# 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 (ROB), 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:

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\text{[Image of highlighted records]}
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- 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.

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

- 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 ROB 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 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