The Effectiveness of Prenatal and Postpartum Emotional Health Screening Rebecca Lundquist, M.D., Kenneth E. Fletcher, Ph.D., Jennifer Taub, Ph.D., Tara Zandi, B.S.



The current study proposes to identify patients at risk for Postpartum Mood Disorders (PMD's) in both the pre- and postnatal periods through a two-level Prenatal Emotional Health Screening (PEHS). The focus of the screening will be to identify depression, anxiety, PTSD/Trauma, and biological markers for the development of mood problems postpartum. The study has 3 aims:

. To increase screening for emotional health issues and subsequent referrals for appropriate services,

2. To understand if an enhanced screening protocol, including screening for anxiety, trauma, and biological risk factors, picks up significantly greater numbers of women in need of mental health services than a screen of depression only, and,

. To understand if a small number of prenatal biological risk factors is predictive of PMD's.

Methods

Women in pre- or postnatal care at two area clinics were administered 3 questionnaires:

The Edinburgh Postnatal Depression Scale (EPDS),

2. A revised version of the Brief Symptom Inventory to assess symptoms of anxiety and Posttraumatic Stress Disorder (PTSD), and

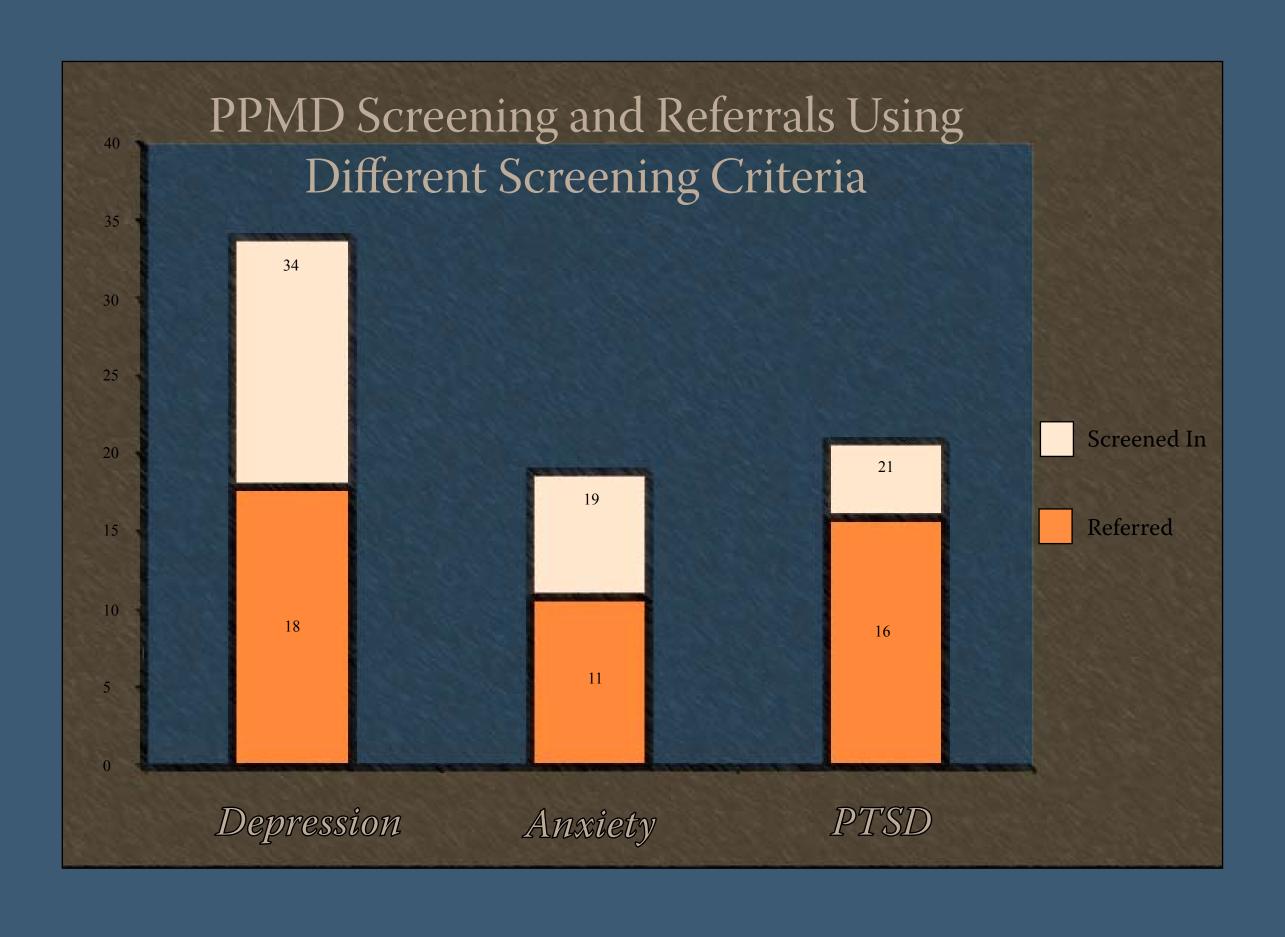
The Biological Risk Factor Questionnaire (BRFQ), which assesses putative biological risk factors for PMD's such as personal and family history of depression, and mood changes related to shifts in women's hormones.

Results

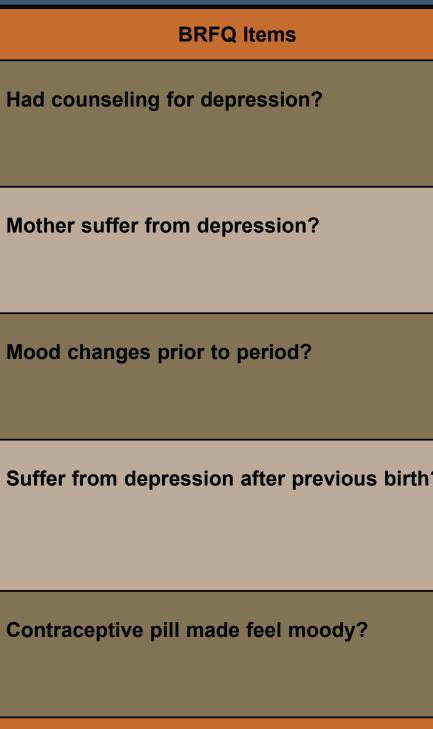
The project has screened 139 women to date, 73% of whom were seen during prenatal visits. Forty (29%) of the women screened to date have screened positive for symptoms of depression, anxiety, or posttraumatic stress, and 90.5% of these women were screened during prenatal rather than postnatal visits. Of these 40, 85% were positive for depression, 48% had anxiety symptoms, and 53% had PTSD symptoms. About half (n=21) of the women who screened positive on at least one screening measure were referred for treatment. Most (90.5%) of the 21 women referred for treatment had screened positive for depression, although 76% of them had screened positive for PTSD and 52% for anxiety. If a woman originally screened positive for depression, there was a 54% chance she would be referred for further treatment. If she screened positive for anxiety, there was a 58% chance of being referred, and if she screened positive for PTSD, there was a 76% chance of being referred. The BRFQ correlated significantly with the depression (.35), anxiety (.36), and PTSD scale totals (.36).

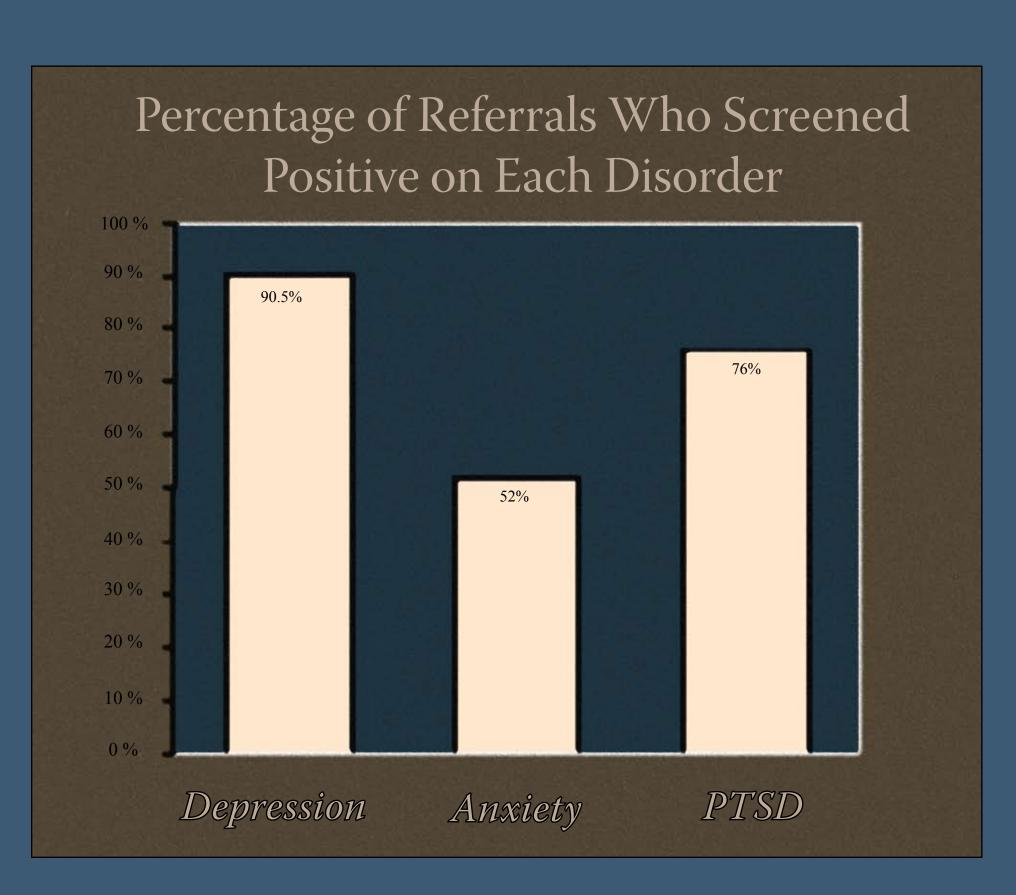
Discussion

Our preliminary results point to the high prevalence (15%) of a range of mood problems among low income pregnant, pre- and postpartum women. A depression-only screen appears to identify an unexpectedly high proportion of women with potentially serious mood problems (regardless of the presence or absence of anxiety or PTSD). However, women who were comorbid for both depression and PTSD, were far more likely to be referred for further treatment than those who were not. These results point to the utility of incorporating a brief depression screen into standard pre- and postnatal care. While current standards of practice call for screening only at the six week postpartum visits and not at other perinatal visits, initial project results suggest that many of the pregnant women with psychiatric needs can be captured in the prenatal period, increasing opportunities for intervention and prevention. Note that there were participants who screened positive on one or more of the scales in the primary interview but refused the secondary screening and therefore the possibility of referral for treatment. Some of these women refused the secondary screen because they were already getting psychiatric treatment.



PRELIMINARY RESULTS T - tests





	Depression	Anxiety	Posttraumatic Stress	
	M (sd) n	M (sd) n	M (sd) n	
No	7.06 (6.07) 97	6.92 (7.58) 95	16.15 (18.54) 95	
Yes	9.00 (5.43)* 44	9.75 (7.34)* 44	22.95 (19.42)* 44	
No	6.86 (5.86) 102	7.09 (7.69) 99	15.90 (17.82) 99	
Yes	9.77 (5.64)* 39	9.60 (7.13)* 40	24.25 (20.79)* 40	
No	6.54 (5.98) 67	6.53 (8.24) 66	15.45 (18.78) 66	
Yes	8.69 (5.73)* 74	8.97 (6.81)* 73	20.88 (19.00)* 73	
n? No Yes	7.43 (6.16) 49 10.63 (6.31)* 35	7.63 (6.88) 46 11.31 (7.97)* 35	16.13 (14.92) 66 30.40 (24.75)* 35	
No	8.13 (6.33) 45	7.37 (7.02) 43	19.47 (20.04) 43	
Yes	9.00 (6.35) 28	11.62 (10.23) 26	23.00 (24.28) 28	





Rebecca Lundquist, M.I

Kenneth E. Fletcher, Pl Center for Mental Hea

Jennifer Taub, Ph.D.

Tara Zandi, B.S., Psycl Center for Mental Hea

Contact Information

D., Psychiatry, Ambulatory Psychiatry	e-mail:	LundquiR@ummhc.org
.D., Psychiatry, th Services Research	e-mail: e-mail:	Kenneth.Fletcher@umassmed.edu jennifer.taub@gmail.com
atry, th Services Research	e-mail:	Tara.Zandi@umassmed.edu