Monday, May 1, from 9:30 – 10:00 a.m. & 2:30 – 3:00 p.m.
WAPC 2017 Poster Session

Perinatal Mood and Anxiety Disorders (PMAD) Screening and Rapid Response Team
Innovative Program/Project

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**Faculty Disclosure:** Nothing to disclose

**Introduction/problem statement:** One in eight new mothers experience perinatal mood and anxiety disorders both during and after pregnancy. Often these disorders can go undetected and untreated. Without appropriate intervention, the health of the mother, as well as the development of the child, could be adversely affected. Screening for this disorder is fast, easy and inexpensive. Gundersen Health System had no consistent method for screening and referral of women across their continuum of care from perinatal to postpartum.

**Objectives/purpose/goals:** Our goal was to create a standardized process for screening, intervention and referral for women experiencing perinatal mood and anxiety disorder.

**Intervention/practice:** Creating a response a rapid response team involved bringing together numerous departments at Gundersen Health System including obstetrics, family medicine, pediatrics, social services, and behavioral health and developing protocols for action to streamline care throughout departments. The Edinburgh Postpartum Depression Scale (EPDS) is used as the screening tool at the first and third trimester visits, during the postpartum inpatient stay, the six week postpartum visit and at the pediatric visits at two and four months. If the score is greater than twelve, women are offered to be seen by social services. If they accept, social services is paged on their Rapid Response Pager and will see patients within a few minutes. Most women accept this and are offered services specific to their individual needs. Gundersen Health System has standardized it’s approach to screening, referring and tracking women with perinatal mood concerns. The number of screens over the perianatal period has been increased from two to six. Each department that administers the EPDS to perinatal women now has a detailed work algorithm that outlines how to intervene, refer and document when there is a high score. Behavioral Health providers are on stand-by for urgent referrals or hospitalization if needed. Each department has a detailed algorithm that clearly defines the pathway of practice for medical assistants, RN’s social workers and providers.

**Results:** In our combined Pediatric clinics (two weeks and four months) we are currently screening 87% of the time. Sometimes the grandparent or guardian brings the child to the appointments and therefore, it is a missed screen. The combined OB clinic visits (the first and third trimester and postpartum) have a 95% completion of the EPDS screens. The Family Medicine clinic visits (at all 6 points of screening) are at 78%.

**Conclusions:** The majority of women accept the referral to the social worker for immediate assessment and often some type of intervention. The patient is given emotional support/education from the social worker and offered our support group or phone call follow-up, psychotherapy, medication management, community resources or, if needed, an inpatient stay. We have integrated the care for these women throughout several departments and from early pregnancy through 4 months post partum. It takes the collaboration of the team to follow these women and early intervention to keep them safe.