Postpartum Depression
Screening

October 13, 2018

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University of Washington
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

### COMMON POSTPARTUM MOOD CHANGES

<table>
<thead>
<tr>
<th>Increasing Severity</th>
<th>Postpartum Blues</th>
<th>Postpartum Depression (PPD)</th>
<th>Postpartum Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incidence</strong> (per delivery)</td>
<td>50%</td>
<td>5-15%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Time of onset</strong> (postpartum)</td>
<td>2-5 days</td>
<td>Up to 1 year postpartum</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Days</td>
<td>Weeks – months</td>
<td>Weeks – months</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Low / labile mood, irritability, crying</td>
<td>Low mood, decreased pleasure, disturbed sleep / appetite, guilt, suicidal thoughts, impaired bonding</td>
<td>Elation / irritability / low mood, confusion, delusions / hallucinations</td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>Transient. Risk factor for PPD</td>
<td>Long lasting without treatment. Risk factor for major depression / bipolar disorder</td>
<td>Recovers with treatment. Risk factor for bipolar disorder</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Support</td>
<td>Behavioral activation, cognitive behavior therapy, Interpersonal therapy, antidepressants, mother baby therapy</td>
<td>Psychiatric emergency. Inpatient treatment, antipsychotics / mood stabilizers, ECT</td>
</tr>
</tbody>
</table>
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 with depression:
- Problems with bonding/attachment to baby
- Lower rates of breastfeeding
- Less initiation of safety and child development practices
- Greater use of healthcare system, emergency services for children

Children of mothers with perinatal depression:
- 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
- Child improvement correlates with maternal improvement
- Effects of comorbid conditions

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

Met Criteria

- Prenatal Care Initiated in First Trimester
- Recommended Number of Prenatal Visits Attended
- Timely Postpartum Care

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
• 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


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

- US Preventive Services Task Force, 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
  • feedback was 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
Screening Tools
How to Screen: Screening Tools

- PHQ-2 – brief; needs follow up
- EPDS-validated; score of 10 or more at 6-8 wks postpartum has 93% sensitivity, 83% specificity for major depression; 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
• [Website Link](https://www.commonwealthfund.org/publications/publication/2007/apr/parental-depression-screening-pediatric-clinicians-implementation)
**PHQ – 9: How To Score**

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
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<td>3</td>
</tr>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<td>3</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding: 0 + 2 + 8 + 6 = **Total Score: 16**

Kroenke et al, 2001
Understanding PHQ-9 Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
</tr>
</thead>
<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>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>I have been able to laugh and see the funny side of things.</td>
<td>___ As much as I always could</td>
</tr>
<tr>
<td></td>
<td>___ Not quite so much now</td>
</tr>
<tr>
<td></td>
<td>___ Definitely not so much now</td>
</tr>
<tr>
<td></td>
<td>___ Not at all</td>
</tr>
<tr>
<td>I have looked forward with enjoyment to things.</td>
<td>___ As much as I ever did</td>
</tr>
<tr>
<td></td>
<td>___ Rather less than I used to</td>
</tr>
<tr>
<td></td>
<td>___ Definitely less than I used to</td>
</tr>
<tr>
<td></td>
<td>___ Hardly at all</td>
</tr>
<tr>
<td>I have blamed myself unnecessarily when things went wrong.</td>
<td>___ Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>___ Yes, some of the time</td>
</tr>
<tr>
<td></td>
<td>___ Not very often</td>
</tr>
<tr>
<td></td>
<td>___ No, never</td>
</tr>
<tr>
<td>I have been anxious or worried for no good reason.</td>
<td>___ No, not at all</td>
</tr>
<tr>
<td></td>
<td>___ Hardly ever</td>
</tr>
<tr>
<td></td>
<td>___ Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>___ Yes, very often</td>
</tr>
<tr>
<td>I have felt scared or panicky for not very good reason.</td>
<td>___ Yes, quite a lot</td>
</tr>
<tr>
<td></td>
<td>___ Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>___ No, not much</td>
</tr>
<tr>
<td></td>
<td>___ No, not at all</td>
</tr>
<tr>
<td>Things have been getting on top of me.</td>
<td>___ Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>___ Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>___ Not very often</td>
</tr>
<tr>
<td></td>
<td>___ No, not at all</td>
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<tr>
<td>I have felt sad or miserable.</td>
<td>___ Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>___ Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>___ Not very often</td>
</tr>
<tr>
<td></td>
<td>___ No, not at all</td>
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<tr>
<td>I have been so unhappy that I have been crying.</td>
<td>___ Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>___ Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>___ Only occasionally</td>
</tr>
<tr>
<td></td>
<td>___ No, never</td>
</tr>
<tr>
<td>The thought of harming myself has occurred to me.</td>
<td>___ Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>___ Sometimes</td>
</tr>
<tr>
<td></td>
<td>___ Hardly ever</td>
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<td></td>
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Triage/Intervention
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, brief intervention
- Screen, provide treatment
Protocols

- Suicidality
- Severe depression
- Crisis intervention
## Patient Health Questionnaire-9 (PHQ-9)

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

*(Use ‘+’ to indicate your answer)*

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**For office coding: 0 + 0 + 0 + 0 =**

**Total Score:**

### If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
1. Do you feel like life is not worth living? 
   - Yes
   - No

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

   No: Write down what the patient was thinking when they answered Q9. Communicate with PCP if possible
2. Do you have thoughts about harming yourself?
   - Yes
     - Yes
       - 4. Do you plan to act on this soon?
       - 5. Do you have the means to harm yourself?
     - No
   - No
     - No – write down patient’s comments. Communicate with PCP if possible

4. Do you plan to act on this soon?
5. Do you have the means to harm yourself?
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)

Perinatal Psychiatry Consultation Line

Providing telephone consultation to healthcare providers caring for women with mental health needs during pregnancy and postpartum

(206) 685 – 2924

Weekdays from 3-5 PM
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?