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Effective Screening of Postpartum Depression and its Potential to Increase Treatment: An Integrative Literature Review

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Postpartum Depression Screening, Is it Effective? 
An Integrative Review of Literature

**Background:**
Postpartum depression (PPD) is a serious and concerning health problem because of the potential detrimental impact it can have on a child's development, the individual who experiences it, and their family as a whole (La Flair, 2008). Michael O’Hara (2009) advises that postpartum depression is a type of depression that occurs during the postpartum period, typically thought of up to a year after childbirth (2009) and should not be confused with the “baby blues.” The baby blues is defined as “mood symptoms such as irritability, lability, insomnia and anxiety that occurs between one week and ten days after childbirth and typically resolves without medical intervention.” Researchers suggest that postpartum depression is a significant issue for both the family affected and for the world at large (La Flair, 2008).

The infancy period is an important time for the mother-child relationship to form and grow, as it is the first relationship the child will have in their life. If this relationship is impaired, the platform for forming emotions and attachments can be impaired (Wenzel, 2005). Young children of those experiencing postpartum depression may develop an increased risk for preoccupied attachment, behavioral problems, and cognitive delays; while older children are also at risk for these problems, in addition to symptoms of psychopathology (Wenzel, 2005).

**Problem Statement:**
The present concern of researchers is early detection and treatment of postpartum depression is typically associated with better outcomes for the mothers and their babies (Habarb, Mahmoodi, 2017). Therefore, nursing that specializes in women’s health, pediatrics, and family health, have a critical role in the quick identification and treatment of postpartum depression. Due to a lack of knowledge of postpartum depression and differences among assessments, it is estimated that 40-50% of postpartum depression cases go undiagnosed and untreated (Habarb & Mahmoodi, 2017).

**Research Question:**
Are screenings for postpartum depression effective in that they correctly diagnose depression and guide further treatment?

**Methods:**
The literature review was conducted using searches of PubMed, ProQuest Nursing & Allied Health Source, and Cumulative Index to Nursing and Health Literature (CINAHL) Complete. Multiple text combinations were used in to search these databases over the years of 2007-2018. These terms include postpartum depression, nursing, screening, and treatment.

Inclusion criteria: Sources reviewed were limited to peer-reviewed articles over the past eleven years. Articles needed to be available in English and be of the nursing discipline. The articles must examine methods of screening postpartum depression or diagnosis of postpartum depression and rates of sought treatment. It was also required within the search criteria that the full text article be available.

Exclusion criteria: Articles that are secondary sources will not be used in this literature review. Any articles that did not focus on screening of postpartum depression were excluded.

**Results & Discussion:**
There are a variety of screening tools for postpartum depression, such as the most common tool, the Edinburgh Postnatal Depression Scale (EUPS), which can be used in person, online or over the telephone. Other screening tools include symptom analysis, and Beck’s Postpartum Depression Predictors Inventory. In general, both women and their healthcare providers are open to increased postpartum depression screening. First, however, certain barriers need to be addressed to increase the amount of PPD screening done. Providers should be further educated on what PPD is/how to screen for it/ the seriousness of it to increase their priority of screening their postpartum patients. If providers felt more comfortable about postpartum depression, they would screen for it more, and more women would be given the appropriate resources and referrals necessary. Women should also be educated on the signs, symptoms, and differences between postpartum depression blues and postpartum depression and that it is completely normal to experience these disorders. All healthcare providers should attempt to decrease the stigma of PPD to help increase the amount of amount of women experiencing PPD actually following through with treatment.

**Nursing Practice Implications:**
Ineffective follow-up care and inadequate discharge education about mental health resources on PPD could lead new mothers to not receive treatment after. Nurses play a vital component in discharge teaching and education and are in an important position to make adequate referrals and to stress the importance of follow-up care. After screening for PPD, nurses can identify potential vulnerable mothers and create individualized plans of care to increase the likelihood of appropriate and effective follow-up care. Discharge nurses should be educated on how to screen for and how to make appropriate referrals based on results. They should also have a list of providers who can see and treat those women who are at risk for postpartum depression. At the minimum, each organization should designate an individual in charge of screening for postpartum depression and adherence to a follow-up protocol for those who identify as at risk. It is also important for nurses to understand that all mothers receive screening, regardless of demographics.