

## Background

- Perinatal mood and anxiety disorders (PMADS) and postpartum depression affect 1 in 5 or 20% of women.
- Approximately, 60% of women, with postpartum depression symptoms, remain undiagnosed.
- Challenges with integration and identification of peri-postpartum mood disorders, and subsequent access to care, are significantly greater in linguistically and culturally diverse backgrounds
- Systematically integrating peri-postpartum mental health screenings (Edinburgh Postnatal Depression Scale) is imperative in addressing mental health disparities and inequities

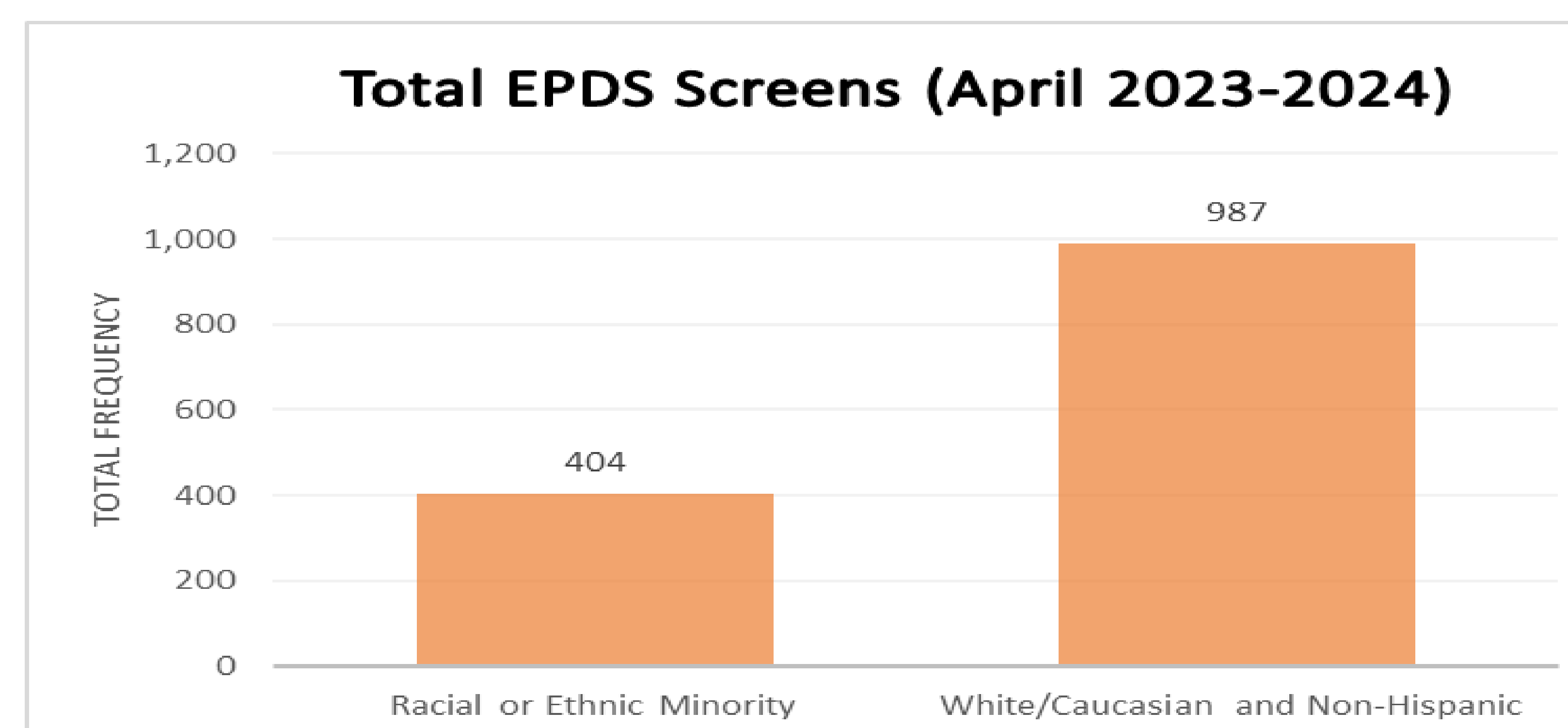
## Content/Action

### Application within inpatient Women's antepartum and postpartum context:

- Provided education and training to promote consistent adherence of screening and reporting practices in perinatal and postpartum inpatient and ambulatory settings.
- Utilized language interpreter services and multilingual and linguistically validated scales in the inpatient health settings for implementation of screening and follow-up.
- Access of patient engagement with culturally and linguistically diverse perinatal mental health clinicians
- Follow-up initiatives and bridging to accessible services for members of linguistically and culturally diverse communities.

## Lessons Learned

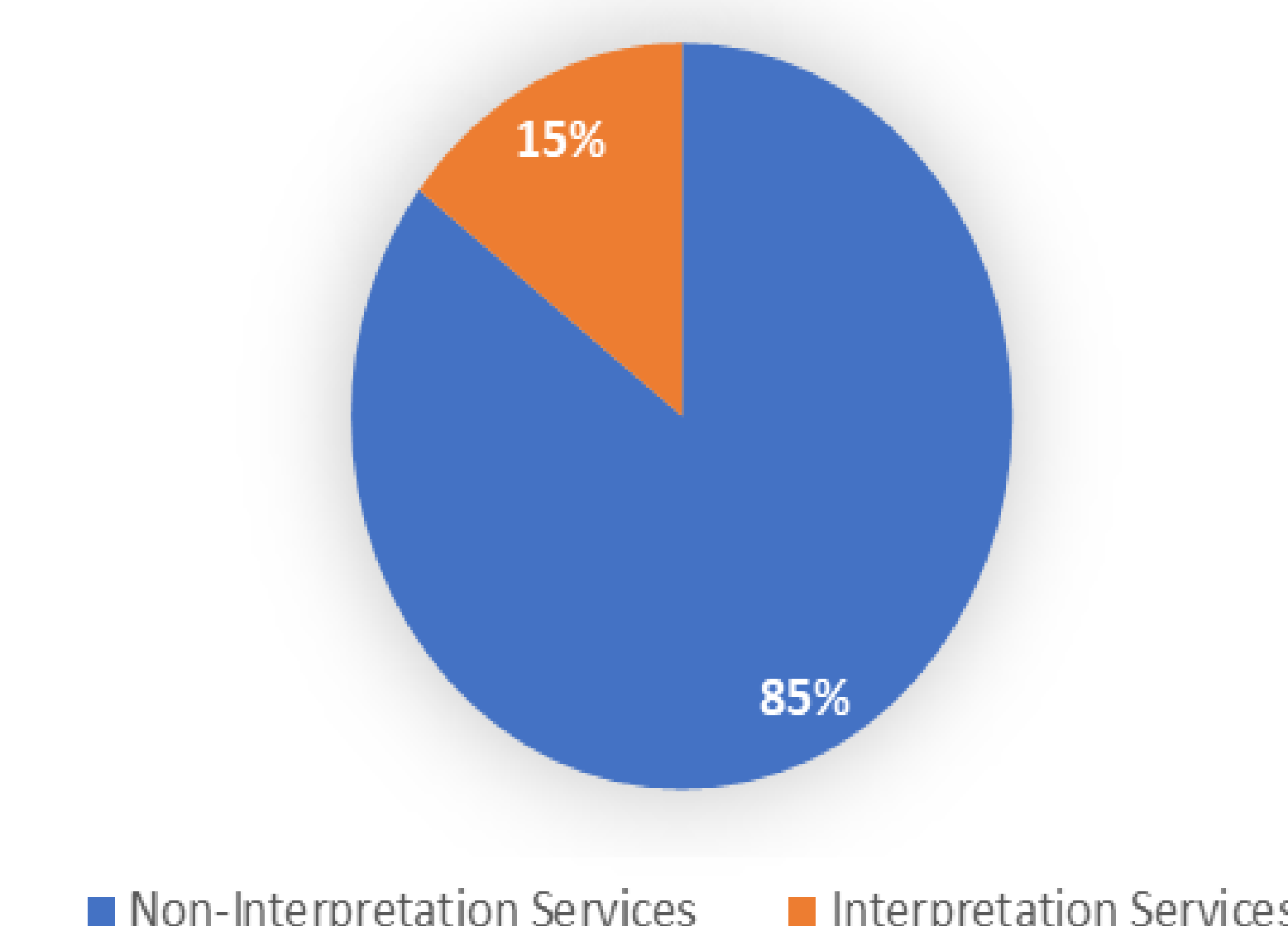
- Discrepancies evident with EPDS administration and behavioral health involvement in patients from culturally and linguistically diverse backgrounds.
- Importance of continued staff education on screening in general and cultural variables such as patient approach and appropriate administration of EPDS in diverse languages (e.g., English, Spanish, Arabic).
- Consideration of in-person vs video interpretation services with delivery of behavioral health consultation–liaison services



## Implications for Future Practice

- Wide-scale hospital integration of equitable perinatal screening holds merit as a promising practice:
  - In identification of mental health needs and
  - In bridging gaps in access to mental health care
- Importance of ensuring screeners are routinely provided in the preferred language (vs using an interpreter) to ascertain validity.

### Percentage of Consults with Linguistic Diversity



## References

Luca, D. L., Margiotta, C., Staatz, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial toll of untreated perinatal mood and anxiety disorders among 2017 births in the United States. *American Journal of Public Health, 110*(6), 888-896.

Wisner, K.L., Sit, D.K.Y., McShea M.C., et al. (2013). Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *Journal of the American Medical Association in Psychiatry, 70* (5), 490-498.

### Contact Information:

Inova Women's Behavioral Health

<https://www.inova.org/ourservices/perinatal-mental-health>