Evidence-Based Practice Guideline: Perinatal and Postpartum Depression Screening

PMAD AND PPD SCREENING
CLINICAL PRACTICE GUIDELINE IMPLEMENTATION

BY:

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Overview

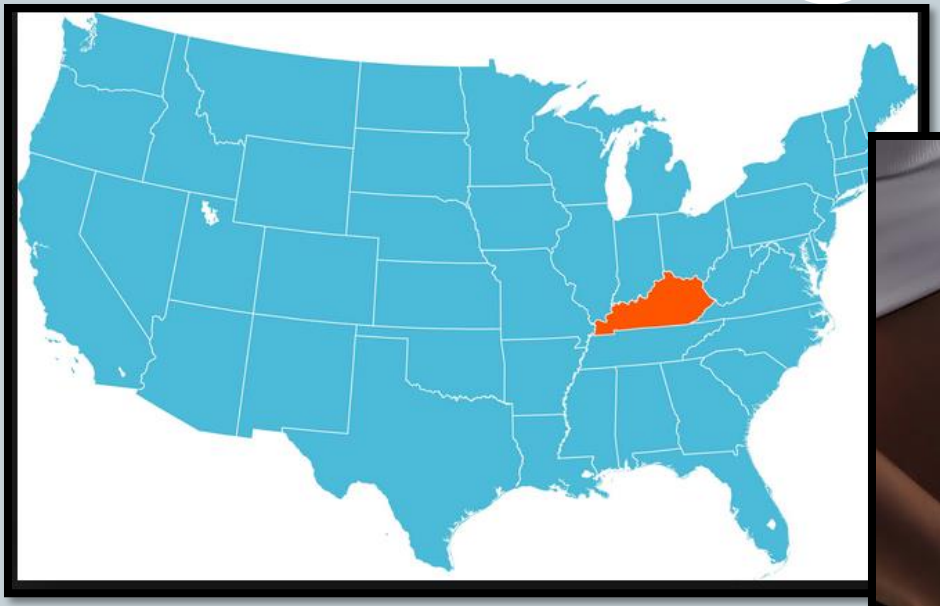
- Project Aim:
  - The aim of this project was to improve patient care through implementation of a clinical practice guideline that increased perinatal and postpartum depression screening practices by providers of patients throughout the perinatal and postpartum periods and increase maternity care provider knowledge levels related to perinatal and postpartum depression.
- Outcomes Achieved:
  - For this quality improvement project, a practice guideline was designed and implemented to focus on assessing and screening for perinatal and postpartum depression in all patients of the clinic.
  - The practice guideline created a consistent and efficient workflow policy related to this condition to decrease variances in care and improve outcomes.
  - The practice guideline increased provider and staff knowledge about perinatal and postpartum depression.

Purpose

- The purpose of this project was to provide a standardized practice guideline for assessment and screening of perinatal and postpartum patients at a rural midwifery and women's care practice in eastern Kentucky.

- The project afforded an increase in knowledge and comfort levels in performing perinatal and postpartum depression screenings.

Host Site



A rural midwifery and women's care clinic in eastern Kentucky an area within Central Appalachia

Background on Problem

- Psychiatric Disorders during pregnancy and the postpartum period have recently became known as Perinatal Mood and Anxiety Disorders (PMAD). This category covers psychiatric disorders during pregnancy as well as perinatal (during and after childbirth) and postpartum (after childbirth) depression (PPD). (APA, 2015)

- Most previous research and treatment categorized post-partum depression simply as an episode of major depressive disorder (Epperson, 1999).
  - current version of the Diagnostic and Statistical Manual of Mental Health Disorder (DSM), postpartum depression is diagnosed as a specifier code of major depressive disorder.). This addition allows for the recognition that perinatal and post-partum depression exists as an occurrence in relation to childbirth.

- Postpartum depression is the leading complication associated with childbirth (March of Dimes, 2016).

- Most recent years have allowed for an increase in research mostly due to celebrity experiences being shared and increasing public awareness (Satcher, 2016).

Problem

- Current processes of home birth maternity care providers at the clinic in eastern Kentucky do not encompass a thorough perinatal and postpartum depression screening of all postpartum mothers.
  - Although, women in the perinatal and postpartum period are monitored and questioned about mood and emotions during clinic visits, there is not a specific, evidence-based practice guideline currently in circulation to follow these signs and symptoms in all patients of this specific population group.
  - Many maternity providers worldwide lack extensive psychological knowledge of the pathophysiology, signs, symptoms, manifestations, and presentations of postpartum depression (Andrews-Fike, 1999).
  - Many signs and symptoms can be closely related to physical medical conditions and therefore can be overlooked.

Significance of Problem

- Postpartum depression is the leading complication associated with childbirth (March of Dimes, 2016).
- It is estimated that between 11% and 20% of all mothers, or possibly 1 in 7, will experience this mood disorder within one year of giving childbirth (APA, 2017). These statistics are based on diagnosed cases.
- Yet, it is also estimated that another 50% of all cases occurring go undiagnosed, and 20% of all cases lead to suicide (NAMI, 2017).
- The highest risk factor for postpartum depression is antepartum depression, meaning occurring during pregnancy (NIH, 2018).
- "In most cases, women who are at risk for PMAD, including PPD, can be identified during pregnancy so that appropriate follow-up can be initiated after delivery, (Epperson, 1999, p. 3). "
- Very under diagnosed and under treated due to lack of consistent screening

Objectives

- Develop an evidence-based practice guideline for screening of perinatal and post-partum depression for all patients seen at the rural midwifery and women's care practice in eastern Kentucky during this project timeframe

- Implement an evidence-based practice guideline for screening of perinatal and post-partum depression for all patients seen at the rural midwifery and women's care practice in eastern Kentucky during this project timeframe

- Improve consistency in documentation in screening for perinatal and post-partum depression through use of the evidence-based practice guideline for all patients seen at the rural midwifery and women's care practice in eastern Kentucky during this project timeframe

Objectives continued

- Increase maternity care provider knowledge about perinatal and post-partum depression as well as comfort levels in screening through use of the evidence-based practice guideline for all patients seen at the rural midwifery and women's care practice in eastern Kentucky during this project timeframe.

- Improve rates of referral to mental health provider for increase or decrease in relation to implementation of the evidence-based practice guideline for all patients seen at the rural midwifery and women's care practice in eastern Kentucky during this project timeframe

Literature Review

- American Congress Obstetrics and Gynecology recommended that providers screen all patients for depression and anxiety with the use of a validated tool (ACOG, 2015).
- The American Academy of Pediatrics agrees with ACOG and recommended postpartum depression screening during a child's first year at pediatric visits as well.
- The United States Preventive Services Task Force (USPSTF), documenting the need for screening of postpartum mothers for postpartum depression and anxiety disorders (ACNM, 2017).
- Barriers to treating perinatal and postpartum depression include detecting symptoms (Louden, Nentin, Silverman, 2016), hence, making standardized screening of importance in identifying the different symptoms of perinatal and postpartum depression.
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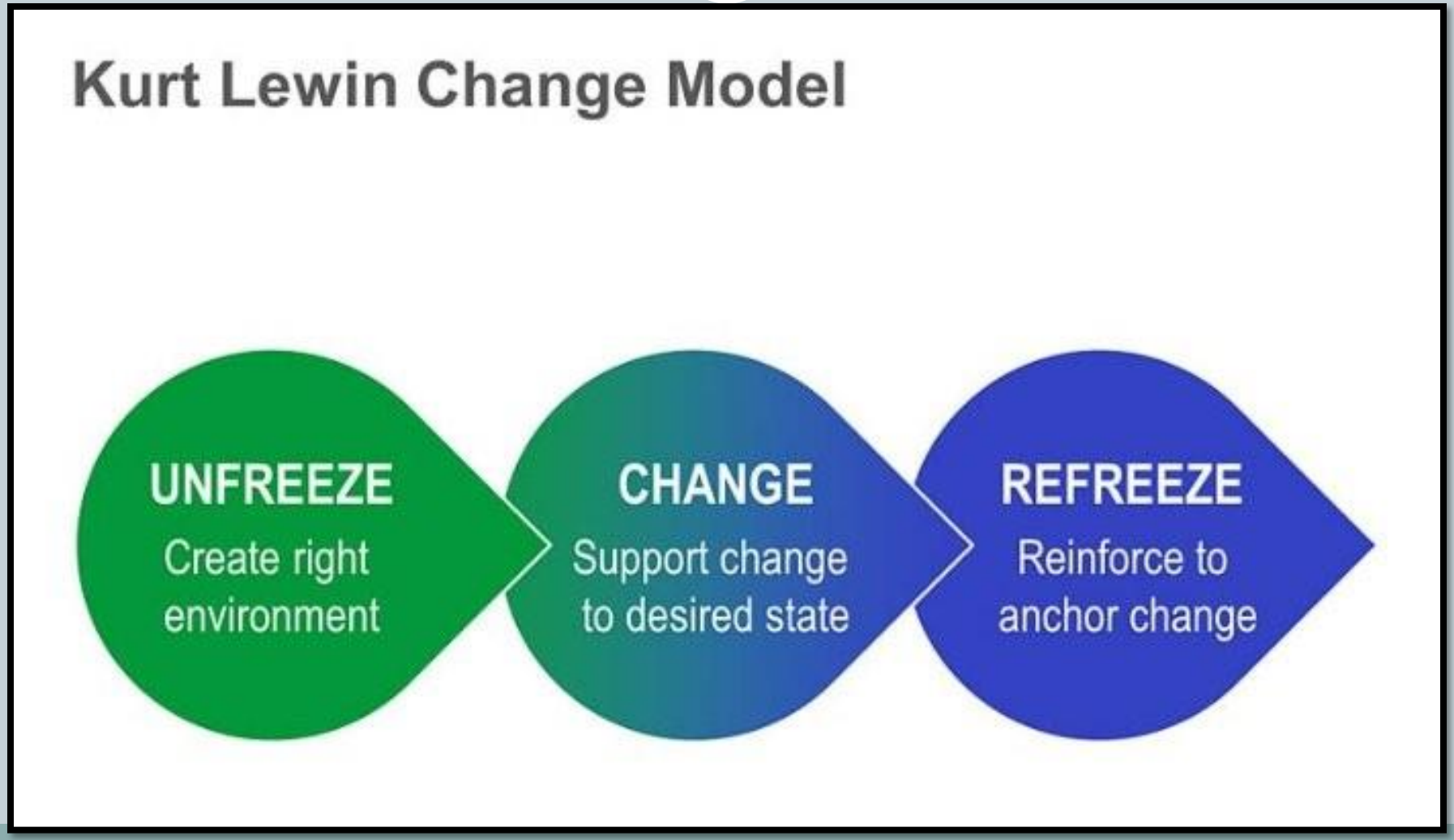
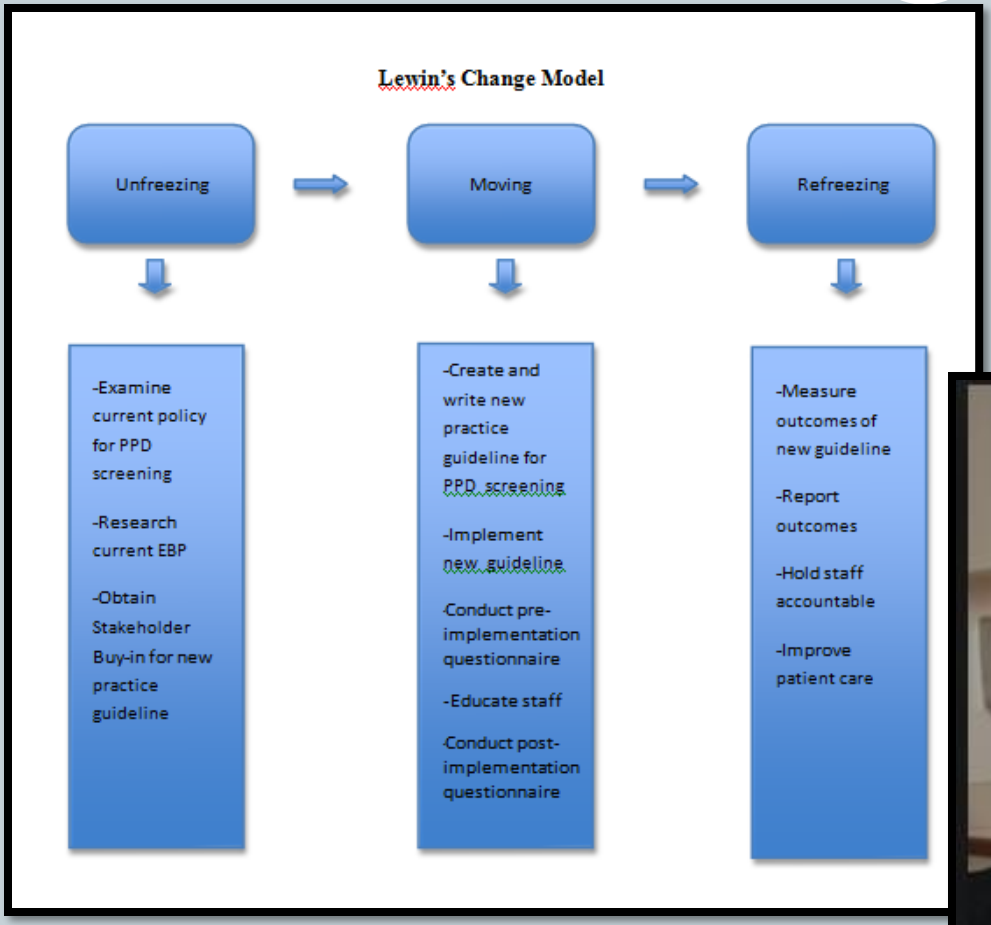
- Research discovered that the EPDS does aid in identifying both postpartum and antenatal depression (Cox &Holden, 2014).

Theoretical Models



Implementing the Model



Change provider behaviors to improve patient outcomes

Project Design

- Developed and implemented a clinical practice guideline for screening of all patients at a midwifery and women's care clinic in eastern Kentucky for perinatal and postpartum depression.
  - **Training Seminar:** training seminar pre-implementation introduced clinical practice guideline to all providers and staff as participants at the clinic site.
  - **Provider and Staff Questionnaires:** An anonymous questionnaire was administered to the providers pre and post training seminar for the new clinical practice guideline implementation
  - **Chart Audit:** Determine the rate of patients being screened for perinatal and postpartum depression or peri-natal mood and anxiety disorders pre-implementation and post-implementation as well as reviewing accurate documentation of screening
    - Patient demographics included; weeks gestation, trimester screened, score of screening, and if a referral was made is documented.
    - All other patient demographics were left out to maintain confidentiality for compliance.

Implementation

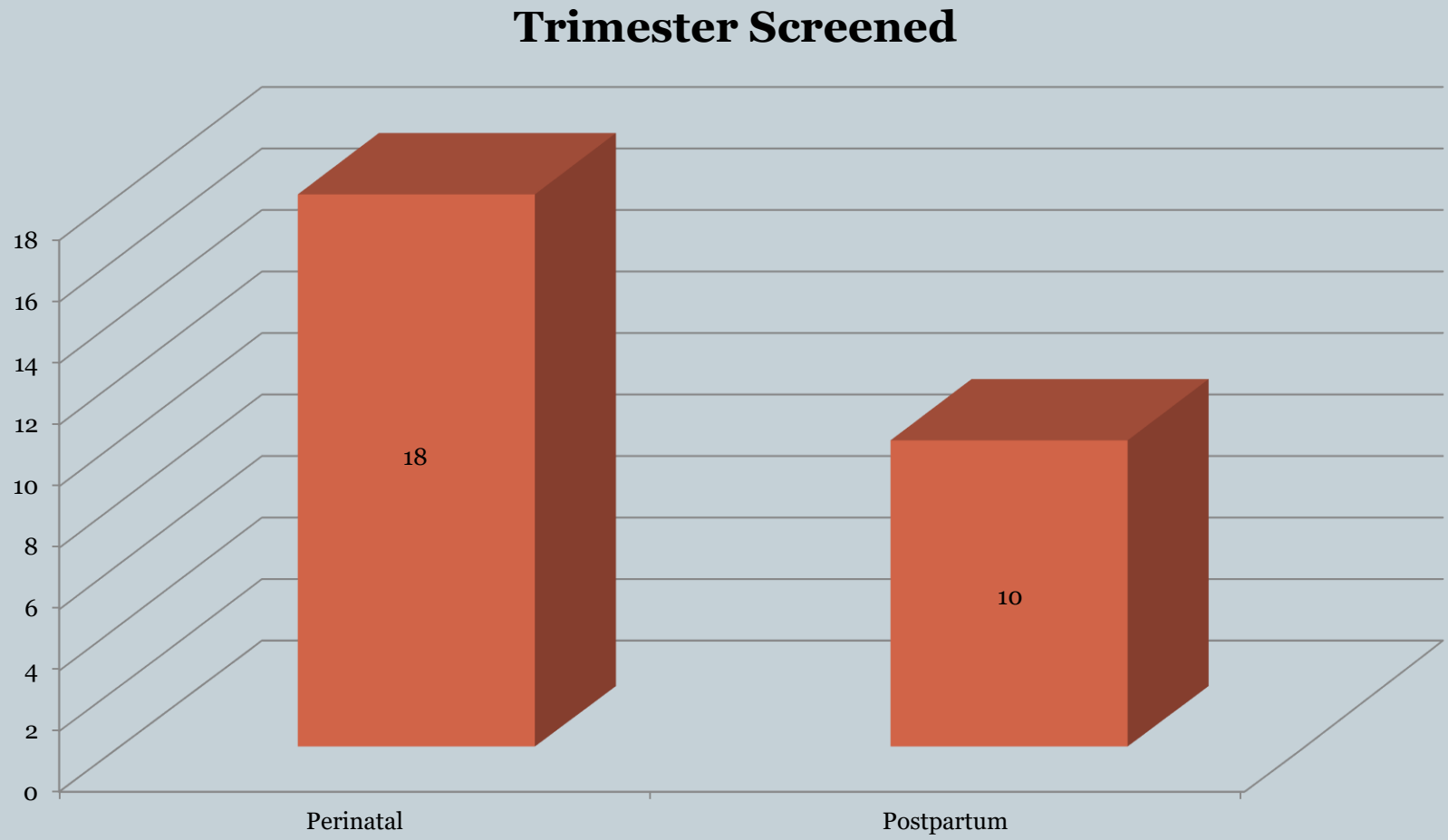
- Two week time frame for implementation with two week timeframe for evaluation

- Week 1:
  - Part 1: Training seminar for all providers and staff on implementation of the new clinical practice guideline
  - Part 2: Provider and Staff questionnaires (pre and post training seminar)
- Week 2:
  - Part 3: Continued support for implementation of the clinical practice guideline
- Week 3:
  - Part 4: Chart audit and analysis of data
- Week 4:
  - Part 5: Analysis of data collected from chart audit

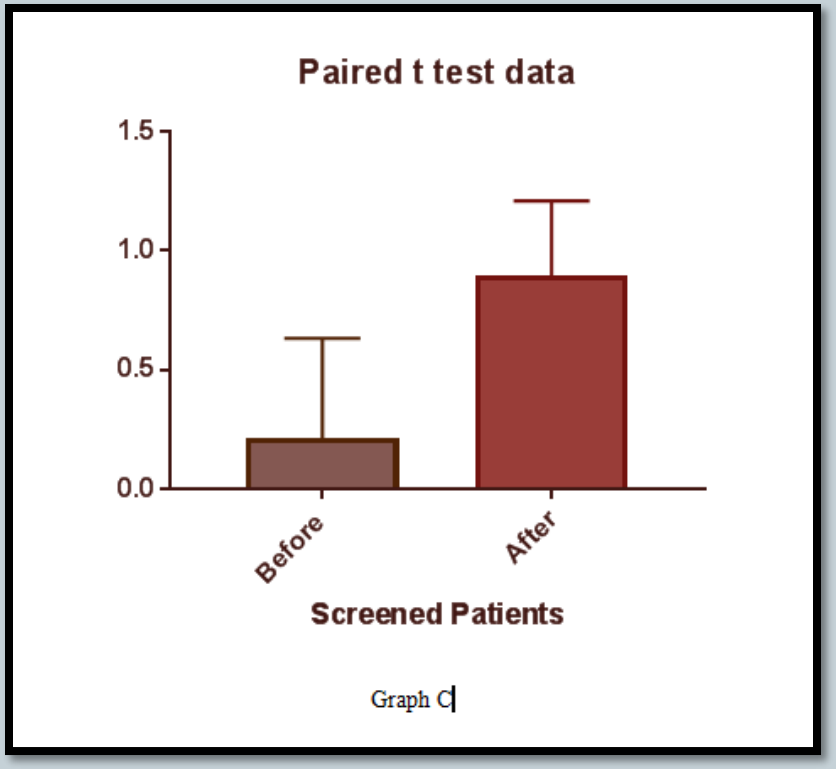
Evaluation

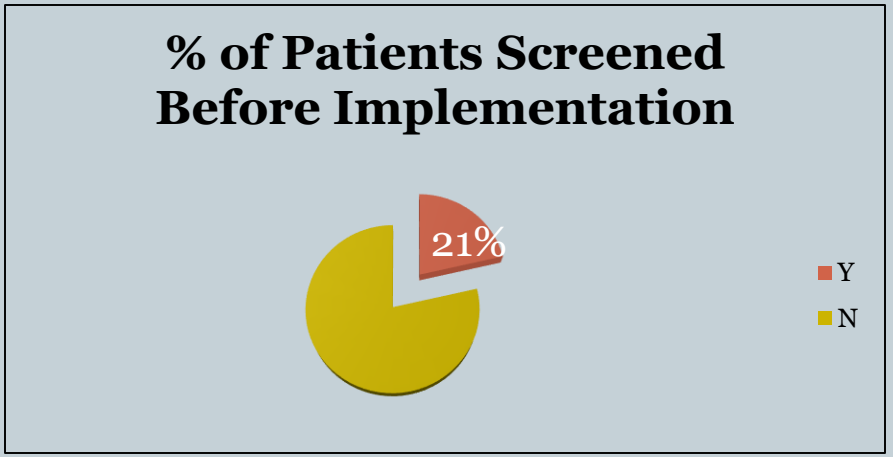
- Data collection through chart audit
  - Utilized created chart audit tool
- Analyze data through statistics
- Compile conclusion
- Debrief findings to site

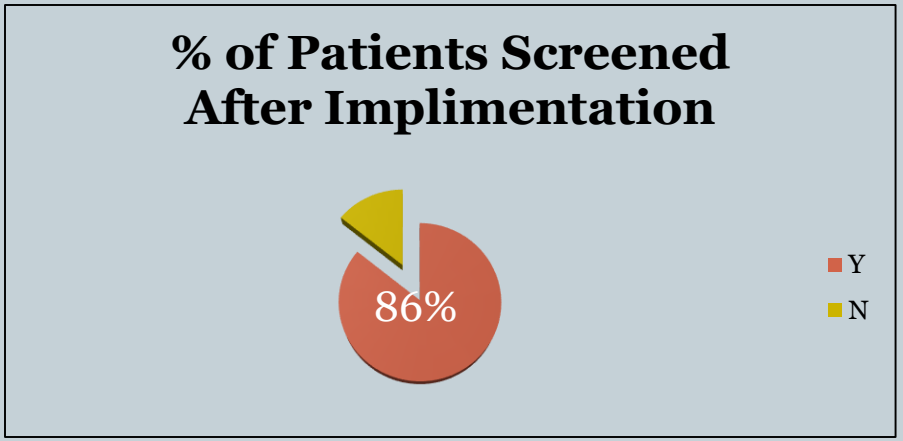
Data Collected



Increased Patient Screenings







Significance to Nursing

- Use of a clinical practice guidelines, screening tools, and proper documentation of referrals to mental health providers improves patient outcomes and nursing practice
- Improvements in provider and staff education pertaining to perinatal and postpartum depression can improve patient outcomes and nursing practice
- Clear evidence that Lewin's change theory benefits nursing practice

Significance to Host Site

- Development and implementation of an evidence-based practice guideline created new policy
- Improved consistency in documentation in screening for perinatal and post-partum depression
- Increased maternity care provider's and staffs' knowledge about perinatal and post-partum depression as well as increasing comfort levels in screening patients
- Improved rates of referral to mental health provider

Conclusion

- The project was successful as the objectives, purpose, and project aim were met.
- The results indicated that the overall care provided at the clinic was improved in relation to implementation of the clinical practice guideline.
- Sustainability of the clinical practice guideline at the clinic is likely since all providers and staff are now utilizing the guideline.

Dissemination

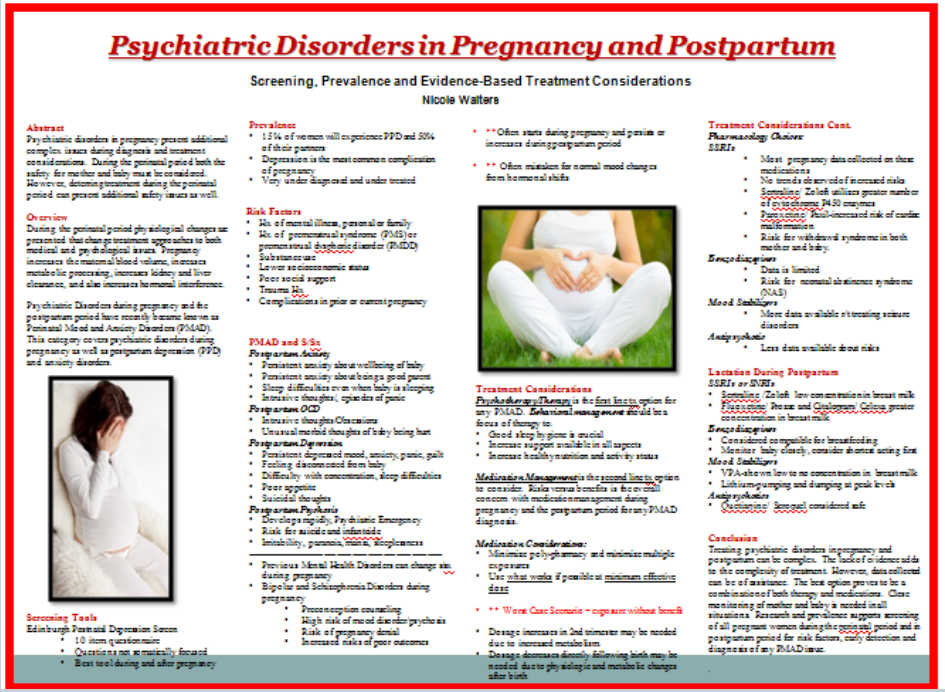
- Submitting my work to several journals for publication
- Submitting abstracts to be a presenter at conferences; both podium and poster presenters
  - Submissions will focus on the nursing specialty areas of mental health, midwifery, and women's health for 2018 and 2019
- I plan to also create and propose a policy to the State Board of Medicine as they regulate midwifery care. This same policy will also be proposed to the North American Registry of Midwives, (NARM) to become part of the model of care and standard practice..

Conference and Journals

Conference	Date	website
Midwifery-2018	September 26-27, 2018	*https://midwifery.conferenceseries.com/*
		https://birthpsychology.com/
MANA	October 11th – 14th, 2018	https://mana.org/events/mana-2018-conference
AABC	October 4th – 7th, 2018	http://www.birthcenters.org
PSI	Next year's conference 2019	*http://www.postpartum.net/professionals/psi-annual-conference/program-information/*
National Perinatal Association	Next year's conference 2019	*http://www.nationalperinatal.org/*
Perinatal Mood Disorders Annual Conf.	Next year's conference 2019	*https://www.pinerest.org/professional-education/continuing-education/pmad-conference/*
Journal		**website**
Midwifery Journal		*https://www.midwiferyjournal.com/*
Midwifery Today		*https://midwiferytoday.com/*
Journal AWMH		*https://marcesociety.com/resources/journal-awmh*
MCN, The American Journal of Maternal/Child Nursing		*https://journals.lww.com/mcnjournal/pages/default.aspx*
Resource		
Maternal Health Task Force		*https://www.mhtf.org/*

Dissemination continued

- My work will continue on this topic as I plan to develop my sub-specialty of advance nursing practice to be an expert on the topic of perinatal psychiatry
  - Educate providers
  - Research
  - Policy making



Psychiatric Disorders in Pregnancy and Postpartum

Screening, Prevalence and Evidence-Based Treatment Considerations

Nicole Walters

Abstract

Psychiatric disorders in pregnancy present additional complex issues during diagnosis and treatment considerations. During the perinatal period both the safety for mother and baby must be considered. However, determining treatment during the perinatal period can present additional safety issues as well.

Overview

During the perinatal period physiological changes are presented that change treatment approaches to both medical and psychological issues. Pregnancy increases the maternal blood volume, increases metabolic processing, increases kidney and liver clearances, and also increases hormonal interference.

Psychiatric Disorders during pregnancy and the postpartum period have recently become known as Perinatal Mood and Anxiety Disorders (PMAD). This category covers psychiatric disorders during pregnancy as well as postpartum depression (PPD) and anxiety disorders.

Screening Tools

Edinburgh Postnatal Depression Scale
- 10 item questionnaire
- Questions not somatically focused
- Best tool during and after pregnancy

Prevalence
- 1.5% of women will experience PPD and 50% of their partners
- Depression is the most common complication of pregnancy
- Very under diagnosed and under treated

Risk Factors
- Hx of mental illness, personal or family
- Hx of premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)
- Substance use
- Lower socioeconomic status
- Poor social support
- Trauma Hx
- Complications in prior or current pregnancy

PMAD and S/Sx

Postpartum Anxiety
- Persistent anxiety about wellbeing of baby
- Persistent anxiety about being a good parent
- Sleep difficulties even when baby is sleeping
- Intrusive thoughts, episodes of panic

Postpartum OCD
- Intrusive thoughts Obsessions
- Unusual morbid thoughts of baby being hurt

Postpartum Depression
- Persistent depressed mood, anxiety, panic, guilt
- Feeling disconnected from baby
- Difficulty with concentration, sleep difficulties
- Poor appetite
- Suicidal thoughts

Postpartum Psychosis
- Develops rapidly, Psychiatric Emergency
- Risk for suicide and infanticide
- Irritability, paranoia, mania, delusions

- Previous Mental Health Disorders can change sx's during pregnancy
- Bipolar and Schizophrenia Disorders during pregnancy
  - Preconception counseling
  - High risk of mood disorder/psychosis
  - Risk of pregnancy denial
  - Increased risks of poor outcomes

- **Often starts during pregnancy and persists or increases during postpartum period
- ** Often mistaken for normal mood changes from hormonal shifts

Treatment Considerations

Psychotherapy/Therapy is the first line option for any PMAD. *Behavioral management* should be a focus of therapy to:
- Good sleep hygiene is crucial
- Increase support available in all aspects
- Increase healthy nutrition and activity status

Medication Management is the second line to option to consider. Risks versus benefits is the overall concern with medication management during pregnancy and the postpartum period for any PMAD diagnosis.

Medication Considerations:
- Minimize polypharmacy and minimize multiple exposures
- Use what works if possible at minimum effective dose
- ** Worst Case Scenario – exposure without benefit
- Dosage increases in 2nd trimester may be needed due to increased metabolism
- Dosage decreases directly following birth may be needed due to physiologic and metabolic changes after birth

Treatment Considerations Cont.

Pharmacology Choices

SSRIs
- Most pregnancy data collected on these medications
- No trends observed of increased risks
- Sertraline/ Zoloft utilizes greater number of cytochrome P450 enzymes
- Paroxetine/ Paxil-increased risk of cardiac malformation
- Risk for withdrawal syndrome in both mother and baby.

Benzodiazepines
- Data is limited
- Risk for neonatal abstinence syndrome (NAS)

Mood Stabilizers
- More data available r/t treating seizure disorders

Antipsychotic
- Less data available about risks

Lactation During Postpartum

SSRIs or SNRIs
- Sertraline/ Zoloft- low concentration in breast milk
- Fluoxetine/ Prozac and Citalopram/ Celexa- greater concentration in breast milk

Benzodiazepines
- Considered compatible for breastfeeding
- Monitor baby closely, consider shortest acting first

Mood Stabilizers
- VPA- shown low to no concentration in breast milk
- Lithium- pumping and dumping at peak levels

Antipsychotics
- Quetiapine/ Seroquel considered safe

Conclusion

Treating psychiatric disorders in pregnancy and postpartum can be complex. The lack of evidence adds to the complexity of treatment. However, data collected can be of assistance. The best option proves to be a combination of both therapy and medications. Close monitoring of mother and baby a needed in all situations. Research and prevalence supports screening of all pregnant women during the perinatal period and in postpartum period for risk factors, early detection and diagnosis of any PMAD issue.

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