Family Risk Assessments: Screening for Peripartum Mood Disorders

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Objectives

• Discuss review impacts of maternal depression on infants and children.

• Review common screening tools for peripartum mood disorders.

• Understand recommendations for the periodicity of screening, based on local experience.

• Connect with community resources that provide a referral network for mothers with peripartum mood disorders.
Agenda

• 7:00 - 7:05 AM - Welcome and Introductions
• 7:05 - 7:35 AM - Background and Context for Screening for Peripartum Mood Disorders
• 7:35 - 7:50 AM – Community Resources for Postpartum Support
  •  Wendy Davis PhD- Executive Director of Postpartum Support International
• 7:50 - 8:15 AM – Practices Share Experience with Screening for Peripartum Mood Disorders
• 8:15- 8:25 AM – Questions
• 8:25 - 8:30 AM - Wrap Up
Importance of Screening: Why Screen Mom During Well-Child Visits?

- Mother’s mental health affects well-being of baby and family
- Child’s developmental health is directly influenced by early relationship history
Screening Recommendations

• ABCD Screening Academy recommendations
  • Recommended screening at 2 weeks to 2 months, repeat at 2-4 months

• AAP Clinical Report: Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice (Pediatrics, 2010)

• Little empirical evidence for periodicity
Environmental Context

*House Bill 2666*

- Recognized maternal mental health as a public health crisis
- Workgroup convened to discuss public and provider education, screening, enhancement and financing of community resources
- Surveyed efforts already in place in other states
- Culminated in report to the Legislature, presented September 2010
Preparing Providers

• Although known effects on child, many providers resist
  • “The mother isn’t my patient”
  • Time limitations
  • Ethical considerations
  • Doubt in the need for a screening tool
  • Where to refer? How to do a referral? How to document?
Selling Screening to Pediatricians

• Known negative effects on pregnancy outcomes
  • Premature delivery: up to 24%
  • Low birth weight

• Known negative effects on infant development
  • Impaired infant attachment
  • Abnormal sleep and activity patterns
  • Developmental delay

• Known effects on later childhood mental health
  • Conduct, attention and mood disorders
• As pediatric providers, often a captive audience with the mother

• Medicaid patients usually lose coverage after the 6 week postpartum visit

• Evolving concept of mental health prevention now prevalent in early childhood literature
Impact on Neonatal and Birth Outcomes

• Presence of Perinatal Depressive and Anxiety Symptoms is independent risk factor for OB, fetal, and neonatal outcomes
  – Premature Labor
  – Low Birth Weight
  – Hypertension
  – Increased Cortisol Response in Infants
  – Increased Incidence of drug and alcohol use
Behaviors of Depressed Mothers

- Less responsive to baby’s cues
- Less aware of baby’s needs
- Reduced ability to communicate range of emotions
- Reduced care and stimulation of baby
- Less empathy
- Less interactive behavior
- Less likely to obtain preventive healthcare for baby
Maternal Depression Affects Infants

Decreased cognitive stimulation and bonding may cause:

• Difficulty in developing trusting relationships
• Impeded growth during first year of life
• Lower activity level
• Irritability
• Irregular sleep and feeding behaviors
• Increased incidence of depression, anxiety, and attention deficit
• Lifelong decreased ability to handle stress
Protective Factors Against Poor Outcomes

• Child’s disposition
• Breastfeeding
• Familial cohesiveness and warmth
• Support from other family members
Overview of Maternal Mood Disorders

Maternal Mood Disorders

“Baby Blues”
- Usually resolves without treatment

Postpartum Depression
- Requires treatment

Postpartum Psychosis
- Requires treatment immediately
  - May require hospitalization

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“Baby Blues”

- Normal condition in postpartum mothers
- Occurs in 50-80% of new mothers
- Symptoms include feelings of loss, anxiety, confusion, fear, or being overwhelmed
- Symptoms peak ~5 days after birth and resolve within a few weeks
- Does not disrupt function or daily routines

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Postpartum Depression

• Same diagnostic criteria as for clinical depression.
• Affects 8-20% of childbearing women or more.
• May negatively impact family particularly the children.
• Occurs any time during first 12 months postpartum.
• Symptoms persist in half of untreated mothers one year postpartum.
• Symptoms last from 2 weeks to more than a year.
Symptoms of Postpartum Depression

- Sleep problems
- Excessive guilt or feelings of worthlessness
- Anxiety and worry
- Decreased energy & concentration
- Changes in appetite and weight
- Thoughts of harming self or child
Risk Factors for Postpartum Depression

- Previous history/family history of depression or anxiety
- Previous PPD (50% recurrence)
- Domestic violence
- Lack of quality social support
- Substance abuse
- Stressful major life events or traumatic experiences
- Early childhood adverse experiences
- Immigrant status
- Poverty

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Exacerbating Factors

- Complications in pregnancy, birth or breastfeeding
- Age-related stressors (e.g. adolescence, perimenopause)
- Perfectionism/high expectations
- Recent loss or move
- Family discord
- Isolation
- History of abuse
- Substance and alcohol abuse
- Unresolved feelings about miscarriage, abortion, adoption, or infant loss
- Seasonal affective disorders
Postpartum Psychosis

- Relatively uncommon (1-3 out of 1000 women)
- Onset as early as 1 day after delivery, through baby’s first year
- Peak incident of onset is within first month
- Onset may be abrupt
- Characterized by hallucinations, paranoia, possible suicidal/infanticidal thoughts
- Requires immediate treatment and possible hospitalization
PRACTICE SCREENING TOOLS: METHODS FROM START PMD CURRICULUM
Maternal Depression Screening Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire (PHQ-2)
The Edinburgh Postnatal Depression Scale (EPDS)

- 10-item self-report questionnaire
- Identifies depressive symptoms in pregnant women/new mothers
- Useful for screening for postnatal depression (not diagnosis)
- Validated cross-culturally
- Available in 21 languages
- Can be used throughout the first year postpartum; best to start at 2 week visit
- At a mean of 12 weeks postpartum, the EPDS had a sensitivity of 100% and specificity of 90% for major depression with a cutoff score of 10
Using EPDS to Determine Risk of Harm

Any patient who scores >1 on question #10 ("The thought of harming myself has occurred to me") should be asked about the following:

- **Severity of depression**
- **Plans for self-harm**
- **Availability of support systems**
EPDS Scoring

• Response categories are scored 0, 1, 2, and 3.

• Items marked with asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0).

• Add all scores for each of the 10 items for the total score.

• Cutoff score is 10.
Example: Ima Blue

- EPDS Screening Tool
- EPDS instructions for administering and scoring

“Tool Time”: 2 Minutes

- Score Ima’s screening tool
- Interpret results
Ima’s Score

1. I have been able to laugh and see the funny side of things.  1
2. I have looked forward with enjoyment to things.  1
3. * I have blamed myself unnecessarily when things went wrong.  1
4. I have been anxious or worried for no good reason.  2
5. * I have felt scared or panicky for not very good reason.  1
6. * Things have been getting on top of me.  2
7. * I have been so unhappy that I have had difficulty sleeping.  2
8. * I have felt sad or miserable.  2
9. * I have been so unhappy that I have been crying.  2
10. * The thought of harming myself has occurred to me.  0

Score: 14
If EPDS Suggests Depression

- Screen for suicide ideation, planning, or previous attempts
- Assess risk for ideation-positive patients through office interview before referral
- Determine immediate risk by asking mother what will become of her fetus, child, children if she kills herself
- Ask about domestic violence or threat of same
Discussing EPDS Results

When discussing EPDS results:

• Reinforce how mother’s health impacts her child
• Recognize sensitivity of issue
• Consider cultural attitudes toward depression
• Provide a supportive environment
• Reinforce without increasing/promoting feelings of guilt

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Lessons Learned from The Children’s Clinic
An Opportunity for Improvement: Peripartum Depression

Proportion of Children With Parents Experiencing Symptoms of Depression

% ASKED About Depression: Child’s parent IS EXPERIENCING symptoms of DEPRESSION

% ASKED About Depression: Child’s Parent NOT experiencing symptoms of depression


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Relationship between children with depressed parents and other child/family factors

- Problems Paying for Key Child Health and Medical Supplies
  - Child's Parent experiencing symptoms of depression: 46%
  - Child's Parent NOT experiencing symptoms of depression: 19%

- Do Not Regularly Read to Child (4 or less days)
  - Child's Parent experiencing symptoms of depression: 37%
  - Child's Parent NOT experiencing symptoms of depression: 24%

Source: 2008-2009 CAHMI Online PHDS Data

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# Maternal Depression Screening – Our First few PDSA Cycles

<table>
<thead>
<tr>
<th>Interval</th>
<th>Number of visits</th>
<th>Percentage Screened</th>
<th>Prevalence of positive screens</th>
<th>Percentage referred out</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 week visit</td>
<td>625</td>
<td>79.0%</td>
<td>8.7%</td>
<td>65%</td>
</tr>
<tr>
<td>2 month visit</td>
<td>588</td>
<td>78.9%</td>
<td>5.4%</td>
<td>48%</td>
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</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>2 month visit</td>
<td>705</td>
<td>78.6%</td>
<td>5.1%</td>
<td>71%</td>
</tr>
<tr>
<td>6 month visit</td>
<td>711</td>
<td>68.5%</td>
<td>4.7%</td>
<td>&gt;100%</td>
</tr>
</tbody>
</table>

Next cycle is to add the question: Do you look happier on the outside than you feel on the inside?

Why are we missing patients?

- Prevalence below expectations – why?
  - Wrong screening intervals?
  - Fear / trust?
  - Skewed population? Cultural issues?
  - Tool inadequate?
Screening intervals

• Two week visit – picking up “baby blues”

• Two month visit likely appropriate, given peak at 6 weeks postpartum

• Four month visit is a nadir in incidence – despite ABCD Screening Academy recommendations

• Second peak at six months – missing a cohort of patients that would screen positive later
Fear / Trust?

• Despite low detection rates, exam room materials still disappearing…

• Explanation of screening – do parents understand why we’re asking?

• Creating a non-threatening context
Tool issues

• Assumption of normal baseline
  • What if mother doesn’t know that baseline is low?
  • “Do you look happier on the outside than you feel on the inside?”
Billing?

• Haven’t tested, but the AAP recommends CPT code 99420
Conclusions

• When providers are given effective tools and strategies, screening is well accepted

• Knowing where to refer patients is critical to uptake of screening programs

• Still work to do on improving screening and referral
Community Resources

Wendy Davis PhD

Postpartum Support International

Baby Blues Connection
Healthcare Dilemma

• How can we help women when they are too ashamed to tell their providers how they feel?

• Before we implement best practices, we must help moms and families feel empowered and unashamed.
Postpartum Support International

- Oregon Support Coordinators
- Resources & Trainings

www.postpartum.net
1-800-944-4PPD

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Perinatal Social Support Organizations

- Recovery includes a coordinated effort of medical, therapeutic, and social support.

- Perinatal social support organizations provide effective pathways for support, assessment, treatment, and empowerment.

- Help women and families with range of symptoms, from situational reactions to severe perinatal disorders.

- PSI Message: “You are not alone, you are not to blame, and with help, you will get well.”
Baby Blues Connection
Mom-to-Mom Support

www.babybluesconnection.org

503-797-2843
360-735-5571

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Baby Blues Connection Services

- Telephone support
- Website and email support
- Referrals and community resources
- Informational packets
- Mom-to-mom support groups
- Training & Community Education
- Community outreach

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Oregon Maternal Mental Health Website

- [www.healthoregon.org/perinatalmentalhealth](http://www.healthoregon.org/perinatalmentalhealth)
- Includes information, links to resources and related services
- Links on website for providers, parents (mothers and fathers)
Meds in Pregnancy & Lactation Resources & Consultation

• OTIS866-626-OTIS (6847) www.Otispregnancy.org

• MOTHERISK 877-439-2744 www.motherisk.org/prof/drugs.jsp

• InfantRisk: Thomas Hale, MD 806-352-2519 http://www.infantrisk.com/

• Mass General Women’s Health www.womensmentalhealth.org


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Discussion

• Why did you decide to do screening?
• How did it improve (or not) your clinical practice?
• How have the patients responded?
• Any other observations?
The Coming Months: Action Periods 2-3

January

- Group Call on January 10: Medical Home for Children Exposed to Violence
- Site visit and continued contact with practice facilitators
- Workgroup Call
- Continued work on PDSA cycles, change implementation
- Monthly Narrative

February

- Site visit and continued contact with practice facilitators
- Workgroup Call
- Continue work on PDSA cycles, change implementation
- Monthly Narrative
Questions?

Thanks from your ECHO Team

Do not hesitate to contact your practice facilitator (or any of us) with any questions or concerns.

PLEASE COMPLETE THE POST CALL SURVEY

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