Adaptation of a Best Practice Model for Recognition and Treatment of Postpartum Depression in a Private Obstetrics Practice

Presented by
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The Clinical Problem

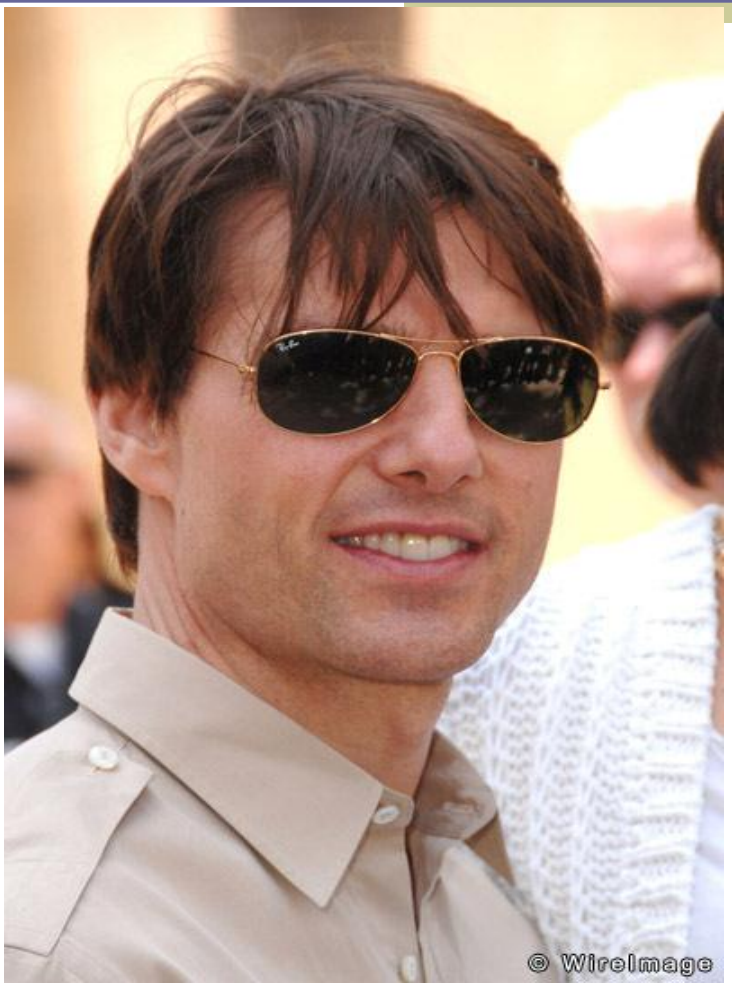
- Depression in women is twice as common as in men
- Depression in women is often tied to phases of reproduction
- Based on a meta-analysis, the incidence of postpartum depression (PPD) is approximately 10-20%, with 13% an often quoted number (Bennett, Einarson, Taddio et al, 2004).
- Impact on the individual, the family and society in general is well documented (Byatt, Simas, Lundquist, Johnson, Ziedonis, 2012; Horowitz, Murphy, Gregory, Wojcik, 2011).

Horrific News Headlines Have Had an Impact on Public Awareness

- The Andrea Yates Case in the United States

Celebrities have had an Impact on Public Awareness

Brooke Shields



Tom Cruise

The Clinical Question

- Do clinical practice guidelines already exist which can be utilized to improve recognition and management of postpartum depression?
  - Medline, Cochrane Library search conducted form 2004 to present
  - National organizations and State Health Department websites were searched
  - The guidelines most often mentioned were the 2005 RNAO Guidelines *Interventions for Postpartum Depression* (Virani et al., 2005)

The RNAO Guidelines

- Ninety page document including 17 recommendations for recognition, treatment and management of PPD
- There are 13 areas of clinical practice recommendations, 2 areas of educational recommendation and 2 areas devoted to policy and procedure development
- Most important, it stresses the need for culturally and institutionally relevant policy and procedure development

Purpose of this Evidence-based Practice (EBP) Project

- Can clinical practice guidelines developed by the RNAO in Canada be used to improve identification and management of women receiving postpartum care in a private obstetrics practice in the United States?

Secondary Aims of the Project

- Achieve 100% compliance in screening postpartum patients for depression
- Improve staff documentation of and communication about postpartum depression
- Establish an ongoing protocol for screening and management of postpartum depression

ACOG & APA Consensus Paper

- September 2009 issue of *Obstetrics and Gynecology* published algorithms agreed upon by two medical groups for the treatment of perinatal depression
- Both the combined ACOG/APA recommendations and the RNAO guidelines rely on the Edinburgh Depression Scale as the operational method of screening for recognition of women at risk for PPD (Yonkers et al., 2009)

Edinburgh Postnatal Depression Scale

- Consists of 10 questions
- Designed for self-administration
- Quick to score
- Score >12 indicates risk for depression
- Translated in many languages
- Studied in many cultures
- A subset of questions identifies anxiety
- Sensitivity 95%; Specificity 93%

Design Model for Study was *The Stetler Model of Research Utilization*

- Preparation
- Validation
- Comparative Evaluation

  These 3 phases comprised literature review & design formulation
- Translation/Application

  This phase encompassed implementation
- Evaluation

(Stetler, 2001)

Preparation, Validation & Comparative Evaluation Phases

- Literature review focused on characteristics of women at risk for postpartum depression
- Methods of screening for and treating PPD were evaluated
- Attitudes of health care providers towards identifying and caring for women at risk for PPD were examined

Preparation, Validation & Comparative Evaluation Phases

- A search for clinical practice guidelines (CPGs) was done
- An assessment of the population of women in the area where the EBP project was to be implemented was done
- An organizational assessment of the practice where the EBP project was to be implemented was undertaken

Project Design Components

- Two retrospective chart reviews were done over two separate six-week intervals
- The first review was of 170 postpartum charts before the initiation of the RNAO guidelines
- The charts were evaluated for recognition and treatment of postpartum depression
- The second review was of 168 charts similarly reviewed ***after*** the initiation of the RNAO guidelines

Project Design Components

- Prior to the initiation of the RNAO guidelines, the nursing staff received education on their use
- The providers received education on the combined ACOG/APA recommendations
- Patient educational resources were developed
- English and Spanish editions of the EPDS were obtained
- An alert was added to the EMR for the EPDS

Results from the Chart Reviews

Comparison of “Pre” and “Post” RNAO Guidelines initiation

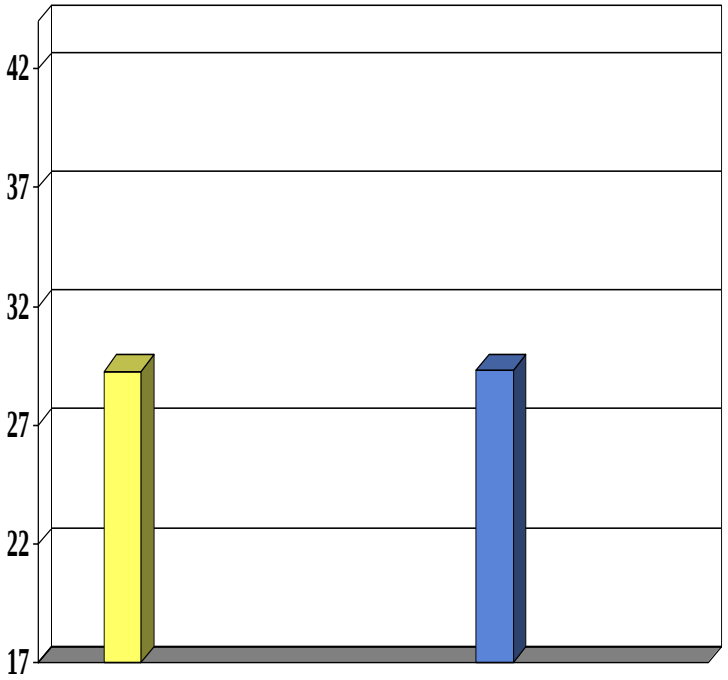
Pre & Post EPDS Groups by Age

	N	Mean Age
Pre-Screened EPDS Group	170	29.27
Post-Screened EPDS Group	168	29.31

- p = 0.4443715

Comparison of Mean Ages

- No significant difference was found between the group that was pre-screened versus the group screened with the EPDS in terms of age.



Pre-EPDS mean = 29.27
Post-EPDS mean = 29.31

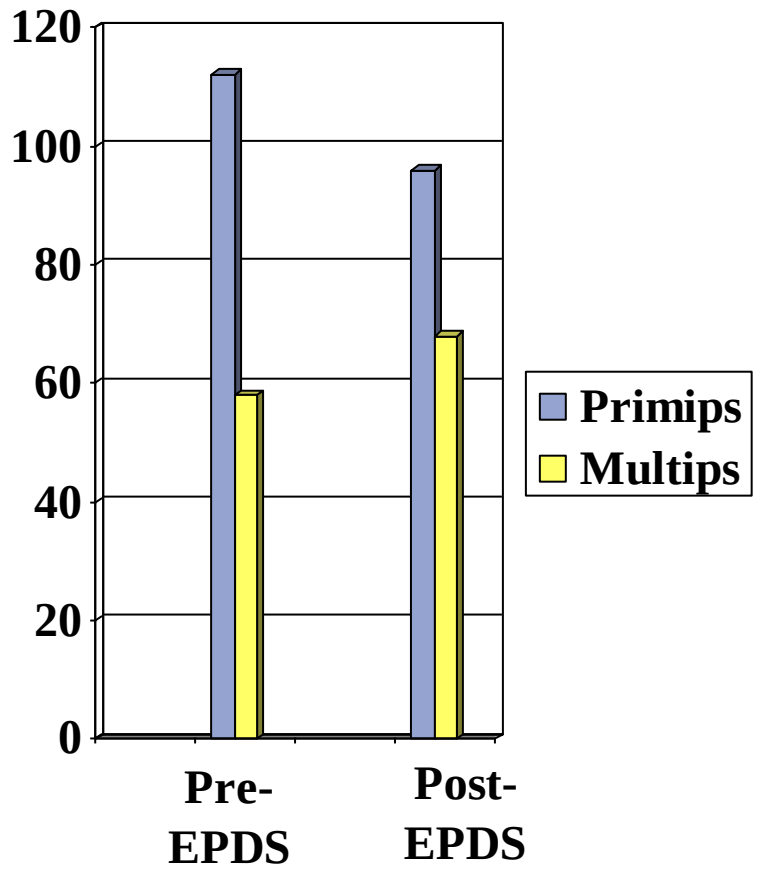
Pre & Post EPDS Groups by Parity

	Primips	Multips
Pre-Screened EPDS Group	112	58
Post-Screened EPDS Group	96	68

p = 0.920344

Pre & Post Groups by Parity

- No significant difference was found between the pre and post screened groups in terms of parity.



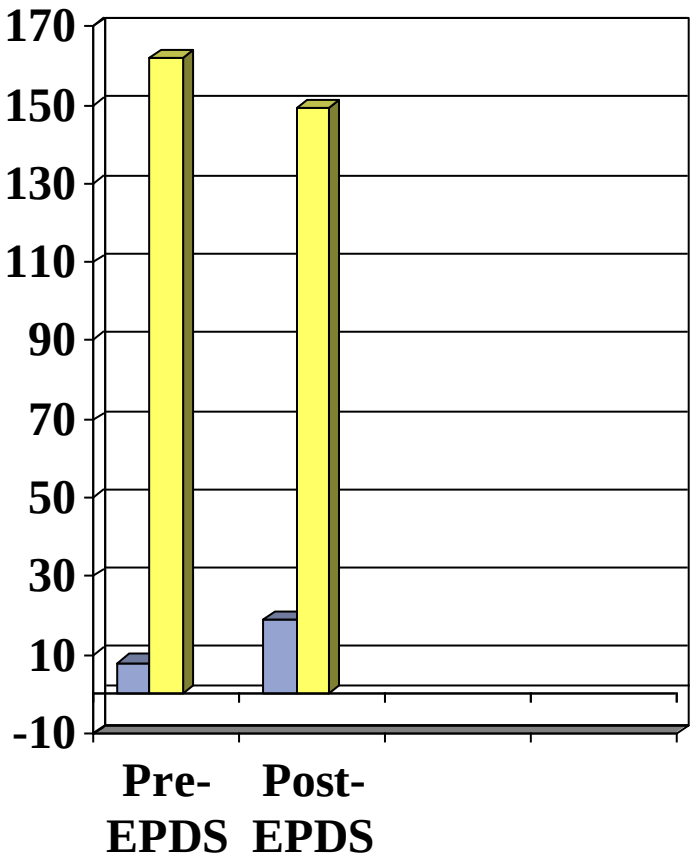
Diagnosis of PPD Pre & Post EPDS Screening

	Diagnosed as at risk for postpartum depression	Diagnosed as not depressed
Pre-Screened EPDS Group	8	162
Post-Screened EPDS Group	19	149

- p = 0.0414

Identification of Depression Pre & Post EPDS Screening

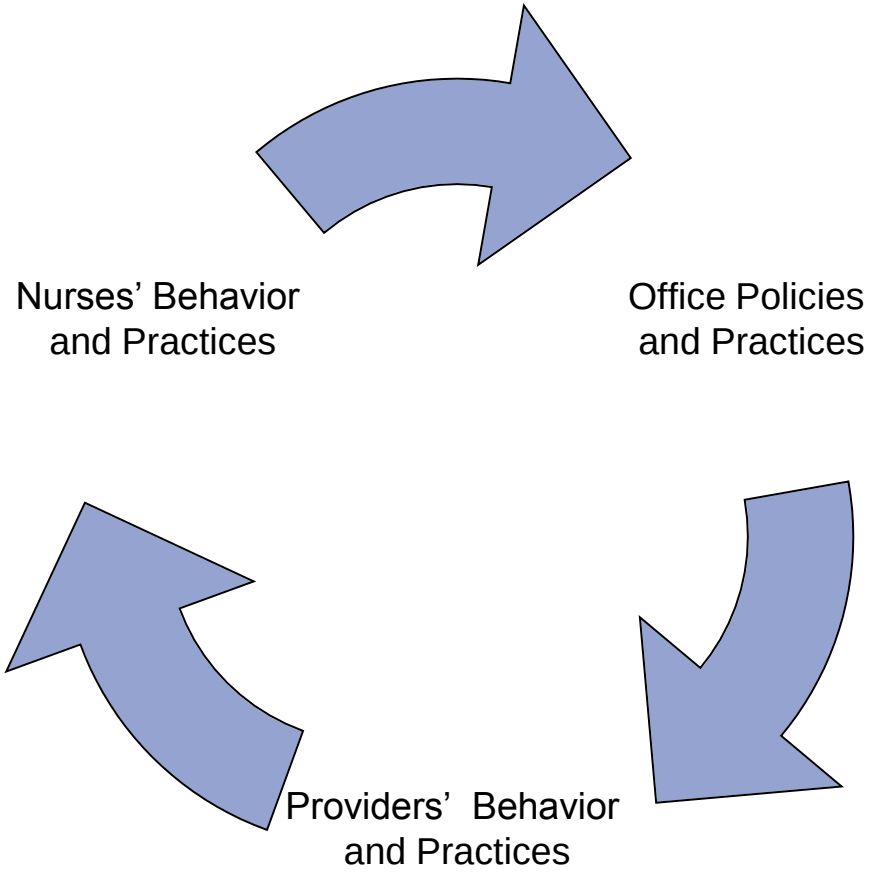
- Prior to initiation of the RNAO guidelines, 4.7 % of patients identified as at risk for PPD. No patients had any follow-up plans.
- After initiation of the RNAO guidelines, 11% of patients identified as at risk. All patients had a follow-up plan in place at the time of diagnosis.



Summary of the Findings

- The two groups were similar in terms of age and parity
- 96% of the postpartum patients in the post-initiation group were screened
- Using Chi square analysis, initiation of the RNAO guidelines resulted in identification of more women at risk for PPD
- Nursing staff and provider documentation improved
- 100% identified patients had follow-up

Implications of Implementation and Evaluation



Evaluation of Results

- Immediate problem found with initial chart review
  - No f/u had been planned for “at risk” patients
  - Those patients were contacted and plans put in place
  - Two had already contacted the practice for assistance
- Staff identified that they had no plan for emergencies. As their facility spanned 2 counties, separate provisions were made.
  - Mobile Crisis Team for Anne Arundel County was identified and a protocol put in place
  - One satellite office in Queen Anne’s County needed a separate plan that involved county police

Evaluation of Results

- The EMR was identified as a possible confounder
  - Automatic defaults may have altered data analysis
  - If a provider does not correct for automatic defaults, misleading information can be entered into the medical record
- Limitations
  - More demographic and social information could have been collected that may have shed light on anecdotal findings
  - For example, there seemed to be a relationship between economic stress and at risk patients

Evaluation of Results

- The amount of support the nursing staff required to implement the guidelines had not been accurately anticipated
- Peer support, small group meetings and consultation with the mobile crisis team and a local therapist were all utilized to increase staff comfort level with the subject matter and demands of communicating with depressed patients
- Limit setting with adequate closure with patients proved most difficult

Sustainability

- This involves the ongoing use of the EPDS by this practice
- A flow plan for follow-up was developed in a calendar form so all staff know the progress of at risk patients
- Documentation of the use of the guidelines has become part of the ongoing obstetrical chart audit
- Ongoing education for nursing staff and providers will need to reflect changing standards of care

Conclusion

- Initiation of the RNAO Guidelines can positively influence the identification and management of patients at risk for postpartum depression in a private obstetrical practice

References

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