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Staff Education to Promote Postpartum Depression Screening

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Walden University

College of Nursing

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Melony Stokes

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Walden University
2021

Abstract

Staff Education to Promote Postpartum Depression Screening

by

Melony L. Stokes

MS, Kaplan University, 2015

BS, University of Arkansas at Monticello, 2006

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2021

Abstract

Postpartum depression (PPD) is the most frequent cause of maternal morbidity in the United States. PPD is far more prevalent than reported. The literature suggests that more than half of women experiencing PPD are untreated and unrecognized. PPD affects the health of mothers and their newborns and is associated with long-term psychological and socioeconomic implications. Varying factors may influence PPD, and it is often difficult for patients to recognize the symptoms making it critically important for health care staff to screen for PPD. The aim of this project was to determine whether an education program for nurses in an obstetrical clinic would improve the nurse's knowledge and increase subsequent screening frequency of PPD. The clinical practice questionnaire consisted of five questions adapted from the Agency for Healthcare Research and Quality. Nursing staff education included the pretest and pertinent information about PPD as well as education about the Edinburgh Postnatal Depression Scale. Once the educational program was completed, a posttest followed. Descriptive statistics guided the analysis of the data obtained from the pre and post intervention data and aided in describing results from screening. Findings from 5-item pre and posttest (N = 25) suggest improved nursing knowledge following the staff education. On 4 items, overall percentages increased from pretest to post test. No change was noted on the fifth item from pre to posttest; 0% reported being aware of a referral process for PPD. In chart audit data (N = 50), the rate of screening increased from 86% to 94%. Education on PPD has potential to influence the PPD screening to provide early recognition, diagnosis, and management to avoid maternal and child harm promoting positive social change.

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Dedication

I dedicate this project to my brother, Roy D. Vaughn and my husband Darryl Stokes who has served as a constant inspiration within my career and throughout my Doctorate journey. Without their endless love and encouragement, I would never have been able to complete my graduate studies. I love you both and I appreciate everything that you have done for me. This project also serves as a dedication to my children, Tyrek Darrell Stokes, Darryl Aiden Stokes and Trey Darrell Stokes, for giving me a purpose and the will to continue when I wanted to quit. I love you forever.

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I would like to thank Donna Elrod for serving as my practicum preceptor and for all the invaluable learning experiences shared. I am grateful to the leadership team at the practicum site for allowing me to complete my practicum hours and ensuring that I met practicum objectives.

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Section 1: Staff Education to Promote Postpartum Depression Screening

Introduction

Postpartum depression (PPD) is the most frequent cause of maternal morbidity in the United States (Sampson et al. 2016). PPD is one of the most important health problems arising after a woman gives birth due to its high prevalence and serious negative mother-baby outcomes. PPD affects the health of mothers and their newborns and is associated with long-term psychological and socioeconomic implications (Kwok et al. 2015). Yu et al. (2019) suggested that if left untreated, PPD can have devastating effects on women, their infants, and families associated with lower levels of bonding and reduced breastfeeding initiation and duration (p. 216). Consequently, women experiencing PPD may cause harm to their baby, themselves, or others. Varying factors may influence PPD, such as lack of support, interpersonal events, withdrawal of hormones after delivery, psychosocial stressors, psychological stressors, personality, environment, and ineffective adaptation. Signs and symptoms of PPD may include (a) crying more often than usual or for no apparent reason; (b) worrying or feeling overly anxious; (c) feeling moody, irritable, or restless; (d) oversleeping, or being unable to sleep even when her baby is asleep; (e) having trouble concentrating, remembering details, and making decisions; (f) feeling sad, hopeless, empty, or overwhelmed; and (g) experiencing anger or rage (CDC.gov). Treatment for PPD may be challenging depending upon its origin. Failure to diagnose and treat PPD can lead to extensive and irreversible damage.

Problem Statement

Worldwide, one in seven women develops PPD (Yu et al., 2019). Despite these staggering statistics, a high-risk obstetrical (OB) clinic failed to have a standard way of diagnosing and screening delivered mothers for the condition. Within my practicum organization, there is widespread variability in how providers screen patients for PPD.

Purpose Statement

The purpose of this DNP project is to educate nurse providers in an OB clinic on the need for routine screening and early recognition and treatment of PPD. A standardized approach to education and screening for nurses will improve routine screening regardless of their risk factors.

Nature of Doctoral Project

This project followed the Doctorate of Nursing Practice (DNP) staff education manual. The setting for this project was the outpatient clinic at a large university health center. Nurse providers at the clinic who serves OB patients were the participants in my project. After review of the literature to obtain the best practices for PPD screening and treatment, I developed an education program that covers the evidence-based practices for screening and follow-up of PPD. Routine screening for PPD is inconsistent among providers and may lead to undiagnosed and untreated PPD (Clevesey et al. 2018). I began this project with a clinical practice questionnaire for nursing staff to assess their knowledge about PPD and assess what programs may already be in place by the organization (See Appendix A). The questionnaire consisted of five questions adapted from the Agency for Healthcare Research and Quality (2015):

1. Do you routinely screen for postpartum depression on all of your patients?
2. As a women's health care provider, are you aware of the Affordable Care Act (ACA) preventive services available for PPD during the prenatal period? Are you aware of your role in the provision of the ACA preventive perinatal PPD services during the prenatal period?
3. As a women's health care provider, are you aware of your role in the provision of the ACA preventive perinatal PPD services during the prenatal period?
4. Does the organization have established mental health care providers to accommodate referrals?
5. Do you follow up with the patient to confirm that she has seen the mental health care provider?

The questionnaire was followed with education for nursing staff utilizing a PowerPoint presentation. Education included specifics about the seriousness of PPD education about an effective screening tool. Edinburgh Postnatal Depression Scale (EPDS) aided in the screening process for patients (Appendix B). Once I completed the education, a posttest determined information retention. Once the pretest, education and posttest were completed, I begin implementation of routine screening for patients. Lastly, project evaluation included chart audits to determine if routine screening occurred.

Significance

This project is significant to the literature because early detection, support, and treatment can promote fast recovery of the mother and may reduce the effects of PPD on

the child's development (Van der Zee-van den Berg, 2017, p. 2). Health care providers must fully understand the risks associated with PPD as well as the impact of not addressing the issue in its early state. The role of the health care provider is crucial in helping the patients to understand the disorder and ensuring that health care providers are screening appropriately to identify those affected by the disorder. Bringing awareness to PPD may also help decrease the stigma associated with mental health disorders. Nurses can be instrumental in ensuring that patients know that the disorder can occur within any subset of individual regardless of their history of mental health problems. This project may add an easy streamlined approach to screening and referrals for the patients involved.

Summary

In summary, my project was to develop an education program for nursing staff that will help to establish buy-in from these key stakeholders. Nurses will serve as the first line of communication about PPD and signs and symptoms associated with the disorder. An in-depth understanding of the disorder should ensure that nursing staff are well prepared to discuss PPD with their patients and answer any associated questions. Recognizing the seriousness of the disorder may help nursing staff to understand and participate in the call to action for PPD. A standardized approach to education and screening will ensure that patients are screened routinely and know how to consult necessary services for patient follow-up.

Section 2: Background and Context

Introduction

The project aims to increase the education of nurses and increase the frequency of PPD screening. An educational program for nurses may help them utilize the appropriate assessment tools to identify those at risk for PPD. Understanding the condition can create a sense of urgency for the nursing team to address the problem of lack of routine screening. Further, the nursing staff can help assist patients with understanding the condition if they are educated. Educated nursing staff can also function as a patient advocate and ensure appropriate PPD screening occurs consistently.

Concepts, Models, and Theories

The questionnaire utilized for pretest and posttest was adapted from the Agency for Healthcare Research and Quality. The pretest will assess the nurse's self-reported knowledge of the preventative care services supported by the Affordable Care Act. Following the pretest, a power point presentation developed using the Analysis, Design, Development, Implementation and Evaluation (ADDIE) model assisted with the nursing education. Education about the prevalence of PPD, signs and symptoms of PPD, risk factors for PPD and the EPDS tool were included in the educational power point. EPDS is validated in the literature and was used in this project due to its ease of use (ACOG, 2018). The American College of Obstetricians and Gynecologists (ACOG, 2018) highlighted that this tool has been translated into 50 different languages, consists of 10 self-reported questions that are health literacy appropriate and takes less than 5 minutes to complete. Further, the screening tool includes anxiety, yet excludes constitutional

symptoms of depression such as changes in sleeping patterns (ACOG, 2018, p. e210). Providers made recommendations for follow up based on the EDPS scores.

Lewin's theory of change was used to aid in implementing my DNP project. Shirey (2013) believes that change management relates to the process, tools, and techniques to manage the people side of change to achieve a required business outcome (p. 69). Lewin's theory consists of three different stages: unfreezing, moving, and refreezing. The first stage involves preparing for the change. During this stage, identifying the need for change and mobilizing others to see the need for change is included (Shirey, 2013). The second stage of moving or transitioning includes the new process or change. Shirey highlighted that the transition stage involves coaching to overcome fears and clear communication (p. 70). Within this stage, a detailed plan of action is set forth and staff begin to move toward the new process. Barriers to the change are identified during this phase. Lastly, the refreezing stage works to solidify the change into practice.

Relevance to Nursing Practice

Despite the vast number of women that suffer from PPD, in the United States, there are no federal policies that require screenings for PPD (Lile-Brown & Joslyn, 2019). Only 15 states have adopted legislation for mandated screening and education requirements, developing awareness campaigns, or convening task forces, according to Lile-Brown and Joslyn (2019). As a result, there is a great urgency to ensure that all mothers are screened appropriately to help with early detection of the condition. PPD is a

problem well documented in the literature that demands screening and follow-up to ensure the health and well-being of mothers and their infants.

Local Background and Context

Major depression is one of the most common mental health disorders in the United States (Maurer et al., 2018). Depression risk factors are multifactorial and could fall into three different categories: internal factors, external factors, and adverse life events. The literature widely suggests that a prior history of depression predisposes mothers to PPD. Maurer et al. (2018) suggests, screening for depression is the cornerstone of early recognition, diagnosis and management (p. 508). Arkansas, the state where this project was conducted, in comparison to the entire United States, has a higher percentage of mother's experiencing depression symptoms in relation to their percentage of women with a recent live birth. Within this state, 21% of mothers experience PPD compared to 12.5% in the United States (America's Health Rankings United Health Foundation (2021). Currently, there is not consistent screening of mothers after delivery to detect PPD. The American Academy of Family Physicians and American College of Obstetricians and Gynecologists recommend screening on all postpartum women for depression (Maurer et al. 2018).

Role of the DNP student

The role of the DNP student is paramount in moving the nursing profession forward. Lucci (2020) believes that, "the DNP-prepared nurse is anticipated to be a leader and change agent with the skills and expertise needed to fulfill the crucial need and close the gap for translation of research findings into nursing practice" (p. 27).

DNP nurses assists with educating clinical nurses, creation of health policy and advocacy. DNP education allow them to perform in roles of executive leadership, think innovatively and to improve health informatics and public health. The DNP degree assists with preparing graduates with the necessary skills and knowledge to teach clinical skills, understand theory and evaluate how it relates to nursing practice. Once the DNP student has completed the rigorous curriculum, they are equipped to provide the necessary leadership needed to influence nursing education, patient care, and to lead research efforts within organizations. Applying research to existing knowledge and practice remains at the foundation of the DNP prepared nurse. It is especially important that the DNP nursing student seek out opportunities to ensure they are meeting the expectations of the clinical program and gain the necessary understanding to advance the nursing profession once their program is completed.

Role of the Project Team

The project team is especially important when promoting organizational change. The team serves as the champions for the change and can assist with gaining buy-in from individuals within the organization. Members of the project team must work collaboratively to establish a sense of urgency about the desired change. For example, this evidenced based project, the team consisted of a nursing expert who could relate to the practice of OB nursing, an organizational leader who was passionate about the change and had the desire to assist with organizational change, a representative from the Informational Technology (IT) department if changes are needed within the electronic medical record (EMR) and lastly, front line nurses who served as experts in OB care.

Effective communication and collaboration among team members is essential in the effectiveness of my proposed change.

Section 3: Collection and Analysis of Evidence

Introduction

Pregnancy is a time that consists of many emotional and hormonal changes. PPD can present anytime throughout the infant's first year of life, but in most cases develop within the first 3 months (Lind et al., 2017). Women often receive prenatal care or follow up after the delivery of their infant; these visits can serve as a prime opportunity for health care personnel to screen these individuals. Routine screening efforts are not universal across health care organizations. Although the United States Preventative Task Force recently updated their recommendations for screening to include screening in the pre and postpartum periods, routine screenings for PPD are not occurring in many organizations (Green et al., 2018). Routine screenings may allow health care providers to identify, diagnose and provide follow-up services to individuals affected by PPD.

Practice-Focused Question

In the intrapartum period and postpartum period, does an education program for nurses in an OB clinic improve nurses' knowledge and subsequent screening frequency for PPD?

Sources of Evidence

The literature revealed that PPD is a highly underdiagnosed condition that may lead to maternal and child harm. All women are at risk; however, the literature highlights that some populations are more at risk. According to Yu et al. (2019), "children whose mothers experienced PPD are at greater risk for cognitive, emotional, developmental and verbal deficits and impaired social skills than children whose mothers did not experience

PPD" (p. 216). PPD prevalence may be influenced by a combination of risk factors that affects how the women are able to manage the stressors associated with pregnancy (Mundorf et al., 2018). Earlier studies examined the attachment of infants between nondepressed mothers and depressed mothers and determined that infants of depressed mothers become accustomed to their mother's emotional unavailability in comparison to nondepressed mothers (Webber & Benedict, 2019). Webber and Benedict (2019) examined work previously done by Pearson that investigated the link between maternal depression and mental health status of their children. Pearson's work, which involved more than 4500 mothers and their offspring, showed a statistical link between maternal depression and the mental health status of their children. Research showed that maternal antenatal depression is independently associated with adolescent depression at age 18 years (Webber & Benedict, 2019, p. 285). Weissman et al. (2006) performed a comparison to examine the effects of children of depressed mothers versus those who had no history or mental disorders. In a 20-year follow-up, this work concluded children of depressed mothers were three times as likely to have major depression and substance abuse when compared to children of nondepressed mothers (Webber & Benedict, 2019). A consistent theme within the literature is that mothers should be routinely screened for PPD to prevent untoward effects on mothers and their offspring. This DNP project was an opportunity to add to the existing base of knowledge that supports early screening, detection, and referral for mothers suffering from the condition. My goal was to foster universal screening for postpartum mothers promoted through staff education of PPD.

Within the literature, there are various articles that strengthen the merit of the selected practice problem. Sampson et al. (2016) conducted a study to "assess whether a problem solving therapy intervention adapted for low-income women at risk for PPD appears to be a feasible way to engage and retain this target population in the treatment and research protocol and shows promise regarding reducing depressive symptoms" (Sampson et al., 2016, p. 237). Problem-solving therapy is a cognitive behavioral intervention that helps increase adaptive social problem-solving skills (Sampson et al., 2016). The EPDS was used to assess the risk of depression and to determine which participants were appropriate for the study. Results of this study concluded that, participants benefited greatly from the use of problem-solving therapy and showed a decrease in depression scores from pretest to posttest indicating the study's effectiveness.

Pope et al. (2016) examined whether women who did not breastfeed were at increased risk for PPD. The results of this study failed to support an association between breastfeeding and PPD. However, Pope et al. did conclude that women who breastfeed exclusively in duration exhibited a reduced risk for PPD. Conclusions drawn from this research were that breastfeeding status alone may not be a significant risk factor for PPD. Further research on this topic is needed to form further conclusions.

Venter et al. (2016) explored the relationship between childhood trauma and PPD. Venter et al., "adopted a prospective research design to examine the effect of childhood trauma on depression 12 and 24 weeks postpartum while controlling for a history of depression, depression symptoms during pregnancy and type D personality" (p. 338). The EPDS was used to assess PPD. This particular study determined that childhood trauma

and a history of depression, positively correlated with PPD. It is further explained that a history of depression can predict PPD. The authors of this work suggested that their findings encourage a need to pay close attention for depression in the past and during pregnancy.

Miniati et al. (2014) conducted a systematic review of the literature to review the evidence on the efficacy of interpersonal psychotherapy for PPD. This systematic review of the literature suggested that evidence from clinical trials indicates that, when administered in combination with antidepressants, interpersonal psychotherapy may shorten the time to recovery from PPD and prolong the time spent in clinical remission (Miniati et al., 2014, p. 257).

Analysis and Synthesis

The organization performs approximately 300 deliveries in a month. I reviewed a sample size of 50 to analyze change in screening rates. Aggregate data from 50 chart audits was obtained for the period prior to the intervention and aggregate data from 50 chart audits was obtained after the intervention to determine the organizations rate of PPD screening prior to and after project implementation. A baseline for PPD screening was determined based on a review of the data from the EMR. A chart tool from the Agency for Healthcare Research and Quality office testing toolkit was adapted to gather data and to document pre- and postproject PPD screening data (See Appendix C). Patient information remained protected during data collection period using an anonymous assigned identification number and documentation of a “no” or “yes” response to using the EPDS screening tool. Chi-square and descriptive statistics were to analyze collected

data from the pre and posttest intervention data. Descriptive statistics may be used in describing the providers, the percentages of no and yes responses and the before and after questionnaire, and lastly, the percentages of chart audits that contained documentation of screening before and after the intervention.

Summary

To summarize, the intent of my DNP project was to determine whether educating a group of OB nurses would make a statistical difference in the PPD screening rates for pregnant and postpartum mothers. The effects that can occur when PPD is unaddressed have the ability to affect their offspring well into their adult years. In an effort to ensure the safety of mothers and their newborn, screening is essential. Utilization of a standard screening tool will ensure consistency among screening. The EHR is beneficial because this will allow easy follow-up of the program through running reports associated with the use of the standardized tool. The overall goal is a healthier population in Arkansas now and in the future.

Section 4: Findings, Discussion and Implications

The purpose of was to address the lack of knowledge of clinic nurses about PPD by implementing and testing the effectiveness of an educational program. Educating nurses about PPD was essential to the effectiveness of my project to improve the nurses comfort level about PPD and also assist them in recognizing patients that may be suffering from PPD. The goal of the project was to provide education about a screening tool that would aid nurses in recognizing patients that could be suffering from PPD so that they are able to intervene if necessary. In this section, I present the findings of the project, showing an improvement in survey scores and in postpartum screening rates after the implementation of the educational program.

Evaluation and Findings

ACA PPD Screening Clinical Practice Questionnaire Results

Twenty-five nurses were administered the pretest and immediately educated about PPD via Microsoft PowerPoint presentation (See Appendix D). Immediately following the education, the same 25 nurses were administered the posttest. The same five questions were asked on both tests. On the pretest, 11 out of 25 (44%) providers responded that they screened women for PPD; 5 out of 25 (20%) were aware of the preventative services available for PPD during the perinatal period; 13 out 25 (52%) were aware of their role in the provision of the ACA preventative perinatal PPD services during the perinatal period; 21 out of 25 (84%) stated that the organization has an established way to accommodate referrals; Lastly, 0 out of 25 providers reported that

they follow up with patients to confirm that they have seen a mental health care provider.

On the posttest, 12 out of 25 (48%) providers responded that they do routinely screen women for PPD; 25 out of 25 (100%) providers were aware of the preventative services available for PPD during the perinatal period; 25 out of 25 (100%) nurses were aware of their role in the preventative perinatal PPD services during the perinatal period; 25 out of 25 (100%) stated that the organization does have an established way to accommodate referrals; and lastly, 0 out of 25 (0%) of providers reported that they routinely follow up with patients to confirm that they have seen a mental health care provider (see Appendix E).

Postpartum Screening Rates

Based on a chart audit of 50 charts an improvement was noted in the rate of screening. The pre-intervention chart audits (n = 50) showed that 43 charts (86%) contained documented screening for depression. The postintervention chart audits (n = 50) showed that 47 charts (94%) contained documented screening for depression

Implications

This project revealed that nurse's knowledge of the preventative care services supported by the Affordable Care Act to implement PPD services was improved through the education program and nurse documentation screening rates were also improved. Documentation of screening improved from 86% to 94%. This project was particularly important for the unit because of the seriousness of PPD. The team at this clinic was presented with key information to illicit their buy-in through education. Education was

shown to be effective based on the increase in documentation surrounding PPD. Screening properly, along with provider assessment, could have a significant clinical effect on the recognition, detection, and treatment of PPD.

Strengths and Limitations of the Project

Various opportunities for improvement of this project exist, and there are also several strengths. Strengths and limitations of the PPD project are described below.

Project Strengths

The most important strength of this project is that I achieved full buy-in from the clinic and their leadership. All participants in the pretest also completed the posttest. No participants dropped out prior to the education or the posttest being administered. Another strength of this project was that I had access to aggregated data from the EHR. Lastly, the educational program will be easy to implement for newly hired nurses during orientation.

Project Limitations

There are several limitations of my project. First, the project was done during a pandemic. The pandemic and the expectation of patients to limit interaction with members of their family could have a drastic effect on their feelings of not only depression but also PPD. Many jobs have been affected by the pandemic, which can cause a strain on patients' finances and overall mental well-being. If I were to investigate further and determine the percentages of patients exhibiting PPD, based on screening, this information would not be generalizable to other populations in the future once the pandemic dissipates. Secondly, I only examined the effectiveness of the educational

program and its effect on the rate of PPD screening rates. It would have been most helpful to drill down and determine whether the education truly aided in the early detection and treatment of PPD. Third, the project was done in a small setting. On a larger scale, there would be opportunities to make a difference in more patients that could be suffering with symptoms of PPD. Fourth, the first question asked specifically if routine screening was done for PPD on all patients. Some providers answered "YES" to this question because they do ask the patient if they are feeling down or depressed. This question could have been written differently to more accurately reflect whether the patients are being assessed for PPD using the screening tool, more specifically. Finally, the study did not include any mental health experts. The last question asked specifically about follow-up of the patient to confirm that patient has seen a mental care provider. Nurses do not usually perform this follow-up. However, I am told that the physician does. Results of this particular study based on this survey item does not reflect the follow-up for the patients that may have been performed by a physician.

Section 5: Scholarly Product

Project Dissemination

In this clinic, education on PPD should become a part of the orientation process for new hires. Upon hire, new employees are expected to complete various modules during orientation. My educational PowerPoint presentation can be easily converted into a module with a pretest and posttest to ensure staff are educated about PPD. Secondly, I would like for the EPDS to be built into the EHR for ease of use for patient screening. This screening should be added to the existing depression screening section and be required documentation. EPDS scores greater than ten should automatically generate a consult order for a mental health evaluation. Lastly, patients should receive appropriate follow-up and treatment based on symptoms.

Analysis of Self

Since I begin my career in nursing over 14 years ago, my passion has always been women's health. I am extremely passionate about ensuring these women are cared for properly in every aspect of their care, including mental health. In my opinion, there is such a lack of knowledge about most mental illnesses and there can never be enough information provided to the patient as well as health care providers. With my second child, I experienced a profound postpartum hemorrhage that resulted in 22 blood products being given, an extensive surgery as well as being placed on a ventilator in the intensive care unit. This incident resulted in a lack of initial bonding with my newborn. Once discharged from the hospital, I felt like I had nowhere to turn to address my PPD. I reached out to my obstetrician and he referred me to a mental health professional.

However, the next available appointment was 3 months out. As a result, I was forced to handle my mental health issues privately, and my family and friends could not understand why I was so depressed. One of them actually stated that I should be happy that I was alive instead of walking around in a state of depression. PPD is extremely important, and if my project can just prevent one individual from harming themselves or their infant or just avoid feelings of loneliness and isolation, I would consider my project a success. This experience has truly made me more of a patient advocate for mental health specifically in the pregnant population.

Summary

This project demonstrated that an educational program for nurses can be effective in improving their knowledge of PPD. The literature suggests that PPD screening can greatly improve the recognition of PPD and lead to appropriate intervention and follow-up. Not all facilities specifically address PPD and utilize a standardized screening tool. More efforts are necessary to increase PPD screening and treatment. Implementing the EPDS screening tool can be extremely effective for early recognition. It is my goal to promote optimal health outcomes by implementing the appropriate screening tools for this patient population.

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Appendix A: ACA Preventative PPD Screening Clinical Practice Questionnaire

ACA PPD SCREENIG CLINICAL PRACTICE QUESTIONNAIRE

	Yes	No
Do you routinely screen for postpartum depression on all of your patients?		
As a women's health care provider, are you aware of the Affordable Care Act (ACA) preventive services available for PPD during the prenatal period?		
As a women's health care provider, are you aware of your role in the provision of the ACA preventive perinatal PPD services during the prenatal period?		
Does the organization have established mental health care providers to accommodate referrals?		
Do you follow up with the patient to confirm that she has seen the mental health care provider?		

Appendix B: Edinburgh Perinatal/Postnatal Depression Agency Scale

Edinburgh Perinatal/Postnatal Depression Agency Scale

http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/EPDS/EPDSScoringGuide_March2015.pdf

Appendix C: Agency Healthcare Research and Quality Chart Audit Tool

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY CHART AUDIT TOOL

Instructions: Enter all available information about the specific intervention from each medical record.
Pre-Project PPD Screening Date of Audit _____
Patient ID initials Type of Screening Intervention: PPD screening

Yes No

1. Was PPD screening performed?
2. Positive PPD screening

Post-Project EPDS Screening Date of Audit _____
Yes No
1. Was EPDS screening performed?
2. Was the EPDS score documented?
3. EPDS Score:

Note. Adapted from the Agency for Healthcare Research and Quality (2013). EPDS ¼ Edinburgh Postnatal Depression.

Appendix D: ACA Postpartum Depression Screening Provider Results (N = 25)

Questionnaire	Pretest, %	Posttest, %
1. Do you routinely screen for postpartum depression on all of your patients?	44%	48%
2. As a women's health care provider, are you aware of the Affordable Care Act (ACA) preventive services available for PPD during the prenatal period?	20%	100%
3. As a women's health care provider, are you aware of your role in the provision of the ACA preventive perinatal PPD services during the prenatal period?	52%	100%
4. Does the organization have established mental health care providers to accommodate referrals?	84%	100%
5. Do you follow up with the patient to confirm that she has seen the mental health care provider?	0%	0%