

## CenteringPregnancy – Depression Diagnosis Among Prenatal Women

Hannah Cain, BS - University of South Carolina School of Medicine Greenville

Amy Crockett, MD - Prisma Health OB/GYN

Jessica Britt, PhD - Prisma Health OB/GYN

Laura Carlson, MD- Prisma Health OB/GYN

**Objectives:** To assess differences in depression diagnosis rates between women assigned to CenteringPregnancy group prenatal care (GPNC) compared to those receiving traditional individual-based prenatal care (IPNC). With a structured intervention such as group care, we hypothesize that women in GPNC with clinical depression would have higher rates of diagnosis due to increased time providers spend with patients.

**Design:** Secondary analysis of the CRADLE study, a randomized control trial of GPNC. Patients were allocated 1:1 to either GPNC or IPNC prior to 24 weeks gestational age and stratified by self-reported race/ethnicity. Patients completed comprehensive psychosocial surveys at study enrollment, including Center for Epidemiological Studies Depression Scale (CES-D). Comprehensive review of the medical record were also completed. A positive screening was defined as a CES-D survey score of  $\geq 12$ . Categorical variables were analyzed using chi-squared analysis and logistic regression was used to evaluate the association between prenatal care model and rates of depression

**Results:** 1,918 women were enrolled, 1,094 in IPNC and 824 in GPNC. CES-D positive screens were similar between IPNC (n=424, 45.1%) and GPNC (n=306, 42.3%),  $P=0.26$ , OR 0.89 [IRQ 0.73 – 1.09]). There was also no difference in rates of clinically diagnosed depression between IPNC (n=93, 21.2%) and GPNC (n=56, 18.3%),  $p= 0.26$ , OR 0.33 [IQR 0.57 – 1.21].

**Conclusion:** There is no difference in depression diagnosis rates between GPNC and IPNC care. However, a significant number of women, regardless of care group, are not being captured in their medical record as having depression.