Inpatient Postpartum Depression Risk Assessment

Alison Palmer, RN, MS, WHNP-BC
Postpartum Emotional Support Program
Elliot Hospital
Manchester, NH
Why screen for risk factors for postpartum depression (PPD)?

- Depression and/or anxiety may or may not present in the immediate postpartum period.

- Universal screening of ALL new mothers will identify risk factors that may predispose them to PPD.

- By making patients aware of the risk factors that can make them vulnerable to PPD, they can mobilize their support networks and access available resources after discharge to home.
Postpartum Depression Risk Assessment Questionnaire

Baby blues and postpartum depression are very common in the first few weeks and months after delivery. This questionnaire will help us tell if you have an increased risk of having any postpartum adjustment difficulties. If we see that you may be at risk, a nurse may call you at home to see how you are doing and offer suggestions that could help make this easier. Your completed questionnaire will be placed in your medical record and a copy may be forwarded to your healthcare providers.

Please respond to the following confidential statements as honestly as you can.

YES NO

1. My immediate family has a history of depression, anxiety, or mental health problem.

2. During the past year, I have experienced a lot of negative stress and change.
   (Example: loss of a job, loss of a loved one, undesired move, etc.)

3. This was a VERY difficult pregnancy for me emotionally and/or physically.

4. This was a VERY difficult birth for me emotionally and/or physically.

5. I have a history of an emotional problem (depression/anxiety/abuse/eating disorder, etc.) that was not related to childbirth that may have been treated with counseling or medication.

6. I had depression or anxiety in the weeks/months following the birth of another child or pregnancy loss.

7. I often feel unloved and unsupported by those around me.

8. I have taken medication for depression, anxiety, or bipolar disorder during this pregnancy.

9. During this pregnancy I have had some VERY disturbing feelings or thoughts.

10. I am currently having difficulty with depression, anxiety, anger, or frightening thoughts. I may look happier on the outside than I feel on the inside.

11. I have thoughts of hurting myself and/or my baby, and am afraid that if I tell someone how I feel they will not understand or they will think something is really wrong.

☐ My baby is in the Neonatal ICU.

☐ I have delivered a multiple birth.

☐ I would like more information about Postpartum Emotional Support regardless of the outcome of this assessment.
Distribution of the PPD Risk Assessment Questionnaire

- The PPDRA will be given to every new mother on the maternity unit*

- During the **evening shift** after the baby is delivered *(or at least within 24 hours of birth)*

* Women who have experienced a fetal demise are exempt, and should receive the appropriate perinatal bereavement information.
How to present the questionnaire to the patient

“Baby blues and postpartum depression are very common in the first few weeks and months after delivery.

It is just as important to take care of your mental and emotional health, as it is your physical health.

This questionnaire will help tell us if you have an increased risk of having any postpartum adjustment difficulties.

If we see that you may be at risk, a nurse may call you at home to see how you are doing and offer suggestions that could help make this easier.

Your completed questionnaire will be placed in your medical record and a copy may be forwarded to your healthcare providers.”
Instructions on completing the PPDRA

- The PPDRA should be read and answered by the **mother**
  
  *(not by the FOB, RN, or other family member)*

- Instruct the mother to return the completed questionnaire to the RN by the evening shift before she is due to be discharged, so it can be reviewed before she leaves the hospital.
How to score the PPDRA

A color, laminated Algorithm for Use of the Postpartum Depression Risk Assessment has been created for your convenience!

Find one on a nursing unit or Mother’s chart near you!
Low Risk

- All items are marked “NO” on questions #1-11.

- Patient receives routine discharge teaching on postpartum depression.

- Document PPDRA score:
  - On bottom of the questionnaire
  - In Epic
  - On the Postpartum MD orders

- No further follow-up.
Moderate Risk

- One or Two items marked “YES” on questions #1, 2, 3, or 4.
- All others marked “NO” on questions #5-11.

**Patient Education:**

- Review contents of PPD packet and Elliot Postpartum Emotional Support Program (PESP) brochure with patient

- Encourage patient to view the “Baby Blues and Beyond” video with her support person

- Review steps to take if she becomes symptomatic when home:
  - Notify healthcare provider
  - Call PESP phone line 663-8927
  - Call Postpartum Support International helpline
  - Attend PPD Support group
Moderate Risk

Document PPDRA score:
- On bottom of the questionnaire
- In Epic
- On the Postpartum MD orders

Review patient’s phone contact information
- Mom will receive a follow-up phone call at 3-4 weeks postpartum

Unit secretary to send copy of PPDRA and clean copy of Edinburgh Postnatal Depression Screening (EPDS) to OB provider’s office

Coordinate ONE VNA home visit for patient
High Risk

Any items marked “YES” on questions #5, 6, 7, 8, and 9

OR

Three or four items marked “YES” on questions #1-4.
High Risk

Patient Education:

- Review contents of PPD packet and Elliot Postpartum Emotional Support Program (PESP) brochure with patient
- Encourage patient to view the “Baby Blues and Beyond” video with her support person
- Review steps to take if she becomes symptomatic when home:
  - Notify healthcare provider
  - Call PESP phone line 663-8927
  - Call Postpartum Support International helpline
  - Attend PPD Support group
High Risk

Document PPDRA score:
- On bottom of the questionnaire
- In Epic
- On the Postpartum MD orders

Review patient’s phone contact information
- Mom will receive a follow-up phone call at 3-4 weeks postpartum

Unit secretary to send copy of PPDRA and clean copy of Edinburgh Postnatal Depression Scale (EPDS) to OB provider’s office

Coordinate **TWO VNA home visits** for patient
Immediate Risk

Any one item marked “YES” on question #10 and/or #11.

Nursing Responsibilities:

- Notify OB provider for possible Psych Consult
- Order Social Work Consult
- Notify Pediatric Care Provider
- Ask patient to complete the Edinburgh Postnatal Depression Scale (EPDS)
  - Report results to OB provider and social worker
Immediate Risk

Patient Education:

- Review contents of PPD packet and Elliot Postpartum Emotional Support Program (PESP) brochure with patient

- Encourage patient to view the “Baby Blues and Beyond” video with her support person

- Review steps to take if she becomes symptomatic when home:
  - Notify healthcare provider
  - Call PESP phone line 663-8927
  - Call Postpartum Support International helpline
  - Attend PPD Support group
Immediate Risk

- Document PPDRA score:
  - On bottom of the questionnaire
  - In Epic
  - On the Postpartum MD orders

- Review patient’s phone contact information
  - Mom will receive a follow-up phone call at 1-2 and 4-5 weeks postpartum

- Unit secretary to send copy of PPDRA to OB and Pedi care provider’s offices

- Unit secretary to send clean copy of Edinburgh Postnatal Depression Scale (EPDS) to OB provider’s office

- Coordinate TWO VNA home visits for patient
Here are the three new flow sheet rows in EPIC for Postpartum Depression Risk Assessment.
These are the answer options for each of the three flowsheet rows and the row description for the PPD Interventions row.

### Value Range for Row

<table>
<thead>
<tr>
<th>Back</th>
<th>Next</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine PPD Education provided</td>
<td>OB Provider made aware of PPD risk status</td>
<td>Invitation to PPD support group and New Mom’s group</td>
</tr>
<tr>
<td>PPD Support Group packet provided and reviewed with patient</td>
<td>OB Provider notified for potential psych consult</td>
<td>Pedi care provider notified</td>
</tr>
<tr>
<td>Social Work consult ordered</td>
<td><strong>Row Description</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Low Risk:
- Routine PPD education provided
- OB Provider made aware of PPD risk status
- Follow up phone call at 3-4 weeks postpartum
- Coordinate one VNA home visit

#### Moderate Risk:
- OB Provider made aware of PPD risk status
- Follow up phone call at 3-4 weeks postpartum
- Coordinate one VNA home visit

#### High Risk:
- OB Provider made aware of PPD risk status
- Invitation to PPD support group and New Mom’s group
- PPD Support Group packet provided and reviewed with patient
- Coordinate two VNA home visits

#### Immediate Risk:
- OB provider notified for potential psych consult
- Pedi care provider notified
- Social Work consult ordered
- PPD Support Group packet provided and reviewed with patient
- Invitation to PPD Support Group
- Coordinate two VNA home visits

**Last Filed Value**

**No data filed since 03/13/09 0000**
These are the two postpartum assessment flowsheet templates where the screening group has been added. As soon as “Immediate Risk” is documented and filed in the flowsheet, the following BPA will fire:

- This patient has been identified as being at Immediate Risk for PPD. Proceed with Social Work consult and notify MD for possible Psych consult. Notify Pediatric Care Provider.
- Open Order Set: Postpartum Depression Screening
Clicking “Accept” takes the user to the following BPA order set to order the Social Work consult.
Possible Scenarios and How to Handle Them
Patient does not wish to fill out the Risk Assessment

- If this is not a doctors order, it cannot be enforced. But we can strongly encourage it. It can only benefit our patients.

- Explain that this is confidential information to be shared with her HCP and the nurses who are caring for her.

- If she has some sensitive issues that she is willing to only verbally share with us, then call the Postpartum Emotional Support Program number 663-8927 and leave a referral.

- We would be happy to visit her and provide her with the same educational resources. Or if you think social work consult is in order, by all means don’t hesitate to make one.
Patient fills it out and hands it to you upon discharge.

- Review the risk assessment.

- If you see that she has marked any one or more risk factors, you may mention that she is indeed more susceptible to PPD and the routine PPD teaching should be completed.

- If she has any further concerns, remind her that the phone number to the PESP is located in each of the mentioned handouts.

- Place the assessment in the collection box with a note that the patient is discharged and if there was any intervention/teaching done.
The patient does not speak English.

Whenever possible, utilize translation services to ensure accurate interpretation of patient needs and your instructions or advice.

We have the Edinburgh Postnatal Depression Scale (EPDS) in 20 different languages.

If the patient were having current symptoms of anxiety or depression, it is important to screen with the EPDS to evaluate the need for intervention.
The patient is placing her baby for adoption.

Yes, still give her a risk assessment.
Patient says, “I already know about this, I have other children”.

Please respond with

“All the more reason to fill it out, as one of the questions asks if you experienced PPD after your previous children were born.

Did you know that you could still be susceptible to PPD even if you have never experienced it before?”
Edinburgh Postnatal Depression Scale

- A PPD screening tool, not a diagnostic tool for depression
- It is free to use
- Written in 20 languages
- Simple to fill out
- 10 quick questions, takes 3-5 min to complete
- Patient self-reports
- It is easy to score
- Has been researched and validated
- May be used to screen women during the prenatal or postpartum period
  - Can be used any time from just after delivery throughout the first year after birth
- Many OB, Pedi, and Family practice offices use this routinely at periodic prenatal, postpartum, and well-baby visit.
One way to introduce screening to the woman is to say:

“It is routine for us to check with all of our postpartum women about how they are feeling. We like to know a little about your emotional health.”
Edinburgh Postnatal Depression Scale (EPDS)

Date: ___________________________ Clinic Name/Number: ___________________________

Your Age: ___________________________ Weeks of Pregnancy/Age of Baby: ___________________________

Since you are either pregnant or have recently had a baby, we want to know how you are feeling now. Please place a CHECK MARK (✓) by the answer that comes closest to how you have felt IN THE PAST 7 DAYS—not just how you feel today.

Below is an example already completed.

I have felt happy:
Yes, all of the time
Yes, most of the time ✓
No, not very often
No, not at all

This would mean: “I have felt happy most of the time” in the past week. Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things:
   As much as I always could
   Not quite so much now
   Definitely not so much now
   Not at all

2. I have looked forward with enjoyment to things:
   As much as I ever did
   Rather less than I used to
   Definitely less than I used to
   Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   Yes, most of the time
   Yes, some of the time
   Not very often
   No, never

4. I have been anxious or worried for no good reason:
   No, not at all
   Hardly ever
   Yes, sometimes
   Yes, very often

5. I have felt scared or panicky for no good reason:
   Yes quite a lot
   Yes, sometimes
   No, not much

6. Things have been getting to me:
   Yes, most of the time I haven’t been able to cope at all
   Yes, sometimes I haven’t been coping as well as usual
   No, most of the time I have coped quite well
   No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:
   Yes, most of the time
   Yes, sometimes
   No, not very often
   No, not at all

8. I have felt sad or miserable:
   Yes, most of the time
   Yes, quite often
   Not very often
   No, not at all

9. I have been so unhappy that I have been crying:
   Yes, most of the time
   Yes, quite often
   Only occasionally
   No, never

10. The thought of harming myself has occurred to me:
    Yes, quite often
    Sometimes
    Hardly ever
    Never

TOTAL YOUR SCORE HERE

If your total score is more than 12, it means that you have been feeling down over the past few weeks. We are concerned for you and will talk with you during your visit to determine how we can best help you begin to
Scoring Instructions

1. The mother is asked to underline the response that comes closest to how she has felt during the previous seven days.

2. All 10 items must be completed.

3. Care should be taken to avoid the possibility of the mother discussing her answers with others.

4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

- Response categories are scored 0, 1, 2, and 3, according to increased severity of the symptom.

- Items #3 and #5-10 are reverse-scored (e.g., 3, 2, 1, 0).

- The total score is calculated by adding together the scores for each of the ten items.
WHAT
is the most important question on the EPDS?
Question #10 which reads,
#10-The thought of harming myself has occurred to me…..
3- Yes, quite often
2- Sometimes
1- Hardly ever
0 - Never

Any answer other than “0 Never” requires further follow-up.
Interpretation of the EPDS score

A score of **12 or more** indicates a “major depression” and suggests intervention take place, whether it be medication, therapy/counseling, or additional social support (support group, etc).

Confirmation of a “major depression” requires 2 consecutive scores of 12 or more separated by 2 weeks, plus an interview.
Routine and At-Risk PPD Patient Education

Please review the scripts for routine and at-risk PPD patient education. Copies of these will be in a resource manual on the maternity units and may also be obtained from the Postpartum Emotional Support Program.

Alison Palmer, RN, MS, WHNP-BC
Palmer1@elliot-hs.org
Office: 663-3052
PESP phone line: 663-8927