

BACKGROUND

Infants of mothers with Postpartum Depression (PPD) can experience long-term physical and mental health problems, as well as developmental delays

- An estimated 1 in 8 (12.5%) women experience PPD
- Higher rates of PPD are reported in mothers of infants in the NICU
- Mothers with hospitalized critically ill children miss well-child visits and postpartum appointments, thus missing screening opportunities
- Studies examining PPD screening in the inpatient setting found that most women screened had not been previously screened
- There was no standardized screening for PPD being performed in the Pediatric Intensive Care Unit (PICU) and Pediatric Cardiac Intensive Care Unit (PCICU)

PURPOSE & GOALS

Purpose: To provide standardized PPD screening to all eligible mothers in the PICU and PCICU to close a gap in care for those not being screened in the outpatient setting and to provide screening for mothers at higher risk for PPD.

Goals:

- 100% of eligible mothers will be offered screening
- 100% of mothers that screen positive will receive social work referrals
- 100% of mothers that screen positive for suicidal ideation will receive a safety assessment and social work referral

METHODS

Setting: PICU and PCICU

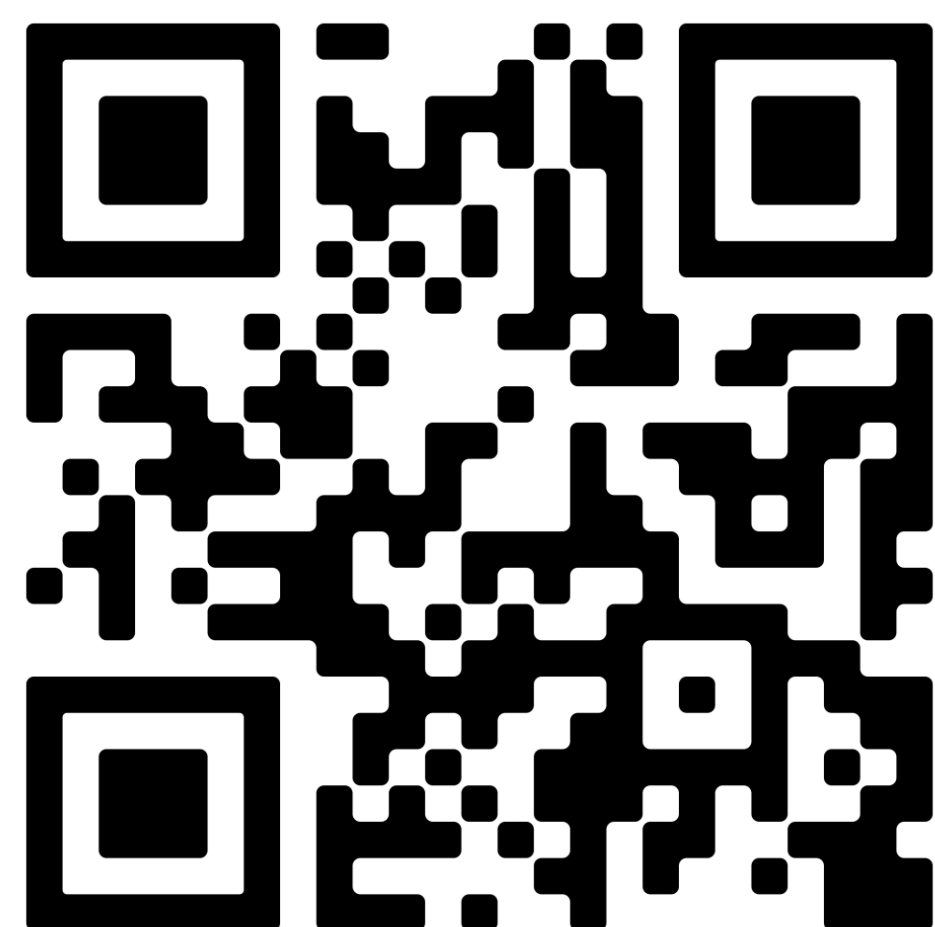
Eligible: Women with Infants 12 months and younger

Interventions:

- Eligible women offered English or Spanish PPD resource packet and voluntary screening with Edinburgh Postnatal Depression Scale (EPDS) over a 14 week period
- Women with scores ≥ 11 received social work referral and borderline scores (9 and 10) were evaluated for possible referral
- Women identified with suicidal ideation received safety assessment and were escorted to ED if necessary

Monitoring & Data Collection:

- Chart audits conducted to ensure social work referral completed for women who screened positive
- Data collected by pulling reports on weekly admissions and notes written using the designated "smart phrase" in EHR



Scan QR code for algorithm and folder materials

Standardized Postpartum Depression Screening in Pediatric Intensive Care Units

Lydia Durham BSN, RN¹
Shari Simone DNP, CPNP-AC, APRN-BC, FAANP, FCCM, FAAN²
Amanda Levin, MD³

¹ University of Maryland School of Nursing, Johns Hopkins Hospital
² University of Maryland
³ Johns Hopkins Hospital

PRESENTER: Lydia Durham, BSN RN

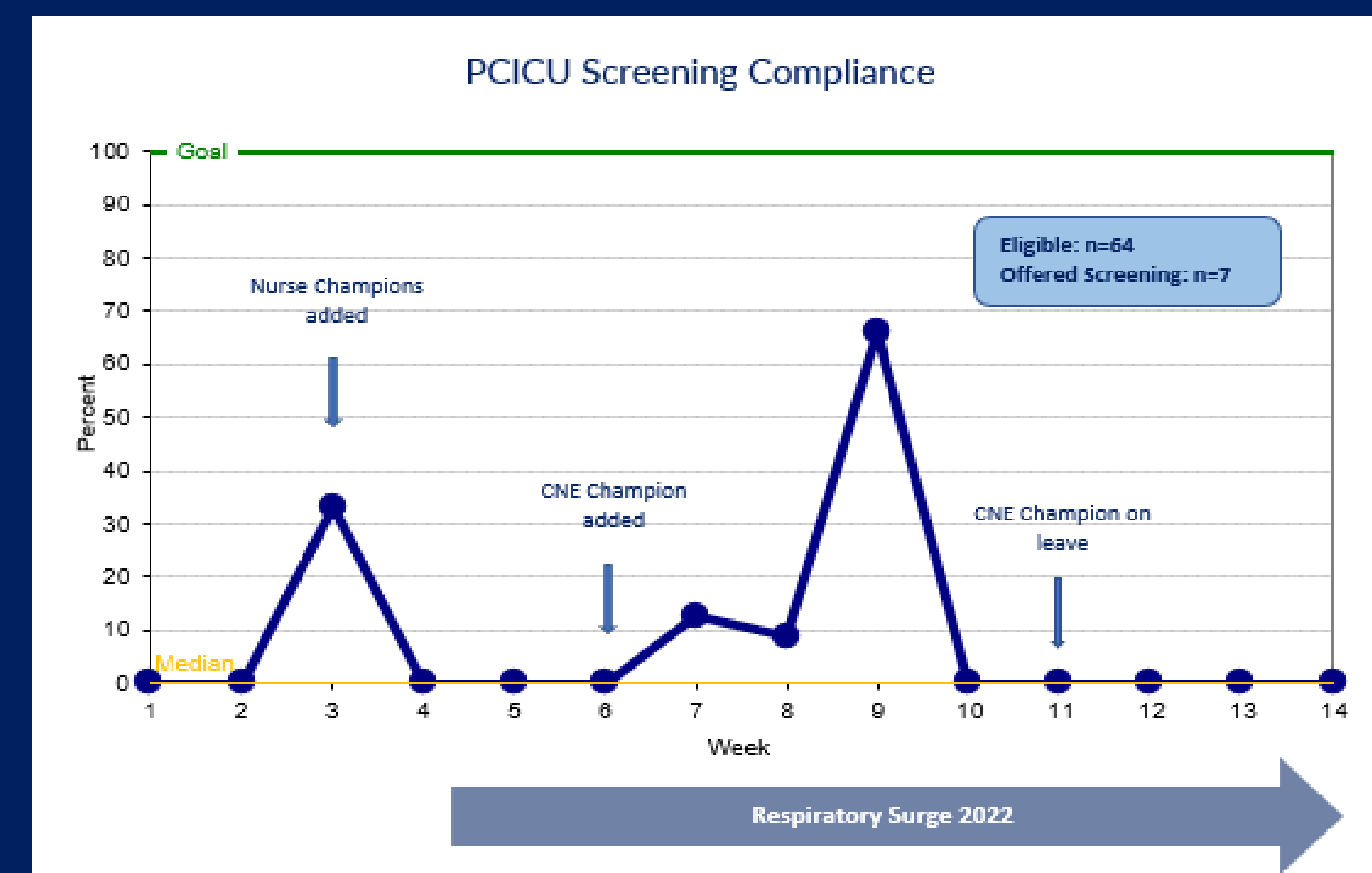
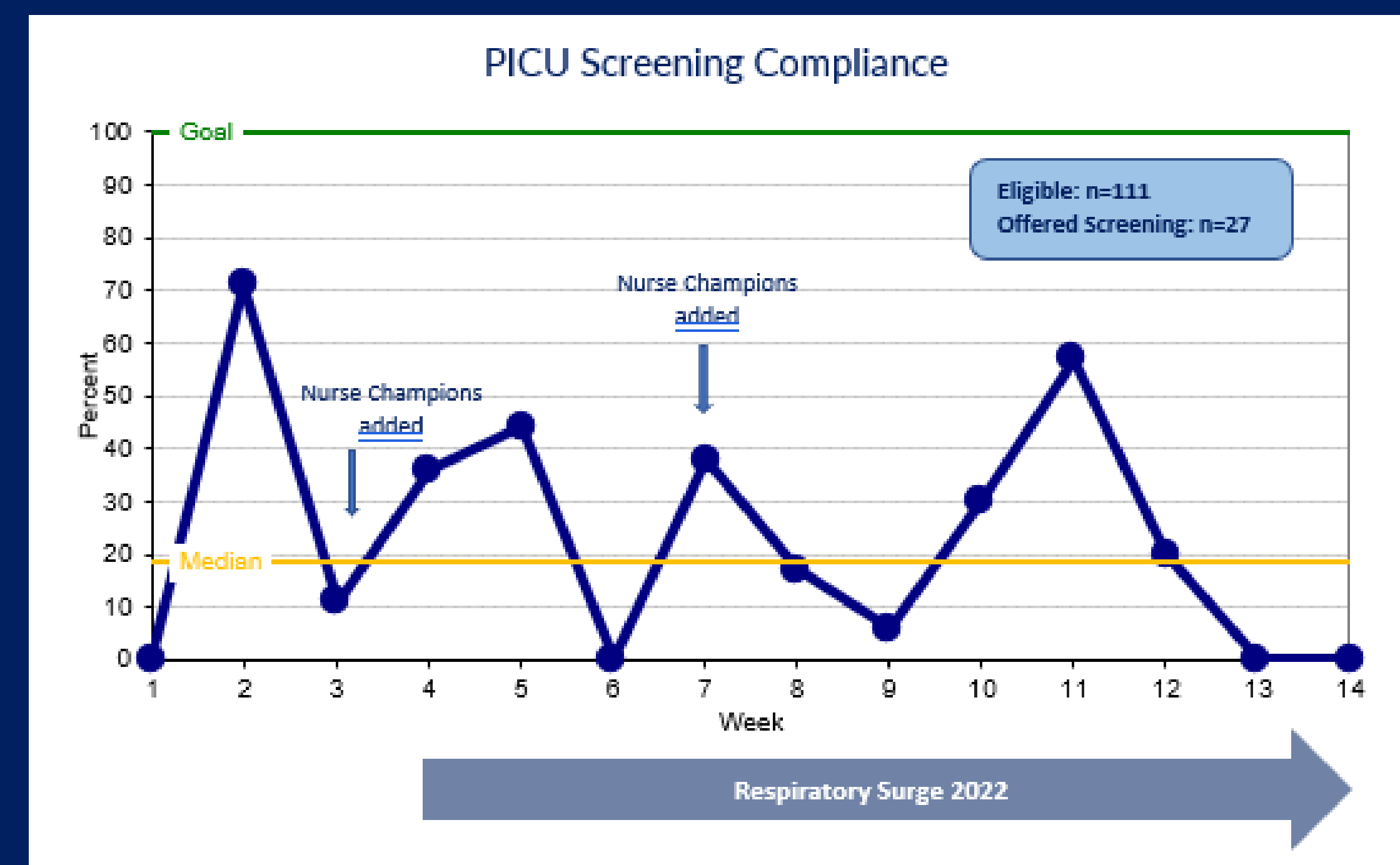
"A higher rate of postpartum depression was identified in mothers of infants admitted to the PICU and PCICU when compared to the general population."

RESULTS

Combined positivity rate of 40% if borderline scores of 9 and 10 included

Table 1
PPD Screening Results by Unit

Unit	Combined	PICU	PCICU
Eligible Admissions (n)	178	114	64
Offered Screening (n)	35 (19.6%)	28 (24.5%)	7 (10.9%)
Participated in Screening (n)	27 (77%)	22 (78.5%)	5 (71.4%)
Not Previously Screened (n)	4 (14.8%)	3 (13.6%)	1 (20%)
EPDS Score Range	0-20	0-20	0-10
EPDS Score Average	7.2	7.4	5.8
EPDS Score ≥ 11	5 (18.5%)	5 (22%)	0 (0%)
EPDS Score ≥ 9	11 (40%)	9 (40%)	2 (40%)



DISCUSSION

- PICU had higher screening compliance than PCICU
- Higher average EPDS score in the PICU
- 1 mother with suicidal ideation identified in the PICU
- Some women identified with postpartum depression had not been previously screened
- 3 Mothers endorsed already being treated for PPD
- A higher rate of postpartum depression was identified in mothers of infants admitted to the PICU and PCICU when compared to the general population

BARRIERS & LIMITATIONS

- Staff turnover
- High percentage of agency nurses on staff
- Mothers not always present at bedside
- Respiratory surge fall 2022 resulted in changes of unit structure and acute care nurses that had not received education floated to care for some patients
- Low screening compliance may have skewed overall positivity rate
- Difficult to differentiate between PPD and acute stress response from ICU admission in some cases
- Screening compliance lower when champions were not on the unit

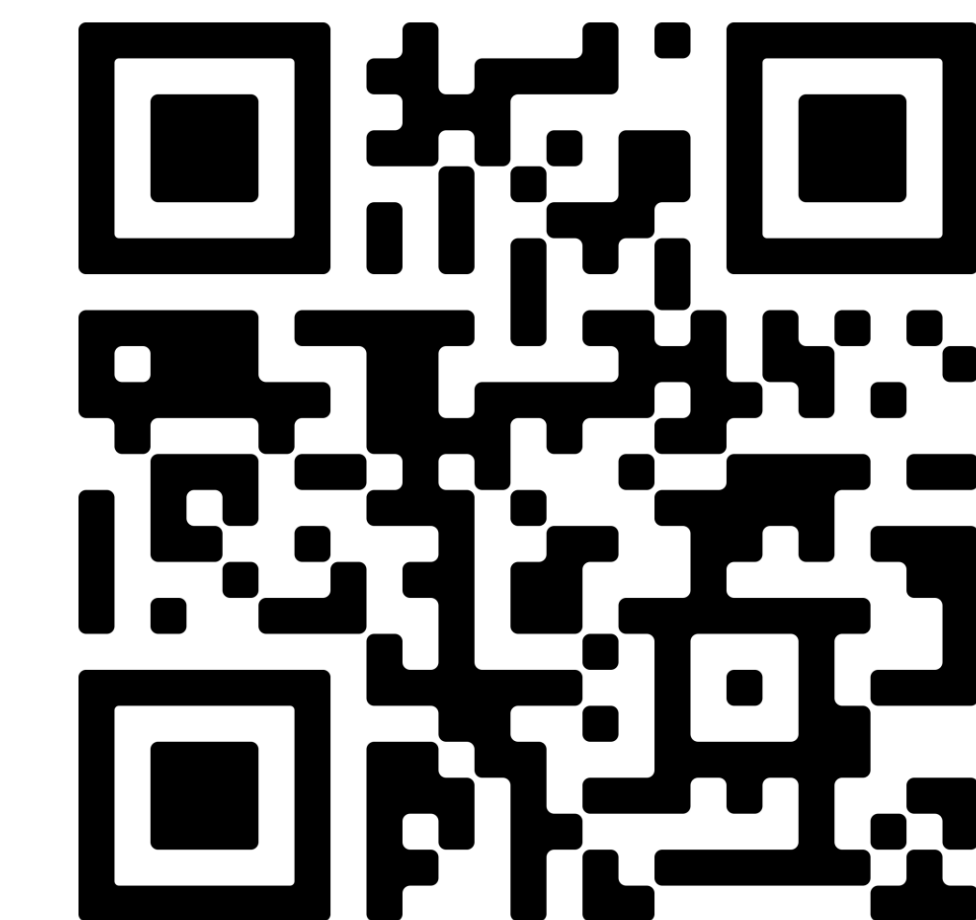
CONCLUSIONS & LESSONS LEARNED

Screening for PPD in the PICU and PCICU identified mothers at risk for PPD that had not been previously screened.

- This project demonstrated that a gap in care can be closed with screening in the inpatient setting.
- Universal screening is feasible but high staff turnover and mothers spending limited time on the unit impacted screening compliance.
- Compliance could be improved during sustainability phase by developing mandatory education modules for staff and integrating screening into the EHR.

ACKNOWLEDGEMENT

This project was completed to fulfill the requirements of the DNP program at University of Maryland School of Nursing.



Scan QR code for references



Lgray23@jhmi.edu