

Experiences of health professionals in screening for postpartum depressive symptoms: a qualitative systematic review protocol

Ana Paula Almeida Brito^{1,2} • Carla Marins Silva^{2,3} • Maria Luiza Riesco^{2,3} • Alexa McArthur⁴

¹Department of Nursing, University Hospital, University of São Paulo, São Paulo, SP, Brazil, ²The Brazilian Centre for Evidence-based Healthcare: JBI Centre of Excellence, São Paulo, SP, Brazil, ³School of Nursing, University of São Paulo, São Paulo, SP, Brazil, and ⁴JBI, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, SA, Australia

ABSTRACT

Objective: This review will assess and synthesize the available qualitative evidence on the experiences of health professionals in screening for postpartum depression.

Introduction: Postpartum depression is a significant public health problem. Clinical screening is essential to develop appropriate interventions to meet the needs of women and their families. The findings of this review will have important implications for decision-making and policy development for continuous professional development programs that promote evidence-based postpartum depression screening.

Inclusion criteria: This review will consider studies that explore the experiences of health professionals who screen for postpartum depression in any geographic location at any health care level (primary, secondary, or tertiary). The review will focus on qualitative data, including methods such as phenomenology, grounded theory, ethnography, action research, and feminist research.

Methods: The review will follow a three-step search strategy, in line with the JBI methodology for systematic reviews of qualitative evidence. The databases to be searched will include MEDLINE, CINAHL, Embase, Scopus, LILACS, ScienceDirect, PsycINFO, Index Psi Periódicos, and PePsic. Unpublished studies will be searched for in Google Scholar, Cybertesis, Dart-E, EthOS, and OATD. Two independent reviewers will evaluate the included studies for methodological quality and extract data using the JBI extraction and synthesis tools. There will be no language or date limitations.

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Keywords: postpartum depression; professional practice; qualitative research

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Introduction

Worldwide, about 140 million births take place every year. The postpartum period is a critical phase in the lives of parents and newborns. However, this is the most neglected period for providing quality care, including mental health, which is a healthy life-expectancy indicator.¹ According to the Diagnostic and Statistical Manual of Mental Health (DSM-V),² postpartum depression (PPD) occurs when the puerperal woman has at least five depressive

symptoms for two or more weeks. Depressive symptoms include depressed mood (subjective or observed) that is present most of the day; loss of interest or pleasure; insomnia or hypersomnia; agitation or psychomotor retardation; feelings of guilt or worthlessness; loss of energy or fatigue; ideas of death or suicide; indecision or impaired concentration; change in weight ($\pm 5\%$ in one month) or appetite. In addition to these symptoms, the puerperal woman may present anxiety or exhibit psychotic symptoms, such as delusion or hallucination.³

Postpartum depression is a significant public health concern. According to the World Health Organization, about 10% of pregnant women and 13% of postpartum women are affected by mental

Correspondence: Ana Paula Almeida Brito, anabrito@usp.br

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disorders, mainly depression. These rates are higher in developing countries, reaching 15.6% during pregnancy and 19.8% after delivery. This condition affects mother–baby attachment, breastfeeding, and child care.^{4,5} In addition, studies show that PPD can compromise parental behavior, the mother's relationship with her partner and family, the process of bonding between mother and child, as well as the child's cognitive, motor, and psychosocial development.^{3,6-8}

A systematic review of new parents' experiences with PPD concluded that prevention, identification, and recognition of symptoms as early as possible is crucial. Early intervention allows health professionals to provide the necessary support for these parents to feel that they can control their lives.⁹ Early screening is essential to propose an intervention to suit the needs of the woman and her family. The American College of Obstetricians and Gynecologists¹⁰ and the American Academy of Pediatrics¹¹ recommend screening for symptoms of depression and anxiety at least once in the perinatal period (conducted for all women within six to 12 weeks of birth). It is also recommended that practitioners use the Edinburgh Postnatal Depression Scale (EPDS) in assessing symptoms of postpartum depression.¹²

A systematic review examined the types and effectiveness of interventions used by health professionals to screen and refer women with PPD. The review found that the most commonly used tool was the EPDS, while the most frequently used intervention was educational. These findings demonstrate that screening is feasible and can positively affect recognition of postpartum depression symptoms and referral for treatment.¹³ The scale should include questions about any symptoms of depression or anxiety experienced in the previous week, as well as validated, reliable, and objective measures.¹⁴⁻¹⁶

Although PPD screening is recommended by various specialists in several countries, health care professionals face barriers to including this screening in their clinical practice. Qualitative research provides insights into the meanings, facilitators, and barriers that professionals experience when screening for PPD, as presented by the studies below.

A study carried out in Norway assessed the experiences of health visitors and midwives with the routine use of the EPDS in screening for PPD. The study demonstrated the efficacy of the scale, but

noted it needs to be adapted because of social and cultural factors and the short consultation time in the postpartum period.¹⁷

A Brazilian qualitative study carried out with 10 nurses and seven doctors on the experience of PPD screening identified various barriers faced by professionals. These include the lack of training and systematized protocols to guide the screening and management of women with PPD.¹⁸ These findings were confirmed in a similar study conducted in Mexico, which used grounded theory to examine the experiences of 40 health professionals.¹⁹

A study carried out in Mongolia used qualitative methods to provide an in-depth view of the experiences and perceptions of health professionals, demonstrating the importance of increasing awareness and the need to appropriately identify and refer women suffering from PPD.²⁰ Another study that assessed the experiences of nurses about their role in preventing postpartum mental health problems showed that these professionals play an essential role in screening and referral for PPD treatment.²¹

Considering the findings of these studies, it is essential to synthesize professionals' experiences as well as the barriers and facilitators for carrying out PPD screening as part of their work routine. An accurate and systematic summary of evidence on the experiences of these professionals is necessary to provide efficient and respectful support and to develop evidence-based public policies for PPD screening to serve professionals, women and their families. This review will further inform health care professionals about postpartum depression screening in different work perspectives, geographic contexts, and at all levels of health care.

The proposed systematic review will provide a deeper understanding of professionals' experiences with PPD screening, allowing them to offer more meaningful care to women suffering from depression. The findings of this review will have important implications for decision-making and policy development to implement continuous professional development programs that promote PPD screening.

A preliminary search of MEDLINE, Cochrane Library, CINAHL Complete, PROSPERO, and *JBIEvidence Synthesis* identified no current or ongoing qualitative systematic reviews on the topic. Therefore, the objective of this review will be to assess and synthesize the available qualitative

evidence on the experiences of health professionals in screening for PPD.

Review questions

What are the experiences of health professionals in screening for PPD at different maternal health care levels (primary, secondary, and tertiary)?

Secondary review questions are:

- What are the barriers to PPD screening at different maternal health care levels (primary, secondary, and tertiary), as perceived by health professionals?
- What are facilitators of PPD screening at different levels of maternal health care (primary, secondary, and tertiary), as perceived by health professionals?

Inclusion criteria

Participants

This review will consider studies that include health professionals who screen for PPD. Health professionals are understood to be any graduated professional who performs PPD screening as part of their practice. Professionals will include, but not be limited to, doctors, nurses, midwives, pharmacists, and other professionals involved in assisting women with symptoms of PPD. Studies with mixed samples that include participants other than professionals will be considered, provided that the data can be extracted for the professionals of interest.

Phenomenon of interest

This review will consider studies exploring the experiences of health professionals who screen for PPD systematically or subjectively using tools or clinical assessment. Barriers and facilitators of PPD screening will also be examined. A barrier can be defined as a factor that prevents or hinders PPD screening, while a facilitator can be defined as a factor that helps screening. Barriers can include, but are not limited to, health beliefs, professional barriers, and educational or language barriers.

“Postpartum depression” is a term often used generically for various postpartum mood disorders. This review uses the definitions provided by the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* and the *American College of Obstetrics and Gynecology*. According to these definitions, PPD shares the same diagnostic criteria as those used for

major depressive disorder, with the additional specifier that the mood symptoms occur during pregnancy or within four weeks after childbirth, possibly extending up to 12 months postpartum.^{2,14}

Context

This review will consider studies carried out in any geographical location at any health care level (primary, secondary, and tertiary) that performs clinical PPD screening.

Types of studies

This review will consider studies that focus on qualitative data, including, but not limited to, approaches such as phenomenology, grounded theory, ethnography, action research, and feminist research. Qualitative components of mixed-method studies will also be included if the qualitative results are reported separately.

Methods

The review will be conducted according to the JBI methodology for systematic reviews of qualitative evidence.²² This protocol is registered in PROSPERO (CRD42021253792).

Search strategy

A three-step search strategy will be used to locate published and unpublished studies. An initial limited search was conducted of MEDLINE and CINAHL to identify articles on the topic. The text words in the titles and abstracts of the relevant articles, and the index terms used to describe the articles were used to develop a full search strategy. Appendix I provides an example of the full search strategy for MEDLINE (PubMed). The search strategy, including all identified keywords and index terms, will be adapted for each included information source. The reference lists of all studies selected for critical appraisal will be screened for additional studies.

A librarian with experience in systematic health reviews will be consulted to refine the search strategies. The search will include studies published in English, Portuguese, and Spanish, from the start date of each database.

The databases to be searched include MEDLINE (PubMed), CINAHL (EBSCO), Embase, Scopus, LILACS (BVS); ScienceDirect, PsycINFO (Ovid), Index Psi Periódicos (BVS-Psi), and PePsic (IPUSP).

Sources of unpublished studies and gray literature to be searched include Google Scholar, Cybertesis, Dart-E, EthOS, and OATD.

Study selection

Following the search, all identified citations will be collated and uploaded into Mendeley (Mendeley Ltd., Elsevier, Netherlands), and duplicates removed. Two independent reviewers will screen titles and abstracts for assessment based on the inclusion criteria for the review. Potentially relevant studies will be retrieved in full and their citations details imported into the JBI System for Unified Management, Assessment and Review of Information (JBI SUMARI; JBI, Adelaide, Australia).²³

The full text of the selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Reasons for exclusion of full-text studies that do not meet the inclusion criteria will be recorded and reported in the systematic review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussion or with a third reviewer. The results of the search will be reported in full in the final systematic review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.²⁴

Assessment of methodological quality

Two independent reviewers will critically assess eligible studies for methodological quality, using the JBI standard critical assessment checklist for qualitative research.²² Authors of papers will be contacted to request missing data or additional information for clarification, when necessary. Any disagreements between the reviewers will be resolved through discussion or with a third reviewer. The results of the critical assessment will be reported in a narrative format and a table.

All studies, regardless of the results of their methodological quality, will be submitted to data extraction and synthesis, whenever possible.

Data extraction

Data will be extracted from studies included in the review by two independent reviewers, using JBI SUMARI's standardized data extraction tool.²³ The extracted data will include specific details about populations, context, culture, geographic location, study methods, and phenomena of interest

relevant to the review objective. The findings and their illustrations will be extracted and given a level of credibility. Any disagreements between the reviewers will be resolved through discussion or with a third reviewer. Authors of papers will be contacted to request missing or additional data, when necessary.

Data synthesis

Qualitative research findings will, whenever possible, be grouped using JBI SUMARI with the meta-aggregation approach.²⁵ This will involve aggregating or synthesizing findings to generate a set of statements representing this aggregation by assembling the findings and categorizing the results based on similarity of meaning. These categories will then be used to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual grouping is not possible, the results will be presented in narrative format. Only unequivocal and credible findings will be included in the synthesis.

Assessing confidence in the findings

The final synthesized results will be classified according to the ConQual approach to establish confidence in qualitative research synthesis and will be presented in a Summary of Findings.²⁶ The Summary of Findings will include the main elements of the review and indicate how the ConQual score was developed, including the title, population, phenomenon of interest, and context for the specific review. Each synthesized finding from the review will then be presented along with the type of research informing it, score for dependability and credibility, and the overall ConQual score.

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Author contributions

APAB designed the protocol, collected the data, conducted the analysis, and wrote the manuscript.

CMS collected the data, conducted the analysis, and wrote the manuscript. MLR designed the protocol, contributed to the data, conducted the analysis, and wrote the manuscript. AMA designed the protocol, conducted the analysis, and wrote the manuscript.

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Appendix I: Search strategy

MEDLINE (PubMed)

Searched on August 9, 2021

Search strategy	Results retrieved
((((((((((((((Physicians[Mesh] OR Physicians[tw] OR Physician[tw]) AND Humans[Mesh])) OR (Pediatricians[Mesh] OR Pediatricians[tw] OR Pediatrician[tw]) AND Humans[Mesh])) OR (Midwifery[Mesh] OR Midwifery[tw]) AND Humans[Mesh])) OR (psychologist[tw] AND Humans[Mesh])) OR (Social Workers[Mesh] OR Social Workers[tw]) AND Humans[Mesh])) OR (Pharmacists[Mesh] OR Pharmacists[tw]) AND Humans[Mesh])) OR (Nurses[Mesh] OR nurse[tw] OR nurses[tw]) AND Humans[Mesh])) OR (Health Personnel[Mesh] OR Health Personnel[tw]) AND Humans[Mesh])) AND (Depression, Postpartum[Mesh] OR post partum depression[tw] OR post-partum depression[tw] OR postpartum depression[tw] OR postnatal depression[tw]) AND Humans[Mesh])) AND (emotion* OR experience* OR practice* OR feel* OR attitud* OR qualitative) AND Humans[Mesh])	528 studies