Integrating Optimal Screening, Intervention, and Referral for Postpartum Depression in Adolescents

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KEYWORDS

• Postpartum depression • Adolescents • Depression screening • Best practices

KEY POINTS

- Between 10% and 13% of women develop a mental disorder during the postpartum period.
- This percentage increased with adolescents and symptoms are commonly overlooked.
- These depressive disorders can be treated successfully if detected early, preventing more serious symptoms.
- The key is early recognition, screening, and intervention with an interprofessional approach.

According to the World Health Organization,[1] 10% to 13% of postpartum women develop a mental health disorder, most often depression, and this number is even higher in developing countries. The incidence of mental illness is higher in postpartum adolescents (ages 10–19 years of age), ranging from 26% to more than 50%. These percentages for postpartum depression (PPD) include women who miscarry or have abortions. Additionally, in adolescent women, symptoms are likely to be overlooked.[2] In 2015, the Centers for Disease Control and Prevention reported that 229,715 babies were born to adolescent mothers between the ages of 15 to 19.[2] This finding highlights the critical need for the early identification of PPD to decrease adverse outcomes associated with undetected and untreated depression.[3,4]

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PPD can be treated successfully and, if detected early, treatment may prevent the development of more severe symptoms or negative outcomes. Nurse practitioners in primary care clinics are often on the front line of providing care to women during pregnancy and the postpartum period, emphasizing the importance of their role in the overall health and well-being of this high-risk population. The purpose of this article is to provide evidence-based best practices for early recognition and support of universal screening for PPD in adolescents. In addition, suggestions for the integration of behavioral health screenings into practice and recommendations for interprofessional collaboration are discussed.

BACKGROUND/SIGNIFICANCE

PPD, a devastating but manageable and treatable disease after pregnancy, often goes unrecognized. The effects permeate all aspects of a women's life, causing adverse effects on both mother and baby. These include worsening social support, impaired maternal–infant interactions, and delayed child development.[5] PPD is more common in adolescents owing to multiple age-specific stressors. Young mothers are often influenced by a lack of social support and high levels of social isolation.[2] Research reveals that adolescents with high levels of parental stress (stress brought on by the guardian of the teen parent) are more likely to experience PPD[6,7] and that adolescent parenting is often complicated by family dysfunction, emotional immaturity, life stress, and a lack of social support.[6,7]

PPD symptoms in an adolescent mother are associated with decreased maternal confidence in the ability to parent.[7] Interventions that target a reduction in the stress of parenting may lead to a lower depression severity in first-time adolescent mothers. Of particular importance is providing professional anticipatory guidance related to parenting stress and the use of coping mechanisms in high-risk groups.[7] Prenatal assessment of social support is one of the best ways to target interventions to treat and prevent PPD among adolescent mothers.[2]

Research supports screening for PPD in an open and nonjudgmental environment to reduce social stigma. This places primary care clinics at the forefront for early identification and referral to behavioral health treatment. The integration of PPD screening, with resultant positive outcomes, has been studied in relation care during postpartum obstetric visits, and by the pediatric practitioner for the mother during the baby's well-child appointments.[4,8,9] This method aids in identifying, treating, and referring adolescent women for behavioral health services. Therefore, given that adolescent mothers experience the highest rates and the most severe symptoms of PPD,[1,2] all adolescent mothers should be routinely screened for PPD during every interaction with a health care provider.

RISK FACTORS

Early identification of adolescents at risk for PPD may be complicated by the differences in risk factors and presenting symptoms of adolescent mothers compared with adult mothers.[2,6] Current screening instruments focus on predictive risk factors of general populations of pregnant women, using criteria such as marital status, pregnancy intention, obstetric complications, breastfeeding, and/or socioeconomic status indicators that are not targeted toward adolescents. Adolescent symptoms are more often influenced by social support and level of social isolation.[4] Additionally, in general, a combination of multiple factors for PPD place the adolescent at increased risk. These factors include negative life events (unplanned pregnancy or worsening of close relationships) and comorbid risk behaviors, such as substance abuse (ie, drinking or smoking before

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