

Implementation of a Universal Screening Protocol for Postpartum Depression in the Neonatal Intensive Care Unit: A Quality Improvement Pilot

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BACKGROUND

- Postpartum depression (PPD) is a common, potentially debilitating mood disorder impacting ~ 1 in 7 caregivers in the perinatal period ³
- PPD is one of the most under-identified, underdiagnosed, and untreated obstetric complications in the US, despite being the most common ¹
- Parents of infants admitted to the NICU are at greater risk of developing clinically significant PPD symptoms ²

OBJECTIVE

- To launch a quality improvement project to implement a universal screening protocol in the NICU utilizing the Institute for Healthcare Improvement’s (IHI) Plan-Do-Study-Act (PDSA) framework

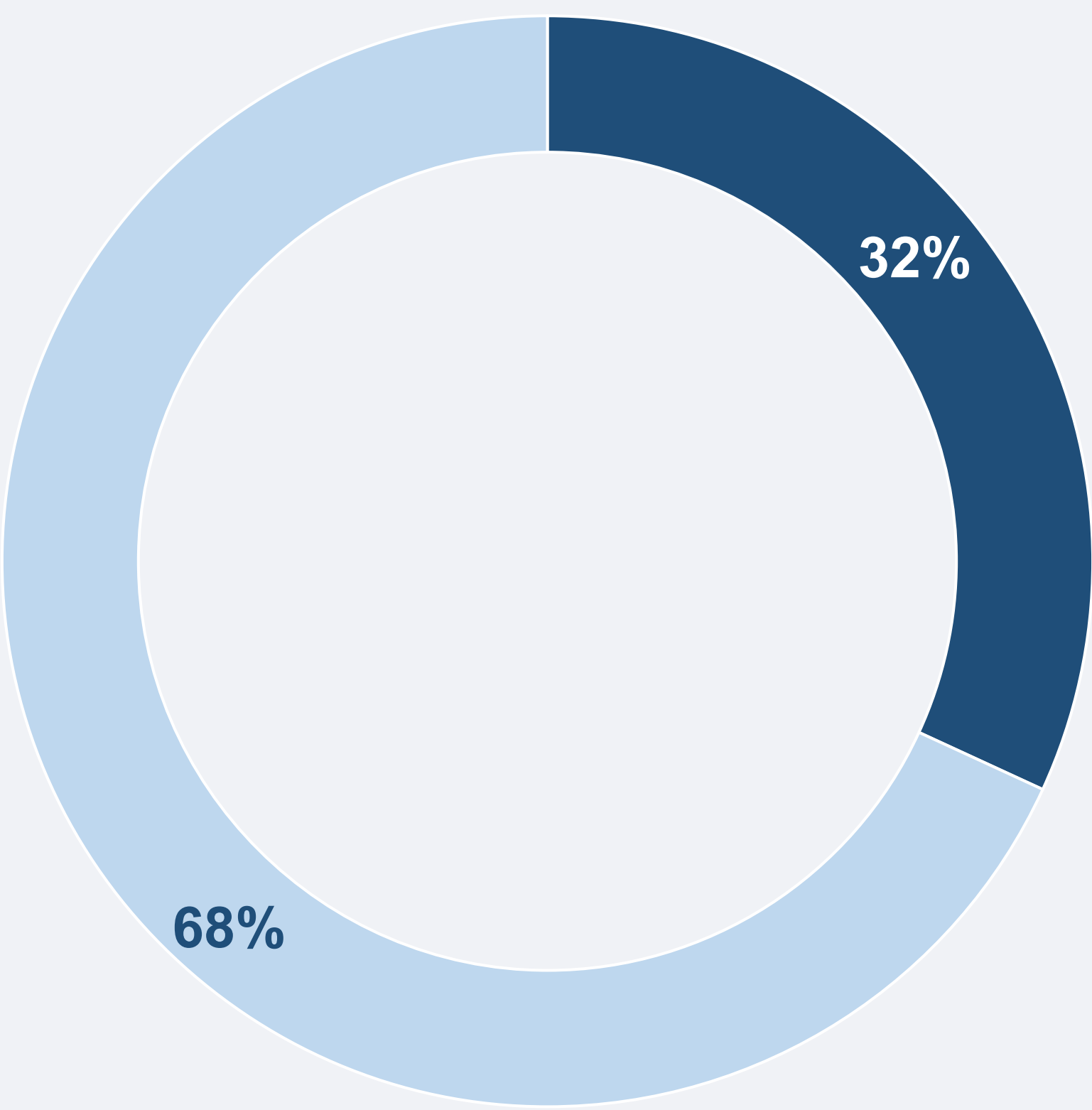
METHOD

- Screener: The Edinburgh Postnatal Depression Scale (EPDS)
 - Scores of 11 or more: referred for additional assessment
- Goal to screen caregivers two weeks postpartum
- Screenings administered by NICU pediatric psychology fellow and psychiatry resident
- All caregivers who completed screening were provided with a psycho-educational resource packet related to perinatal mental health and coping

ACKNOWLEDGEMENTS

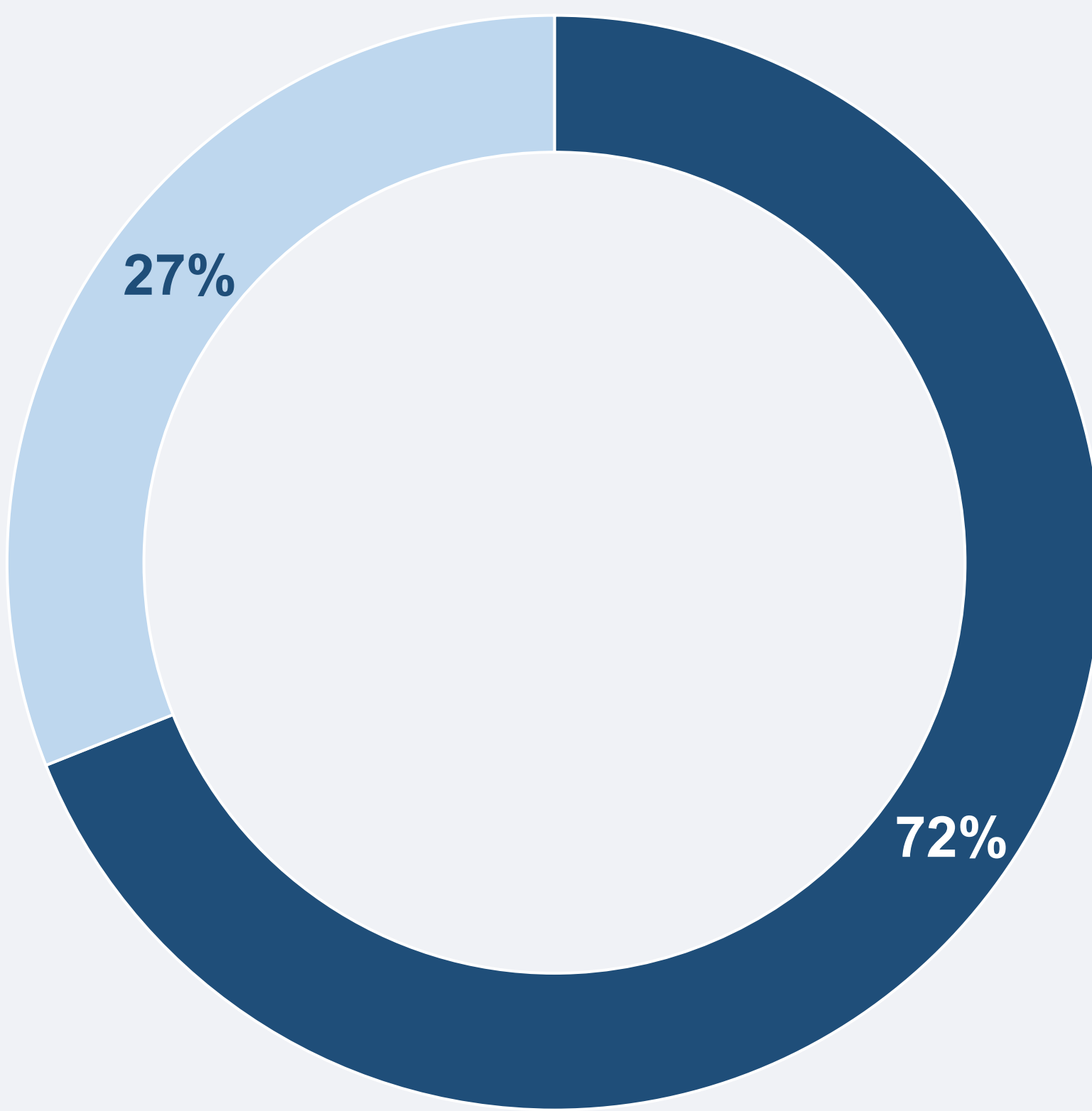
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Rates of Clinically Significant Postpartum Depression Screening Results



■ Clinically Significant Screening Result
■ Not Clinically Significant Screening Result

Rates of Psychotherapy Follow-up Following Positive Screening Result



■ Follow-up with Qualified Mental Healthcare Provider
■ No Follow-up with Qualified Mental Healthcare Provider

Results and Lessons Learned

- 91 caregivers screened between 8/24 - 2/25
- 32 % of sample indicated clinically significant PPD-related distress
- 72% of caregivers who indicated significant distress were able to receive evidence-based mental health care from NICU psychosocial staff during their baby’s NICU stay.
 - The 27% of caregivers who did not receive follow-up either declined or indicated pre-existing ongoing outpatient therapy support
- Barriers identified: no caregivers at bedside, limited provider availability to initiate screening, and families discharging from NICU before screening completed

IMPLICATIONS FOR PRACTICE

- Systematic integration of comprehensive screening protocols in the NICU are imperative for early identification and treatment of potentially severe caregiver mental health concerns
- Additional staff support is needed to increase rates of completed screening
- Following the IHI PDSA framework, next steps include relaunching the QI with an emphasis on interdisciplinary practice and training additional psychosocial team staff in the administration and scoring of the EPDS.
- Future research ought to examine if screening increases referrals / access to services.

SELECTED REFERENCES

1. Bauman, B. L. (2020). Vital signs: postpartum depressive symptoms and provider discussions about perinatal depression—United States, 2018. *MMWR. Morbidity and mortality weekly report*, 69.

2. Cherry, A. S., Blucker, R. T., Thornberry, T. S., Hetherington, C., McCaffree, M. A., & Gillasp, S. R. (2016). Postpartum depression screening in the Neonatal Intensive Care Unit: program development, implementation, and lessons learned. *Journal of multidisciplinary healthcare*, 59-67.

3. National Institute of Mental Health. (2020). Perinatal depression. <https://www.nimh.nih.gov/health/publications/perinatal-depression/index.shtml#pub1>