

## **Abstract**

Mood disorders during the perinatal period (the time during pregnancy or in the first year following delivery) are thought to be as high as 10% during pregnancy and as high as 13% during the postpartum period (World Health Organization, n.d.). Perinatal depression is said to affect one in seven women, which is one of the most common pregnancy related health problems (The American Colleges of Obstetricians and Gynecologists, 2015). Unfortunately, perinatal depression (PD) may be often undiagnosed because of the vague symptoms of depression such as lack of appetite, loss of concentration, and irregular sleep pattern (Milgrom & Gemmill, 2014). Depression during the pregnancy that is undiagnosed will often lead to postpartum depression (Milgrom & Gemmill, 2014). Perinatal depression can lead to poor health outcomes for the mother and her infant as well interfere with the mother-infant bonding process (Muzik & Borovska, 2010).

Although awareness of PD among healthcare providers is rising and valid screening tools and effective treatment exists, PD continues to remain undiagnosed, under-treated, or even not treated at all (Postpartum Support International, n.d.-b). This quality improvement projects aim was to raise healthcare provider awareness and increase identification of women who were at high-risk for PD. The Plan Do Study Act (PDSA) model guided healthcare practice changes and determine outcome measures. Implementation of evidenced-based perinatal depression guidelines including the use of a valid PD screening tool at a private practice obstetrics and gynecology office was instituted and incorporated into best practice for healthcare delivery.