**Title:** Provider Use and Comfortability with Standardized Mental Health Screeners in a Large Pediatric Urban Academic Medical center

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**Introduction:**

About 1 in 8 women experience postpartum depression in the year after giving birth. Untreated depression in a mother can negatively impact not only the physical health of an infant but also their motor, cognitive, language, social, emotional, and behavioral development. While a birthing parent may only see their healthcare provider once in the postpartum period, pediatricians, with multiple scheduled well visits within the first year, are uniquely poised to provide screening and intervention.

The utilization of the Edinburgh Postnatal Depression Scale (EPDS) in assessing maternal mental health represents a critical stride towards fostering comprehensive care and support for mothers during the perinatal period. Successful integration of this 10-step questionnaire in the well-child check necessitates an exploration of healthcare provider's comfort levels in utilizing and interpreting this tool effectively. Our goals were to identify how frequent health care providers use the EPDS in an outpatient setting and how comfortable they feel in using, interpreting, and implementing changes based on these screeners.

**Methods:**

A 28-question survey was sent out to pediatric resident trainees and primary care pediatrics faculty at St. Christopher's Hospital for Children and St. Chris Care at Northeast Pediatrics. Data was collected for a total of 6 weeks. The first 5 questions were general questions to look at the demographics of the study population. Of the remaining 23 questions, 4 specifically pertained to provider comfortability in screening, scoring, and management of EPDS data.

In addition, we obtained quantitative data from the Electronic Health Record (EHR), looking a well visits of patient 1 month to 6 months of age. We obtained, as recorded and billed to EPIC by providers, the Current Procedural Terminology (CPT) code 96161. CPT 96161 is a billing code used for administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. In our population, the CPT 96161 is used for the Edinburgh Postpartum Screening tool to assess for Maternal Postpartum Depression.

**Results:**

35 providers completed the survey, with the greatest representation from those with 1-3 years of experience. The highest group of providers who did not use the EPDS was those with 1-5 years of experience (17.1%). The percentage of providers with >10 years of experience that used the EPDS screener >75% of the time (90%) was greater than those with 0-5 years of experience (64%). The highest group of providers who felt very uncomfortable scoring the EPDS was those with 0-5 years of experience (11.4%). The highest group of providers who felt very comfortable scoring the EPDS was those with >10 years of experience (90%). People that tended to be comfortable scoring were comfortable providing next steps (82.3%) and those that were uncomfortable scoring were also uncomfortable providing next steps (8.6%). When looking at the actual use of EPDS using unidentified data from the electronic health

record, screening only occurred at maximum at 67% of 1 month well visits and decreased with each visit, only occurring during about 29% of 6 month well child check.

**Conclusion:**

Identifying and treating maternal depression is critical to infant development, well-being, and growth. Pediatricians are uniquely poised with multiple scheduled interactions within the first postpartum year to help screen for maternal depression. This data showed that provider comfort with EPDS screening, scoring, and next steps increased with more years in practice. In general training should target increasing provider exposure to EPDS to help bridge the gap that years of experience would provide. Limitations of this study include a small sample size which decreases the power of the study. Next steps include creating a curriculum to increase exposure for providers. This has implications to increase identification and support for mothers who are at risk for postpartum depression.