Evidence-Based Practice (ACE) Star Model
- Duration:** 12 weeks

Evaluation



- Primary Outcomes: EPDS Scores.** Paired Sample *t*-test.
 - Statistically significant ($t(29)=6.625, p < .001$) indicating EPDS scores decreased after participants received PPD resources and appropriate referrals to OB/GYN or PCP.
- Secondary Outcome: Demographics.** One-way ANOVA.
 - No statistically significant for race ($F(2,27) = 0.397, p > 0.05$), income ($F(3,27) = 1.403, p > 0.05$), education ($F(2,27) = 1.787, >0.05$) and baby’s age ($F(3,26) = 1.798, p > 0.05$).
 - Statistically significance for medial history ($F(4,25) = 3.121, p < 0.05$) indicating those with mental illness medical history have a higher chance of screening positive for PPD.
- Secondary Outcome: Participant Follow-up.** Paired Sample *t*-test.
 - Statistically significant for pre-intervention and EPDS scores ($t(29) = 2.259, p < 0.05$).
 - No statistically significance for post-intervention EPDS scores: ($t(29) = -0.348, p > 0.05$) indicating that those needing to follow-up with their OB/GYN or PCP did so successfully.

Conclusions & Recommendations

Conclusions: Implementation of an evidence-based multi-faceted intervention that includes screening for PPD during well-child visits as well as a referral process within a pediatric setting is an effective method to increase awareness of PPD and decrease missed screening opportunities for mothers.

Recommendations: Future EBP project should focus on provider adherence to screening protocols and screening fathers within pediatric settings as well. Additional research regarding effects of screening fathers and consider correlations between documentation and assessment . Implications for advanced practice nurses would include utilizing a screening protocol within a pediatric setting for postpartum mothers to reduce missed opportunities for screenings for postpartum depression.