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**"Postpartum Depression Screening in the NICU: A Quality Improvement Approach"**

**Background:** The CDC reports that 1 in 8 mothers express postpartum depression (PPD) symptoms, with increasing numbers for mothers with babies in the neonatal intensive care unit (NICU). Symptoms of PPD can manifest with 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. They also report that their births are more traumatic and have to experience their child's poor health within their first week. Typically, mothers are screened for postpartum depression (PPD) at their ObGyn 6-week visit, with recent clinical guidelines also recommending that general pediatricians screen for PPD at routine well child checks. 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 and not having scheduled child checks well due to their infant's hospitalization.

**Aim:** This study aims to institute a postpartum depression screening protocol in the NICU via a multidisciplinary approach complete with screenings, algorithms, and resources for mothers and providers. The goal of the study is to evaluate two busy, academic and urban NICU and determine the feasibility of the multidisciplinary approach to care for mothers.

**Measures:** A standardized process was put in place to screen mothers at bedside in the NICU for postpartum depression using the Edinburgh postpartum depression scale (EPDS) at 1, 2, 4, and 6 months of age, in line with American Academy of Pediatrics' (AAP) recommendations. Algorithms were developed to address how likely post-partum depression was experienced as well as to address suicidality risk in collaboration with psychiatry, social services, and obstetrical colleagues when appropriate. Faculty, residents, fellows, and neonatal nurse practitioners were trained in administration, scoring, interpretation of results and use of algorithms. Screenings and scores were tracked over a 10-month period and were considered "completed" if the mother was screened within 10 days of their time period.

**Results:** Of the eligible 265 maternal screens, 66 were completed (25%). Of the screenings that were completed, 13 mothers (20%) screened 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.

**Conclusion:** A multidisciplinary approach to postpartum depression screening is feasible in multiple busy academic urban NICUs, though not without significant limitations. Barriers to this methodology include parental availability at bedside, availability of mental health support staff, administering 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, highlighting the importance and need for screening in this often-missed population