Methods of Screening to Detect Postpartum Depression

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Methods of Screening to Detect Postpartum Depression
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PATIENT CARE ISSUE

Background & Significance
-Mood altering condition that affects women after childbirth
-Postpartum depression affects 10-20% of women after delivery1,2
-Signs and Symptoms
-Ability to perform activities of daily living
-Feelings of inadequacy/worthlessness
-Discontinued outlook on life
-Altered sleeping pattern
-Overall worried feelings
-Exhaustion
-Screening is better than normal routine care in detecting postpartum depression3
-Only a small percentage of women are receiving screening1

Our Focus: To find the best evidence-based screening practice for nurses to detect postpartum depression: The Edinburgh Postnatal Depression Scale (EPDS) vs. Postpartum Depression Screening Scale (PDSS)

EVIDENCE-BASED PRACTICE QUESTION

Question: Is the EPDS or the PDSS more effective in detecting postpartum depression?

P- Women who have recently delivered a child
I- Screening tools used to detect postpartum depression
C- EPDS vs. PDSS
O- Reduce the incidence of postpartum depression and consequences following

RESULTS

EVIDENCE-BASED PRACTICE QUESTION

EPDS (Edinburgh Postnatal Depression Scale)
- Score doesn’t diagnose – it indicates probable depressive disorder5
- Valued in many cultures5
- Most widely used screening tool
- 10 item self-survey questionnaire

PDSS (Postpartum Depression Screening Scale)
- Problems: cost and high rates of false positives
- 35 item self-report questionnaire

SYNTHESIS OF EVIDENCE

EPDS:
- EPDS usually favored because it includes aspects of depression and anxiety
- It is the most effective when used at 6-8 weeks postpartum
- Convenient—can be done over phone

PDSS:
- Highly used among Spanish speaking and Native American women
- Includes some aspects that EPDS leaves out
- Assesses woman in seven different areas
- Can be done over telephone

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- After the literature was reviewed the consensus is the EPDS is the best evidence-based screening tool available. Both are effective, yet the EPDS is better for general screening.
- More high level research is needed to support

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Special thanks to Angela the charge nurse of the Mother/Baby Unit at Kettering Hospital

REFERENCES


METHODS

- Databases searched: PubMed, Academic Search Complete, and Medline
- Keywords: “postpartum depression,” “screening tools”
- Inclusion criteria: articles within the past five years, full-text articles attached, English, Human Species
- Found 70 articles within the inclusion criteria and used 9

LIMITATIONS

- Screening tools in the United States are not standardized
- Limited information on other screening methods besides EPDS

REGISTERED NURSE INTERVIEW

- Charge nurse on the Mother/Baby unit at Kettering Hospital stated that postpartum depression is not going to set in within the mother’s stay at the hospital and their main priority is education upon discharge and if any signs or symptoms persist then they should notify their obstetrician.
- She did not mention anything about screening.
- Kettering Health Network offers a class called Many Shades of Blue as well as hotline that is available with support and a guarantee call back

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