Providers Perspectives on the Implementation of Screenings for Post-partum Depression and Anxiety in Pediatric Primary Care

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Background

- Anxiety and depression during pregnancy and in the post-partum period are associated with adverse outcomes in both mothers and infants. (Araji et. Al., 2020; Rogers et. al, 2020)
- Post-partum depression (PPD) rates have been increasing during this post COVID-19 pandemic era with prevalence rates reported at 12%. (Safi-Keykaleh et al., 2022)
- About 25% to 50% of women with some anxiety disorder also show symptoms of PPD two months after childbirth (Wenzel et al; 2005).
- The American Academy of Pediatrics recommends screening parents for postpartum depression during pediatric primary care visits. Unfortunately, many women who screen positive do not obtain treatment (Young et al., 2020).
- Approximately 30% of primiparous women report symptoms of depression, anxiety and/or stress, but of these only one in three women is identified when screening solely for depression (Miller et al., 2006), highlighting the importance of screening for both depression and anxiety.
- New mothers only have a 6-week visit at the OB/GYN and are not followed closely by any other medical provider during this sensitive period.
- Behavioral Health Interdisciplinary Program (BHIP) has been associated with increased primary care access to BH services (screening, psychotherapy, PCP BH visits, psychotropic prescribing). (Walter et al., 2021)

Methods

- Literature review of post-partum anxiety and depression and BHIP impact on access to BH services.
- Administration of EDPS and GAD-7.
- Basic statistics on EDPS and GAD-7 scores during this first phase of implementation.
- Administration of an anonymous survey to providers to assess their perception of benefits and challenges of implementation.
- Analysis of survey responses.

Results

Table 1
Mean EDPS and GAD-7 scores per time point

	Time 1 (n=133) M (SD, range)	Time 2 (n=97) M (SD, range)	Time 3 (n=60) M (SD, range)	Time 4 (n=24) M (SD, range)
EDPS	4.75 (4.67, 0-30)	4.04 (4.05, 0-19)	3.12 (3.47, 0-12)	3.13 (3.19, 0-10)
GAD-7	2.79 (3.90, 0-21)	2.51 (3.15, 0-21)	1.57 (2.25, 0-13)	2.70 (3.65, 0-13)

Table 2
Percentage of positive (mild and above) maternal scores on EDPS and GAD7

	Time 1 (n=133) (average infant age 5.5 weeks)	Time 2 (n=97) (average infant age 7.6 weeks)	Time 3 (n = 60) (average infant age 12.6 weeks)	Time 4 (n =24) (average infant age 17.4 weeks)
EDPS ≥ 10	12.78%	11.34%	8.33%	4,17%
GAD-7 ≥ 5	17.29%	23.71%	10%	25%
EDPS = 0	19.55%	25.77%	31.67%	29.17%
GAD-7 = 0	36.09%	39.17%	46.67%	37.50%
EDPS ≥ 10 & GAD-7 ≥ 5	8.27%	10.30%	6.67%	4.17%

"Most of the moms were already in active treatment with their own providers. There was one mother that was suffering through symptoms and we were able to advocate for her to make her health a priority and get the help she needed. Doing the screens in the office highlighted how much she really needed some help. I also think mothers were more honest on the screens than I expected, likely due to our relationship and the baseline trust mothers have with their established pediatrician."

Plan

- Literature review of post-partum screening measures.
- Communication with medical director.
- Communication with medical team.
- Creating agreement on clinical flow:
  - Role of front desk
  - Role of nurses
  - Role of PCP
  - Role of BCH
- Incorporating post-partum bridge services utilizing The ROSE Program (Reach Out, Stay Strong, Essentials for mothers of newborns) for mothers screening positive on the EDPS and/or the GAD-7.

Do

- Implement administration of Edinburgh Postnatal Depression Scale (EDPS) and the General Anxiety Disorder-7 (GAD-7) at baby's 1-month, 2-month, -month and 6-month post-partum period (only if one of the previous 3 screeners was positive.
- Connect mothers who scored above 10 one any of the 2 measures with services.
  - Parental confidence measure was added and then removed by a provider due to Surf and Turf issues as illustrated in Figure 1.

Study

- Evaluation of mothers' scores on the EDPS and the GAD-7.
- Survey administered to the 4 primary care providers implementing the measures to assess strengths and barriers, as well as identify any additional supports needed by providers around mental health knowledge and resources.

Act

- Address implementation challenges highlighted by primary care providers.
- Provide training and support to providers in the following areas: training including examples on different ways postpartum anxiety and depression may present and provision of information and resources that can be easily and quicky offered to mothers who screen positive as providers highlighted challenges with limited time to engage in more elaborate conversations around mental health and treatments.

"It was definitely helpful to have in office resource to offer mothers. Doing screeners in the pediatric office where mom has an established relationship and feels comfortable helped moms feel open to acknowledge what they were struggling with. Having bridge care in our office allowed providers a quick and easy resource to offer mothers, which was helpful for both the providers and mothers. It made it easier for me as a provider to feel open to have these conversations as I knew I had an easy resource offer mothers and it wouldn't take away my time in visit that I need to spend on the baby."

Results

- **6 mothers** connected with in-house BH services with **3** of them using all 3 offered follow-up sessions.
- **8 mothers** already connected with outside services (psychotherapy and/or medication)

Table 3
Providers' responses

Question	% YES
Administering the screening impact the establishment of trust between the mother and the provider	20%
Had any conversation with mothers after administering the screener	60%
Encountered any parent/caregiver reluctance to discuss mental health concerns	0%

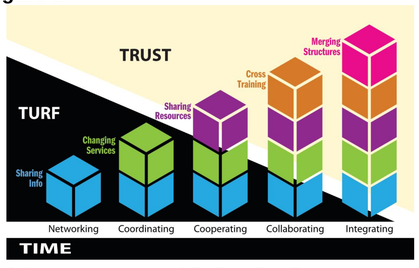
- All providers reported that it was **"Extremely easy"** or **"Somewhat easy"** to incorporate the screenings into routine visits.
- All providers reported being **"Confident"** or **"Very Confident"** in identifying anxiety and depression symptoms in port-partum mothers.

Table 4
Providers' qualitative responses

Challenges healthcare professionals face in identifying and addressing postpartum depression and anxiety	Training or support providers think would be most beneficial to improve provider confidence in screening for postpartum depression and anxiety
"For myself it is typically easy to identify postpartum depression but much more difficult to address. usually, symptoms present as over worrying about baby. I find it very important to support and address that worry medically and then with time can initiate the discussion that the parents worry is coming from a place of anxiety or depression."	**"Examples from postpartum parents on different ways postpartum anxiety and depression may present"**
"Many new mothers are reluctant to get help (often due to time constraints of having a newborn or fears about medication)."	"We need **resources to quickly offer mom.** I have no problem screening, but I do not have time to engage in an elaborate conversation regarding the results. "
"Time constraints during office visits."	
"Especially for a first time mom establishing rapport and trust without making a parent feel self-conscious. I feel it is easier to have conversations after a couple appointments, so the parents have a level of trust first. this is only pertinent to first time mom's or family that transfer into practice while pregnant."	
"Time. Generally more anxious parents have more concerns about the baby that need to be addressed. I don't have time or resources to spend on mom during these visits. "	

Conclusions and Clinical Implications

Figure 1



- Collaboration continuum - 3 Ts (Time, Turf, Trust)
- Most mothers who screened positive for depression and/or anxiety reported already being engaged on treatment.
- Challenges and ethical considerations:
  - Screeners' scores go into babies' charts.
  - The BCH does not have access to the mothers' chart

Disclosure Information

none