Maternal Mental Health and Patient Reported Outcomes: Identifying At-Risk Pregnant and Postpartum Patients

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Abstract : Aim: The Edinburgh Postnatal Depression Screen (EPDS) is a mental health screening for pregnant women that has been widely used over the last 30 years. This screen is typically given in clinic on paper to patients throughout pregnancy and postpartum. The screen helps identify patients who may be at risk for pregnancy related depression or postpartum depression. In early 2016, University of Utah Health implemented an electronic version of the EPDS as well as the PROMIS Depression v1.0 instrument for all pregnant and postpartum patients. We asked patients both instruments to understand coverage of patients identified as at risk for each instrument. Methods: The EPDS is currently administered as part of our PRO template for pregnant and postpartum women. We also administer the PROMIS Depression as part of a standard PRO assessment to all patients. Patients are asked to complete an assessment no more often than every eight weeks. PRO assessments are either completed at home or in clinic with a tablet computer. Patients with a PROMIS score of ≥ 65 or a EPDS score of ≥ 10 were identified as at risk for depression Results: From April 2016 to April 2017, 1,330 unique patients were screened at University of Utah Health in OBGYN clinics with both the EPDS and PROMIS depression instrument on the same day. There were 28 (2.1%) patients were identified as at risk for depression using the PROMIS depression screen, while 262 (19.7%) patients were identified as at risk for postpartum depression using the EPDS screen. Overall, 27 (2%) patients were identified as at risk on both instruments. Conclusion: The EPDS identified a higher percent (19.7%) of patients at risk for depression when compared to the PROMIS depression (2.1%). Ninety-six percent of patients who screened positive on the PROMIS depression screen also screened positive on the EPDS screen. Mental health is an important component to a patient's overall wellbeing. We want to ensure all patients, particularly pregnant or post-partum women, receive screening and treatment when necessary. A combination of screenings may be necessary to provide the overall best care for patients and to identify the highest percentage of patients at risk.

Keywords : patient reported outcomes, mental health, maternal, depression
Conference Title : ICHIBDPS 2018 : International Conference on Health Informatics, Big Data Processing and Systems
Conference Location : Lisbon, Portugal
Conference Dates : April 16-17, 2018