

Evaluation of a Multidisciplinary Collaborative Community Partnership Which Supports Women with Postpartum Adjustment Disorders

Cindy-Lee Dennis, PhD
Karen Wade, RN, MScN
Bernadette Kint, RN, BACur, CCHN(C)
Toronto, Ontario, CANADA

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Background



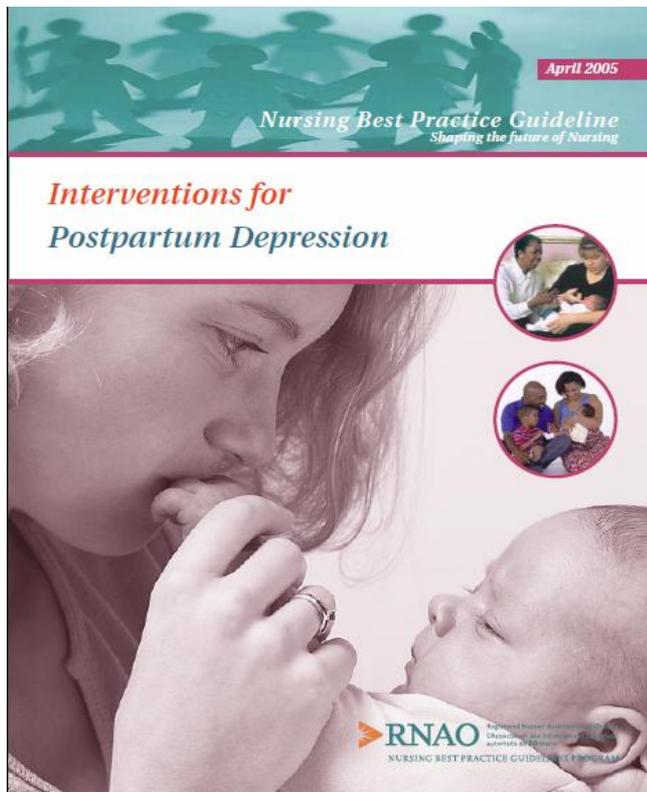
- Postpartum mood disorders are the most frequent form of maternal morbidity following childbirth
- Approx. 31,000 births in Toronto annually
- Approx. 4,000 Toronto women experience PPD annually
- Limited detection beyond 6 weeks postpartum
- Limited PPD services

ETPAP Program

- Women with infants < 1 year of age experiencing postpartum adjustment issues
 - Collaborative multidisciplinary program
 - Phone assessment/support – PHN/SW
 - Peer support group
 - Fast tracking to mental health services
 - Referral/linkage to community resources
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Research Questions

1. What is the prevalence of depressive symptoms, anxiety, perceived social support, and self-care activities at baseline and at 4 and 12 weeks post-program initiation?
2. What is the nature and intensity of interventions?
3. What services are utilized by women?
4. What are the barriers and facilitators to service utilization?
5. What are mothers' perceptions of their experiences?



Prevention

1. Individualized, flexible postpartum care – based on depressive symptoms/maternal preference.
2. Initiate preventive strategies in the early postpartum period.

Confirming Depressive Symptoms

3. EPDS recommended to confirm depressive symptoms.
4. EPDS administered during the postpartum period (birth to 12 months).
5. Encourage mothers to complete the EPDS privately.
6. Cut-off score >12 identifies depressive symptoms in English speaking women.
Caution if not English speaking, ESL, from diverse cultures.
7. Interpret the EPDS in combination with clinical judgement.
8. Assess for self harm ideation/behaviour if the response to the EPDS item 10 is positive.

Treatment

9. Provide supportive weekly interactions and ongoing assessment.
10. Facilitate opportunities for peer support.

Program Modifications

EPDS

- Incorporated into initial assessment
- Used to guide service decisions

Telephone Counselling

- Weekly telephone support provided until receiving therapeutic counselling

Peer Support Group

- Women with EPDS score ≥ 13
- EPDS re-administered after 8 sessions
- Partner sessions offered more frequently

Protocols, Staff Training, and Quality Assurance

Design

- One-group pre-test-post-test

Baseline

- Edinburgh Postnatal Depression Scale (EPDS)
- State-Trait Anxiety Inventory (STAI)
- Mental Health Self-Care Agency Scale
- Social Provisions Scale

4 Weeks Post Program Intake

- + Health Services Utilization Questionnaire

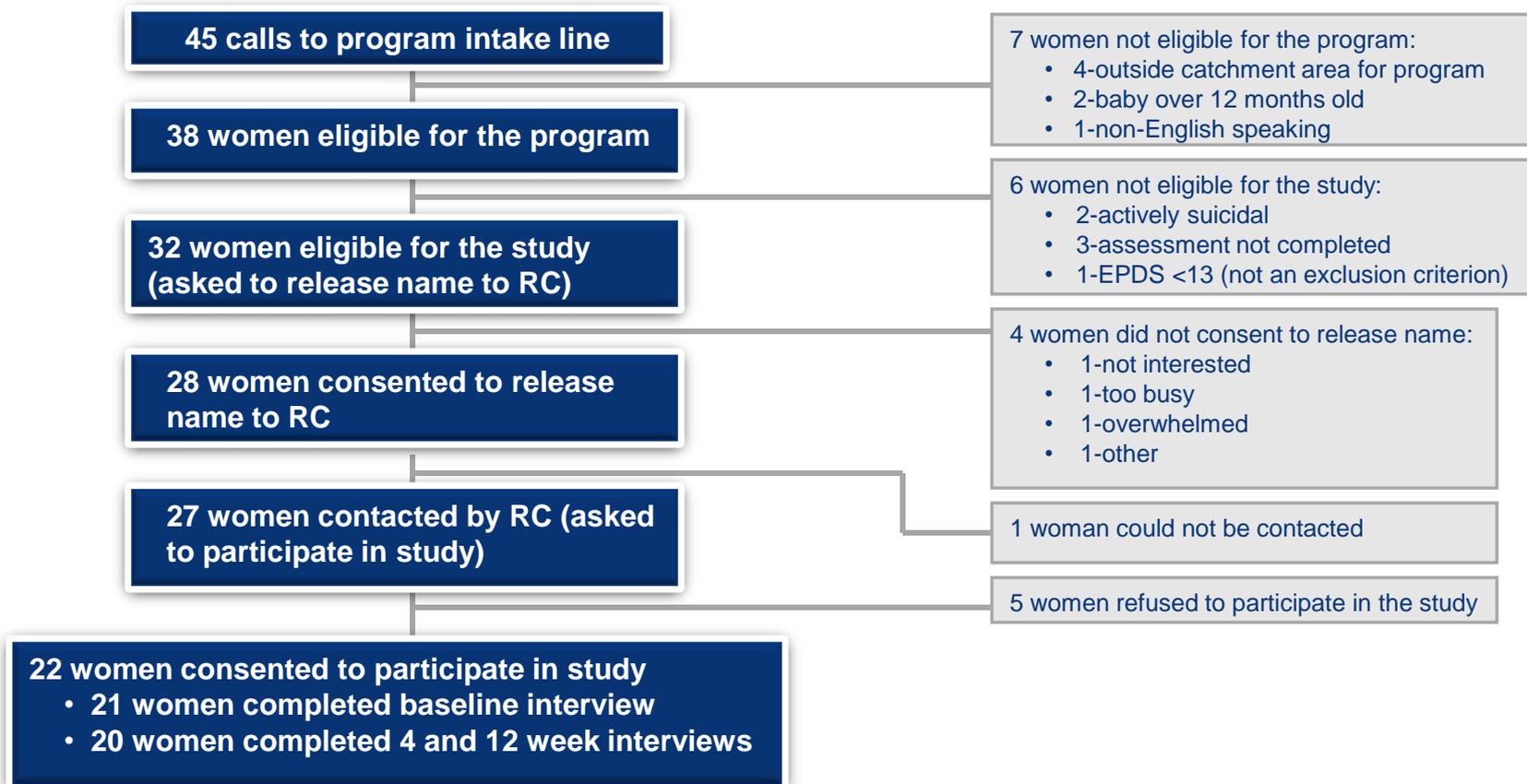
12 Weeks Post Program Intake

- +Maternal Satisfaction Questionnaire

Program Activity Logs completed by PHN/SW

Flow of Participants

Through Study



Study Participants

Characteristic		n (%)
Age	<20 years old	0
	20-24 years old	1 (4.8)
	25-29 years old	3 (14.3)
	30-34 years old	10 (47.6)
	35-39 years old	7 (33.3)
	40 years old or more	0 (0.0)
Country of Birth	Canada	16 (76.2)
	Outside Canada	5 (23.8)
Marital Status	Married	20 (95.2)
	Common-Law	1 (4.8)
	Single	0 (0.0)
Income Level	<19,999	2 (9.5)
	\$20,000-\$39,000	0 (0.0)
	\$40,000-\$59,000	0 (0.0)
	\$60,000 or more	19 (90.5)
Number of Children	1 child	14 (66.7)
	2 children	6 (28.6)
	3 children	1 (4.8)
Type of Delivery	Vaginal-spontaneous	11(52.4)
	Vaginal-assisted with forceps and/or vacuum	3 (14.3)
	Caesarean section-booked or scheduled	4 (19.0)
	Caesarean section-unplanned	3 (14.3)
Education	High school or less	2 (9.5)
	Some trade school/community college	1 (4.8)
	Some university	1 (4.8)
	Diploma or certificate from trade school or college	2 (9.5)
	Bachelor/undergraduate degree/teachers college	9 (42.9)
	Post-graduate or professional degree	6 (28.6)

Comparison of Women Eligible for Program and Study



Participants

Characteristic	Women Eligible for Program (n=38) n (%)	Study Participants (n=21) n (%)
Age	<20 years old	0 (0.0)
	20-24 years old	4 (10.5)
	25-29 years old	3 (7.9)
	30-34 years old	14 (36.8)
	35-39 years old	13 (34.2)
	40 years old or more	2 (5.3)
	Unknown	2 (5.3)
Country of Birth	Canada	28 (73.7)
	Outside Canada	7 (18.4)
	Unknown	3 (7.9)
Marital Status	Married	31 (81.6)
	Common-Law	1 (2.6)
	Single	4 (10.5)
	Unknown	2 (5.3)
Income Level	<19,999	3 (7.9)
	\$20,000-\$39,000	1 (2.6)
	\$40,000-\$59,000	2 (5.3)
	\$60,000 or more	27 (71.1)
	Unknown	5 (13.1)

Depression, Anxiety, Perceived Support and Self-

Measure	Baseline (n=21)			4 weeks (n=20)			12 weeks (n=20)		
	Mean	Range	SD	Mean	Range	SD	Mean	Range	SD
Depression (EPDS) (0-30)	15.1	(5-22)	4.2	10.7	(1-20)	6.0	8.9	(1-19)	5.1
Anxiety (STAI) (20-80)	46.4	(25-70)	11.5	42.7	(21-59)	12.4	36.8	(20-65)	11.9
Social Support (SPS) (24-96)	81.0	(58-96)	9.0	83.0	(66-96)	8.3	85.2	(71-95)	8.4
Mental Health Self-Care (MHSCA) ¹ (32-160)	108.7	(78-134)	14.2	112.9	(78-154)	16.1	118.4	(79-157)	16.3

¹ n= 20 at baseline

Depression, Suicidal Ideation and Anxiety

Measure	Baseline (n=21) n (%)	4 weeks (n=20) n (%)	12 weeks (n=20) n (%)
EPDS > 12	17 (81.0)	7 (35.0)	5 (25.0)
EPDS > 20	2 (9.5)	0 (0.0)	0 (0.0)
EPDS item 10+	9 (42.9)	1 (5.0)	0 (0.0)
STAI >44	13 (60.9)	8 (40.0)	5 (25.0)

Mode of Contact

Mode of Contact	n	(%)
Telephone	257	65.2
Face-to-face ¹	49	12.4
Voice mail	38	9.6
Group	33	8.4
Fax/e-mail	13	3.3
Other	4	1.0
TOTAL	394	99.9

¹ Seven face-to-face contacts occurred during home visits.

Type of Contact

Person	n	%
Mother	257	65.2
Social Worker	46	11.7
TPH PHNs	42	10.7
TEGH Outpatient Mental Health	16	4.1
Family Physician	10	2.5
ETPAP PHN	7	1.8
Family Member	3	0.8
Psychiatrist	1	0.2
Other	12	3.0
TOTAL	394	100

Purpose of Contact

Purpose of Contact	n	%
Follow-up Assessment	133	17.2
Supportive Listening	121	15.7
Service Planning	117	15.1
Personal Skills Development	104	13.5
Provision of Information	84	10.9
Case Consultation	73	9.4
Referral	46	5.9
Program Intake	45	5.8
Facilitating Peer Support	34	4.4
Crisis Intervention	8	1.0
Discharge	3	0.4
Advocacy	1	0.1
Other	4	0.5
TOTAL	773	100

Health Services Utilization

Service	Mothers n (%)	Use Due to ETPAP n (%)
Family Physician	19 (95.0)	7
Pediatrician	13 (65.0)	1
PHN-Telephone Call	10 (50.0)	8
Toronto Public Health New Mom's Group	10 (50.0)	6
Other Mom's Group	8 (40.0)	2
Psychiatrist-TEGH	8 (40.0)	8
Mental Health Counsellor-TEGH	8 (40.0)	8
Obstetrician	8 (40.0)	0
PHN-Home Visit	7 (35.0)	5
TPH-HBHC Home Visitor	6 (30.0)	6
Walk-In-Clinic	6 (30.0)	1
Breastfeeding Clinic Visit	4 (20.0)	0
Psychologist	3 (15.0)	1
Psychiatrist-Other than TEGH	3 (15.0)	2
Mental Health Counsellor-Other than TEGH	3 (15.0)	2
Social Worker	2 (10.0)	0
Nutritionist/Dietician	2 (10.0)	0
Child Care Support	2 (10.0)	0
Emergency Room-TEGH	2 (10.0)	1
Emergency Room-Other than TEGH	1 (5.0)	0
Grief Counselling	1 (5.0)	0
GP Psychotherapist	1 (5.0)	1

Maternal Satisfaction

Area of Satisfaction	Strongly Agree/Agree (n=20) n (%)	Unsure (n=20)	Disagree/Strongly Disagree (n=20)
The PHN/SW understood my concerns	20 (100.0)	0	0.0
The PHN/SW was respectful to me	20 (100.0)	0	0.0
The PHN/SW telephoned when planned	19 (95.0)	0	1
The PHN/SW referred me to supports I needed	18 (90.0)	2	0
I had enough contact with the PHN/SW	16 (80.0)	1	3
I would recommend the program to a friend	20 (100.0)	0	0
Overall I am satisfied with program	18 (90.0)	1	1

Summary

- Majority of women had depressive symptoms and high levels of anxiety at program entry
- 17/20 women were still enrolled in the program at 12 week follow up
- Women who were discharged had low levels of depressive symptoms/anxiety
- Preliminary evidence that the ETPAP model is effective for English speaking women with relatively high education/income levels
 - depressive symptoms and anxiety decreased
 - social support and mental health self-care agency increased

Summary

- Staff played a key role in linking women with services
- Small group of women continued to experience depressive symptoms/anxiety despite receiving psychiatric/other services
- Women expressed a high level of satisfaction
- Further research is warranted

Explore ways to:

- enhance case conferencing
- increase involvement of family members
- address the wait list for the peer support group
- facilitate access to outpatient mental health services

Implications for Practice – Local Level



- Consider re-administering the EPDS to women scoring >12 at baseline
- Consider expanding the program to English speaking women in other areas of the city
- Ensure program delivery by highly trained staff

ETPAP Evaluation – Contact Information

For more information about the program please contact:
Bernadette Kint - bkint@toronto.ca

For more information about the research please contact:
Karen Wade - kwade@toronto.ca