Postpartum Depression Screening

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Disclosures

- Perinatal Psychiatry Consultation Line/PAL for Moms
- UW Perinatal Psychiatry Clinic
OBJECTIVES

• After this session, participants will be able to:
  • Discuss the range of mental health problems that can occur in the postpartum period
  • Outline an algorithm for postpartum depression screening
  • Discuss the use of specific depression screening questionnaires
  • Outline a plan for providing treatment/referrals for women with postpartum mental health problems

Postpartum Depression
Postpartum Depression

• Prevalence – 10 to 25% (5-15% major depression); higher in low income women, parenting adolescents

• Peaks at 6 weeks postpartum (2-3 months for minor depression)

• Every day, 15 million children in the US are being raised in homes with depressed mothers

Earls et al, 2017; National Research Council and Institute of Medicine, 2009

The Continuum of Postpartum Mood Changes

Postpartum Blues
• Common (50%), transient (days)

Postpartum Depression
• Weeks-months, treatment is therapy and/or antidepressant medication

Postpartum Psychosis
• Uncommon (1 in 1000), psychiatric emergency, risk for infanticide
Risk factors for postpartum depression

- Antenatal depression (>50%)
- Past history of postpartum depression
- Past history of depression or bipolar disorder
- Family history of depression/other mental illness
- Stressful life events
- Complicated delivery or infant with medical problems
- Lack of social support
- Ambivalence about the pregnancy
- Alcohol or other substance use disorders
- Low income, adolescent

Outcomes

Mothers:
- Problems with bonding/attachment
- Lower rates of breastfeeding
- Less initiation of safety and child development practices
- Greater use of healthcare system, emergency services for children

Children:
- Impaired attachment and social interaction
- Higher rates of failure to thrive and developmental delay
- Higher rates of internalizing and externalizing disorders
- Depression risk increased through adolescence

McLearn et al, 2006; Weissman et al., 2006
Other postpartum mental health disorders

- Anxiety (10-15%)
- Post-traumatic stress disorder (10-25%)
  - Pre-existing
  - Due to pregnancy/labor/delivery
- Obsessive compulsive disorder
- Psychosis (1%)
- Bipolar disorder

Prenatal and Postpartum Care is Inadequate

Weir et al, 2011
Where to screen moms?

• 60% attend postpartum OB visit at 6 weeks
• 83% attend well child visits with their infants in first year of life

Weir et al., 2011; Selden et al., 2006

Checkpoint

• Do you screen for maternal depression in your practice?
• If yes, what screening instrument do you use and what is your screening workflow?
Screening Process

Recommendations to Screen

• United States Preventive Services Task Force, 2016

• AAP Bright futures – recommends maternal depression screening at well-child visits as a best practice for pediatricians.

• US Preventive Services Task Force, August 2018
  • Draft recommendation that clinicians provide or refer pregnant and postpartum women who are at increased risk of perinatal depression to counseling interventions.
Acceptability

- Patients - 80-90% women find depression screening to be acceptable, especially if:
  - they had prior notification of the process
  - screening done by paper/questionnaire rather than interview
  - they felt their healthcare professional was engaged and empathetic
  - Results of screening discussed verbally

  - Walker et al., 2013; Olson et al, 2006

Liability

- “Standard of care” becoming more clearly defined
- Training in postpartum depression screening tools
- Systematic and standardized approach to screening
- Documentation of screening for maternal depression as a risk factor for the child
Documentation

- Minimum – record that screening took place and that referral / recommendation was made
- Ideal – parent in same EMR system
- Options for documentation:
  - In child’s record (obtain consent)
  - In a stand alone file
  - Send to parent’s provider (obtain consent)

Billing

- Screening for maternal depression could be conducted as part of an overall risk assessment for children and pregnant women under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) component of Medicaid

- SENATE BILL REPORT E2SHB 1713 “HCA must require provider payment for maternal depression screening for mothers of children aged birth to six months, subject to funding, effective January 1, 2018.”

- CPT code 99420: administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal), can be used for a postpartum screening administered to a mother as part of a routine newborn check and can be billed under the child’s name.
Ideal Screening Workflow

- Screen, triage, refer
- Interdisciplinary approach

When to Screen

- 75% have symptoms in first 3 months
  - If no screening after 3 months, miss 25% of cases

- Bright Futures recommendation
  - Well child visits at 1, 2, 4 and 6 months

- Every visit
  - Parents with previous or current mental health symptoms

Chaudron et al., 2006; http://brightfutures.aap.org
How to Screen: Screening Tools

- PHQ-2 – brief; needs follow up
- EPDS-validated; not generalizable
- PHQ-9 – validated; high somatic symptom loading; generalizable
- Other considerations – languages? EHR?
  - https://www.phqscreeners.com/select-screener/36
  - http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds)
Screening with the PHQ-2

• 2 items
• In the last 2 weeks, how often have you been bothered by:
  • Little interest or pleasure in doing things
  • Feeling down, depressed, or hopeless
• Not at all (0), several days (1), more than half the days (2), nearly every day (3)
• Score of 3 or more has sensitivity of 83%, specificity of 92% for major depression
• <1 minute to administer

Screening with the PHQ-2 (continued)

• Parental Wellbeing Project (Dartmouth)
• 1398 mothers screened at well child visits
• Accepted by parents; 6% nonresponse rate
• 17% of mothers had positive response to one item; 6% had score of 3 or above
• 56.5% of mothers with score of 3 or above thought they might be depressed; 83.5% of these willing to take action
• In 85-90% of cases, required <3 minutes extra pediatrician time; >10 mins in 2% of cases
  • Olson et al., 2006
PHQ – 9: How To Score

Kroenke et al, 2001

Understanding PHQ-9 Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
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<tbody>
<tr>
<td>0 – 4</td>
<td>No Depression</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild Depression</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate Depression</td>
</tr>
<tr>
<td>≥ 15</td>
<td>Severe Depression</td>
</tr>
</tbody>
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Edinburgh Postnatal Depression Scale (EPDS)

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been able to laugh and see the funny side of things.</td>
<td>___ As much as I always could &lt;br&gt; ___ Not quite so much now &lt;br&gt; ___ Definitely not so much now &lt;br&gt; Not at all</td>
</tr>
<tr>
<td>I have looked forward with enjoyment to things.</td>
<td>___ As much as I ever did &lt;br&gt; ___ Rather less than I used to &lt;br&gt; ___ Definitely less than I used to &lt;br&gt; Hardly at all</td>
</tr>
<tr>
<td>I have blamed myself unnecessarily when things went wrong.</td>
<td>___ Yes, most of the time &lt;br&gt; ___ Yes, some of the time &lt;br&gt; Not very often &lt;br&gt; No, never</td>
</tr>
<tr>
<td>I have been anxious or worried for no good reason.</td>
<td>___ No, not at all &lt;br&gt; ___ Hardly ever &lt;br&gt; ___ Yes, sometimes &lt;br&gt; ___ Yes, very often</td>
</tr>
<tr>
<td>I have felt scared or panicly for not very good reason.</td>
<td>___ Yes, quite a lot &lt;br&gt; ___ Yes, sometimes &lt;br&gt; ___ No, not much &lt;br&gt; ___ No, not at all</td>
</tr>
</tbody>
</table>

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<th>Item</th>
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<tr>
<td>Things have been getting on top of me.</td>
<td>___ Yes, most of the time I haven’t been able to cope at all &lt;br&gt; ___ Yes, sometimes I haven’t been coping as well as usual</td>
</tr>
<tr>
<td>I have been so unhappy that I have had difficulty sleeping.</td>
<td>___ No, most of the time I have coped quite well &lt;br&gt; ___ No, I have been coping as well as ever</td>
</tr>
<tr>
<td>I have felt sad or miserable.</td>
<td>___ Yes, most of the time &lt;br&gt; ___ Yes, quite often &lt;br&gt; Not very often &lt;br&gt; No, not at all</td>
</tr>
<tr>
<td>The thought of harming myself has occurred to me.</td>
<td>___ Yes, quite often &lt;br&gt; ___ Sometimes &lt;br&gt; ___ Hardly ever &lt;br&gt; ___ Never</td>
</tr>
</tbody>
</table>

EPDS scores

- Items 1 and 2 are reverse-scored
- Score of 10 or more at 6-8 weeks postpartum has 93% sensitivity, 83% specificity for major depression
Maternal Depression Screening: the Pediatrician's Role

- To motivate screen positive parents to get help.
- To enable discussions of the effect of maternal depression on child development
- To provide lactation decision support
- NOT to diagnose or treat depression or other mental health conditions
Screening Implemented: What Next?

Screen and refer

Screen, educate and refer

Screen, educate, refer and track

Screen, brief intervention

Screen, provide treatment

Protocols

- Suicidality
- Severe depression
- Crisis intervention
PHQ – 9 and Suicidal Ideation

PHQ – 9 Question 9

1. Do you feel like life is not worth living?
   - Yes
   - No

2. Do you have thoughts about harming yourself?
   - Yes
   - No

Write down what the patient was thinking when they answered Q9. Communicate with PCP if possible.
PHQ – 9 Question 9 - continued

2. Do you have thoughts about harming yourself?
   - Yes
   - No – write down patient’s comments. Communicate with PCP if possible

3. Do you have plans for how you would harm yourself?
   - Yes
   - No

4. Do you plan to act on this soon?
   - Yes
   - No

5. Do you have the means to harm yourself?
   - Yes
   - No

Interventions for positive screens

- **Mild depression**
  - Education – common, not mother’s fault, will improve
  - Extra visits/follow up call
  - Address sleep deprivation; exercise

- **Moderate depression**
  - Refer for mental health treatment (psychotherapy and/or medication)
  - Contact OB/PCP

- **Suicidal thoughts/psychosis**
  - Refer to crisis/emergency services
Resources: UW Perinatal Psychiatry Consultation Line (PAL for Moms)

- Free consultation telephone service for providers in Washington State caring for pregnant or postpartum woman with mental health issues
- Staffed by perinatal psychiatrists 1-5pm weekdays
- 206-685-2924 or 877-725-4666 (PAL4MOM)

Community Resources

- Perinatal Support of Washington
  - 1-888-404-7763
  - Warm line, peer support
  - Support groups
- Early intervention programs
- Home visiting programs
Promoting First Relationships in Pediatric Primary Care

• A university (UW Barnard Center for Infant Mental Health) based program adapted by pediatricians to help pediatric primary care providers support stable and secure early parent-child relationships
• A framework that operationalizes attachment and child development theory into applied practice and intervention strategies specifically for the pediatric office visit
• A curriculum that also provides well-child check handouts for each visit (newborn - three years old) for pediatricians to share with parents

Resources for Patients and Partners

• http://www.postpartum.net/family/overview/

• www.postpartum.org


• https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression
Questions?