

Title Point of Care Screening and Intervention for Postpartum Depression at Well Child Visits

X This research or innovation project is now “in progress” – the project will not be completed by the date of the Research & Innovation Forum but investigators will present on the progress of the research. Projects in progress will be considered for poster presentations only.

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Abstract

Objective or Hypothesis

Objectives: To examine the incidence of post partum depression in mothers when screened at well child visits as well as outcomes when mothers receive point of care mental health services for postpartum depression. Outcomes will determine change in PHQ-9 scores from baseline to three follow-up data collection points. Research questions to be examined are: R1: Do PHQ-9 scores in mothers reduce from baseline to 6-month and 9-month follow-up when they receive mental health services for post-partum depression? R2: Do PHQ-9 scores reduce more for patients who receive point-of-care interventions at time(s) of screening over those who receive internal referrals, external referrals, or no mental health services?

Population

Background and Population: Postpartum depression is a major cause for morbidity among young mothers, with higher rates in urban low-socioeconomic status minorities. Untreated postpartum depression greatly affects both maternal and child outcomes. Studies have shown increased detection of postpartum depression by screening at well child visits, as well as improved outcomes when women are treated from this improved screening. This study is being conducted in an urban family medicine residency clinic that services low-socioeconomic status minorities.

Methods

Methods: Mothers will be screened at every well child check between two weeks and six months using PHQ9s. Point of care mental health intervention and care coordination will be implemented for positive scores. Outcomes will be measured at 6, 12 and 18 months.

Main Results

(In Progress) Expected results will demonstrate a reduction of PHQ-9 scores from baseline through 6, 12, and 18 month assessment. Expected results will also show a decrease in PHQ-9 scores from those that receive point of care behavioral health interventions than those that receive care as usual.

Conclusions

(Expected): Point of care behavioral health interventions are expected to successfully reduce postpartum depression scores among this specific low-income, minority patient population. Screening for postpartum depression at well child visits is expected to increase the detection of depressive symptoms and increase the opportunity for delivery of early interventions targeted at symptoms reduction.

IRB Approval X HIPAA Compliance X Mentor(s) Laura Miller, MD; Tanner Nissly, DO; Jerica Berge, PhD, MPH

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