Perinatal Depression: Are You Screening Your Patient?
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Description
Perinatal depression is the most common complication of childbirth. Ten percent of women experience depression in pregnancy, and approximately 15 percent of women experience significant depressive following childbirth.

Project Aim
Create a Toolkit to assist care providers in the prevention, identification and treatment of depression in pregnant and postpartum women.

Actions Taken
A depression toolkit was created and included a screening tool and algorithm for providers to use after the screen was scored. Resources were provided that included a help line, online group therapy/support groups, and in person support groups. The toolkit also included a screen for Bipolar Disorder to use prior to prescribing medication. Antidepressant options were given depending on symptoms.

Depression Brief Intervention Script:
I am here to follow up on the depression screening test you filled out. Would this be an okay time to talk about your test results? (Wait for patient to answer) You may indicate that you may have depression and benefit from treatment. You may be having some difficult coping right now. I have some information about the guidelines for depression, would you like I shared them with you? (Wait for patient to answer) We know that depression occurs in one in seven women during or after pregnancy and can cause changes in appetite, sleep, energy, etc. Are your thoughts on that? (Wait for patient to answer)

Toolkit Examples: Bipolar & Antidepressant Treatment

Bipolar Disorder Screen

Screen for bipolar disorder:
1. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as dashing too fast or spending too much money. Have you ever had a period lasting several days or longer?
2. How many people have had periods lasting several days or longer when all these time you were so irritable or guilty that you started arguments, shouted at people, or hit people?

If you answer yes to both questions, 1 and/or 2:
You are at risk for bipolar disorder. Consider referral to your primary care provider.

Antidepressant Treatment Algorithm

Is patient currently taking an antidepressant?
Yes.
No.

If patient is on antidepressant:
If discontinuing over the weekend:
Consider switching medication.

If you answer no to 1, check for suicide risk and complete a suicide assessment.

Other Risk Factors:

Reconsider discontinuation if:
- Other mental health issues (e.g., bipolar disorder)
- Other medical conditions
- Use of other medications
- History of substance use
- History of suicide ideation

Repeat EPS screening in 2–4 weeks and re-evaluate depression treatment plan via clinical judgment.

Summary of Results
A pilot was completed by 4 providers offering the screen to patients at their initial OB visit. It was then scaled to other providers within the group. The project was presented at the department meeting as well as nursing leadership meetings. As part of a research project, an OB/Gyn resident will be scaling it to additional providers educating them on the process and tracking the success with audits of completing the brief interventions if the screen meets the criteria to do so. A Behavioral Health Social Worker will be utilized to assist with treatment for the patients.