

# An Innovative Approach to Mental Health Care Delivery Throughout a Woman’s Pregnancy Journey: Leveraging Education, Outreach, and Advanced Informatics Technology from Women’s Health to Pediatrics

Holly Barbella, RN, MSN, MBA, FACHE<sup>1</sup>, Gloria Gerrity, MBA<sup>1</sup>, Rebecca Stametz, DEd, MPH<sup>2</sup>, Sabrina Girolami, RN, MHSA, CCM<sup>1</sup>, Michele Neff-Bulger, DO<sup>1</sup>, Julie Hergenrather, PhD<sup>1</sup>, Christopher Seiler, MBA<sup>3</sup>, Cory Siegrist, MBA<sup>2</sup> & Amanda Milo, MBA<sup>2</sup>

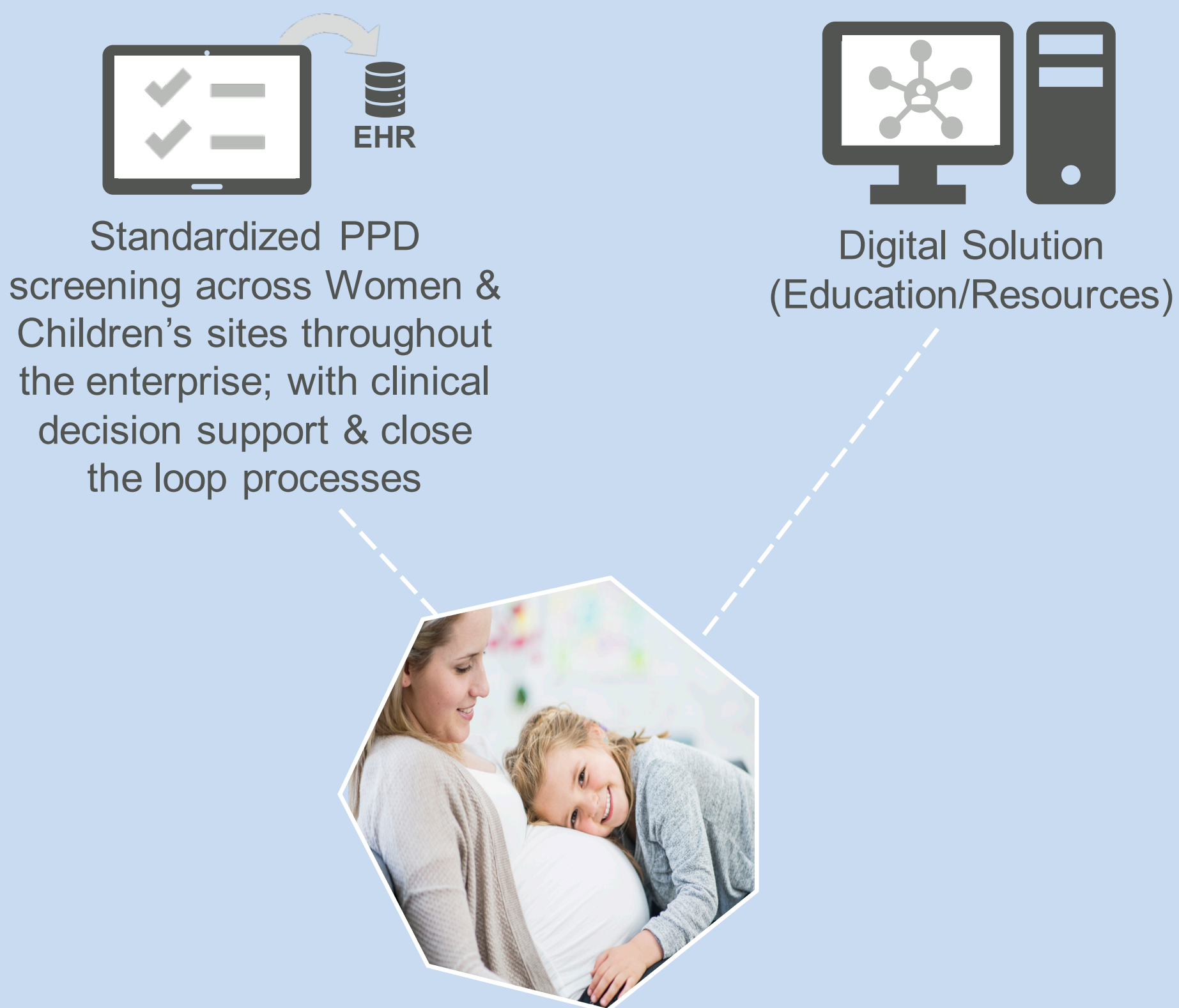
<sup>1</sup>Geisinger Women & Children’s Institute, Danville, PA, <sup>2</sup>Geisinger Steele Institute for Health Innovation, Danville, PA, <sup>3</sup>Geisinger Obesity Institute, Danville, PA

## Background

Postpartum depression (PPD) is the most under-diagnosed obstetric complication in the U.S.<sup>1</sup> Nearly 20% of new mothers will experience an episode of major or minor depression within the first three months postpartum.<sup>2</sup> Because the burden of depression and other psychological distress is so debilitating for mothers and their children, and because it is often overlooked, many advocacy groups and expert clinicians believe that pregnant and postpartum women should be routinely and universally screened.

Geisinger recognizes the need for universal pregnancy and postpartum screening and access to reliable education and information about mental health problems. Prior to implementing our program, the PHQ 2/9 was utilized to screen for depression and patients were provided both written and verbal education during appointments. This system fell short in identifying at-risk women and for meeting the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements and recommendations from the AAP policy Statement of January 2019.<sup>1</sup>

## Objective of Program



## Planning Methods

- Various cross-functional workgroups (i.e. Steering Committee, Clinical/ Technical, Patient Engagement, etc.) were developed to ensure appropriate guidance and oversight of project components, while ensuring scope was upheld.
- Through design thinking and a creative approach to problem solving, patients, clinicians, and staff were engaged to ensure the program met the needs of individuals who live the experience.

## Implementation Methods

### Depression screening:

- Integrated clinical decision support is employed within the electronic health record (EHR) to ensure patients receive the appropriate care
- Close the loop processes in the form of triggered messages
- Authentication measures in Pediatrics ensure results are filed in the appropriate (mother’s) electronic health record

### Digital solution:

- Stakeholder feedback and patient engagement suggested the existing pregnancy sub-site (through geisinger.org) needed a refresh.
- Improved marketing plan ensured greater dissemination and awareness.



## Results

### Depression screening:

- ↑ 143% screened at prenatal visits
- ↑ 97% screened at postpartum visits
- 21 Women’s Health sites have screened 5,861 pregnant women (507 low-to-moderate risk, 567 high risk, 50 suicidal ideation)
- 1 Pediatric site has screened 146 mothers (6 low-to-moderate risk, 5 high risk, 0 suicidal ideation)

### Digital solution:

- ↑ 115% site traffic
- ↑ 3,200% total keyword ranking

## References

1. Earls, M. F., & Committee on Psychosocial Aspects of Child and Family Health. (2010). Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*, 126(5), 1032-1039.
2. Marcus, S. M., Flynn, H. A., Blow, F. C., & Barry, K. L. (2003). Depressive symptoms among pregnant women screened in obstetrics settings. *Journal of Women's*

## Contact

Amanda Milo, MBA - Product Manager  
Geisinger Steele Institute for Health Innovation  
[amilo@geisinger.edu](mailto:amilo@geisinger.edu)

