

Postpartum Depression Screening in a Pediatric ED: High Prevalence and Screening Acceptability

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Background: Postpartum depression (PPD) occurs in up to 20% of mothers. The American Academy of Pediatrics recommends routine screening for PPD. Screening is not always performed in the outpatient setting. The pediatric emergency department (PED) serves as a safety-net for vulnerable, high-risk populations, and may be a useful site for screening.

Objectives: To investigate 1) proportion of PPD positive screens, 2) factors associated with a positive PPD screen, 3) frequency of mothers who had not completed a PPD screen previously, and 4) acceptability and impact of PPD screening.

Methods: We performed a prospective, cross-sectional survey of a convenience sample of mothers of infants ≤ 6 months of age presenting with low-acuity complaints. Mothers completed a computerized survey that included a validated PPD screening tool (Edinburgh Postnatal Depression Scale). We calculated frequency of positive screens and performed bivariable logistic regression to identify factors associated with a positive PPD screen. PPD positive-screened mothers were contacted for phone follow-up at one-month.

Results: 209 mothers were screened for PPD (mean age= $28 \pm$ SD 6 years; 86% English vs. Spanish language; 53% non-Hispanic Black race/ethnicity) during presentation to the ED with their infant (mean age= $3 \pm$ SD 2 months; 46% female; 70% non-private insurance). Fifty-seven mothers (27%) screened positive for PPD with fourteen mothers (7%) reporting suicidal thoughts. Forty-seven percent (97/209) of mothers had never previously been screened, including 58% (33/57) of PPD-positive screened and those endorsing suicidal thoughts (40%, 6/14). Current unemployment status was associated with a positive PPD screen (aOR 2.3; 95% CI 1.1, 4.9) when adjusting for maternal age, education level, marital status, infant age, and infant insurance status. Seventy-three percent (152/209) of participants viewed ED-based PPD screening favorably.

At one-month follow-up PPD-screened positive mothers reported ED-based PPD screening was important for both the baby's and the mother's health (92%, 95%; $n=37$). The majority of these screen-positive mothers endorsed positive impact of screening, including increased access to support (29/35, 83%) with 31% (11/35) seeking help from their doctor/pediatrician and 17% (6/35) seeking help from a mental health professional.

Conclusions: Approximately 1 in 4 mothers screened positive for PPD in an urban PED and the majority of PPD-screen positive mothers had not been screened previously. PED-based screening was well-accepted and had a positive impact. Our study informs future efforts for interventions to support mothers of young infants who use the PED for care.