

# Postpartum Depression Screening in the NICU: A Quality Improvement Approach

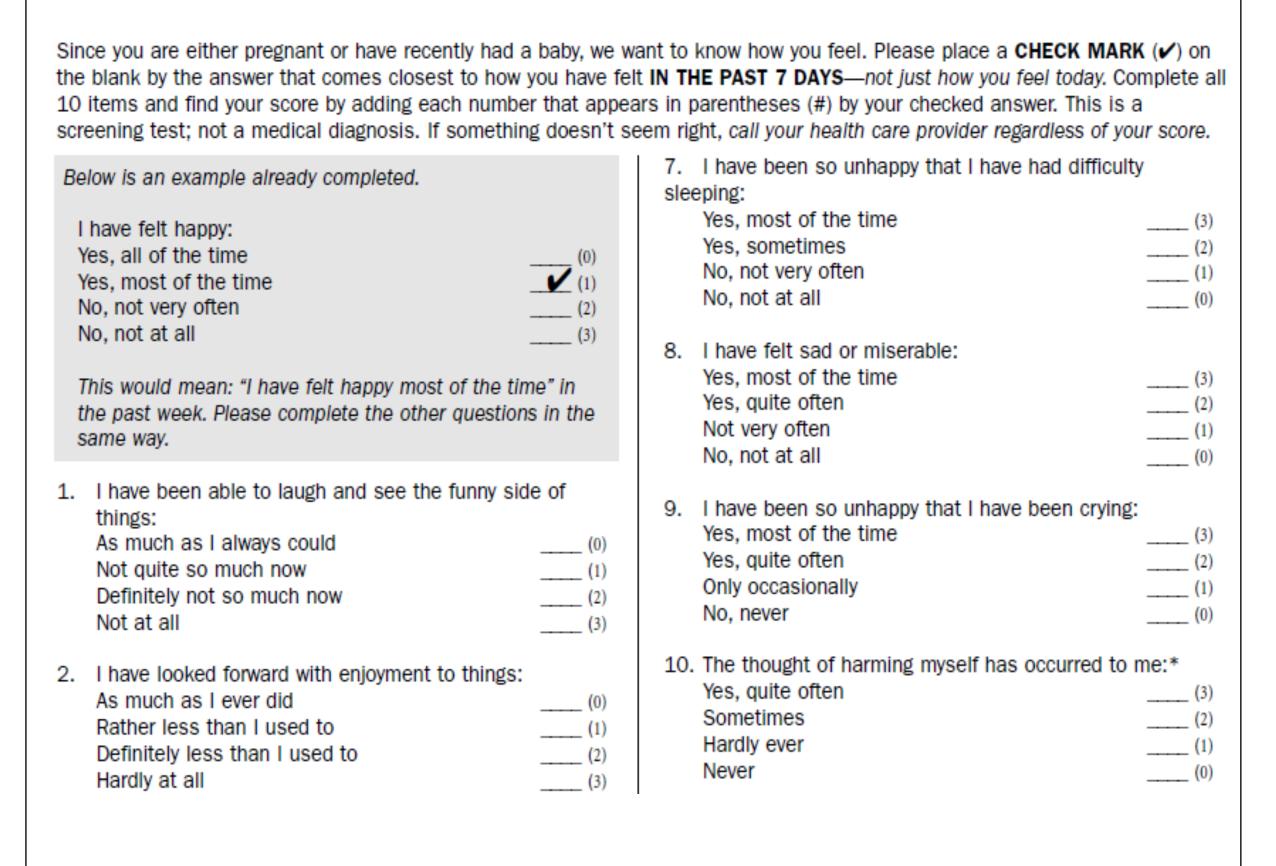


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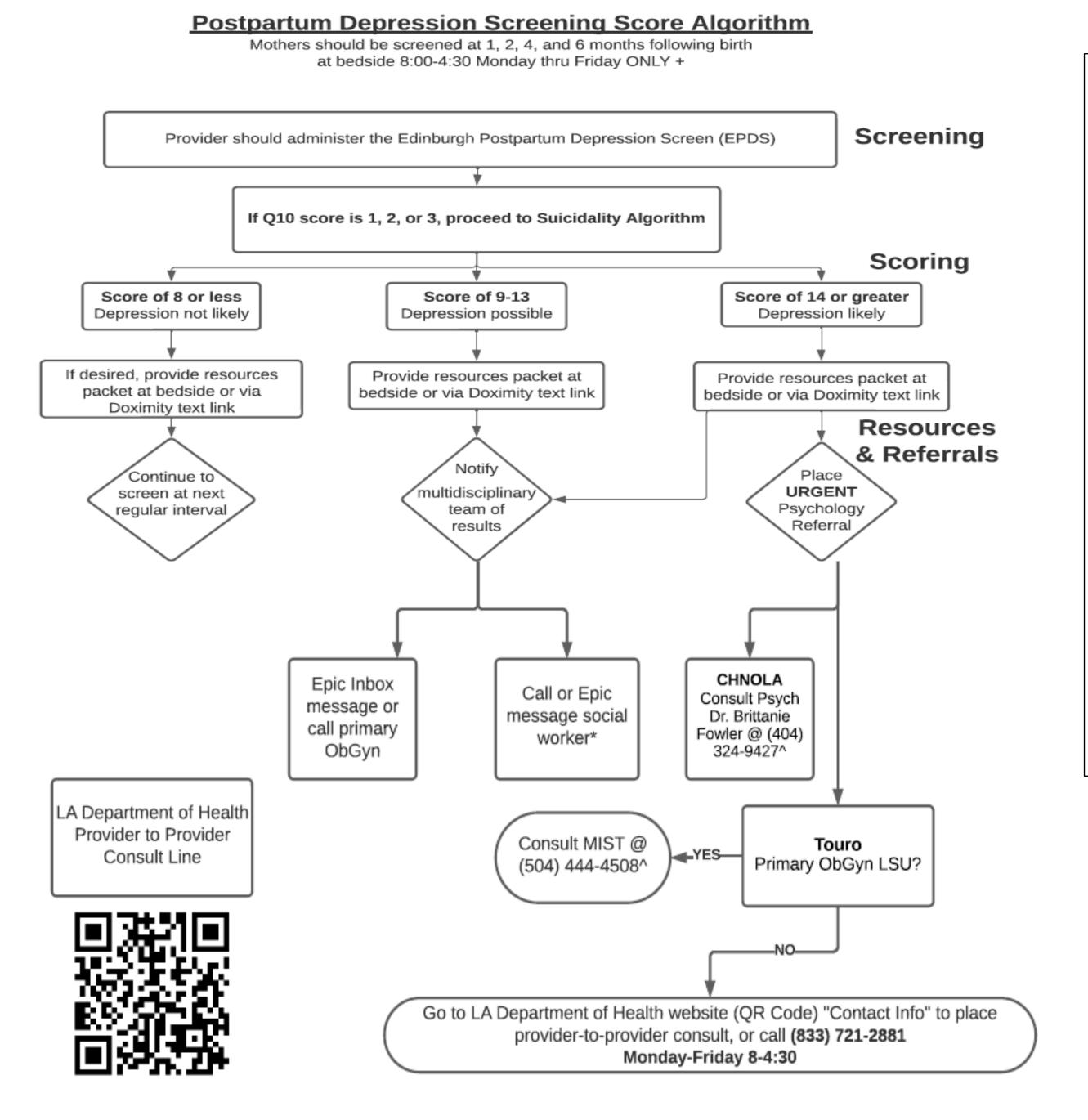
#### Introduction

- Postpartum depression (PPD) is reported in 1 in 7 mothers, with increasing numbers for mothers with babies in the neonatal intensive care unit (NICU). Symptoms of PPD can manifest within the first week of a child's birth and can last up to a year after birth without treatment. Mothers of NICU babies experience psychiatric concerns at a higher rate than other newly postpartum mothers including post-traumatic stress disorder, anxiety, and depression.
- Mothers are screened for postpartum depression (PPD) at their ObGyn 6-week visit. However, it has not been common practice to systematically screen mothers for PPD in the NICU, despite being at higher risk for loss to follow up.
- This study aims to investigate the feasibility of implementing depression screenings in two busy, urban hospitals with a level 4 NICU. The study takes a multidisciplinary approach with screenings, algorithms and resources for mothers at risk for depression.

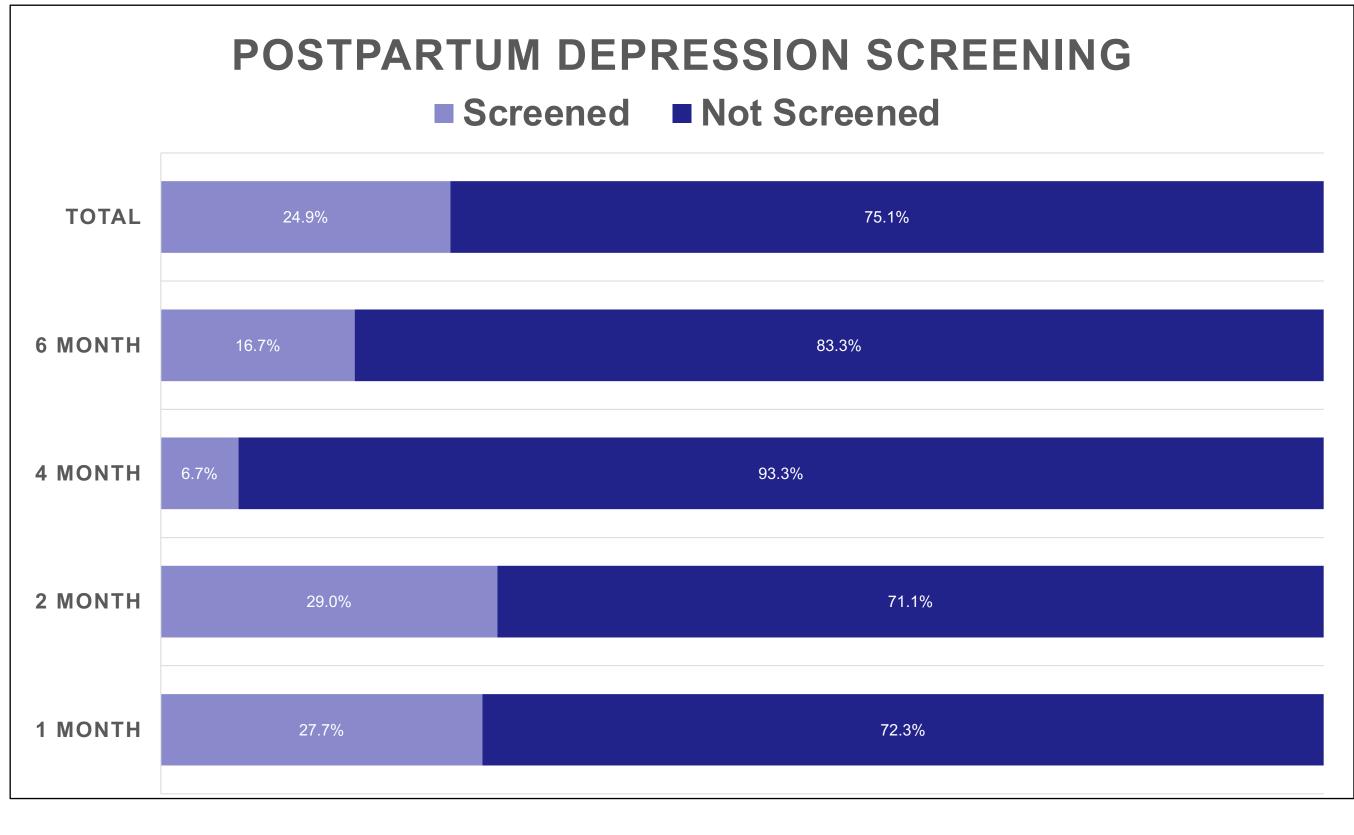
# Methods: Edinburgh Postpartum Depression Scale



## Methods: Post Partum Depression Screening Algorithm

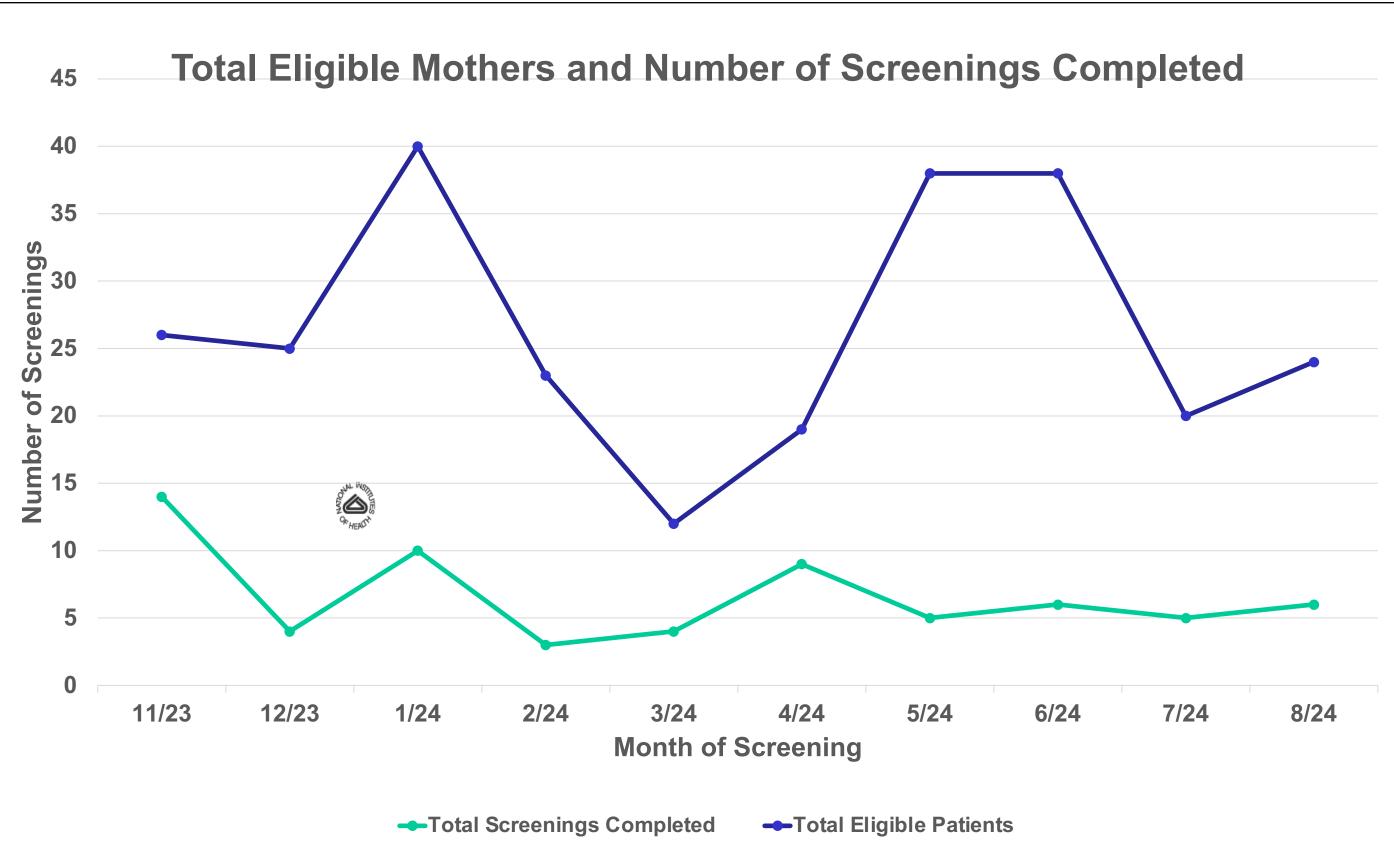


## Results: Percentage of Screenings Completed



	Completed	Total	% Completed	% High Risk for Depression
1 month	39	141	27.7%	20.51%
2 month	22	76	29.0%	13.64%
4 month	2	30	6.7%	50.00%
6 month	3	18	16.7%	33.33%
Total	66	265	24.9%	19.70%

#### Results: Screenings Completed Throughout the Study



#### Results

- Of the eligible 265 maternal screens, 66 were completed (25%).
- Of the screenings that were completed, 13 mothers (20%) scored 13 or above indicating a high likelihood of postpartum depression.
- Only 1 of the 13 high scores (1.5%) also had a concurrent positive endorsement of self-harm.

#### Conclusions

- A multidisciplinary approach to postpartum depression screening is feasible in multiple busy academic urban NICUs, though not without significant limitations.
- Barriers to this study include parental availability, availability of mental health support staff, providers' clinical workload, providers' comfort with screening sensitive information, and limited availability of local, timely mental health resources.
- Many NICU mothers screened were given resources or had an intervention from the medical team for PPD in a timely manner.
- Future Steps: to educate staff on the protocol and PPD, so that more screenings can be completed, and mothers can receive necessary interventions.