BACKGROUND AND OBJECTIVES

- Postpartum depression rate increased during the COVID-19 pandemic.\(^1\)
- Children of depressed mothers have 2-3 times increased prevalence of behavioral disorders.\(^2\)
- Screening and addressing parental mental health are critical during this stressful period.
- The QI project aimed to increase postpartum depression screening rates at ECU pediatrics outpatient clinic.

**Aim:** Increase the documentation rate of the EPDS result to 90% at 2-4 weeks old, 2-month-old and 4-month-old well-child visit by February 22, 2021.

- Edinburgh Postnatal Depression Survey (EPDS) is used as a screening tool, with scores higher than nine considered abnormal.

METHODS

- Eight residents conducted retrospective data collection by manual chart review.
- A total of 270 encounters were analyzed.
- Two PDSA cycles were completed.
- **First intervention:** offered education to all physician about the importance of postpartum depression screening. Paternal EPDS should be completed if the mother is not available.
- **Second intervention:** Provided education to nursing staff.
- **Outcome:** Percentage of documented EPDS result.

RESULTS/OUTCOMES

- EPDS result documentation rate of baseline data, PDSA cycle 1, and PDSA cycle 2 are summarized in Table 1 and Figure 1.
- 3.8% of the EPDS results were abnormal in baseline data, and all were addressed.
- EPDS result documentation rate was decreased after the first intervention, but it went up after the second intervention.
- The EPDS result documentation rates were > 90% among all age groups.

<table>
<thead>
<tr>
<th>EPDS Result Documentation Rate</th>
<th>2-week-old</th>
<th>2-month-old</th>
<th>4-month-old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>83.3%</td>
<td>76.7%</td>
<td>99.9%</td>
</tr>
<tr>
<td>PDSA Cycle 1</td>
<td>86.7%</td>
<td>86.7%</td>
<td>76.7%</td>
</tr>
<tr>
<td>PDSA Cycle 2</td>
<td>93.3%</td>
<td>96.6%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Table 1

CONCLUSIONS

Improving the postpartum depression screening rate will enhance patient care by identifying and addressing postpartum depression earlier, and decreasing the negative impact on a child’s well-being. This QI project's results suggest our interventions increased the EPDS result documentation rate to > 90% successfully. However, our interventions are only limited in the clinic setting. The families whose children have been hospitalized are at high risk of depression. What’s worse, postpartum depression screenings are missing among these families as they can’t have well-child-visits. For future research, EPDS screening should be expanded to the hospital and ICU settings. Interventions need to be completed to improve the postpartum depression screening rate among these families.

REFERENCES


ACKNOWLEDGEMENTS

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