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## Three Cheers for the Early Years

Postpartum Depression Project

Evaluation Report

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**August, 2008**

**Prepared by:**

Tim Veitch, Evaluation Specialist, and  
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Decision Support Research Team



## Acknowledgements

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## Postpartum Depression Project Evaluation Report

April 1, 2007 to March 31, 2008

Prepared by: **Tim Veitch, Evaluation Specialist**  
**Cathy Geake, Research Assistant**

*"I was satisfied because even though it was brought up by the Public Health Nurse at the home visit, I'm aware that situations, circumstances and feelings may change in that matter of 2 months therefore it was nice that the information re: emotional well-being was reinforced again at the 2 month visit to the clinic"*

Client quote

### Project Description:

On April 1<sup>st</sup>, 2007, the universal Postpartum Depression screening and follow-up services were formally transitioned to Well Child Clinics at Calgary Community Health Centers. All mothers are given the Edinburgh Postnatal Depression Scale at their 2-month Well Child Clinic visits by Community Health Nurses. Prior to the transition, the majority of community-based postpartum services in Calgary Health Region - Urban were provided by Community Health Nurses working on the Postpartum Community Services team.

### Evaluation Purpose:

The purpose of the Postpartum Project evaluation was to assess the transition of Postpartum Depression (PPD) screening and follow-up services to Well Child Clinics after a period of one full year of implementation. The evaluation will inform the stakeholders (3 Cheers for the Early Years Manager, Healthy Child and Youth Advisory Committee, Community Health Centre Managers and Community Health Nurses) of the preliminary impact of transitioning Postpartum Depression (PPD) screening and follow-up services to Well Child Clinics and identify any problematic areas of the transition and implementation of the project.

### Evaluation Methods:

The design used in the evaluation was a mixed qualitative and quantitative approach using an exploratory, multi-group, post-test only survey design. Sources for data and information included; Community Health Nurses, clients, key informants, Calgary Health Region PHANTIM Data and PPD related documentation.

### Summary of Findings:

From April 1, 2007 to March 31, 2008, 88.3% of all urban maternal clients received PPD screening at Well Child Clinics.

Responses from clients strongly indicated that PPD guidelines were consistently implemented in Well Child Clinics.

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Over ninety-four percent of clients responded they were very satisfied /satisfied with the PPD screening and follow-up services they received at Well Child Clinics.

Over eighty-five percent of clients reported they were more aware of available PDD support services following their Well Child Clinic visit.

Over seventy-two percent of clients reported they were more self-aware of PPD reaction following their Well Child Clinic visit.

Over ninety percent of Community Health Nurses reported that clients appeared comfortable completing and discussing the EPDS at the clinic.

Over eighty percent of Community Health Nurses agreed that the EPDS was a useful tool for PPD screening.

Over ninety percent of Community Health Nurses agreed that the PPD guidelines were useful in identifying clients experiencing PPD symptoms.

Community Health Nurses' assessment of the value of six components of PPD training and resource material ranged from 94% (training with Brenda George) to 69% (PPD Learning Module).

## Introduction

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### Health Issue Relating to the Project

The postpartum period is considered a time of increased risk for the onset of mood disorders. O'Hara & Swain revealed in their meta-analysis that 13% of new mothers will experience symptoms of postpartum depression (1996). This rate is reflective of what we know is occurring in parts of Alberta. In 2004, the Capital Health Region reported 13% of postpartum women screened with the Edinburgh Postnatal Depression Scale (EPDS) were at risk for PPD (8% scored between 10-13 and 5% scored over 13). Women affected by PPD are estimated to be 300 times more likely to experience a recurrence following subsequent pregnancies, and are twice as likely to have a relapse in the five years following their child's birth than others who never experienced PPD (Hamilton, 1992). The later PPD is identified and left untreated, the possibility of adverse outcomes for the mother and family increases.

### Project Description

Prior to April 1<sup>st</sup>, 2007, a large majority of the community-based postpartum services in Calgary Health Region - Urban were provided by Community Health Nurses (CHN's) working on the Postpartum Community Services (PPCS) team. All mothers were contacted through telephone between 3-6 weeks post birth to assess general postpartum adjustment using the EPDS. If unable to contact a mother, screening would occur at the 2-month Well Child Clinic visit.

Following April 1<sup>st</sup>, 2007, the universal PPD screening and follow-up services were formally transferred to Well Child Clinics at Calgary Community Health Centers. All mothers are given the EPDS at their 2-month Well Child visits by CHNs. PPCS nurses were in-serviced to look for "red flags" (high risk for depression and warning signs of depression) based on their nursing assessment when they conduct home visits with mothers and their newborns. EPDS was done by PPCS nurses with those women that were "red flagged" by the PPCS nurses prior to their 2-month Well Child Services visit. This information was then passed on to the Well Child Services Department. In addition, some women did not show up at their 2-month Well Child Services visits. These women were contacted by CHNs through the phone and offered a clinic appointment for either vaccination or to meet with CHNs to discuss Well Child Services including PPD screening if they decline vaccination.

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### Project Goal

To increase parent capacity for positive parenting practices.

### Project Objectives

1. To increase access to supports for mothers who are at risk and/or experiencing PPD.
2. To enhance CHN knowledge relating to PPD screening and follow-up services.

## Purpose of the Evaluation

The rationale for conducting this evaluation at this time was to assess the transition of Postpartum Depression (PPD) screening and follow-up services to Well Child Clinics after a period of one full year of implementation. This was a formative evaluation with the purpose of informing the stakeholders (3 Cheers for the Early Years Manager, Healthy Child and Youth Advisory Committee, Community Health Center Managers and Postpartum Community Services staff) of the preliminary impact of transitioning Postpartum Depression (PPD) screening and follow-up services to Well Child Clinics (WCC's) and to improve the PPD project, if necessary by identifying any problematic aspects of the project.

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## Scope of the Evaluation

The timeframe for this evaluation was April 1, 2007 to March 31, 2008 in which time the PPD screening and follow-up services had transitioned from PPCS to urban WCCs. The key indicators explored through this evaluation include, (1) consistency of PPD guideline implementation, (2) perceived benefits and challenges of the PPD transition, (3) client impact relating to the PPD transition, (4) CHN impact relating to the PPD transition, (6) client satisfaction with PPD services, (5) client self-awareness of postpartum reaction, (6) client awareness of PPD support services, (7) CHN's perceived value of PPD training and resource material and, (8) CHN's perceived benefits and challenges of the PPD transition.

## Evaluation Questions

The following evaluation questions were identified in consultation with Helen Dutchak, Manager Lead – Well Child Services, Brenda George, Education and Quality Improvement Specialist Nurse Educator – Well Child Services and Maureen Devolin, Manager of 3 Cheers for the Early Years.

### Process

1. How do CHNs assess the PPD resource material and training they received?
2. How do CHNs assess the PPD guidelines for identifying women experiencing PPD symptoms?
3. How do CHNs assess the EPDS for identifying women with PPD symptoms?
4. How consistently has PPD guidelines been implemented at WCCs?
5. Are clients comfortable with completing the EPDS at WCCs?
6. Are clients comfortable discussing the results of the EPDS with CHNs at WCC?
7. What have been the challenges of transitioning PPD services to WCC?

### Preliminary Outcomes

1. How satisfied are clients with the PPD services at WCC?
2. Do clients report an increase in awareness of postpartum adjustment and coping following their PPD screening at WCC's?
3. Do clients report increased awareness of available PPD support services following their PPD screening at WCC's?
4. Do CHN's report increase in practice knowledge and skill in conducting PPD screening and follow-up relating to PPD transition training and resources?
5. Has there been any negative impact on clients as a result of transitioning PPD services to WCC's?
6. What have been the benefits of transitioning PPD services to WCC's?
7. Has the percentage of PPD screens increased, decreased or remained constant since the transition of PPD screening to WCC's?

#### Outputs and Comparative Data

1. How many clients received PPD screening in March, 2008; April 1, 2006 to March 31, 2007; April 1, 2007 to March 31, 2008?
2. How many clients had clinically significant EPDS scores in March, 2008; April 1, 2006 to March 31, 2007; April 1, 2007 to March 31, 2008?
3. How many and what type of PPD referrals were made in the month of March, 2008 and April 1, 2007 to March 31, 2008?

## Methodology

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The design used in the evaluation was a mixed qualitative and quantitative approach using an exploratory, multi-group, post-test only survey design. Sources for data and information included; Community Health Nurses, clients, key informants, Calgary Health Region PHANTIM Data and PPD related documentation.

As with all exploratory designs, this design was limited to description and not to determine casual relationships. The purpose of this design was only to address the evaluation questions and possibly generate further questions to be explored later with more rigorous research designs.

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### Document Review

A review of PPD Project documents was conducted to provide contextual information for the evaluation and to address specific evaluation questions. The documentation reviewed included the following:

1. Guidelines for Postpartum Assessment and Postpartum Depression Screening: This document provides guidelines for the Well Child Services CHNs on PPD screening and follow-up.
2. Health Information Standing Committee for Alberta, Postpartum Depression Data Standard: This document provides data standards for postpartum depression screening and follow-up. It was developed to prepare the health system for the development of the electronic medical record.
3. Assessment, Intervention & Referral for Suicide Risk: This form provides some example questions that can be used to further assess a woman who scores positively on the EPDS item #10.
4. Recall Sheet: This sheet is used in the contacts with women who didn't show up at their 2-month visits.
5. Postpartum Depression Screen Form: This form is used to collect information from initial screening and clients follow up contact. The information collected is entered into PHANTIM system.

### Community Health Nurse Survey

A Community Health Nurse (CHN) Survey was developed (Appendix A) to assess the PPD transition process and measure short-term outcomes of the project. The outcomes include, (1) increase in CHN knowledge and skill relating to PPD screening and follow-up, (2) client impact and, (3) perceived benefits of

the PPD transition. The CHN survey consisted of 13 items and required approximately 5 minutes to complete.

### Sample

The sample for the CHN survey included all full-time CHNs (90) who worked at one of the seven urban Well Child Clinics and were directly involved in PPD screening and follow-up services. In total, 87 CHN responded to the survey for a response rate of 97%.

### Data Collection and Analysis

Data collection commenced in the month of April, 2008 and was completed by May 8<sup>th</sup>, 2008. Community Health Clinic Managers distributed and collected the CHN Surveys for their respective sites. The CHNs received a cover letter (Appendix B) explaining the evaluation and provided instructions on completing the survey. Confidentiality and implied consent was addressed in the cover letter.

All original completed surveys were kept in locked file cabinets and accessible only by the Evaluation Team. A Research Assistant entered the results of the survey into SPSS for analysis. Descriptive analysis was completed for each variable. All identifying participant information was removed from the dataset.

### **Client Survey**

A client survey (Appendix C) was conducted to explore the PPD process (guidelines) experienced by the client, the client's satisfaction with the PPD screening process and, if pertinent, the client's satisfaction with PPD follow-up services.

### Sample

The sample for the client survey was drawn from the PHANTIM Database and included 952 mothers of infants between 30 and 100 days old attending urban Well Child Clinics for DTaP-IPV/Pentacel immunization in the month of March, 2008. In total 302 surveys were returned for a response rate of 32% which provided a confidence level of 95% with a 5% margin of error in the sample.

### Data Collection and Analysis

The client surveys were mailed out on May 15<sup>th</sup>, 2008 with a return date of June 6<sup>th</sup>. The return date was extended to June 30, 2008 to ensure for a sufficient response rate. The mail out included a cover letter (Appendix D) which explained the purpose of the evaluation and instruction on completing the survey. Confidentiality and implied consent was addressed in the cover letter. As the desired response rate was achieved in the first mail out, no repeat survey mail out or reminder correspondence was required.

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All original completed surveys were kept in locked file cabinets and accessible only by the Evaluation Team. A Research Assistant entered the results of the survey into SPSS for analysis. Descriptive and qualitative analysis was completed for each variable. All identifying participant information was removed from the dataset.

### **Key Informant Interviews**

The key informant interviews (Appendix E) were conducted to provide more in-depth examination of the evaluation questions. The selection of the key informants was based upon current postpartum service involvement, participation with the PPD transition and knowledge of the PPD Project. The individuals that participated in the key informant interviews included the Nurse Educator – Well Child Service involved in the resource development and training of CHNs during the PPD transition and one Community Health Clinic Centre Manager.

All interviews were conducted via telephone by an experienced interviewer in the month of July, 2008. Key informants were assured that the information they provide during the interviews would be kept in confidence and that their identities would not be revealed. The notes from the interviews were subjected to qualitative analysis.

### **Limitations of the Evaluation**

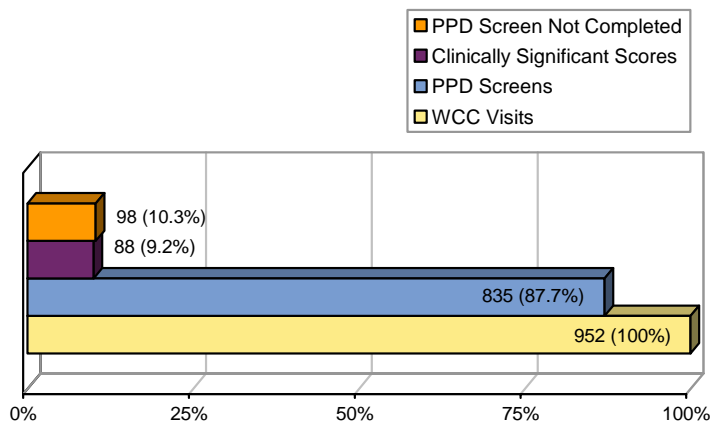
As previously mentioned in this report, the exploratory design used in this evaluation was limited by not being able to determine casual relationships. The purpose of this design was only to explore the evaluation questions and possibly generate further questions to be explored later with more rigorous research designs. A further limitation of this evaluation study was potential positive bias of CHNs to respond to survey items favourably in assessing their own and/or clinic performance.

## Results

### PPD Screens, EPDS Scores and PPD Referrals

As previously discussed, the client sample for this evaluation was drawn from the PHANTIM Database and included 952 mothers of infants between 30 and 100 days old attending urban Well Child Clinics for DTaP-IPV/Pentacel immunization and PPD screening in the month of March, 2008. Of the 952 clients that attended the urban WCCs, 835 (87.7%) of clients completed the EPDS and were screened for PPD. Eighty-eight (9.2%) of the clients screened reported clinically significant EPDS scores. In addition, ninety-eight (10.3%) clients were identified in the PHANTIM database as having not completed a PPD screen for reasons that included, client declined, effectively being treated, insufficient time, language /cultural barriers, mother not present at appointment and unable to contact. (see Table 1).

Figure 1: Urban WCC Visits, PPD Screens and Clinically Significant EPDS Scores for March, 2008



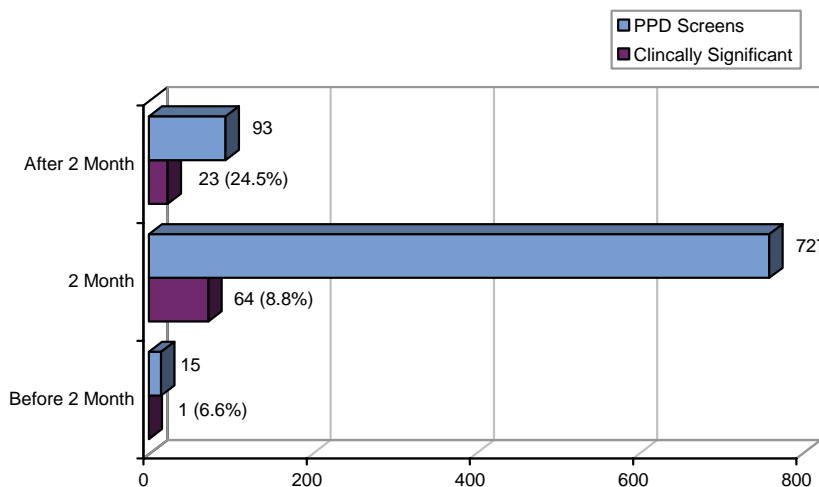
A total of 98 (10.3%) clients were not screened in March, 2008. The most frequent reported reason for not being screened was language/cultural barriers (41.8%), client being effectively treated (32.6%) and client declined the screen (26.5%).

Table 1: PPD Screen Not Completed for March, 2008

Reason for PPD Not Being Completed	Number
Declined	26
Effectively being Treated	32
Insufficient Time	6
Language/Cultural Barriers	41
Mother not Present at Appointment	5
Unable to Contact/Lost to Follow-up	6
Other	4

Of the 835 clients that received PPD screening, 93 (11.2%) clients were screened after the 2 month WCC visit, 727 (87%) clients were screened on their 2 month WCC visit, and 15 (1.8%) clients were screened before their 2 month WCC visit. Of the 93 clients screened after the 2 month WCC visit, 23 (24.5%) reported clinically significant EPDS scores. Of the 727 clients screened on their 2 month WCC visit, 64 (8.8%) reported clinically significant EPDS scores. Of the 15 clients screened before their 2 month visit, only 1 (6.6%) reported a clinically significant EPDS score.

Figure 2: PPD Screens Before, On and After 2 Month WCC Visit and Clinically Significant EPDS Scores for March, 2008



A total of 93 PPD referrals were made in the month of March, 2008. Fifty-five referrals were made to family physicians, 27 referrals to community agencies, 9 referrals to Regional Mental Health Services and 2 referrals to other unknown. It should be noted that the referral total is higher than the number of clients with clinically significant EPDS scores due to multiple referrals for some clients.

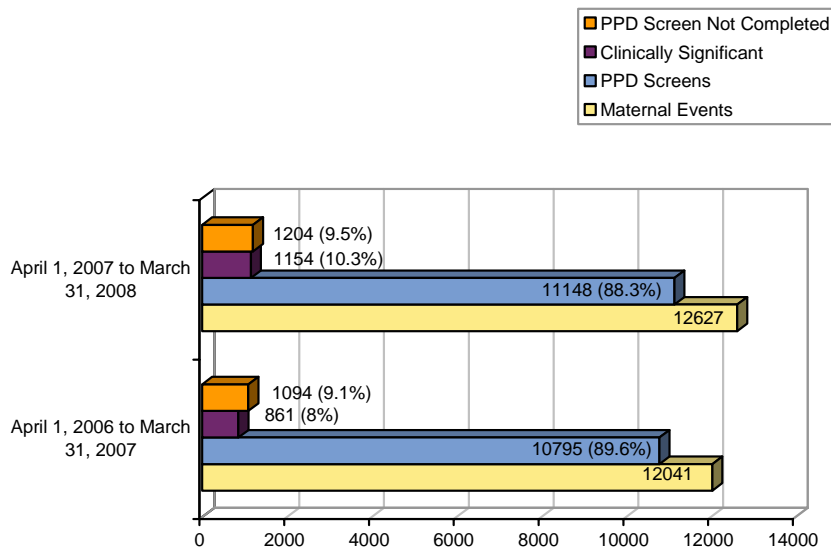
Table 2: PPD Referrals for March, 2008

PPD Referral	Number
Community Agency	27 (29%)
Family Physicians	55 (59%)
Regional Mental Health Services	9 (10%)
Other	2 (2%)

From April 1, 2006 to March 31, 2007, prior to the PPD transition, there were a total of 12041 urban maternal events. Of the 12041 maternal events, a total of 10795 (89.6%) clients received a PPD screen and 1094 (9.1%) were not screened. Of the 10795 clients screened, 861 (8%) had clinically significant EPDS scores. In comparison, from April 1, 2007 to March 31, 2008, there were a total of 12627 maternal events. Of the 12627 maternal events, a total of 11148 (88.3%) clients received a PPD screen and 1204 (9.5%) were not screened. Of the 11148 maternal clients screened, 1154 (10.3%) had clinically significant EPDS scores.

Comparatively, there was an increase of 586 (4.6%) maternal events from fiscal year 2006/2007 to fiscal year 2007/2008. The total percentage of PPD screens completed relative to the number of maternal events dropped by 1.3% in fiscal year 2007/2008 when compared to fiscal year 2006/2007. However, the number of clinically significant PPD scores increase in fiscal year 2007/2008 by 2.3% when compared to fiscal year 2006/2007.

Figure 3: Annual Comparison of Urban Maternal Events, PPD Screens and Clinically Significant EPDS Scores



A total of 1094 (9.1%) maternal clients were not screened in fiscal year 2006/2007. The most frequent reported reason for not being screened was unable to contact/lost to follow-up (72.6%), client being effectively treated (23.7%) and client refusal (16.8%).

Table 3: PPD Screen Not Completed for Fiscal 2006/2007

Reason for PPD Not Being Completed	Number
Bereavement	1
Communication Barriers	20
Declined	24
Effectively Being Treated	259
Language/Cultural Barriers	4
Mother not Present at Appointment	3
Refusal	184
Unable to Contact/Lost to Follow up	794
Other	2

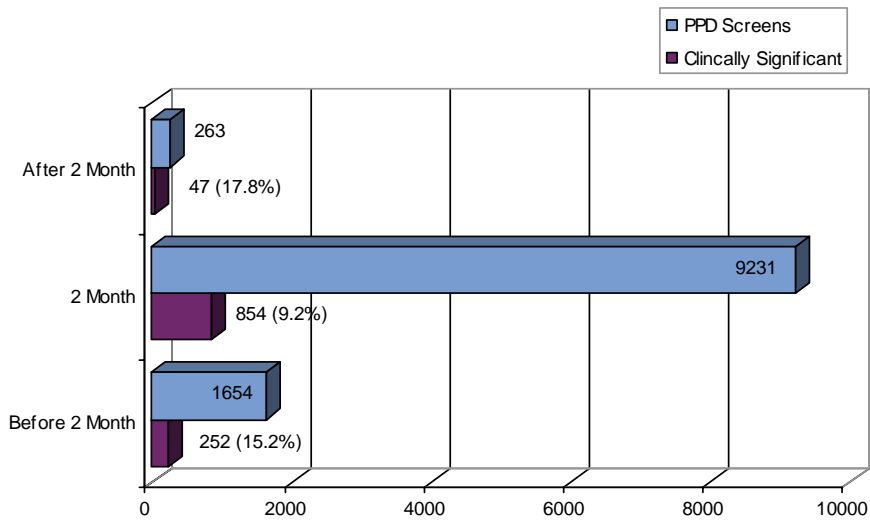
In contrast, a total of 1204 (9.5%) maternal clients were not screened in fiscal year 2007/2008. The most frequent reported reason for not being screened was client declined (34.5%), language/cultural barriers (33%) and client being effectively treated (29.4%). Comparatively, there was a significant decrease of maternal clients not completing PPD screens for the reason of unable to contact/lost to follow-up in fiscal year 2007/2008. However, there was a significant increase of maternal clients not completing PPD screens for the reasons of language/cultural barriers and client declined in fiscal year 2007/2008.

Table 4: PPD Screen Not Completed for Fiscal 2007/2008

Reason for PPD Not Being Completed	Number
Communication Barriers	2
Declined	420
Insufficient Time	77
Effectively Being Treated	355
Language/Cultural Barriers	398
Mother not Present at Appointment	62
Unable to Contact/Lost to Follow up	92
Other	58

Of the 11148 clients that received PPD screening from April 1, 2007 to March 31, 2008, 263 (2.3%) clients were screened after the 2 month WCC visit, 9231 (82.8%) clients were screened on their 2 month WCC visit, and 1654 (14.8%) clients were screened before their 2 month WCC visit. Of the 263 clients screened after the 2 month WCC visit, 47 (17.8%) clients reported clinically significant EPDS scores. Of the 9231 clients screened on the 2 month WWC visit, 854 (9.2%) clients reported clinically significant EPDS scores. Of the 1654 clients screened before their 2 month visit, 252 (15.2%) clients reported a clinically significant EPDS score.

Figure 4: PPD Screens Before, On and After 2 Month WCC Visit and Clinically Significant EPDS Scores for April 1, 2007 to March 31, 2008



A total of 1400 PPD referrals were made during April 1, 2007 to March 31, 2008. Eight hundred and thirty referrals (59.2%) were made to family physicians, 358 (25.6%) were made to community agencies, 155 (11%) referrals to Regional Mental Health Services, 12 (.008%) referrals to ER/Urgent Care and 45 (3.2%) referrals to other unknown. Again, it should be noted that the referral total is higher than the number of clients with clinically significant EPDS scores due to multiple referrals for some clients.

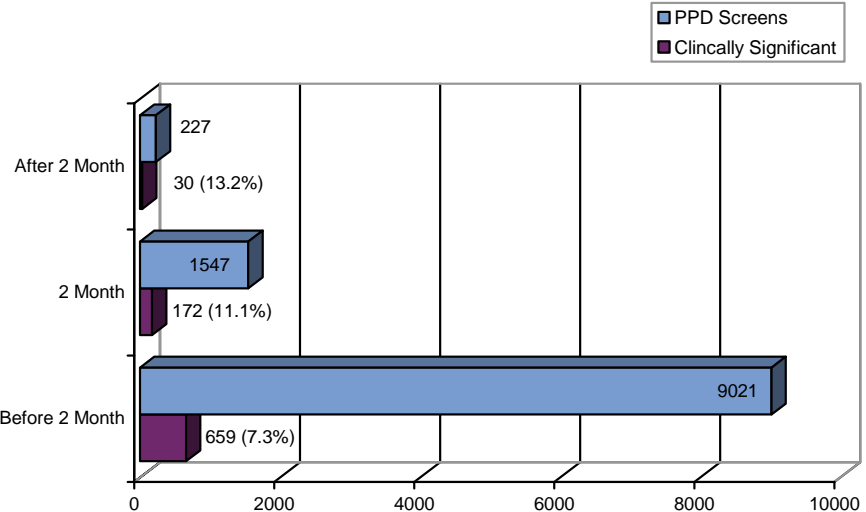
Table 5: PPD Referrals for April 1, 2007 to March 31, 2008

PPD Referral	Number
Community Agency	358 (25.6%)
ER/Urgent Care	12 (< 1%)
Family Physicians	830 (59.2%)
Regional Mental Health Services	155 (11%)
Other	45 (3.2%)

Prior to the PPD transition, 10795 clients received PPD screening from April 1, 2006 to March 31, 2007. Of the 10795 clients, 227 (2.1%) clients were screened after the 2 month WCC visit, 1547 (14.3%) clients were screened on their 2 month WCC visit, and 9021 (83.6%) clients were screened before their 2 month WCC visit. Of the 227 clients screened after the 2 month WCC visit, 30 (13.2%) clients reported clinically significant EPDS scores. Of the 1547 clients screened on the 2 month WWC visit, 172 (11.1%) clients reported clinically significant EPDS scores. Of the 9021 clients screened before their 2 month visit, 659

(7.3%) reported a clinically significant score. Information on PPD referrals for this timeframe is incomplete as data on PPD referrals was not collected until 2007.

Figure 5: PPD Screens Before, On and After 2 Month WCC Visit and Clinically Significant EPDS Scores for April 1, 2006 to March 31, 2007



## Client Survey Results

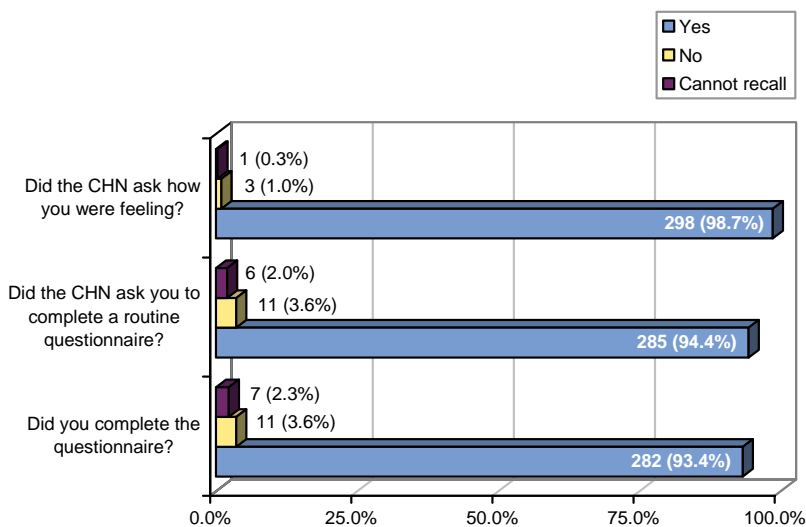
As previously mentioned, 302 clients surveys were received for a response rate of 32%. Nine items on the Client Survey were designed to assess the extent to which the PPD guidelines were followed by CHNs at the Well Child Clinics. The results of the survey items are summarized in the following bar graphs and tables.

### PDD Preliminary Screening and EPDS Administration

Respondents were asked if the Community Health Nurse at the Well Child Clinic had inquired about how they were feeling subsequent to the birth of their baby. Approximately ninety-nine percent (298) of mothers recalled the question being asked at their two month WCC visit.

Respondents were also asked if the CHN had asked them to complete a routine questionnaire (EPDS) to assess how they were doing. Ninety-four percent (285) of mothers indicated that they were asked to complete the EPDS. Ninety-three percent (282) of the respondents completed the EPDS. Less than four percent (11) indicated that the CHN had not asked them to complete the EPDS nor completed the EPDS during the clinic appointment.

Figure 6: PPD Preliminary Screening and EPDS Administration (n=302)



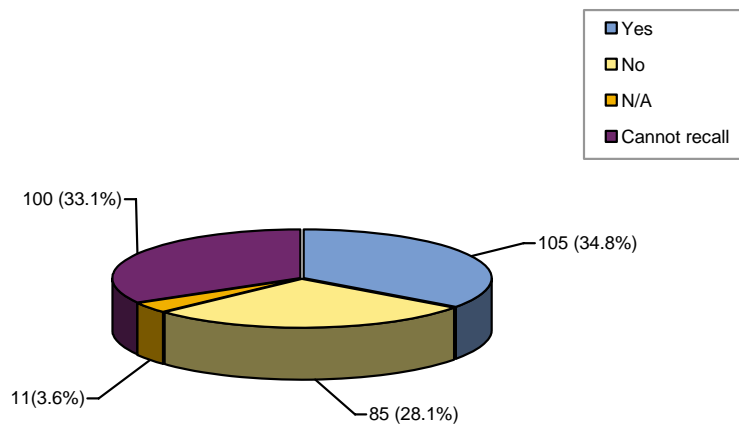
Client comments (n=24) relating to the three PPD guidelines focused around insufficient explanation of the EPDS questionnaire and having received prior assessment and treatment for PPD. Sample responses are shown below.

Table 6: Client Comments Regarding PDD Preliminary Screening and EPDS Administration (n=24)

Theme	N	Sample Comments
<b>Insufficient explanation of questionnaire</b>	7	<p><i>"The health nurse asked some questions, but did not indicate that there was a routine questionnaire"</i></p> <p><i>"She told me my score but not what that score meant"</i></p> <p><i>"I am not sure if her questions were the questionnaire"</i></p> <p><i>"I might have answered the questions not knowing it was a routine questionnaire"</i></p>
<b>Prior assessment and treatment</b>	5	<p><i>"I explained I had already done it with my own doctor, and had been placed on medication for post-partum anxiety"</i></p> <p><i>"I had already been diagnosed with PPD and been hospitalized and was seeing a psychiatrist as an out patient by then, therefore did not feel I needed to do it!"</i></p> <p><i>"I was already taking antidepressants at the moment"</i></p>

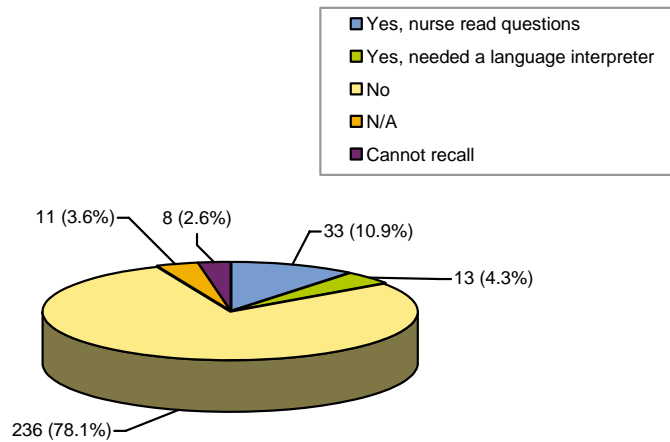
Relating further to PPD guidelines, clients were asked if the CHN at the Well Child Clinic had asked if they would prefer to fill the questionnaire (EPDS) out themselves or have it read to them. Approximately, thirty five percent (105) of clients recalled the CHN asking if assistance was needed, twenty eight percent (85) of respondents indicated they did not receive an offer of assistance and thirty three percent (100) of clients could not recall if assistance was offered.

Figure 7: Was Assistance Offered by CHN to Complete the EPDS? (n=302)



Clients were also asked if they required assistance in completing the questionnaire and a total of 46 clients (15.2%) responded that they did. Of these, only four percent (13) of clients required the assistance of a language interpreter and nearly eleven percent (33) noted that assistance was required for reasons other than language.

Figure 8: Was Assistance Required to Complete the EPDS? (n=302)



Client comments (n=10) relating to assistance being required to complete the EPDS focused around assistance in tending to the baby while completing the EPDS and further clarification on questions. Sample responses are shown below.

Table 7: Client Comments Regarding Assistance Required (n=10)

Theme	N	Sample Comments
<b>Assistance required while tending to baby</b>	6	<p><i>"I was breastfeeding my baby, so it was easier for her to read it to me and fill it out for me (with my answers of course)"</i></p> <p><i>"I was holding my baby. I found it easier and quicker her asking me the questions"</i></p> <p><i>"I was busy nursing my daughter after her immunization"</i></p>
<b>Clarification on questions</b>	2	<p><i>"Just needed some clarification about some questions"</i></p>

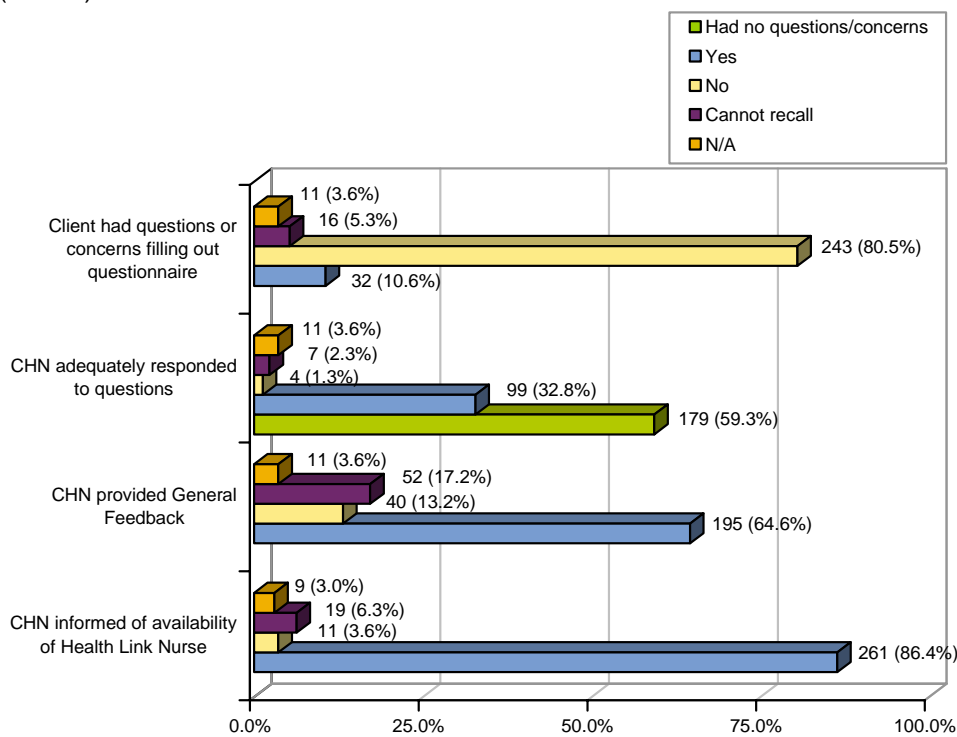
Clients were asked if they had questions or concerns when filling out the EPDS. Approximately eighty percent (243) of the clients responded that they did not while thirty-two clients (10.8%) indicated they had some questions or concerns with the EPDS.

Furthermore, clients were asked whether the CHN had adequately responded to any questions or concerns they had regarding the EPDS. Approximately fifty-nine percent (179) indicated that they did not have any questions or concerns for the CHN to respond to. Of those who had questions or concerns, approximately ninety-six percent (99) responded that the CHN had adequately addressed their questions and/or concerns. Four clients (1.3%) felt that their questions and concerns were not adequately addressed by the CHN.

Clients were also asked whether the CHN had provided general feedback about their responses to the EPDS. One hundred and ninety-five (64.6%) of clients indicated the CHN had provided feedback to their EPDS responses. Seventeen percent (52) of clients could not recall if they were provided feedback. Approximately thirteen percent (40) of clients identified they received no general feedback regarding their responses to the EPDS.

Also relating to PPD guidelines, clients were asked if they were informed about the availability of a nurse through Health Link. Approximately eighty-six percent (261) of mothers remembered being informed of this resource by the CHN. Fewer than four percent (11) of mothers responded that they had not been provided information regarding Health Link.

Figure 9: Information Provided to Clients Regarding the EPDS and Health Link (n=302)



Client comments (n=41) relating to provision of information to clients about the EPDS and Health Link were summarized into three main categories. Comments centered around; difficulties with the questionnaire, overall positive descriptions of CHN support, and varied opinions regarding Health Link. Sample responses are shown below.

Table 8: Client Comments on Information Provided to Clients Regarding the EPDS and Health Link (n=41)

Theme	N	Sample Comments
<b>Questionnaire</b>	12	<p><i>"I wondered why I wasn't given the questionnaire earlier – I was a bit depressed earlier, but not at the time I was surveyed"</i></p> <p><i>"I felt rushed to complete the survey"</i></p> <p><i>"Nurse was there in front of me, made me feel nervous"</i></p> <p><i>"The questionnaire was in Arabic, so I understood everything"</i></p>
<b>CHN Support</b>	20	<p><i>"Nurse took the time to answer all my questions and concerns. I did not feel rushed or uncomfortable"</i></p> <p><i>"She was very thorough"</i></p> <p><i>"Yes, she was very concerned with my answers and we spoke about these – she also contacted me a week later"</i></p> <p><i>"Very helpful, very valid"</i></p> <p><i>"I felt that I needed more support, but was too afraid to ask. The nurse didn't follow-up the survey with any questions for me"</i></p>
<b>Health Link</b>	9	<p><i>"Cannot recall, but second child – so I was aware"</i></p> <p><i>"Already knew, I have a four year old"</i></p> <p><i>"I already knew about it"</i></p> <p><i>"I appreciate the resource (Health Link) and have used it avoiding unnecessary visits to drop-in clinics"</i></p> <p><i>"I have waited over 20 minutes"</i></p>

### Impact on Client Awareness of Postpartum Reaction and PPD Support Services

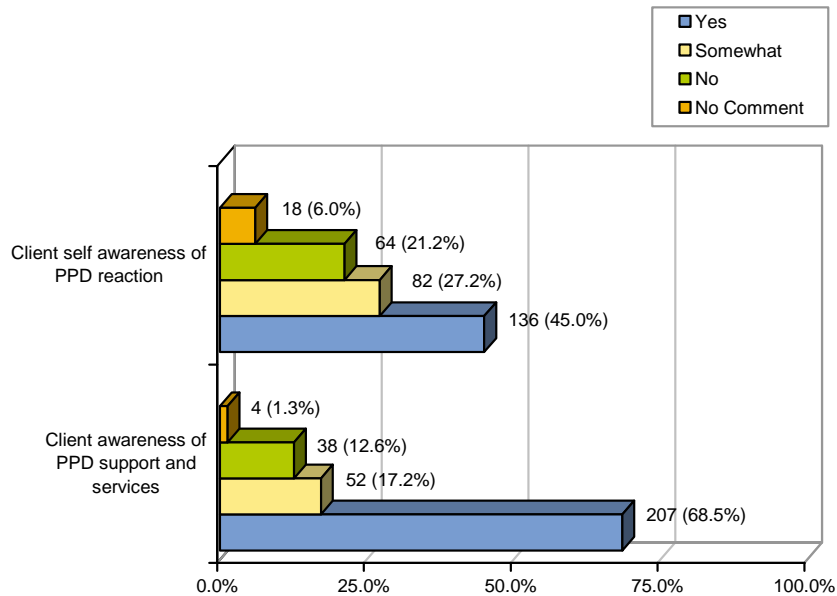
Clients were asked if, as a result of their visit to the Well Child Clinic, they were more aware of their emotional well being since having their baby and, where to access support if needed.

Over seventy-two percent (218) of clients agreed that they were more aware of their emotional well-being as indicated by forty five percent responding "yes"

(136) and twenty-seven percent responding “somewhat” (82). Twenty-one percent (64) indicated that they were “not” more aware of their emotional well-being as a result of their visit to the Well Child Clinic.

Almost eighty-six percent (259) of clients agreed that they were more aware of where to access support after visiting the Well Child Clinic. Less than thirteen percent (38) of respondents responded “no” they were not more aware as a result of their visit. A small percentage of clients responded “no comment” to these two survey items.

Figure 10: Impact on Client Awareness of Postpartum Reaction and PPD Support Services (n=302)



Client comments (n=52) relating to client awareness of postpartum reaction and PPD support services centered around; prior self awareness of emotional well-being and PPD reaction and, prior awareness of PPD support and services. Sample responses are shown below.

Table 9: Client Comments on Awareness of Postpartum Reaction and PPD Support Services (n= 52)

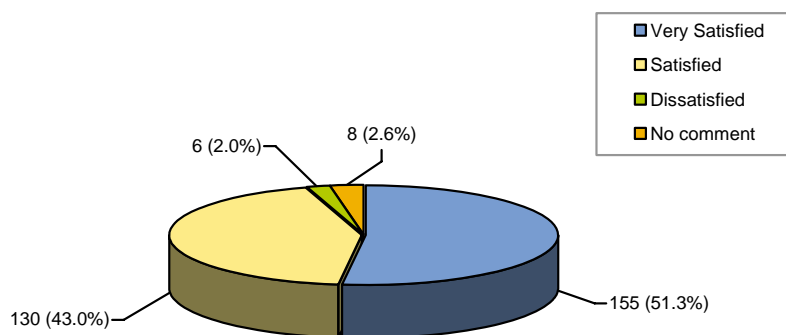
Theme	N	Sample Comments
Emotional awareness	25	<p><i>“Didn’t feel I had too much to learn with this baby, first child had been very rough, this one VERY easy – she sleeps?”</i></p> <p><i>“I was aware of my emotional well-being prior to going to the community health nurse”</i></p>

		<p><i>"I was already quite in tune with my feelings"</i></p> <p><i>"Not any more aware than when I arrived"</i></p> <p><i>"This was unnecessary as it's something both my family doctor and Ob Gyn ensured. I was there for my child's shots"</i></p> <p><i>"I have a good support system – family, friends"</i></p>
<b>Accessing Support</b>	27	<p><i>"I was pretty much already aware of support options"</i></p> <p><i>"I was pretty aware of resources already"</i></p> <p><i>"I think the CHR has given an abundance of information (pamphlets, magnets, brochures...) during pre-birth classes, hospital stay and the Well Child Clinic"</i></p> <p><i>"I was already informed – I took the CHR pre-natal class, my family doc, my Ob Gyn and the follow up public health nurse – this was unnecessary"</i></p> <p><i>"There is so much information available through CHR, that was brought to my attention throughout the pregnancy and after (From Here to Maternity, Health Link, home visit from nurse, parenting course) that it wasn't new information"</i></p> <p><i>"Yes, additional information was provided about resources"</i></p>

Client Satisfaction with PPD Clinic Services

Clients were asked how satisfied they were regarding the information and/or support they received through the Well Child Clinic relating to their emotional well-being after having their baby. Two hundred and eighty-five (94.3%) clients indicated they were very satisfied/satisfied with the services they had received. In contrast, six (2%) clients expressed they were dissatisfied with the services they had received.

Figure 11: Client Satisfaction with PPD Clinic Services (n=302)



Client comments (n=12) relating to service satisfaction themed mostly around positive feedback of services received at the Well Child Clinic. Sample responses are shown on the following table.

Table 10: Client Comments Regarding Satisfaction with PPD Clinic Services (n=12)

Theme	N	Sample Comments
<b>Positive comments</b>	6	<p><i>"She took a lot of time and offered validation"</i></p> <p><i>"I have four children. This is my first baby in Alberta and I am very impressed with all the relative information and support I have received since having my baby"</i></p> <p><i>"I was satisfied because even though it was brought up by the Public Health Nurse at the home visit, I'm aware that situations, circumstances and feelings may change in that matter of 2 months therefore it was nice that the information re: emotional well-being was reinforced again at the 2 month visit to the clinic"</i></p> <p><i>"Great service – friendly – knowledgeable staff – rare in Calgary these days!"</i></p>
<b>Other comments</b>	3	<p><i>"The spouse would probably answer questions truthfully about mom. Mail-out questionnaire might be better"</i></p> <p><i>"It seemed very routine, and just another task that needed to be completed. It didn't feel like anyone really cared either way"</i></p> <p><i>"I needed more. I realize that it may be my responsibility, but... I would have benefited from a home follow-up visit at 6 weeks. It really is too easy to lie over the phone about emotional well-being"</i></p>

### Community Health Nurse Survey Results

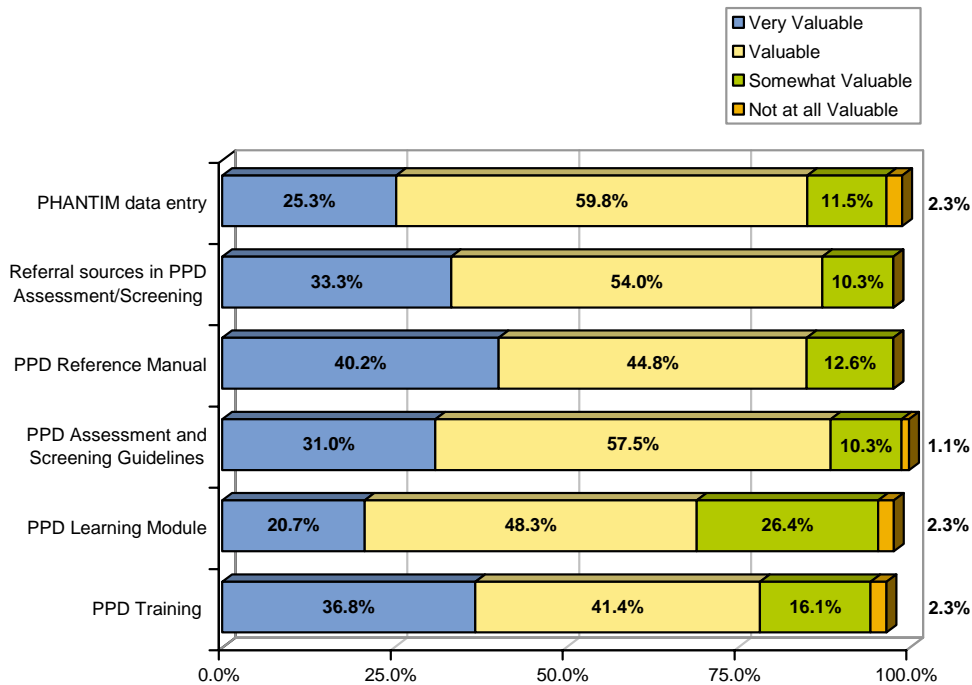
As previously mentioned, 87 full-time CHN in seven urban WCC responded to the CHN survey. Community Health Nurses were asked a number of questions to assess the resources and training they received for learning and implementing PPD guidelines.

#### CHNs Assessment of PPD Resource Material and Training

CHNs were asked to rate six different resources that supported the transition process of PPD screening and follow-up services to Well Child Clinics. As indicated by a rating of "very valuable", "valuable" or "somewhat valuable" all six resource materials received very favourable ratings.

The resource materials that rated highest overall by CHNs, as indicated by a rating of “valuable” or “very valuable” were; PPD Assessment and Screening Guidelines (88.5%) and Referral Sources in PPD Assessment/Screening (87.3%).

Figure 12: CHN Assessment of PPD Resource Material and Training (n=87)



CHN comments (n=22) relating to PPD resource material and training centered around; positive experiences, suggestions for changes, time and cultural/language concerns. Sample responses are shown below.

Table 11: CHN Comments Regarding PPD Resource Material and Training (n=22)

Theme	N	Sample Comments
Positive	7	<p><i>“Resources well explained”</i></p> <p><i>“I felt the transition went smooth!”</i></p> <p><i>“I think all of the resources were valuable to us in transition. Great support”</i></p> <p><i>“I felt the long lead-up time and discussions were very valuable”</i></p> <p><i>“Brenda’s supporting work was invaluable”</i></p>

<b>Suggestions for change</b>	6	<p><i>“Phantim choices re: follow up are confusing”</i></p> <p><i>“Format lecture style - hard to stay focused”</i></p> <p><i>“Could be a more complex and complete resource re: Referral sources found in the PPD Assessment and Screening guidelines”</i></p> <p><i>“While the education sessions are very valuable, case history and actually working with more experienced nurses is probably most beneficial”</i></p>
<b>Time</b>	4	<p><i>“I was not given any time to read the reference manual, which was more thorough than the module. Our training was rushed, new information came afterward and we were not given time to read it.”</i></p> <p><i>“It is a good module but somewhat unrealistic in the timelines of learning or practical application”.</i></p> <p><i>“The PPD module was way too long”</i></p> <p><i>“The module was too extensive – it was designed very thoroughly to take someone with “zero” knowledge base to meet standards we need at clinic practice. For myself and most other PHN’s we really needed a ‘quick update””</i></p>
<b>Cultural/ Language Concerns</b>	2	<p><i>“PPD assessment screening tool not sensitive to clients especially question #6. Cultural sensitivity and diversity is questionable”</i></p> <p><i>“Other language PPD screens, I’ve been told are not translated properly. Many people do not fill them out properly, as the translation for certain questions do not make sense”</i></p>

CHN Assessment of Knowledge and Skill Enhancement

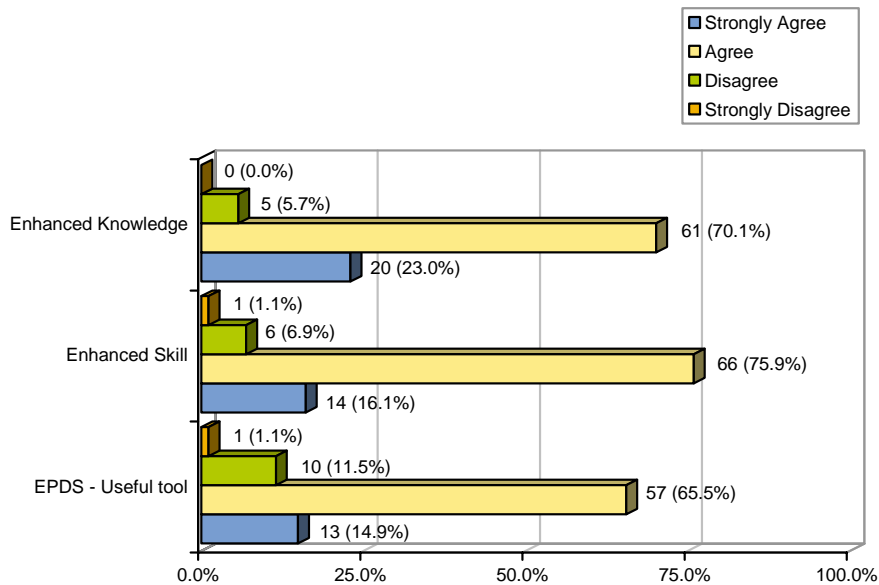
Community Health Nurses were also asked to assess if their knowledge and skills relating to PPD screening and follow-up had been enhanced as a result of the PDD resources and training they received. Results on these questions are summarized in the following bar graphs and tables (Figures 8-10 and Tables 7-9).

Ninety-three percent (81) of respondents indicated that they “agreed” or “strongly agreed” that the PPD resource material and training had enhanced their knowledge of PPD screening and follow up. Similarly, ninety-two percent (80) of CHNs responded that they either “agreed” or “strongly agreed” that the PPD resource material and training had enhanced their skills relating to PPD screening and follow up.

CHNs were also asked if the EPDS was a useful tool in identifying women with PPD symptoms. Eighty percent (70) of respondents indicated that they “agreed” or “strongly agreed” that the EPDS was a useful screening tool. Thirteen percent

(11) of CHNs responded that they “disagreed” or “strongly disagreed” that the EPDS was a useful tool for PPD screening.

Figure 13: CHN Assessment of PPD Knowledge/Skill Enhancement and the EPDS Tool (n=87)



CHN comments (n=12) relating to skill and knowledge enhancement and the EPDS being a useful screening tool is displayed in the following two tables.

Table 12: CHN Comments Regarding PPD Knowledge/Skill Enhancement (n=12)

Theme	N	Sample Comments
Enhanced knowledge of PPD screening and follow up	6	<p><i>“Skills have increased in procedure/policy, but not knowledge. Lack of critical thinking opportunities and problem solving”</i></p> <p><i>“I already had a strong background in PPD screening and working with clients who were experiencing depression. I also was very knowledgeable regarding resources and a number of years ago was on the committee that first looked at formalizing our assessment of post partum mom’s.”</i></p> <p><i>“Repeat of information from past. Enhanced my knowledge of use of this tool but didn’t enhance nursing assessment skills”</i></p> <p><i>“System needs to support more utilization of mental health specialists in the city. We have strong services in this area that we should be connecting with”</i></p>

		<i>"The binder for clinic room is handy and useful. Follow-up - if there's not a family doctor or, if client 'does not have a trust relationship with family doctor' this challenges the follow-up. Need more easy access 'clinic' resources for mothers"</i>
<b>Enhanced skills relating to PPD screening and follow up</b>	6	<p><i>"I still sometimes struggle with broaching the subject of the screen without actually telling the mother I am screening for post partum depression"</i></p> <p><i>"I already had a strong background in PPD screening"</i></p> <p><i>"Need more training in counselling"</i></p> <p><i>"Not as useful in translated form. The questions don't translate well"</i></p> <p><i>"Makes me aware of this tool but there's a need for nurses to use their own assessment, intervention, referral and follow up skills"</i></p> <p><i>"Especially the original in service received prior to the current guidelines/info"</i></p>

Table 13: CHN Comments Regarding EPDS as a Useful Screening Tool (n=23)

Theme	N	Sample Comments
<b>Cultural/ Language limitations of the tool</b>	11	<p><i>"PPD assessment screening tool not sensitive to clients especially question #6. Cultural Sensitivity and diversity is questionable"</i></p> <p><i>"In our clinic the majority of clients are ESL. The translated tools are not useful! The wording on the questions is sometimes confusing. I think a general question such as we use with our non English speaking clients is just as useful"</i></p> <p><i>"It's certainly not 100% effective especially for clients not speaking English"</i></p> <p><i>"It has limited use for ESL families. It is very subjective"</i></p> <p><i>"Agree and Disagree, unsure re: validity and reliability with regards to multicultural clientele"</i></p>
<b>Wording Concerns</b>	4	<p><i>"I would like to see question #6 worded differently from 'getting on top of me'?"</i></p> <p><i>"Some of the wording seems to confuse women. I find the nurse really needs to explain this screen is reflecting the past 7 days - not since birth"</i></p> <p><i>"I think the wording of the questions is difficult for clients to really assess their feelings"</i></p>

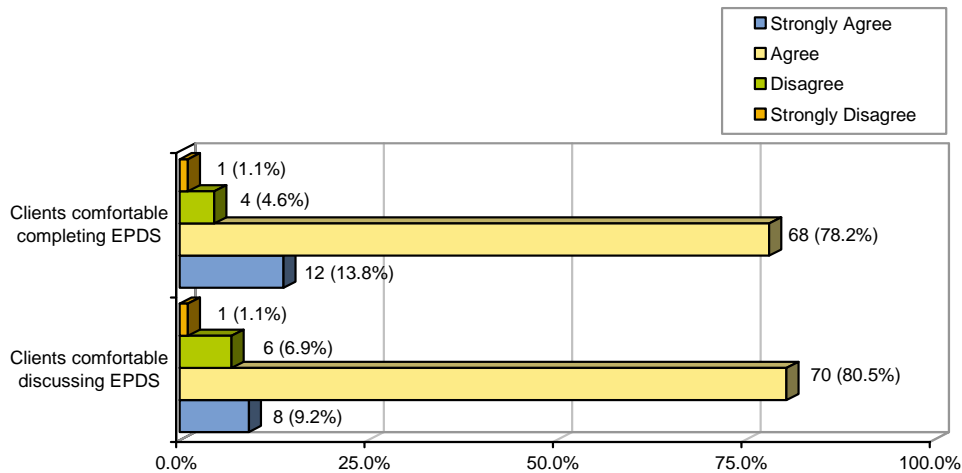
<b>Platform for good discussion</b>	<b>4</b>	<p><i>"This tool opens the door to a discussion"</i></p> <p><i>"They provide a good platform to discuss protective vs risk factors and to promote emotional wellness"</i></p>
<b>Client honesty and concerns of social desirability</b>	<b>4</b>	<p><i>"Sometimes. Often women know how to answer! Not often truthfully"</i></p> <p><i>"Only one tool. Women may not be honest in all situations"</i></p> <p><i>"Assuming it is answered honestly"</i></p> <p><i>"For people who want to appear fine they can interpret what make them appear that way and score '0'"</i></p>

Client's Comfort in Completing and Discussing the EPDS at the WCC

Two items on the CHN Survey explored the client's comfort in completing and discussing the EPDS in the Well Child Clinic setting. The assessment was based on the observation and experience of the CHN with the client. Ninety-two percent (80) of CHNs indicated that they "agreed" or "strongly agreed" that their clients were comfortable completing the EPDS in the WCC setting.

CHNs were also asked if their clients were comfortable discussing the EPDS results in the WCC. Almost ninety percent (78) of nurses responded that they "agreed" or strongly agreed" that their clients appeared comfortable discussing results of the EPDS with them at the clinic.

Figure 14: Client's Comfort in Completing and Discussing the EPDS at the WCC (n=87)



CHN comments (n=45) relating to the comfort of clients in completing and discussing the EPDS at the clinic centered on four themes; impact of family distractions, language/cultural concerns, concerns regarding the clinic setting and, the importance of trust and rapport between CHN and client. Sample comments are displayed in the table below.

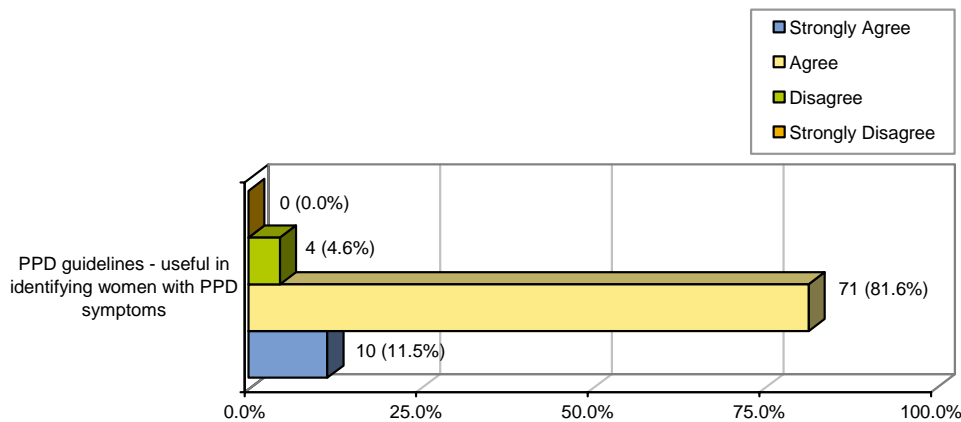
Table 14: CHN Comments Regarding Client Comfort in Completing and Discussing the EPDS at the WCC (n=45)

Theme	N	Sample Comments
<b>Family Distractions</b>	10	<p><i>“Often they are more concerned about the infant’s immunization and very distracted if they are by themselves with more than one child”</i></p> <p><i>“Distracted by baby and other children”</i></p> <p><i>“Can depend on who is with them during clinic visit”</i></p> <p><i>“If this can be done in private it is okay. If other family members such as husband and mother in law are present it is not appropriate. If there are concerns, we sometimes need to see the mother alone”</i></p>
<b>Language or Cultural Concerns</b>	7	<p><i>“Some questions are not worded in a way in which the client can easily understand (#6)”</i></p> <p><i>“English speaking are comfortable. ESL mothers have difficulty understanding some of the words, even when translated material is given”</i></p> <p><i>“Unless ESL and using translated version”</i></p> <p><i>“.. Languages available are not what is needed and the translations are poor”</i></p> <p><i>“Not culturally sensitive or respectful of diversity”</i></p>
<b>Clinic setting impact on client’s level of comfort</b>	7	<p><i>“It depends on the mother – not everyone is comfortable discussing this topic in this setting”</i></p> <p><i>“Opportunity or time allotted not conducive for clients to share”</i></p> <p><i>“Occasionally some moms not comfortable or focused on vaccination”</i></p> <p><i>“Often they are more concerned about the infant’s immunization”</i></p>
<b>Importance of the level of trust and rapport with CHN</b>	3	<p><i>“Actually I think it is an element of trust as I find the post partum clients are honest, even revealing suicidal thoughts”</i></p> <p><i>“Really just depends on client’s comfort level, trust, rapport with nurse and the nurse’s ability to comfortably discuss”</i></p> <p><i>“Client’s comfort level is based on rapport with the nurse most of the time”</i></p>

Usefulness of PPD Guidelines in Identifying Women Experiencing PPD Symptoms

The CHNs were also asked if the PPD guidelines were useful in helping to identify clients experiencing PPD symptoms. Ninety-three percent (81) of respondents indicated that they “agreed” or “strongly agreed” that the PPD guidelines were useful in identifying women experiencing PPD symptoms. Four (4.6%) CHNs indicated the PPD guidelines were not useful.

Figure 15: Usefulness of PPD Guidelines in Identifying Clients Experiencing PPD Symptoms (n=85)



CHN comments (n=10) relating to the usefulness of the PPD guidelines were varied but tended towards positive comments or concerns re: language/cultural barriers. Sample comments are displayed below.

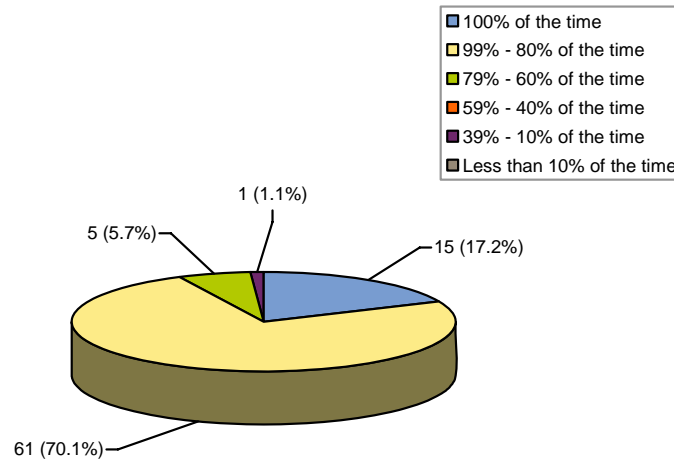
Table 15: CHN Comments Regarding the Usefulness of PPD Guidelines in Identifying Clients Experiencing PPD Symptoms (n=10)

Theme	N	Sample Comments
<b>Positive comments</b>	3	<p>“I find the screen helpful as a starting point, or an opener for concern/issues. The guidelines help provide the framework for evaluating”</p> <p>“Yes, general issues such as anxiety, worry, sleeplessness and crying are all issues present with depression so even just asking general questions regarding this will help the client share her feelings of depression”</p> <p>“Yes it helps identify the degree of symptoms ie: if there is an accompanying “panic disorder” symptom and/or obsessive worry component”</p>
<b>Cultural and language barriers</b>	2	<p>“Guidelines good for English speaking, more difficult to use guidelines for ESL guidelines”</p> <p>“#6 on the PPD Screen. Clients, even English speaking have a difficult time understanding what this means”</p>

### Extent to which PPD Guidelines are Followed in Clinics

The CHNs were also asked the extent to which they thought PPD guidelines were followed in their respective clinics. Over seventy percent (61) nurses responded that guidelines were followed 80 - 99% of the time and an additional seventeen percent (15) of nurses thought they were followed 100% of the time. Many shared comments that they could only answer for themselves and their own practice as they were not aware of what others did in clinic.

Figure 16: Extent to which PPD Guidelines were Followed in your Clinic (n=87)



CHN responses (n=24) to the consistency of PPD guidelines implementation primarily centered on CHN inability to answer regarding their peer's practices and concerns regarding language/cultural barriers. Sample comments are shown in the following table.

Table 16: CHN Comments Regarding Extent to which PPD Guidelines were Followed (n=24)

Theme	N	Sample Comments
Unable to answer for their peers	14	<p>"I only know what I do. How would I know what other nurses do?"</p> <p>"Hard to say with certainty that the guidelines are followed 100% of the time by all the nurses"</p> <p>"It's hard to know what other nurses do in their practice"</p> <p>"By myself personally, but I cannot speak for others. Occasionally I see a chart that I think should have been followed up by phone, but apparently wasn't".</p> <p>"It is hard to know this specifically, but we are a compliant group and tend to follow to the letter"</p>

<p><b>Service delivery challenges associated with ESL population</b></p>	<p>6</p>	<p><i>“Very difficult to use tool with ESL population. I don't even attempt to do screen but use general coping question”</i></p> <p><i>“ESL - must try to interpret wording for client”</i></p> <p><i>“I would say 100% for people that speak English. For those that don't speak English or are illiterate in any language - perhaps 59-40%”.</i></p> <p><i>“May depend upon availability of appropriate translated PPD screen”</i></p> <p><i>“I do not believe that the translated versions of the EPDS are necessarily being used all the time. I think some nurses question their validity”</i></p>
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CHNs Perceptions of the Benefits, Challenges and Impact of the PPD Transition

CHNs were asked to comment on their perceptions of the benefits and challenges of transitioning PPD services to WCCs, as well as any impact the transition had on clients. Results on these questions are summarized on the following tables.

Table 17: CHN Comments Regarding the Benefits of Transitioning PPD Screening and Follow-up Services to Well Child Clinics (n=81)

Theme	N	Sample Comments
<p><b>Face to Face Contact</b></p>	<p>25</p>	<p><i>“Client can complete it themselves. Face to face assessment - can observe non-verbal communication, and other indicators of emotional health. Keeps emotional assessment within the holistic approach to care rather than separating it out”</i></p> <p><i>“You're able to see the moms in person and look at body language instead of screening them over the phone”</i></p> <p><i>“The ability to assess non verbal communication of the clients. Face to face contact when dealing with difficulties”</i></p> <p><i>“Better assessment of maternal emotional wellness/coping when face to face: can observe their non verbal also. Also if spouse is present one can get a feel for interactions between mom and dad, ie: supportive or not. Can assess maternal-infant interaction”</i></p> <p><i>“Can deal with problems better in person than on the phone, as CHN develops rapport with client”</i></p>
<p><b>Improved service delivery and consistency of care</b></p>	<p>18</p>	<p><i>“We are able to connect women with support and resources. We do the assessment ourselves and can follow through within our clinic (continuity of care)”</i></p> <p><i>“Follow-up can occur at each clinic visit for less severe cases and there is no transition for the mother from one service to another”</i></p> <p><i>“Assessing and referring, more seamless transition”</i></p>

		<p><i>"Client is present in clinic if there are serious concerns/issues regarding the screen - you can access help immediately for them, whereas on the phone presented a challenge to the PHN"</i></p> <p><i>"Able to offer more resources, as needed. Able to offer continuity of care. More time to discuss issues, concerns"</i></p> <p><i>"Continuity of care. We are more likely to "catch" those more serious conditions of PPD rather than assuming it was "done" with in 0-2 month"</i></p>
<b>Timing</b>	17	<p><i>"Perhaps mother/family more willing to admit to /act on PPD symptoms if present at 2 month visit. Good to have additional time at 2 month appointment to assess"</i></p> <p><i>"Aids in identifying families who may be having trouble coping at times when it's perhaps more common (rather than in first few weeks)"</i></p> <p><i>"Perhaps more accurate since PPD usually occurs after 6 weeks. It gives the mother a chance to experience the transition prior to screening"</i></p> <p><i>"Mothers have time to get through to "Baby Blues" stage and when presenting at Well Child Clinic there is a bit of differentiation between PPD and Baby Blues. Maybe in a better frame to talk about issues that might be arising"</i></p>
<b>Good tool to open discussion</b>	10	<p><i>"Tool to use instead of asking how things are going"</i></p> <p><i>"It provides a framework for the nurse and an opportunity for the client's needs to be met"</i></p> <p><i>"Gives a standardized way to approach post-partum coping issues"</i></p>
<b>Benefits to CHNs</b>	9	<p><i>"Staff becoming more skilled and at ease with dealing with PPD issues"</i></p> <p><i>"The nurse that is involved with a high PPD score will get good support from her co-workers"</i></p> <p><i>"We as PHN's get a more accurate picture of how the mom is doing"</i></p> <p><i>"Less follow up for HV nurses"</i></p>

Regarding challenges of the transition, CHN's responses (n=82) centered on time constraints, ESL challenges, timing, adequate follow-up, presence of family members, and vaccination concerns. Results are summarized on Table 15.

Table 18: CHN Comments Regarding the Challenges of Transitioning PPD Screening and Follow-up Services to Well Child Clinics (n=82)

Theme	N	Sample Comments
<b>Time Constraints in Clinic</b>	58	<p><i>“There is no time given for other than “normal” screens”</i></p> <p><i>“Client with severe PPD needs immediate attention and it is hard to get another nurse to take over”</i></p> <p><i>“Insufficient time to fully explore situation and give/plan future care if depression is identified”</i></p> <p><i>“Time constraints in clinic especially with ESL clients. Time constraints especially if there is a high score - referrals/follow up etc”</i></p> <p><i>“‘Juggling’ clinic appointment times: easy to ‘run late’ if client has high PPD score/answers yes to #10. We have built in strategies to cope with this, ie: using Resource Nurse to help in clinic but can still be a challenge on ‘time’”</i></p> <p><i>“Time. When in clinic we have a limited window of time and when depression is identified, especially if there are suicidal thoughts, the whole focus of the clinic visit changes to focus on the mom’s needs. But nurses still feel and parents expect the vaccination event to occur”</i></p> <p><i>“2 month appointment is first contact with family at clinic, sometimes take increased effort and increased time to create rapport with client - to decrease barriers to have screen done in proper environment”</i></p> <p><i>“ESL assessment takes time, may need more than an hour for appointment time”</i></p>
<b>ESL</b>	15	<p><i>“Difficult when English is not a first language”</i></p> <p><i>“It was difficult for ESL clients to use the translated PPD screens or they say they do not understand it”</i></p> <p><i>“Using them with ESL clients, using them with couples where culturally it may not be appropriate to privately interview the mom/female”</i></p> <p><i>“Definitely the language barrier but also illiteracy barrier!”</i></p> <p><i>“Some of the language or wording of the questions in screening”</i></p>
<b>Timing for screen – too late</b>	9	<p><i>“I also think that if they were suffering from PPD that it would have been nice to have been dealt with sooner/before the 2 month visit”</i></p> <p><i>“If there are problems or client has experienced depression, 2 months after baby’s birth can be a long time to wait to get help or information. 2 months may be too late”</i></p> <p><i>“Many women need services and resources prior to the 2 month visit. I think it picks some people up too late”</i></p>

		<p><i>"May miss those moms who are really struggling post birth (0-2 months). It is often later than what is effective. Screen should be completed earlier. There are too many agenda's at the first visit. It may be helpful for those with more serious issues but those with moderate would be better attended to in another format"</i></p>
<b>Adequate Follow-up</b>	9	<p><i>"Our scheduled "follow up" time is constantly lost to filling in for clinic (sic nurses, etc) or other management priorities ie: chart audits"</i></p> <p><i>"Availability of immediate Mental Health Services if necessary. If clients are needing immediate support it is sometimes difficult to meet their needs due to time constraints"</i></p> <p><i>"Finding time to follow up clients with phone calls 1-2 weeks later"</i></p> <p><i>"Often more paperwork needed to complete for resource nurse to further follow up. Then telephone tag's played with mom"</i></p> <p><i>"Follow up is difficult as a school nurse"</i></p>
<b>Presence of family members</b>	8	<p><i>"Presence of children/family members at clinic, if distracting to the mother"</i></p> <p><i>"Multiple siblings"</i></p> <p><i>"Distractions with other siblings or baby, especially when they are alone. Client may have difficulties in disclosing all her feelings with an unsupportive partner/spouse around"</i></p> <p><i>"Other family members in the clinic room during the screening, may cause the mother to be reluctant to discuss her feelings"</i></p>
<b>Vaccination</b>	6	<p><i>"Clinic appointment is very busy and lots of information and questions at baby's first immunization appointment. Mothers are apprehensive about baby's 1st immunization adding PPD screening and follow up add more time to the visit"</i></p> <p><i>"Just trying to fit it in appropriately when Mom is more focused on baby and the concerns around vaccination"</i></p> <p><i>"But nurses still feel and parents expect the vaccination event to occur"</i></p> <p><i>"At times moms are focused on baby and vaccines and not real focused on PPD questions"</i></p>
<b>CHN skill and confidence</b>	5	<p><i>"Being comfortable with the process"</i></p> <p><i>"Gaining confidence and a comfort level in discussing PPD with clients"</i></p> <p><i>"Staff not feeling comfortable with dealing with issues relating to PPD"</i></p>

As previously discussed, CHNs were also asked to comment if they had observed any negative impacts on clients as a result of the transition of PPD screening and follow up services to Well Child Clinics. Eighty-six percent (75) of the CHNs responded with comments to this question. Over fifty-three percent (40) of those reported that the transition caused no negative impact on their clients. Two of the respondents commented further that high risk clients were screened early by postpartum services.

CHN comments that identified negative impact on clients (n=35) generally centered on timing, presence of family, limited clinic time and the clinic setting as not optimal. Other less frequent concerns were varied and related to not reaching mothers who chose not to vaccinate, cultural/language concerns and vaccination concerns. Sample comments are summarized on the table below.

Table 19: CHN Comments Regarding Negative Impacts on Clients Relating to the Transition of PPD Screening and Follow-up Services to Well Child Clinics (n=75)

Theme	N	Sample Comments
<b>Timing</b>	10	<p><i>“One client had symptoms for about 4 weeks. If it had been done earlier, she would have had resources to deal with”</i></p> <p><i>“Some post-partum depression symptoms could have been picked up on earlier than 2 months. Resources could have been in place earlier”</i></p> <p><i>“Many women need services and resources prior to the 2 month”</i></p>
<b>Limited clinic time</b>	7	<p><i>“Sometimes clients are unaware appointment is for a full hour to include time for PPD screen. At downtown clinic, parking is paid and clients don’t realize to pay for parking for that much time”</i></p> <p><i>“I don’t think so - except time. Many clients unaware of the hour’s time span and due to parking limitations or time limitations for other reasons are very surprised”</i></p> <p><i>“If things are going unwell, can be chaotic in clinic if scores high and busy time”</i></p>
<b>Presence of family</b>	6	<p><i>“If husbands are present, especially if they are of a certain culture. I am wondering if we get the most accurate answers, when they are overlooking over the mom’s shoulder”</i></p> <p><i>“Only that we often have the father in for the visit and in some cultures it can be challenging to ask the father to leave if we have concerns of having the mom be alone for the screening and post discussion”</i></p> <p><i>“Some mothers may be reluctant to answer questions honestly in front of nurse or other family members. More anonymous over the phone”</i></p>

<p><b>Clinic setting not comfortable for client</b></p>	<p>6</p>	<p><i>“Privacy – yes”</i></p> <p><i>“Setting is sometimes difficult for client and nurse in relation to follow-up”</i></p> <p><i>“Some may feel information overload with all the information we provide at 2 month appointment”</i></p> <p><i>“Some mothers may be reluctant to answer questions honestly in front of nurse or other family members. More anonymous over the phone”</i></p>
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CHNs Suggestions for Improving the Transition Process

CHNs were asked to reflect back and share if there was anything that could have been done differently to improve the transition process of PPD screening and follow-up services to Well Child Clinics. Sixty-four percent (56) of CHNs responded to this question. Their comments centered on positive remarks about the process, requests for ongoing support and training, ideas for changes and increased consultation in planning. Sample comments are summarized on the following table.

Table 20: CHN Suggestions for Improving the Transition Process (n=56)

Theme	N	Sample Comments
<p><b>Positive remarks</b></p>	<p>16</p>	<p><i>“I feel the process went fairly smooth”</i></p> <p><i>“Impressed by how well this transition went”</i></p> <p><i>“None, felt the orientation and roll out was very well organized. It was a smooth transition. Every piece presented was excellent info”</i></p> <p><i>“No. I think having resource in place and in services helped”</i></p> <p><i>“I think the support that was provided made the transition very easy for myself”</i></p> <p><i>“I think it was well done! 1 hour for 2 month visit really helps in many ways (both for clients and staff)”</i></p>
<p><b>Ongoing training and support</b></p>	<p>6</p>	<p><i>“More education to PHNs about available community services and which agency/service is best fit for specific issues for clients to follow up with”</i></p> <p><i>“More in-services on PPD - what it is, what are the impacts? Done in past by a speaker (Honey Watts) and it was very good. More time needed for each PHN to practice use of tool and computer input before clinic use”</i></p> <p><i>“Ongoing education in dealing with women with PPD”</i></p> <p><i>“Increased discussion and awareness of services/resources to refer to in the case of suicidal thoughts”</i></p>

		<p><i>"Discussion on handling crisis in public area"</i></p> <p><i>"Follow up in-servicing should have been done after 3-6 months - we're still requesting information on handling very depressed clients"</i></p>
<b>Increased consultation in planning</b>	2	<p><i>"The decision to have Well Child do screen was done with NO consultation with the nurses. We were "told" we were now doing the screen. This is typical of the CHR where work is given to a group without prior consultation"</i></p> <p><i>"Involve those that work with clients and see these people everyday. Too much of the region's policy is designed by those who do not have current clinical practice and those who do are not invited nor encouraged to participate"</i></p>
<b>General Suggestions</b>	6	<p><i>"Have a professional in the field come in and talk about PPD and what we can do"</i></p> <p><i>"Increase communication between Well Child Services and Postpartum Services"</i></p> <p><i>"Need resources/material in other languages. Late in day/evening clinic/Saturday - limited available resources for client to access"</i></p> <p><i>"More time allowed for ALL staff to read. Finish the manual before orientation. More time for the training session - it was rushed"</i></p> <p><i>"We could use more time given - even though we have an hour, for those again that don't speak English or read in any language"</i></p> <p><i>"KISS Principle = Keep it Simple: Short and Sweet update. 2-3 hour module was not necessary"</i></p>

When given the opportunity to share any last comments, forty three percent (37) of CHNs responded. Their responses focused on three main themes; language/cultural concerns with the tool, concerns with time in clinic and requests for improved information on availability of follow-up services. Sample comments are summarized on the following table.

Table 21: CHN Final Comments (n=37)

Theme	N	Sample Comments
<b>Language/ Culture</b>	9	<p><i>"Often ESL clients don't understand the translated PPD, even when they read that language"</i></p> <p><i>"Please, adequate translated materials"</i></p> <p><i>"Would like to better understand the concept of PPD across cultures"</i></p> <p><i>"The wording is different and many women have difficulty determining what the question is asking. Interpreted screens are inaccurate and many struggle with reading them"</i></p>

		<p><i>"Need more PPD questionnaires translated into various languages"</i></p> <p><i>"I would like to see an evaluation done on the effectiveness of the screen with other cultures and the effectiveness of our resources with other cultures"</i></p> <p><i>"While the EPD questions may be a starting point, I believe they were made for a certain population as the language "on top of me" etc is confusing, especially to ESL clients and then also even our multi-cultural clients don't always read even in their own language. The translated versions too often are confusing to clients and I don't believe they have been validated as a tool. I think we should develop a simple question - open ended answer guide similar to suicidal risk assessment and we will still get the results in terms of identifying depression. We seemed to be able to identify post partum depression very well prior to having the EPDS tool"</i></p>
<b>Time</b>	3	<p><i>"There is not enough time in the 1 hour - 2 month old visit - if the woman has a high score (&gt;10) and checks positive to question number 10. These visits require 1 1/2 hours. We don't always have a resource nurse during the days and never on weekends and evenings. I feel there is a disconnect and loss of continuity of care since the reorganization in 2006. 0-2 months with PPCS and then 2 months plus at Well Child Clinic. This becomes an issue if a PPCS nurse has been following a client with PPD issues and now the client needs to work with another professional"</i></p> <p><i>"Issues seem to be more and more complex - time is a factor in clinic"</i></p> <p><i>"Please ask clerical or visiting nurses to let client know ahead of time they have to plan for at least 1 hour for the appointment, plus an extra 15 minutes to wait after the appointment. If they come early that does not count in the 1 hour + 15 minutes time needed for the appointment"</i></p>
<b>Improved information on availability of follow-up services</b>	2	<p><i>"The guidelines binder does not provide enough information on follow-up services/agencies"</i></p> <p><i>"More Community Services needed for our stressed out mom's with no 1-2 month waiting lists. Some prenatal risk identifiers with early intervention/supports in place - ie: mom's have in-home help in place when home from hospital"</i></p>
<b>General suggestions</b>	5	<p><i>"Developing PPD screen for fathers - more classes for fathers to participate in"</i></p> <p><i>"I feel that having the client read and fill out the questionnaire herself (as is the usual practice in our clinic setting) gives a different scenario for discussion/follow up than an interview by nurse where that is the main purpose of the contact (not vaccination for baby)"</i></p> <p><i>"The biggest concern is still a seamless system between post partum home visiting and clinic services"</i></p> <p><i>"It would be nice to have updates/in-services related to suicide assessments/interventions"</i></p>

## Key Informant Interviews

Key informant interviews were conducted with the Education and Quality Improvement Specialist Nurse Educator – Well Child Services involved in the resource development and training of CHNs during the PPD transition and a Community Health Clinic Centre Manager. Additional key informant interviews were not completed due to availability of key informants and time. The selection for key informant interviews was based upon current postpartum service involvement and participation with the PPD transition process.

Review of key informant and CHN comments determined that there was a high degree of consistency in the comments of both groups. Both groups cited common benefits which included, the benefit of the face to face application of the screening tool, preferred timing in which to conduct the screen and the improvement in provision of services and consistency of care.

Relating to challenges of the PPD transition, both groups commented on time – “one more thing to do in clinic”, and a possible lack of familiarity, skill or knowledge on the part of nurses only occasionally in clinic.

Relating to negative impact on clients, the key informants stated they were not aware of any negative impact on clients, where as CHNs identified concerns that focused on four themes; the screen at two months might be too late for some clients in need of services, the limited time in clinic, presence of family in the room and, concerns that the clinic setting is not always conducive to making the client feel comfortable.

On suggestions relating to improving the PPD transition both key informants and CHNs agreed that the transition was well planned and that ongoing training and support was important as there was always room to strengthen support to clients in crisis. An additional suggestion by key informants included better ways to communicate with potential partners and support services.

When given an opportunity to share additional comments CHN and key informants both reiterated concerns regarding language/cultural limitations of the tool. Additional CHN comments focused on time concerns and requests for additional information where as key informants indicated it was a good service model and well transitioned.

Sample comments from the key informant interviews are summarized on the following table.

Table 22: Key Informant Interviews (n=2)

Theme	Comments
<p><b>Benefits of the transition</b></p>	<p><i>“Face to Face application of the screening tool. Although telephone screening is useful, for data related to this particular screen, having the face to face opportunity is more optimal”</i></p> <p><i>“Although we transition the universal program to 2 month, postpartum still retains those clients identified at high risk, they utilize the tool. That is important”</i></p> <p><i>“Timing - the literature points to later being more beneficial to screen vs. at 6 weeks”</i></p> <p><i>“Provision of services – because client is right in front of you, it is an easy transition in terms of providing them with follow up services. There is sufficient time at the 2 month appointment; it can take longer when a client is identified as having a need to be referred”</i></p> <p><i>“Face to Face contact – get to interpret body language and do further assessment too. At 2 month appointment it is 60 minutes and involves a lot of other questions - can determine if answers are inconsistent with body language or with other things you are assessing with the family”</i></p> <p><i>“If there are concerns, you can offer strategies to help support person right there and then - hand them information (if that is how they want the information), or do intervention. Simpler than over the phone, if someone is suicidal or in crisis, you don’t feel disconnected, because they are at home and you are at the office”</i></p> <p><i>“If you can read English and are literate, it is easier to read rather than just hear the questions and answers. Sometimes questions are long and have 4 possible answers, difficult to remember all potential answers or the original question. Whereas, if you have the opportunity to look at it yourself you can better think about it”</i></p>
<p><b>Challenges of the transition</b></p>	<p><i>“Change in service model of Postpartum Community Services unless warranted by their client. They thought it was a good transition for their program, re: making contact, having a conversation and then sending file to us. No longer doing the screen unless it is warranted”</i></p> <p><i>“Regarding Child and Youth Community Health nurses at 2 month appointment, if a client has needs that need to be referred, the screen is working because it is identifying those who need to be referred. It is part of our work”</i></p> <p><i>“One more thing for nurses to do in clinic vs. when done by phone it was a specific phone call and a person was allotted to do it”</i></p> <p><i>“Don’t know what clinic appointment we might get, ie: a school nurse who might be less familiar with processes and resources would have to relearn each time if only in clinic once a week. Whereas when this is your role, it may be easier to know what to do when someone is having difficulties, know the resources and who to call. People are however getting more familiar”</i></p>

<p><b>Negative Impact on client</b></p>	<p><i>"Not to my knowledge because we are maintaining doing it when there are red flags for the nurses at postpartum"</i></p> <p><i>"I haven't heard of any. It has not been brought to my attention"</i></p>
<p><b>Suggestions on the transition</b></p>	<p><i>"No, because it was very carefully planned out, protocols put in place, lots of opportunity for staff to have orientation to it. A year and plus later, from my memory, I would say it was well planned"</i></p> <p><i>"When people are in crisis, can always strengthen the support we provide them"</i></p> <p><i>"Difficult to connect with all of the potential partners and services that would support our families in crisis or having difficulties. No control from our end. Would try and find other ways to make sure that that communication happened and our partners understood more about what we are doing and how they can be of assistance to the families. Struggled with this and still do"</i></p>
<p><b>Additional comments on the transition</b></p>	<p><i>"It makes sense to do it, where we situated the Universal program"</i></p> <p><i>"I look forward to seeing any evaluation data related to the process in terms of a program transition, we tried our best to look at what things we needed to put in place in terms of orientation for nurses"</i></p> <p><i>"Think it was a very well planned transition"</i></p> <p><i>"Because of the literature, it is strongly supported that it is better at 2 month appointment for the universal screen"</i></p> <p><i>"Overall it's going well. I think it is a good service model and is consistent with other regions in our province"</i></p> <p><i>"Further to strengthening our work is the validation and reliability of our translated tools which is uncertain, according to the literature. I think that it is challenging, for nurses and families, whose primary language is not English"</i></p>

## Discussion

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Overall, the current evaluation suggests the transition of universal PPD screening and follow-up services to urban Well Child Clinics was successful. Furthermore, the findings would support the position that the PPD project achieved its objectives of (1) increasing access to supports for mothers who are at risk and/or experiencing PPD and, (2) enhancing CHN knowledge relating to PPD screening and follow-up services.

### **PPD Screening Before and Following the Transition**

An important consideration of the transition of PDD screening and follow-up services to urban WCC was maintaining the percentage of mothers that received PDD screening. During the month of March, 2008 (the month for which the client sample was drawn) the percentage of mothers that received PPD screening was 88%. Comparatively, the PPD screens completed for the 2006/2007 fiscal year was 89.6% and 88.3% for 2007/2008 fiscal year - a decrease of 1.3%. Conversely, the percentage of clinically significant EPDS scores increased by 2% in fiscal year 2007/2008. The difference between the percentages of clients not screened for both fiscal years was less than one percent. Of interest, is the difference between the two fiscal years relating to the reasons identified why clients were not screened. In fiscal year 2006/2007, the primary reason for clients not being screened related to being unable to contact the client/lost in the follow-up. In fiscal year 2007/2008, the primary reason for clients not being screened was relating to language/cultural barriers and the client declining the screen.

### **Client Satisfaction with PPD Services**

The majority of clients (94.3%) that received PPD screening and follow-up services at urban Well Child Clinics indicated they were satisfied/very satisfied with the services they received. Only 2% of clients served expressed they were dissatisfied with the services they received. Clients also indicated that as a result of their WCC visit, their awareness of their emotional well-being and where to access PPD support had increased. Community Health Nurses reported that clients also appeared comfortable in completing and discussing the EPDS with them in the WCC setting. Overall, it appears that clients were satisfied with the new service model and the WCC setting is an appropriate setting for clients to be screened.

### **CHN Assessment of the PPD Resources and Training**

The Community Health Nurses indicated that they valued the resource material and training they received in preparation of the PPD transition. PPD resource material and training relating to six different areas received a range of positive responses from 69% to 88.5%. Over ninety percent of the CHNs indicated that the resource material and training had enhanced their knowledge and skill relating to PPD screening and follow-up. Some CHNs commented that they felt the PPD module was too long and more time was required to read and apply the manual.

The majority of CHNs (80%) also indicated that they felt the EPDS was a useful tool for PPD screening. The primary concern expressed about the EPDS related to the cultural/language limitations of the tool. CHNs frequently commented that ESL clients were often confused with the wording of the tool. Item six of the EPDS, "things have been getting on top of me," was frequently mentioned as an item that ESL clients struggle with significantly.

### **Consistency of PPD Guidelines Implementation**

Over 87% of Community Health Nurses reported that PPD guidelines were being implemented 80% to 100% of the time within their respective clinic. Some CHNs had a difficult time responding to this question as they could only speak to their own practice and not to the practice of other CHNs within their respective clinic.

Feedback from clients relating to their experience in the clinic also supports the CHNs assessment that key guidelines were being consistently implemented in clinics. Over 90% of clients reported being asked how they were feeling, asked to complete the EPDS and actually completed the EPDS. Most clients (80.5%) indicated that they had no questions or concerns completing the EPDS. Of those that had questions or concerns, 96% responded the CHN adequately responded to their questions. Four clients (1.3%) responded that the CHN did not respond adequately to their questions.

Most clients (86.4%) indicated that the CHN informed them of the availability of support through the Health Link. Eleven clients (3.6%) indicated they were not informed of the Health Link during their WCC visit. Forty clients (13.2%) indicated that the CHN did not provide general feedback after completing the EPDS. This was the weakest area of guidelines implementation and may have been reflective of time constraints expressed by the CHNs.

### **Benefits and Challenges of the PPD Transition**

Almost all CHNs shared comments regarding the benefits and challenges of the PPD transition. Both CHNs and key informants stressed the benefit of being face to face and the ability to assess non-verbal communication in person as a significant benefit of the new service model. Similarly, both CHNs and the key informants expressed that the PPD transition resulted in improved service delivery and consistency of care.

The primary challenge identified relating to the PPD transition was time constraints in WCCs to complete the screen. The CHNs identified time as particularly challenging when clients scored high (clinically significant) on the EPDS and /or been flagged for risk of suicide. Additional time may be required to fully assess the clients risk level, emotional health and develop a support plan. Other challenges identified with the PPD transition included language and literacy barriers for ESL client's, timing of screen (2 months) may be too late for some clients, provision of follow-up to clients, presence of family members during the PPD screen and general skill and confidence levels of CHNs to conduct PPD screening and follow-up.

**Negative impact on Clients**

Feedback on negative impact on clients as a result of the PPD transition was generally limited for both CHNs and key informants. Potential negative impact on clients mirrored the CHNs comments relating to the challenges of the PPD transition. The comments focused on the timing of the screen (2 months) may be too late for some clients, limited clinic time, presence of family member and clinic setting not ideal for some clients.

## Recommendations

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The current evaluation findings suggest that the transition for postpartum screening and follow-up services to urban Well Child Clinics was successful. Based upon the feedback from clients, Community Health Nurses and key informants, the following recommendations are being made.

### **Additional PDD training opportunities for CHNs**

Many of the CHNs expressed a need and desire for additional training to enhance skills, knowledge and confidence in assessing for and supporting clients experiencing PPD symptoms.

### **Reassess clinic times for PPD screening and follow-up**

The one hour clinic time allotted for vaccination and PPD screening appears adequate. The difficulty for CHNs appears to arise when clients are assessed as experiencing PPD symptoms. Additional clinic time or alternative clinic support may be required to provide effective support/referral services to clients.

### **CHN feedback to clients**

Over 30% of respondents stated they could not recall or did not receive any feedback about their EPDS scores. From a clinical perspective, it should be reinforced to CHNs the importance of providing clients with an explanation of how they scored on the EPDS and what the score means.

### **Cultural sensitivity of the EPDS for ESL clients**

Both CHNs and key informants identified that ESL clients often struggle with the translated versions of the EPDS. The EPDS is currently translated in Arabic, Chinese, Punjabi, Spanish and Vietnamese. The translated versions of the EPDS should be looked at more closely to ensure the instrument is psychometrically sound. Supporting this recommendation is the finding that language/cultural barriers were a primary reason why clients did not complete PPD screening in fiscal year 2007/2008. It should also be noted that PPD screening was completed over the phone in fiscal year 2006/2007 and language/cultural barriers was not as significant of an issue for not completing the PPD screen for that year. Screening by phone may have significant reduced the literacy issue that may be more prevalent with face to face screening with clients.

### **Administration of the EPDS with clients in WCC**

Feedback from clients and CHNs suggests that some improvements could be made in the administration of the EPDS to enhance reliability of the instrument. These improvements include:

- Whenever possible, do not administer the EPDS in the presence of another family member, especially the spouse of the client.
- Whenever possible, support the client in tending to the baby so that the client can remain attentive to completing the EPDS.

- Prior to the WCC visit, ensure that the client is aware that the visit will be a full hour and the purpose of the visit is for both vaccination and PDD screening.

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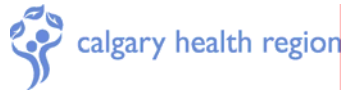
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## Appendix A:



### CHN Survey Well Child Services

1. How valuable were the following resource materials in supporting the transition process of PPD screening and follow-up services to Well Child Clinics?

Resources	Very Valuable	Valuable	Somewhat Valuable	Not at all Valuable	No Comment
PPD Training with Brenda George					
PPD Learning Module					
PPD Assessment and Screening Guidelines					
PPD Reference Manual					
Referral sources found in the PPD Assessment and Screening Guidelines					
PHANTIM data entry training and guidelines					

Comments:

2. The PPD resources I received has enhanced my knowledge of PPD screening and follow-up?

Strongly Agree   
  Agree   
  Disagree   
  Strongly Disagree  
 No Comment

Comments:

3. The PPD resources I received has enhanced my skills relating to PPD screening and follow-up?

Strongly Agree   
  Agree   
  Disagree   
  Strongly Disagree  
 No Comment

Comments:

4. The EPDS is a useful tool in identifying women with PPD symptoms?

- Strongly Agree     Agree     Disagree     Strongly Disagree  
 No Comment

Comments:

5. Clients appear comfortable in completing the EPDS at Well Child Clinics?

- Strongly Agree     Agree     Disagree     Strongly Disagree  
 No Comment

Comments:

6. Clients appear comfortable discussing the results of the EPDS at Well Child Clinics?

- Strongly Agree     Agree     Disagree     Strongly Disagree  
 No Comment

Comments:

7. The PPD guidelines are useful in helping to identify women experiencing PPD symptoms?

- Strongly Agree     Agree     Disagree     Strongly Disagree  
 No Comment

Comments:

8. To what extent are PPD guidelines followed in your clinic?

- 100% of the time     99% to 80% of the time  
 79% to 60% of the time     59% to 40% of the time  
 39% to 10% of the time     Less than 10% of the time

Comments:

9. What have been the benefits of transitioning PPD screening and follow-up services to Well Child Clinics?
  
10. What have been the challenges of transitioning PPD screening and follow-up services to Well Child Clinics?
  
11. In your observation, has there been any negative impact on clients relating to the transition of PPD screening and follow-up services to Well Child Clinics?
  
12. In reflecting back, was there anything that could have been done differently to improve the transition process of PPD screening and follow-up services to Well Child Clinics?
  
13. Is there anything else you would like to comment on?

**Thank-you for your participation**

## Appendix B:

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April 11, 2008

Dear staff member,

We are currently evaluating the transition of Postpartum Depression screening and follow-up services to Well Child Clinics at Urban Calgary Health Centers. We would like your feedback on the transition process and any impact it may have had on clients.

As a part of this evaluation, we are asking you to complete the attached survey, which will take you about 10 minutes to complete. We are very interested in your observations and feedback. The information you provide will be kept confidential. There is **no personal identification question** on the survey and individuals cannot be identified. All information will be summarized and reported in aggregate format only. Your Manager will be provided a copy of the final evaluation report.

Upon completion, please enclose and seal your survey in the envelope provided. Your Manager will collect the completed surveys and forward them to DSRT. If you have any questions regarding the survey please contact Tim Veitch @ 403-955-2390.

**Thank-you for your support and participation!**

Sincerely,

Tim Veitch  
Evaluation Specialist  
Decision Support Research Team  
Calgary Health Region



## Appendix C:

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calgary health region

### Client Survey Well Child Services

1. During your Well Child Clinic appointment for your child's 2 month immunization did the Community Health Nurse ask you about how you have been feeling since having your baby?

yes       no       cannot recall

Comments:

2. Did the Community Health Nurse ask you to complete a routine questionnaire to assess how you are doing?

yes       no       cannot recall

Comments:

3. Did you complete the routine questionnaire?

yes       no, I declined the questionnaire (**skip to question 10**)  
 cannot recall

Comments:

4. Did the Community Health Nurse ask if you would prefer to fill the questionnaire out yourself or have it read to you?

yes       no       cannot recall

Comments:

5. Did you require any assistance to complete the questionnaire?

yes, nurse read the questions       no  
 yes, needed a language interpreter       cannot recall

Comments:

6. Did you have any questions or concerns when filling out the questionnaire?

yes       no  
 cannot recall

Comments:

7. Did the Community Health Nurse adequately respond to any questions or concerns you had regarding the questionnaire?

- yes (had questions/concerns)                       no (had questions/concerns)  
 not applicable (had **no** questions/concerns)                       cannot recall

Comments:

8. After completion of the questionnaire, did the Community Health Nurse provide general feedback about your responses to the questionnaire?

- yes                       no                       cannot recall

Comments:

9. Did the Community Health Nurse inform you of the availability of a nurse through Health Link?

- yes                       no                       cannot recall

Comments:

10. As a result of your visit to the Well Child Clinic, are you more aware of your emotional well-being since having your baby?

- yes                       somewhat                       no                       no comment

Comments:

11. As a result of your visit to the Well Child Clinic, are you more aware of where to access support if needed?

- yes                       somewhat                       no                       no comment

Comments:

12. Overall, how satisfied are you with the information and/or support you received through the Well Child Clinic relating to your emotional well-being after having your baby?

- very satisfied                       dissatisfied                       no comment  
 satisfied                       very dissatisfied

Comments:

13. Do you have any other comments?

**THANK-YOU FOR COMPLETING THE SURVEY**

**PLEASE RETURN YOUR SURVEY AND RESPONSE CARD FOR THE DRAW IN THE ENVELOPE PROVIDED.**

## Appendix D:

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Dear Parent,

Over the past year the Calgary Health Region has established new practice guidelines for Community Health Nurses in supporting women in their emotional well-being following childbirth. You may remember completing a routine questionnaire with the Community Health Nurse during your 2 month immunization appointment at the Well Child Clinic. The routine questionnaire you completed was designed to assess the emotional well-being of mothers following the birth of their child.

As part of this evaluation, we are asking all mothers that attended the Well Child Clinic in March, 2008 to complete the enclosed survey, which will take approximately 5 minutes to complete. The information you provide will be kept strictly confidential. There is no personal identification question on the survey, so no one individual can be identified. All information will be reported in group form only. Your participation in this survey is voluntary and implies your consent.

**As our way of thanking you, you may return the enclosed Response Card to be entered for a draw for a \$100 Co-op Gift Certificate.** The response card will be separated from your survey as soon as we receive it, and there will be no indication of your personal information on the survey itself.

Please return the completed survey and response card in the postage-paid envelope provided by June 6, 2008. If you have any questions about the survey, please call Tim Veitch @ 403-955-2390.

Thank you for your help.

Sincerely yours,

Tim Veitch  
Evaluation Specialist  
3 Cheers and Decision Support Research Team  
Calgary Health Region

## Appendix E:

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### Postpartum Project Evaluation

#### Key Informant Interview Questions for Calgary Health Region Staff

##### Preamble

Hello my name is Cathy Geake and I am a Research Assistant with the Decision support Research Team of the Calgary Health Region. I am calling today as part of the PPD Evaluation that is currently being conducted. We are conducting key informant interviews as part of the evaluation. You were identified by Helen Dutchak as a person of interest that we may want to interview. The interview consists of 5 open ended questions and should take no longer than 5 minutes to complete. Responses to the key informant interviews will be aggregated and summarized as not to identify individual responses. Participation in the interview is voluntary and your consent is implied if you choose to participate.

Would you like to participate in the interview? Would this be a good time?

##### Calgary Health Region Staff

1. In your opinion and/or observations, what have been the benefits of transitioning PPD screening and follow-up services to Well Child Clinics?
2. In your opinion and/or observations, what have been the challenges of transitioning PPD screening and follow-up services to Well Child Clinics?
3. In your opinion and/or observations, has there been any negative impact on clients relating to the transition of PPD screening and follow-up services to Well Child Clinics?
4. In reflecting back, was there anything that could have been done differently to improve the transition of PPD screening and follow-up services to the Well Child Clinics?
5. Do you have anything else you would like to add relating to the transition of PPD screening and follow-up services?