

Postpartum depression screening in a pediatric clinic setting

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ostpartum depression (PPD), which affects about 14% of mothers in the United States,¹ can occur at any time throughout the first year after giving birth. Screening for PPD usually occurs only at the 6-week visit to the mother's obstetric healthcare provider (HCP), resulting in missed opportunities to diagnose the disorder from 6 weeks through 12 months postpartum. Implications for a child whose mother has PPD include slow growth, impaired emotional and cognitive development, and weak attachment.^{2,3}

Purpose

Because PPD can develop in any woman at any time during the first year following childbirth, more frequent screening could help identify the disorder in more women who have it and enable them to be treated in a more timely manner. The purpose of this project was to ascertain the feasibility and usefulness of implementing PPD screening using the Edinburgh Postnatal Depression Scale (EPDS)⁴ at the 2-, 4-, 6-, 9- and 12-month well-child visits in a pediatric clinic setting.

Method

The 10-question EPDS was used to evaluate a total of 71 participants during well-child visits at 2, 4, 6, 9, or 12 months. Mothers completed the EPDS while waiting for their child to be seen by the pediatric HCP. Scores were calculated by a nurse and shown to the HCP. If a score was >10, the HCP referred the mother to be evaluated for PPD.

Results

Of the 71 participants, 6 (8.5%) scored >10 on the EPDS and were referred for further evaluation. Among these 6 mothers, 1 was referred at the 6-month visit, 2 at the 9-month visit, and 3 at the 12-month visit.

Limitations

The DNP project was intended to last 8 weeks, but it ended after 5 weeks because (1) the number of participants accrued at the 5-week mark was close to the desired number of participants for the project; (2) the pediatric NP who was the primary contact at the clinic resigned for reasons unrelated to the project; and (3) the clinic was in the process of implementing an electronic medical record system, which took away time from the DNP project. Further evaluation of screening for PPD in pediatric clinics is needed to ascertain whether these results can be duplicated.

Implications for women's health

In this project, the mothers referred for additional assessment for PPD were within 6-12 months post delivery. Without the increased frequency of screening as implemented in this project, some or all of these women might not have been identified as having symptoms of PPD, and further evaluation and treatment might not have been initiated in a timely manner.

This DNP project demonstrated the feasibility of screening for PPD during the first year after birth in a pediatric clinic setting. Identifying women who need additional counseling and resources to work through the difficulties of PPD is important. Not all of these women will experience symptoms by the time of their 6-week postpartum check. The optimal place to screen mothers for PPD may be at a pediatric clinic, where mothers take their infants at regular intervals for well-child visits through the first year of the child's life. ●

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