

Patients view perinatal depression screenings as ineffective, study finds

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Although many states currently mandate that pregnant and postpartum women be assessed for perinatal depression, interviews with patients in central Illinois suggest that health care providers may conduct the screenings in ways that hamper their efficacy and overlook patients' symptoms.

In interviews with 29 [patients](#) who had recently undergone [depression](#) screenings in obstetrics and gynecology clinics or hospitals, researchers at the University of Illinois Urbana-Champaign found that many of these patients viewed the [screening process](#) as ineffective because their symptoms were disregarded or there was a lack of communication about the [screening](#)'s efficacy, purpose or results.

Nearly half of the women reported that their results were not shared with them afterward or that they did not receive a second screening, even though their scores on the first assessment indicated that they had elevated depressive symptoms.

"Patients reported that providers were unsupportive when they expressed concerns about their moods, even when the screener indicated they had clinically significant depression symptoms," said first author Wan-Jung (Wendy) Hsieh, a graduate student in social work.

"These expectant and new mothers wanted a compassionate, one-on-one conversation with their provider in which they could discuss their experiences, have their voices heard and talk about the resources that might be appropriate in their situation."

Equally concerning were patients' perceptions that their [health care providers](#)' attitudes were negative or dismissive, conveying to patients that the screenings were a trivial or burdensome requirement to be dispensed with as quickly as possible, the researchers found.

"Many of the patients expressed a desire for a social worker to be part of the screening process and facilitate a conversation around it," said [social work](#) professor Karen M. Tabb, who led the research project. "They also recommended that medical providers receive specific training to enhance their sensitivity to patients' concerns and levels of compassion shown."

Published in the journal *Health Affairs*, the study's findings point toward a critical need for a standardized protocol and a patient-centered approach that requires providers to explain the purpose of the screening tool, share the results with the patient, and coordinate services for diagnosis and treatment when needed, Tabb said.

Illinois is among the states that currently have or intend to enact mandates that pregnant and [postpartum women](#) be screened for depression. Under Illinois' policy, enacted in 2008, clinics and hospitals that provide prenatal care, labor and delivery services are required to screen patients at least twice.

However, it's unclear whether these policies are improving outcomes for mothers and their children, Tabb said.

Participants in the study were recruited via notices posted at the Champaign-Urbana Public Health District office, but most discussed treatment experiences at other medical facilities in the broader community.

CUPHD serves about 1,000 pregnant and postpartum women monthly, administering the depression screening once during each client's pregnancy and again after delivery, according to study co-author Brandon Meline, the director of the Maternal and Child Health Division.

Many of CUPHD's patients speak limited or no English and live at or below the federal poverty level, making navigating the local health system on their own difficult and an additional barrier to obtaining care, Meline said. The population served by the clinic also tends to be transient, complicating efforts to follow up with patients as needed.

Many of the women in the study were unaware that the form they had filled out was a depression screening because staff had not explained it

to them, they said. Some of the women feared being stigmatized as bad mothers and their children being removed from their home if they sought mental health treatment or were diagnosed with depression. Other women feared that the screening results might negatively affect their ongoing child welfare or custody cases.

While patients were provided with a list of mental [health](#) resources available in the broader community, study participants said they saw little value in these lists and would have preferred that clinic staff assisted them in arranging follow-up appointments.

Women in the study also suggested that the screening process should encompass the family and not just the mother, since maternal depression affects the other parent or partner, too.

"Although the sample was small, our findings underscore the importance of educating clinical staff about the manner in which they provide depression screenings so that [women](#) feel supported and comfortable discussing any symptoms they may be having," Tabb said.

"Likewise, it's important that patients understand the nature of the screening and its significance. Maternal depression not only raises mothers' risks of harming themselves but also increases their infants' risks of dying within their first year of life."

More information: Wan-Jung Hsieh et al, Patients' Perceptions Of Perinatal Depression Screening: A Qualitative Study, *Health Affairs* (2021). [DOI: 10.1377/hlthaff.2021.00804](https://doi.org/10.1377/hlthaff.2021.00804)

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