Postpartum depression (PPD) is a mood disorder that can affect as many as 15% of women of any age, race, ethnicity or economic status after childbirth, beginning shortly before or any time after childbirth, specially between a week and month after delivery and can last for weeks to year if left untreated.

With postpartum depression, feelings of sadness and anxiety can be extreme and might interfere with a woman’s ability to care for herself or her family. In addition to affecting the mother’s health, it can interfere with her ability to connect with and care for her baby and may cause the baby to have problems with sleeping, eating, and behavior as he or she grows.

Because there are effective treatments for postpartum depression, the need to screen women with postpartum depression is primordial.

In an effort to promote early intervention in mother suffering of postpartum depression in our clinic, we use the Edinburgh Postnatal Depression Scale (EPDS) to screen mothers of infants at 1 week and 2 month well-child visits, in a span of 6 months. The goal was to integrate EPDS screening tool in our flow sheet as routine practice.

**Defining the Problem**

**Problem 1:** The prevalence of clinically active postpartum depression in our clinic is unknown.

**Problem 2:** There is no standardized maternal postpartum depression screening tool in our clinic.

**Problem 3:** The rate of mothers referred for postpartum depression is unknown.

**Tools**

*This QI project demonstrated the feasibility of implementing a standardized method of postpartum depression screening by using the Edinburgh Postnatal Depression Scale (EPDS).*

The screening rate further improved when EPDS score documentation was standardized as part of the triage flowsheet for 1-week and 2-month well-child visits.

*Our future work will focus on the analysis and optimization of treatment referral.*

**References**
