Depression Screening in Pregnancy and Post Partum

Executive Summary:

Women in received care at U of M were not being screening regularly for depression in pregnancy and postpartum. A multi-pronged quality initiative was started for all Obstetrical providers at the institution. The rate of screening at the first prenatal visit and the post partum visit increased with the most notable increase from 9% to 56% in the third trimester.

Define the Problem

Untreated perinatal depression is linked with increased hospital admissions, preeclampsia, poor nutrition, substance abuse, and possible suicide ideation. Neonatal outcomes associated with untreated depression are low birth weight, preterm birth, and changes in childhood development. The importance of early identification and treatment of depression in pregnancy and postpartum has led to recommendations of screening three times, first prenatal visit, third trimester, and postpartum at Michigan Medicine in the Department of Obstetrics and Gynecology. One validated screening tool for depression in pregnancy is the Edinburgh Postnatal Depression Screening (EPDS. Overall, screening for and treatment of depression in pregnancy can improve maternal and neonatal outcomes.

What We Measured

A chart review of screening for depression in pregnancy and postpartum after the transition to inpatient and outpatient MiChart for obstetrical care was completed.

Baseline screening rates at four points were determined: 1st trimester, 3rd trimester, postpartum, and, all three combined.

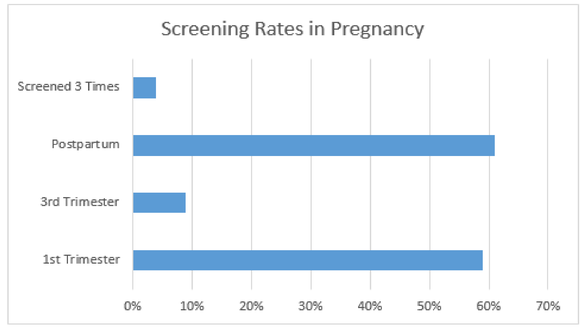
9% were being screened in the third trimester and 4% for all three. Rates were much higher in the first trimester and postpartum.

SMART Target-To improve screening for depression to the 75th percentile in the third trimester .

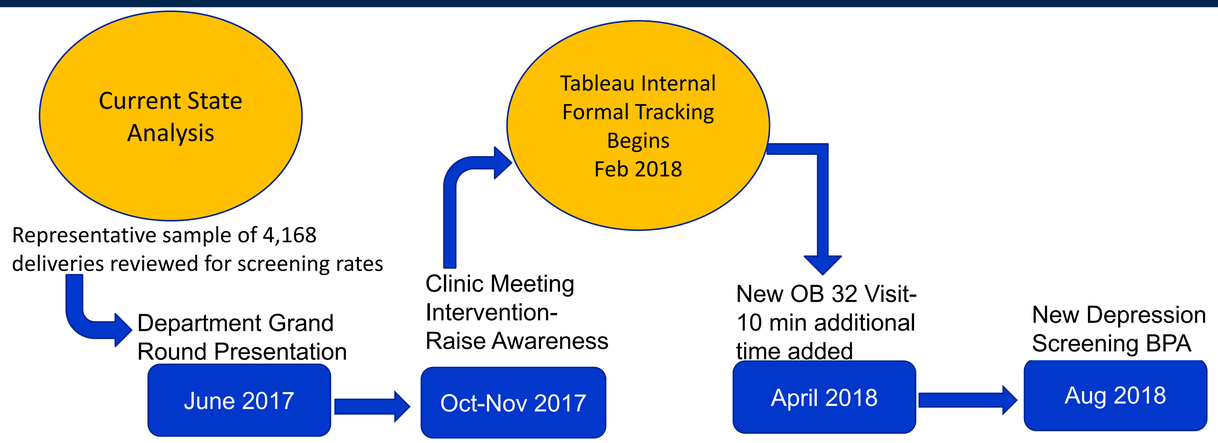
Gap to Close: 66%

Understanding the Current State

Women who had all of their obstetrical care and delivery at the University of Michigan from July 2014 to Dec 2016 were pulled from MiChart. Of the 4,168 women who met criteria, a representative sample from each of the 13 clinical care sites was selected. These 628 records individually were reviewed for screening in the 1st trimester, 3rd trimester, and postpartum. The departmental clinical care guidelines recommends screening women at all three times in pregnancy, so this rate also was collected.

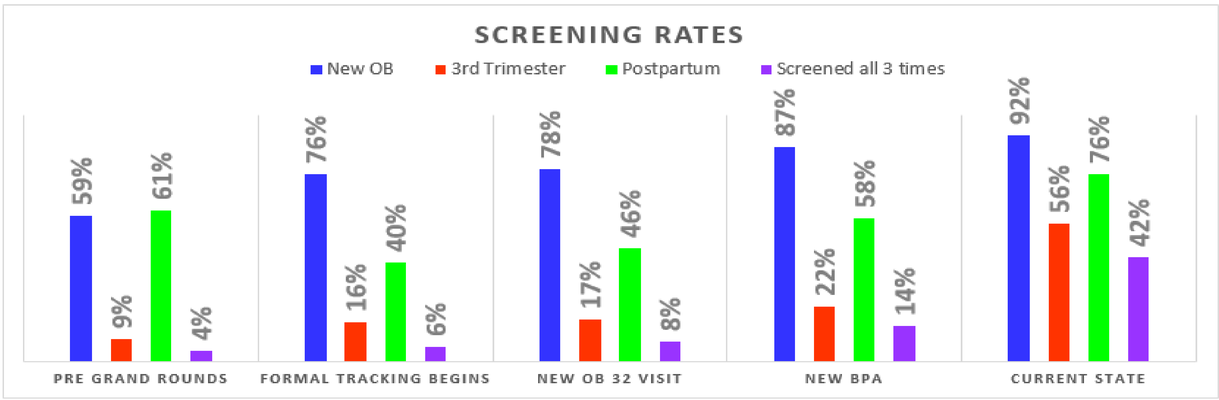


Analysis & Interventions to Improve



The exclusions from the performance measure are persons who delivered less than 36 weeks, have bipolar disorder, or have a visit for depression in the past year. Also to be included, a person has to have at least 2 OB related visits in the time period to the delivery date with one being in the post-partum period AND have one postpartum visit from the date of delivery to 56 days post-delivery.

Results & Outcomes Achieved



Sustain & Spread

- The data from the Best Practice Advisory (BPA)and Tableau will be summarized and presented to the OBGYN department at a Grand Rounds in September 2019. The data will be shared with all obstetrical providers.
- There are institutional working groups evaluating work flow for screening and next steps after a positive screen regardless of location of the screening test.
- Assess and optimize the referral process following a positive screen including: information to be given at the time of the positive screen, to whom to refer, ideal follow up, notification of providers for the positive screen, and completion of follow up.
- Incorporation of feedback from stakeholders regarding the quality initiatives and the implemented changes.

Keys to Success

- Assessment and Engagement from stakeholders
- Institutional Support
- Feedback to stakeholders with the results of the Quality Initiative
- Multi-disciplinary diverse working groups
- Departmental support for continued innovation of delivery of clinical care e.g. video visits and telemedicine.

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