

Analysis of postpartum depression and social determinants of health at early-life well visits in outpatient pediatric clinics

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Background

- The importance of screening for postpartum depression (PPD) in pediatric clinics is becoming increasingly recognized (1).
- Previous studies have shown different trajectories of PPD over time (2,3,4) and provide evidence of an association between social determinants of health and PPD risk (5,6).
- Few studies have compared the use of different PPD screeners over time or examined the role of social determinants in modifying the change in different PPD screeners over time.

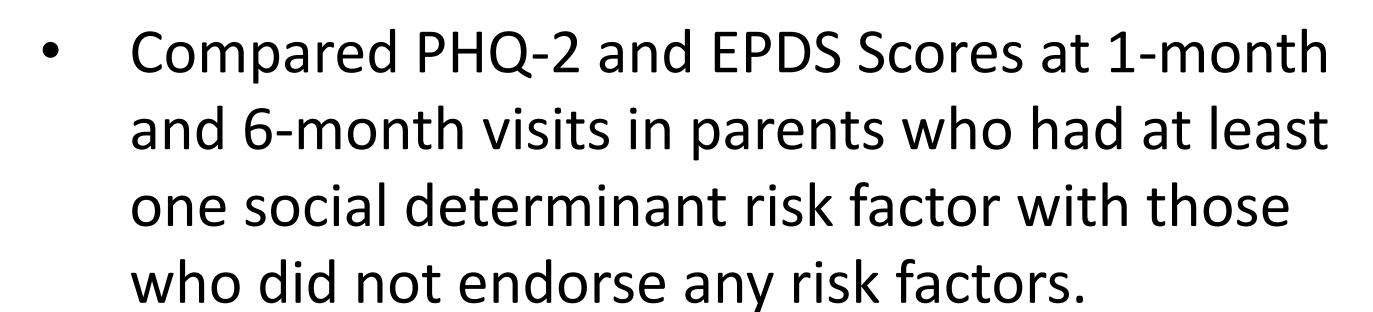
Objectives

- 1. Identify the relationship between different PPD screener scores at 1-month and 6-month visits
- 2. Analyze the relationship between SDoH and risk for PPD on different PPD screeners

Methods

Bright

- Retroactively collected data from EMRs of pediatric patients who presented for 1month and 6-month well child checks.
- Used the Patient Health
 Questionnaire-2 (PHQ-2) and the
 Edinburgh Postnatal Depression Scale
 (EPDS) as screeners for postpartum
 depression and Bright Futures for
 social determinants.



1 → 6-month PPD Scores: Full Sample

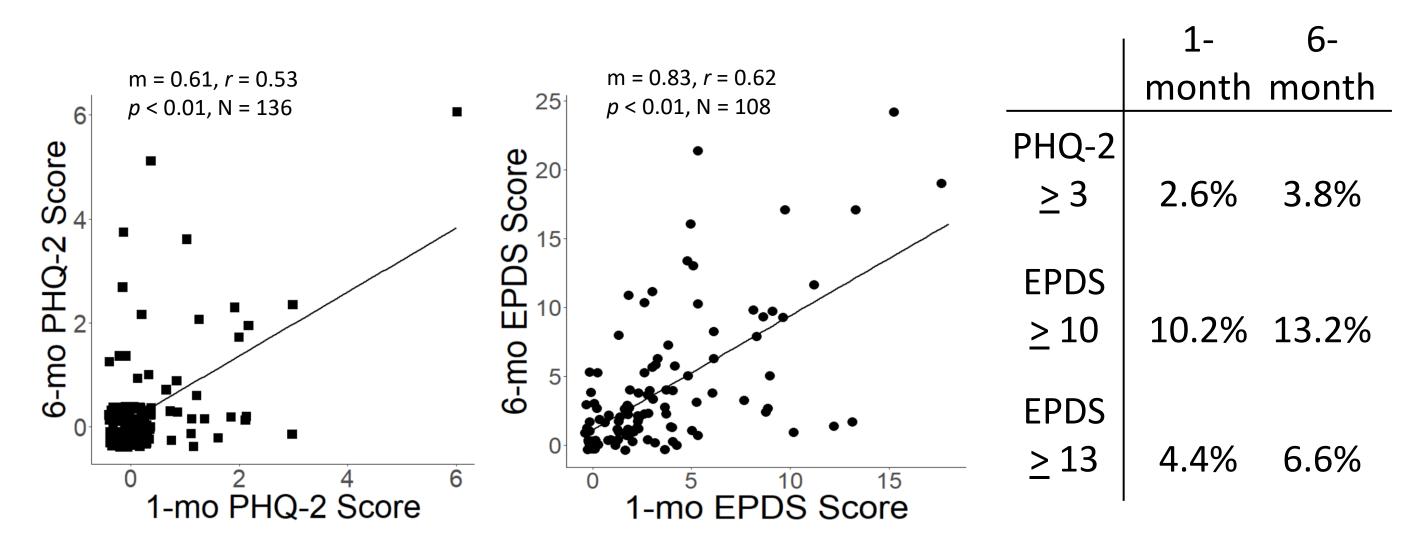


Figure 1. Association between A) PHQ-2 scores and B) EPDS scores at the 1-month and 6-month visits. C) The % of participants meeting threshold for PPD on each screener at 1 and 6 months (Full Sample).

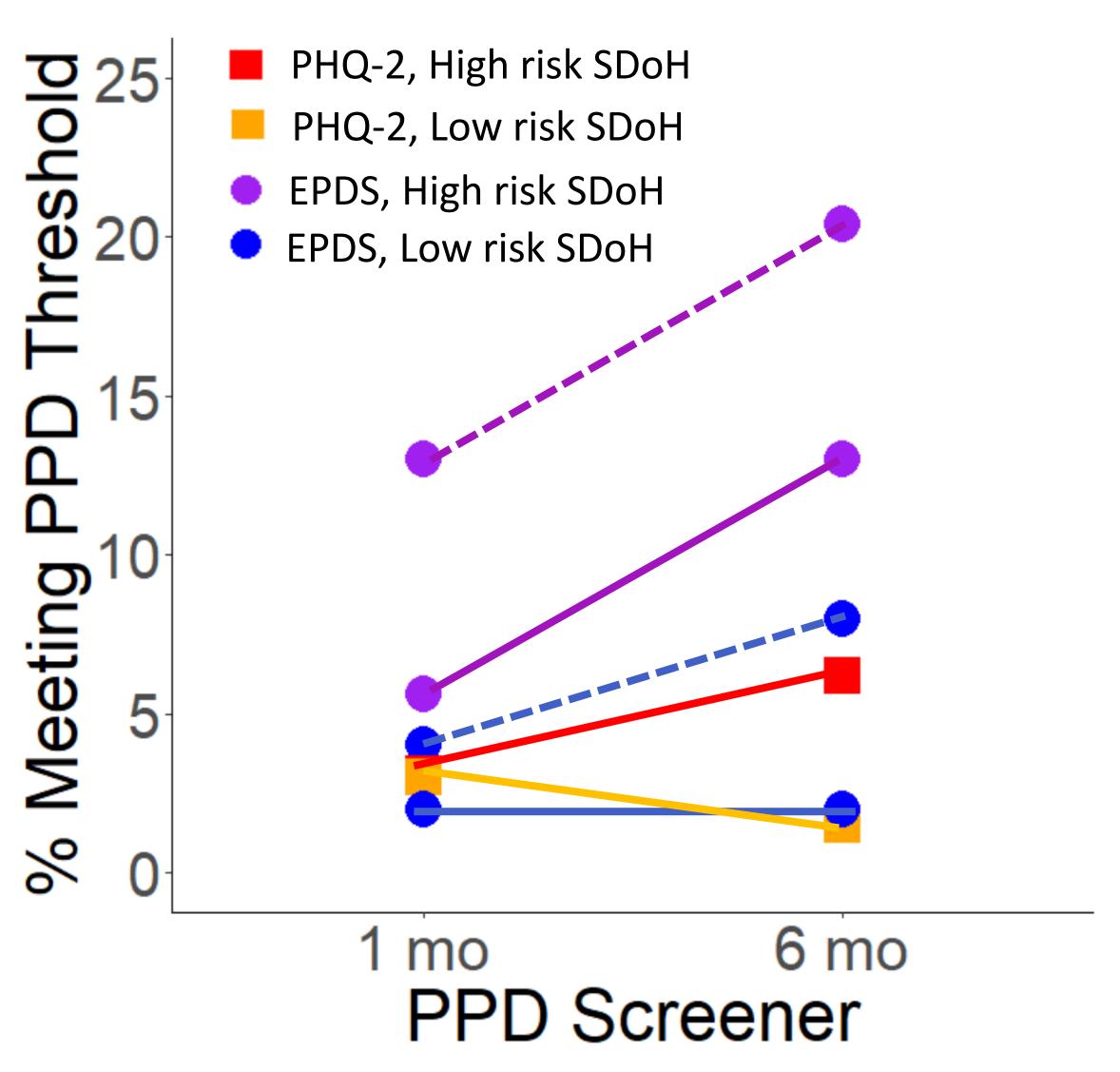


Figure 3. Postpartum depression trajectories by high and low risk social determinants group. Points connected by straight lines represent % of parents who met the "likely depressive" threshold (PHQ-2 \geq 3, EPDS \geq 13) for a positive PPD screen at 1-month and 6-month visits. Dashed lines represent EPDS threshold \geq 10 ("probable depression").

References

. Marian F. Earls, Michael W. Yogman, Gerri Mattson, Jason Rafferty, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, Rebecca Baum, Thresia Gambon, Arthur Lavin, Lawrence Wissow; Incorporating ecognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics* January 2019; 143 (1): e20183259. 10.1542/peds.2018-3259

. Wikman, A, Axfors, C, Iliadis, SI, Cox, J, Fransson, E, Skalkidou, A. Characteristics of women with different perinatal depression trajectories. *J Neuro Res.* 2020; 98: 1268–1282. https://doi-org.dartmouth.idm.oclc.org/10.1002/jnr.243*

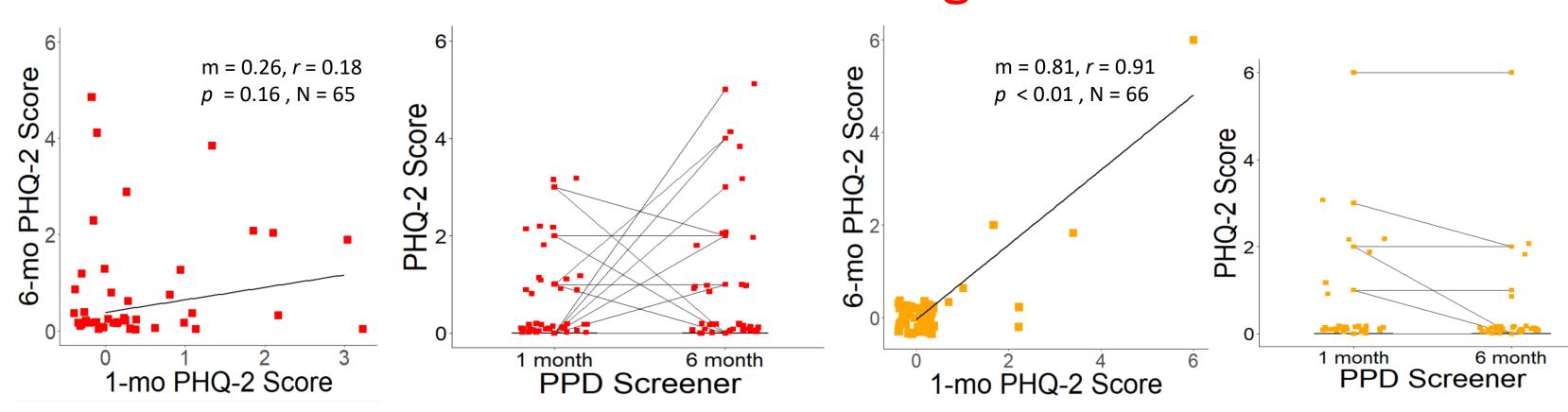
. Santos, H., Jr, Tan, X., & Salomon, R. (2017). Heterogeneity in perinatal depression: how far have we come? A systematic review. *Archives of women's mental health*, 20(1), 11–23. https://doi.org/10.1007/s00737-016-0691-8

. Parade, S.H., Blankson, A.N., Leerkes, E.M., Crockenberg, S.C. and Faldowski, R. (2014), Close Relationships Predict Curvilinear Trajectories of Maternal Depressive Symptoms over the Transition to Parenthood. Fam Relat, 63: 206-18. https://doi-org.dartmouth.idm.oclc.org/10.1111/fare.12065

. Adynski, H., Zimmer, C., Thorp, J., Jr, & Santos, H. P., Jr (2019). Predictors of psychological distress in low-income mothers over the first postpartum year. *Research in nursing & health*, 42(3), 205–216. https://doi.org/10.1002/nur.21943

Results

1 → 6-month PHQ-2 Scores: High and Low Risk SDoH



1 → 6-month EPDS Scores: High and Low Risk SDoH

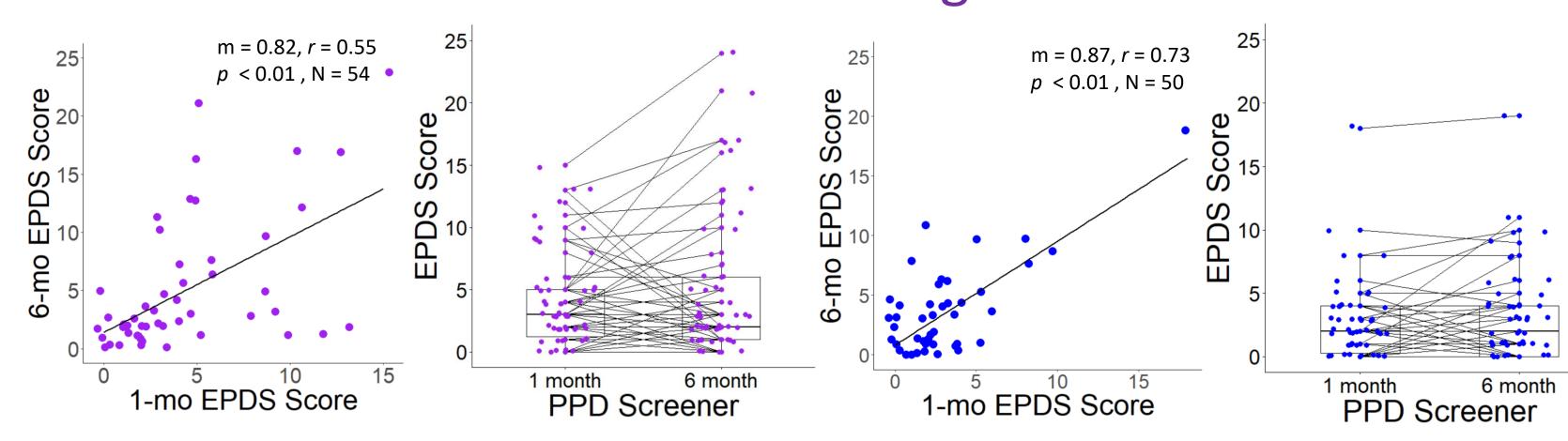


Figure 2. Association between PPD screener scores at the 1-month and 6-month visits in high and low risk SDoH groups. A) PHQ-2 scores, High risk SDoH group.

B) PHQ-2 scores, Low risk SDoH group. C) EPDS scores, High risk SDoH group.

D) EPDS scores, Low risk SDoH group.

Results: Summary

- 1-month PPD screening scores were positively correlated with 6-month PPD screening scores on both the PHQ-2 and the EPDS.
- A higher percentage of participants screened positive for PPD on the EPDS compared to the PHQ-2 at both 1 and 6-month visits.
- High risk SDoH scores at 1-month were significantly associated with screening positive for PPD at 6 months on both the PHQ-2 and the EPDS (PHQ-2 \geq 3: $x^2 = 12.2$, p = 0.03; EPDS \geq 10: $x^2 = 16.0$, p < 0.01; EPDS \geq 13: $x^2 = 19.7$; p < 0.01).
- 1-month and 6-month EPDS scores, but not PHQ-2 scores, were significantly correlated in the high risk SDoH group.

Conclusions

- Our findings highlight the importance of repeated screening for PPD at early-life visits in the pediatric clinic.
- Given the association between SDoH and PPD, individuals who screen positive for one should be screened for the other.
- Additional work is needed to support our finding that SDoH may modify PPD trajectory with different screeners.

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