

Poster Session I

#13

Informing Policy and Practice for Postpartum Depression Screening: Results of a Large-scale Community-based Screening Initiative

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Purpose: To conduct a community-based, postpartum depression (PPD) screening initiative, and recommend screening practices.

Theoretical Framework: The Agency for Healthcare Research and Quality (AHRQ) framework was implemented by identifying a cohort of mothers, conducting PPD screening, and evaluating those with positive screens.

Methods: A descriptive correlational design was used to identify at-risk mothers. Study nurses recruited on postpartum units of two academic medical centers in Boston and screened 5,169 mothers, aged 14-49 years, for PPD at 4-6 weeks postpartum by telephone or mail using the Edinburgh Postnatal Depression Scale (EPDS). Mothers with scores > 9 were invited to participate in the Structured Clinical Interview for DSM IV (SCID) to confirm PPD. Descriptive statistics, correlational and contingency analyses comprised the analytic techniques.

Results: 674 (13%) mothers had EPDS scores >9; 185 mothers with elevated EPDS scores agreed to a diagnostic interview and 144 were diagnosed with minor depression (16%), major depression (77%), or depression NOS (7%). A significantly higher percentage of women who self-administered and mailed in the EPDS than women who were screened via telephone had scores > 9. Elevated PPD scores were not associated with age or parity. Race/ethnicity identification other than Caucasian, and having less than high school education were associated with higher EPDS scores. Current but not past co-morbid mental health disorders were associated with higher EPDS scores.

Conclusions and Implications: The AHRQ framework was effective in guiding a large-scale PPD screening initiative. Use of the EPDS and a standardized diagnostic interview successfully identified mothers at risk and risk factors, and confirmed PPD and co-morbid mental health disorders. Policy and practice implications include standard use of the EPDS or other validated screening measure by telephone or mail with follow-up diagnostic interview for at-risk mothers.