Perinatal Mental Health Screening in the OB-GYN Clinic Records

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INTRODUCTION

- Perinatal depression has been recognized as a major public health concern with up to 19% of women experiencing depression during pregnancy and/or the postpartum period.
- In 2010, Massachusetts passed legislation to promote early identification of depression during the perinatal period.
- Reducing perinatal depression has been a major priority for the American College of Obstetricians and Gynecologists.
- Overall, these initiatives are consistent with the goals of the US Preventative Services Task Force to promote the practice of systematic screening of depressed women.

METHODS

- As part of an ongoing study on mental health in pregnant women, we conducted a medical record review of patients seen at the obstetric-gynecology clinic at BIDMC hospital in Boston from November 15, 2017 to February 26, 2018.
- Our review included 829 records of women attending prenatal and postpartum appointments. 52 patients were seen or scheduled for their first OB visits (N/OB), 507 patients were seen for returning OB visit (R/OB), and 270 patients were seen or scheduled for postpartum visits.
- Medical records were reviewed on the database WebOMR Lite. Patients were identified based on family history and diagnostic information listed in the locations highlighted in red below:

- The psychiatric diagnoses included in this review were depression, anxiety, comorbid depression and anxiety, and bipolar disorder, accordingly coded D, A, DA, and BP.
- A broad coding system was developed to categorize women based on the status of their latest perinatal depression screening. For the prenatal appointment we reviewed for standardized measures (e.g., PHQ-2, EDS, EPDS); for the postpartum appointment, we recorded the use of a standardized tool AND if the provider noted a conversation about postpartum depression during their appointment.

Label	Definition
No screen indicated in records	Mothers or pregnant woman who did not have a perinatal depression screening in their medical record. Includes mothers who have received a screen in the past, but none since the initiation of pregnancy, and also mothers who are indicated to have depression but a screening was not officially reported.
Screen, no depression	Mothers who received a depression screening during their pregnancy and were found to be asymptomatic. Includes mothers who reported a history of psychiatric diagnosis but were presently found to be asymptomatic.
Screen with depression	Mother who received screening during their pregnancy and were found to have current symptoms of depression.

RESULTS

- Among patients who were seen for postpartum visits at the BIDMC OB/GYN clinic during our review (n=217), 95.9% had indications in their medical records that they were screened for postpartum depression at their postpartum visit to the clinic.
- Among patients who were seen for their R/OB visits at the BIDMC OB/GYN clinic during our review (n=507), 72.6% were screened for depression during one of their prenatal care appointments. The breakdown in those screened with and without depression is listed in Figure 1.

What proportion of R/OB patients (n=507) had a record indicating screening for depression during one of their prenatal visits?

Figure 1

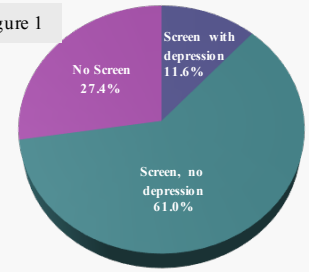
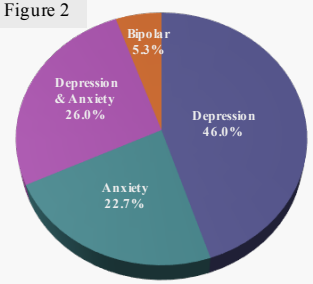


Figure 2



What is the prevalence of the different mental health disorders analyzed in this review amongst OB clinic patients (n=150)?

- 18.1% of the patients were found to have either depression, anxiety, comorbid depression and anxiety, or bipolar disorder (n=150). The breakdown by disorders is listed in Figure 2.

DISCUSSION

- A high proportion of patients within the obstetrics-gynecology clinic within BIDMC have potential depression and anxiety as well as comorbid depression and anxiety.
- There is a lack of consistency in the screening for mental health during prenatal appointments. This includes not only inconsistency in the reporting of the existence or results of such screenings, but also a significant percentage of patients were not indicated to have received any form of screening.
- There is an extremely high percentage of postpartum visits that include a depression screening, demonstrating a compliance with the Massachusetts state legislature passed in 2011 mandating postpartum depression screening.
- Our review indicates further work is needed to implement consistent mental health screening for women during *prenatal* appointments.
- Limitations of this review include the working time frame. We screened records of women who were seen at the OB/GYN clinic at different time points in their pregnancy and postpartum. This could skew the results because we are only privy to the most recent information, e.g. we do not know if the next visit will include the depression screening, etc. Therefore this data set provides a snapshot of a dynamic system in order to analyze current trends.
- Further studies can look into whether there is a specific, consistent time point during which women are screened for depression and include communication with the physicians.

References

1. Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: A systematic review of prevalence and incidence. Obstetrics and Gynecology, 106(5 Pt 1):1071–1083. Available from: http:// www.ncbi.nlm.nih.gov/pubmed/16260528.
2. The Postpartum Depression Law. (2006). New Jersey.
3. An Act Relative to Postpartum Depression. (2010). Massachusetts. Available from: http://www.mahouse.gov/Laws/SessionLaws/ Acts/2010/Chapter313.
4. Joseph, G. F. (2009). Transitions. Obstetrics and Gynecology, 1144–1146.
5. Perinatal and Postpartum Depression a Top Priority at Annual Conference of Ob-Gyns. (2010). The American congress of obstetricians and gynecologists. Available from: http://www.acog.org/from_home/publications/press_releases/nr05-17-10-2.