

TITLE: Postpartum Depression Screening in the First Year: A Cross-Sectional Provider Analysis in Oregon

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Community based and primary care providers, clinicians

ABSTRACT: Background Postpartum depression (PPD), affects between 10 to 19% of women, and is the most underdiagnosed obstetric complication in the US. The condition is associated with elevated rates of co-morbidities and substance misuse, damage to personal relationships and suicide or suicide attempts. For impacted children, studies suggest negative outcomes such as poor attachment and cognitive and social dysfunction. With these sequelae, screening is imperative and should continue throughout the first postpartum year. However, there may be a lack of consistency in the application of screening in the primary care setting. In Oregon, with a self-reported PPD rate of 18.2%, we need to determine if PPD screening is reaching all women. Method A descriptive, cross-sectional design, using a 36-item survey, targeted Oregon primary care providers working with women and/or children in the first year following delivery. With over 1800 potential providers, determining an a-priori sample size was challenging as neither medical nor nursing board narrowed licensee information to the required category. Those with valid email addresses were targeted, seeking data on screening practice, timing, tools, referral processes, influence of payment source, practice size, location and percentage of patients from minority backgrounds or using Medicaid. Data were analyzed using R statistical computing and Pearson's chi square tests. Results Twenty-one physicians and 34 nurse practitioners responded. Almost half had received training on PPD during their provider education. About 67% had low rates of minority patients and 58% had low rates of privately insured patients. There was an almost even split between urban and rural/frontier practices. Around 29% followed the American Academy of Pediatrics recommendations and screened at well child visits; 64% followed the United States Preventative Services recommendations and screened at least once in the postpartum year; and 31% did not meet any screening guidelines (i.e. they only screened if clinically indicated or they did not screen at all using a standardized tool). The most common barrier to screening was limited knowledge and/or availability of referral services. The only area of significance was in professional designation: physicians were more likely to meet any recommended guidelines than nurse practitioners ($p = 0.023$). Discussion In this sample, almost one third reported they did not follow any screening guidelines. This may equate to a notable number of women not receiving PPD screening and the potential for diagnosis and treatment. The majority of those reporting they do not meet recommended guidelines were nurse practitioners (NPs). This is concerning given the focus of NP practice on disease prevention and health management. Recommendations/ Conclusions Postpartum depression has significant consequences for the health of women and children. Primary care practitioners are on the front line of detection and further research is warranted to confirm a) if women are missing opportunities for early intervention and, b) if strategies can be established to standardize the approach in primary care.

OBJECTIVE(S): 1.To explore postpartum depression screening practices in the first postpartum year2.To determine barriers to meeting recommended screening guidelines in primary care.
