Postpartum Depression Screening in Mothers of Infants with Complex Congenital Heart Defects

Gabrielle Lamb, RN, BSN, CPN; Leslie Erwin, RN,BSN,CPN; Nneka Morris Alexander, PhD, ABPP; Christina Calamaro ,PhD, PPCNP-BC,FNP-BC, FAANP, FAAN; Vicki Haug, RN,BSN,CPN; Autumn Knight, MPH; Michael Fundora, MD
Children's Healthcare of Atlanta, Atlanta, GA

Purpose

This study aims to (1) identify the incidence of perceived postpartum depression in caregivers of infants diagnosed with complex CHD and (2) identify barriers that may prevent caregivers from utilizing available mental-health resources and referrals.

Background

- Mothers of infants with complex congenital heart defects (CHD) experience significant psychological stress related to prolonged hospitalization and uncertainty regarding their child's outcome.
- While the American Academy of Pediatrics recommends postpartum depression (PPD) screening at one week, two months, four months, and 6 months well-child visits, mothers of hospitalized infants often lack access to these screenings until after discharge.
- Identifying PPD and barriers to mental-health resource utilization in this population may improve maternal outcomes.

Methods

Sample: Mothers of patients admitted to Cardiac Acute Care Unit (CACU) who have not been discharged home

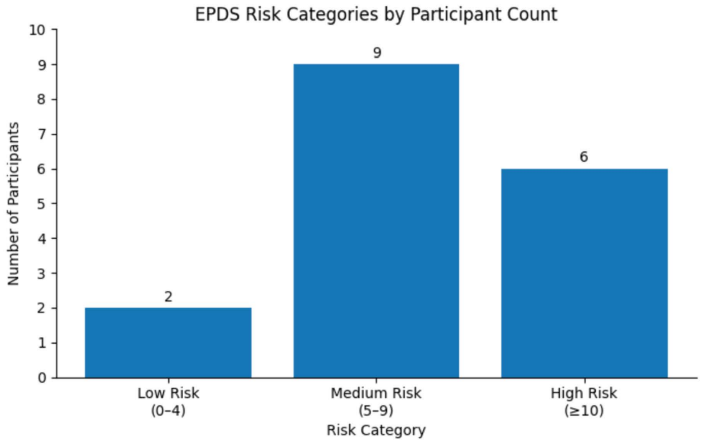
Tools:

Demographic Survey	• Level of education, single parenthood, unemployment, and race/ethnicity
Edinburgh Postnatal Depression Scale (EPDS)	• Validated 10-item questionnaire to assess depressive symptoms in the postpartum period, with a score of ≥10 indicating depressive symptomology warranting referral. • Any positive answer to question 10, regarding self-harm also warranted immediate referral to embedded psychologist.
Follow-up Survey	• Prior to discharge survey assessed which resources were used, if Mother plans to continue to use resources after discharge, and if there were any other barriers to accessing resources.

Methods (continued)

Statistical methods: Data were analyzed to determine the prevalence of depressive symptoms in this specific population, resource utilization, and associations with demographic variables.

Results



- Preliminary findings indicate that caregivers of infants with congenital heart disease (CHD) exhibit high rates of postpartum depression (PPD).
- Our median EPDS score is an 8, but many mothers met criteria for a positive screen, with many in the high risk range. This highlights that postpartum depressive symptoms are present and identifiable during inpatient admission, reinforcing the value of screening before discharge rather than relying solely on outpatient follow-up.
- Demographic data was categorically even across the board. Due to our current small sample size, as the study is still enrolling participants, no correlations can be made between demographics and EPDS scores.
- Only 23 percent of participants reported use of mental health resources while in patient. Despite low resource utilization during hospitalization, ninety one percent of participants reported an intention to use the resources provided following discharge.

Implications for Practice

Integrating standardized PPD screening (via EPDS) into cardiac units for mothers of infants with CHD could enhance early identification and treatment of depression. Routine screening during hospitalization may close a critical gap in care, improve maternal mental health.

Conclusions

- Caregivers of infants with complex congenital heart disease are at heightened risk for postpartum depression, yet screening during hospitalization remains limited.
- Findings from this study reveal that socioeconomic and logistical barriers- such as low education, low income, and limited transportation- contributed to reduced engagement with available mental health resources.
- Despite these challenges, most participants expressed a willingness to seek support after discharge, highlighting an opportunity for early intervention.
- Integrating standardized post partum depression screening can bridge critical gaps in care, promote timely identification and treatment, and ultimately improve maternal well- being.

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