Postpartum depression (PPD) is a serious illness that affects approximately 10-20% of all deliveries in the United States. Postpartum depression can begin as early as four weeks after delivery and can persist indefinitely if untreated. Even though PPD is recognized as a debilitating, potentially devastating illness, few clinicians routinely screen. More than one half of all cases of PPD remain undiagnosed, therefore, untreated. The lack of diagnosis may result in an impaired relationship between mother and infant and in severe cases can have deleterious, perhaps fatal consequences.

According to Cheng, Fowles and Walker, there is a gap in the emphasis on PPD. Although Healthy People 2010 recognized PPD, a national goal was not established; the emphasis focused primarily on prenatal care and immediate care post-delivery. The World Health Organization recommends the assessment of postpartum issues but does not address the management of these issues, particularly mental disorders. The Pregnancy Risk Assessment Monitoring System (PRAMS) includes a self-reported postpartum depression question to assess the risk of PPD. Alabama PRAMS does not include the PPD assessment as part of its program.

The purpose of this project is to address PPD screening and education prior to hospital discharge. The target community is the postpartum population of patients that are managed at a 900 bed magnet hospital located in Birmingham, Alabama. In 2008, there were approximately 4500 newborn deliveries at this facility. Based on the evidence regarding the overall prevalence of PPD and the large gap between screening and treatment, the continuity of education by the nursing staff on each of the units regarding PPD needs to be addressed.

The goal of this project is to formulate an educational plan to ensure that each postpartum patient receives standard education on PPD. Objectives for this project are the following: 1). assess the discharge education given by the nursing staff on each unit regarding PPD, 2). develop a PPD toolkit that is thorough yet time and user “friendly”, 3). educate nursing staff on PPD and the toolkit and 4). initiate the toolkit on approximately 30-60 participants who meet the following criteria: women 18 years or older, status post cesarean section of greater than or equal to 36 weeks viable newborn birth, with a positive informed consent. The participants will then be contacted by the principle investigator 2 weeks after discharge to assess for symptoms of PPD using the Edinburgh Screening Questionnaire. If a patient has a positive screen, then the patient will be referred to her gynecologist for additional treatment. A referral to the emergency department is also an option if the patient feels that her symptoms are of an urgent nature.