

TRIP for Postpartum Depression

Postpartum depression (PPD) is a common, serious condition affecting over 500,000 women annually in the United States. PPD is associated with significant morbidity and mortality, affecting new mothers, their infants and their families. Prenatal programs to predict or prevent PPD have been effective for some women but miss the majority (>70%) of women who will develop PPD. Consequently, at present, early postpartum detection and treatment are the most effective strategies for dealing with PPD.

A short validated self-administered screening tool for PPD detection (the Edinburgh Postnatal Depression Scale or EPDS) exists but is not currently part of usual postpartum care in the United States leaving over 50% of women with PPD in primary care undetected, and untreated. In June 2002, the USPSTF recommended depression screening in the general adult population but was unable to make any recommendation regarding PPD screening, even in the context of a follow up program due to insufficient evidence.

Universal screening with the EPDS has been shown to increase rates of PPD diagnosis and treatment in primary care but only one small study has assessed patient-oriented outcomes and those were only studied at 4 months postpartum. Recent progress has been made in developing systematic programs for follow up and management of major depression but these have not been linked to PPD screening or translated into PPD work in primary care practice.

This is a randomized controlled trial (RCT) to test the impact of translation of a universal screening and follow up program for PPD versus usual care in family physician's offices. The study population is drawn from community-based primary care practices in a practice based research networks, representing 46 states and an ethnically, economically and geographically diverse group of postpartum women. The study will use the EPDS for screening and evidence-based tools developed for primary care follow-up of major depression that have been modified for PPD management. In the intervention arm, screening will occur at 4 to 12 week postpartum or well infant visits with specific tools to facilitate diagnosis and follow up for women who screen positive. For the usual care and intervention arms, patient-oriented outcomes including level of depressive symptoms, functional status, marital/dyad satisfaction and comfort with mothering will be assessed and compared at 6 and 12 months postpartum. The impact of practice and patient characteristics on the translation of the program and the outcomes of interest will also be explored.

The combination of the strong study design (an RCT for assessing translation of research finding into practice), the use of longer term outcomes that matter to patients, the community primary care setting and the exploration of factors that can influence translation of a screening and follow-up program will begin providing the data necessary to recommend for or against universal PPD screening and follow-up. Equally importantly, it will provide information necessary to translate this evidence into general primary care practices.