

The logo for NICHOQ features the word "NICHO" in a clean, white, sans-serif font, followed by a stylized "Q" rendered in a vibrant yellow-green color with a hand-drawn, brushstroke-like texture. The background is a solid blue with faint, overlapping circular brushstrokes in a slightly darker shade of blue.

NICHOQ

# Maternal Depression

Everyone Can Play a Role to Help Families Thrive

# Welcome!

## Objectives

- Learn about the prevalence of maternal depression, and its effect on early childhood outcomes and health disparities
- Share the latest recommendations for maternal depression screening from the U.S. Preventive Services Task Force
- Explore strategies for improving access to screenings and interventions
- Define actions you can take at the community, state, and federal level to help more mothers and families get the support they deserve



**Camie Berardi, MPA**  
*NICHQ Associate Project Director*

# Panelists



**Elaine DeaKyne**

*Executive Director, Postpartum Support Charleston*



**Richard Reeves, PhD**

*Director of the Future of Middle Class Initiative and Co-Director of the Center on Children and Families, Brookings Institution*



**Karina W. Davidson, PhD, MASc,**

*Senior Vice President of Research, U.S.  
Preventive Services Task Force*



**Constance Guille, MD**

*Associate Professor and Director of the Women's Reproductive  
Behavioral Health Program, The Medical University of South  
Carolina*

# Meet NICHQ

NICHQ is a mission-driven nonprofit dedicated to **driving dramatic and sustainable improvements** in the complex issues facing children's health.



# What Motivates Us



## Mission

Driving change to improve children's health

## Vision

Every child achieves optimal health

# Current Initiatives

## • Early Childhood

- Early Childhood Comprehensive Systems CoIIN
- Environmental Influences on Child Health Outcomes: Developmental Impact of NICU Exposures
- Pediatrics Supporting Parents
- Partnering for Impact and Improvement Network
- Strengthening Early Childhood Comprehensive Systems through Policy and Cross-State Learning Efforts
- Early Childhood Health Equity Landscape: Learning from Existing and Emerging Initiatives

## • Children with Special Healthcare Needs / Chronic Diseases

- Sickle Cell Disease Treatment Demonstration Regional Collaborative Program

- American Academy of Pediatrics-Children and Youth with Epilepsy Evaluation
- Florida State Network for Access and Quality

## • Perinatal and Infant Health

- Maternal and Child Environmental Health CoIIN
- National Action Partnership to Promote Safe Sleep Improvement and Innovation Network
- National Network of Perinatal Quality Collaboratives
- NYS Maternal and Child Health Collaboratives
- Safe Sleep CoIIN to Reduce Infant Mortality
- Exploring State-Level Strategies to Improve Maternal Health and Birth Outcomes
- Content Development for Newborn Screening Clearinghouse
- Ohio Infant Mortality Focused Home Visiting Model

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**Elaine DeaKyne**

*Executive Director*

*Postpartum Support Charleston*



# My Pregnancy and Birth Story

- Became pregnant in November 2011
- No screenings and no education on PPD
- Did experience anxiety in my 3rd trimester
- Delivered 10 days past my due date and was induced
- Daughter born with minor health complications

# My Postpartum Experience

- Anxiety became elevated with repeated pediatric visits, weight loss with baby and trouble breastfeeding.
- After 1 month I switched to formula and OCD habits began to form
- 6 week checkup
- Shortly after intrusive thoughts began and I started to isolate myself
- That sent me looking for help and I went back to my OB at 2 months postpartum

# My Diagnosis and Treatment

- Before calling my OB I looked up PPD online, and thought that might be what I was experiencing
- I was screened at my appointment by a nurse
- My experience with the nurse was not good, but when I saw my doctor she quickly got me the help I needed
- My counselor diagnosed me with PPD and I began medication and appointment for the next 6 months.
- Eventually switched mental health provider and also found a community of moms

# Coming Full Circle

- I had received help from local organization Postpartum Support Charleston as part of my recovery and followed them online
- Began working for their annual fundraiser, joined the board and am now Executive Director
- What I have seen of moms in the community
- What I have seen of medical providers in the community
- There is a great support network in Charleston once the mom realizes she needs help



**Richard Reeves, PhD**

*Director of the Future of Middle Class Initiative and Co-Director of the Center on Children and Families  
Brookings Institution*

Richard V. Reeves

Senior Fellow,  
Economic Studies

Brookings Institution

 richardvreeves

JANUARY 2019

# The Effects of Maternal Depression on Early Childhood Development and Implications for Economic Mobility

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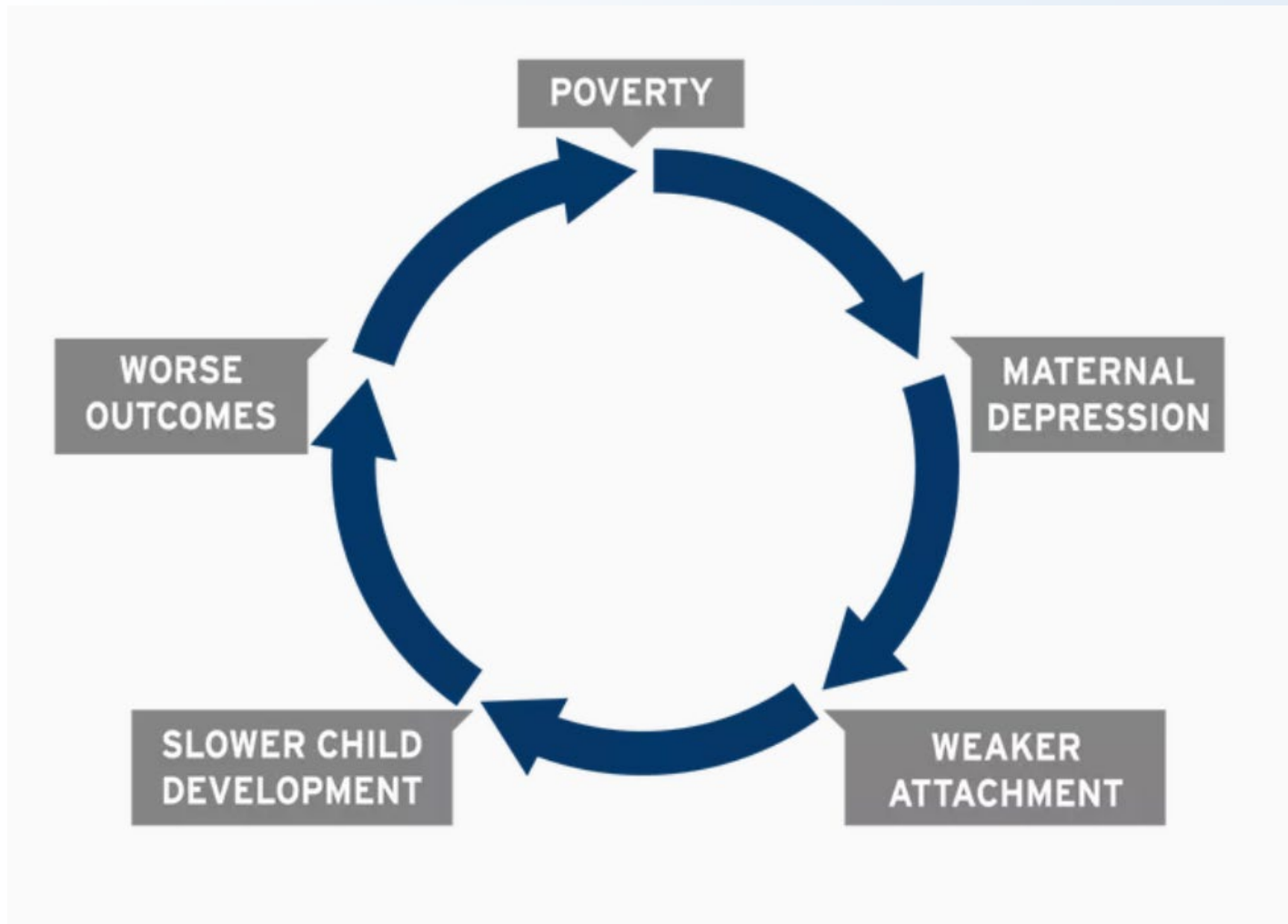
Richard V. Reeves

Brookings Institution – Senior Fellow

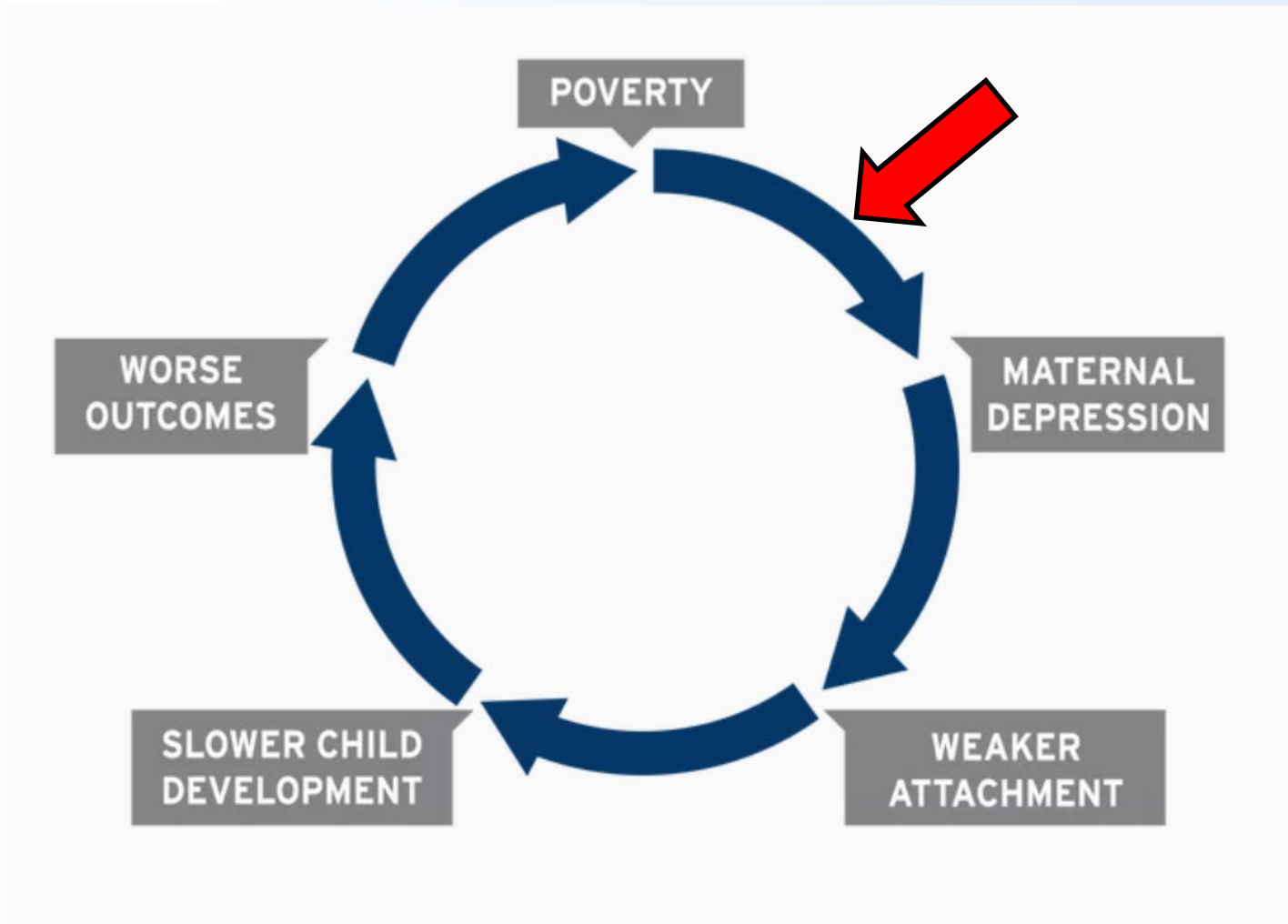
Eleanor Krause

Brookings Institution – Former Senior Research Assistant

# Everything is connected



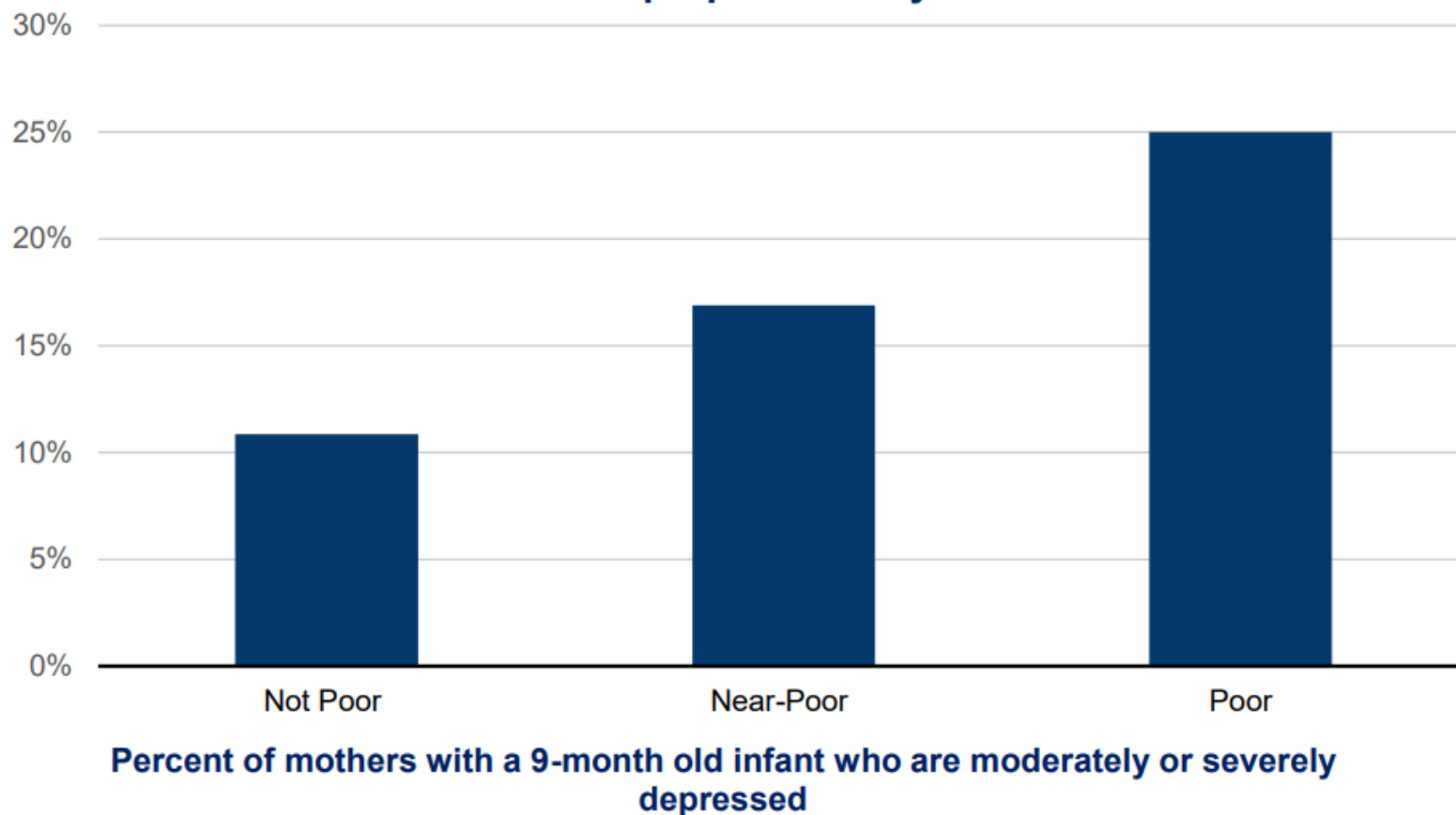
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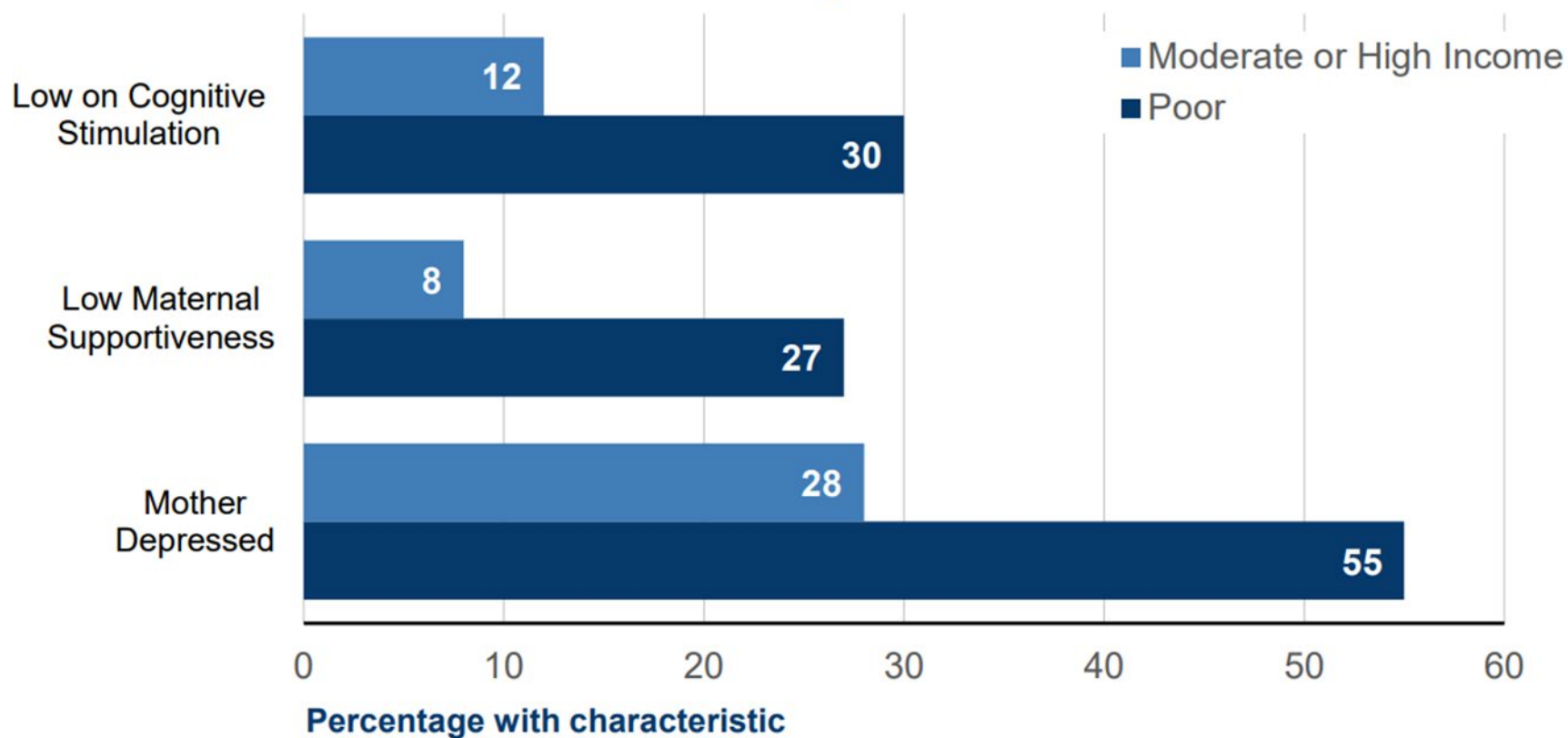
# Poverty increases risk of depression

## Maternal Depression Affects Children in Low-Income Families Disproportionately

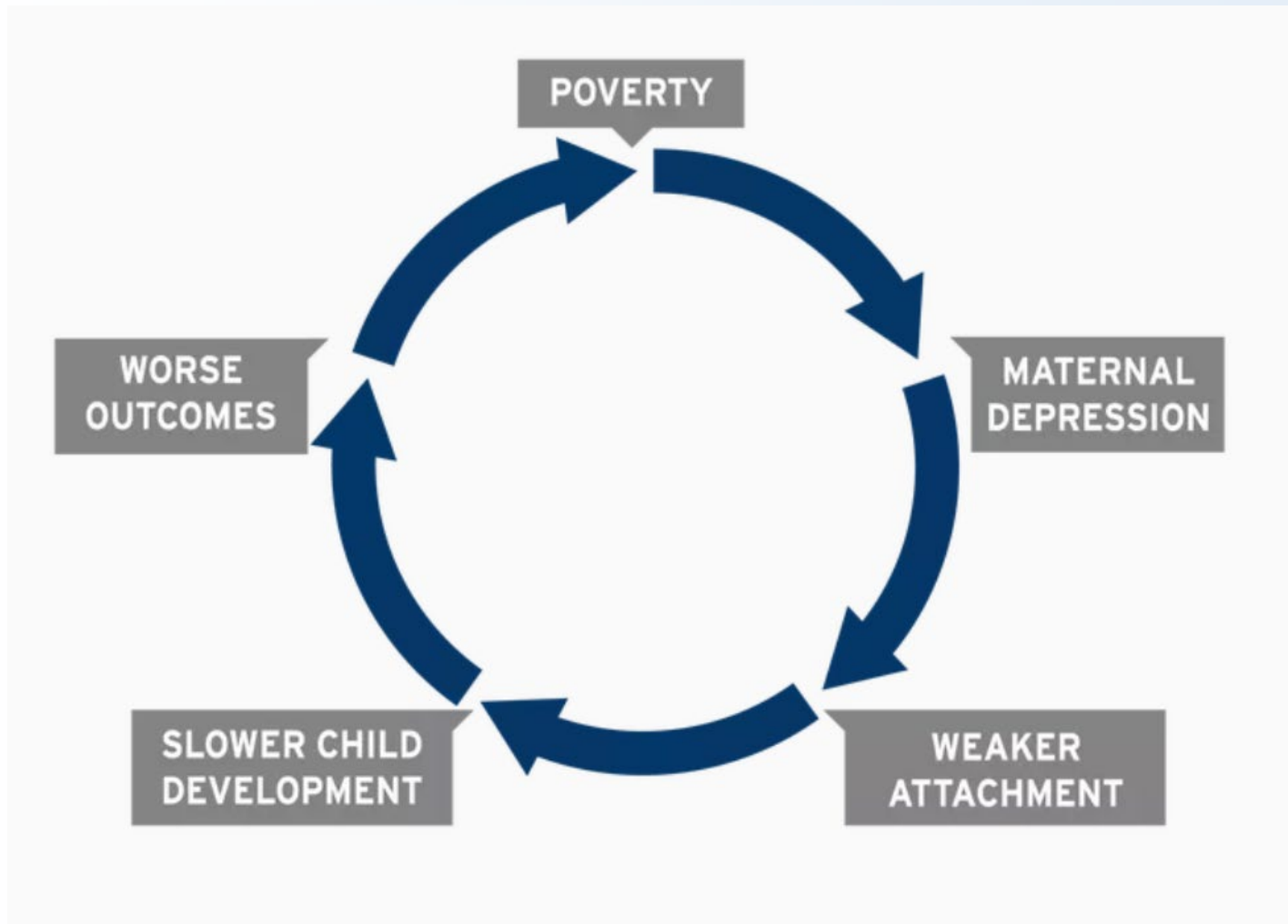


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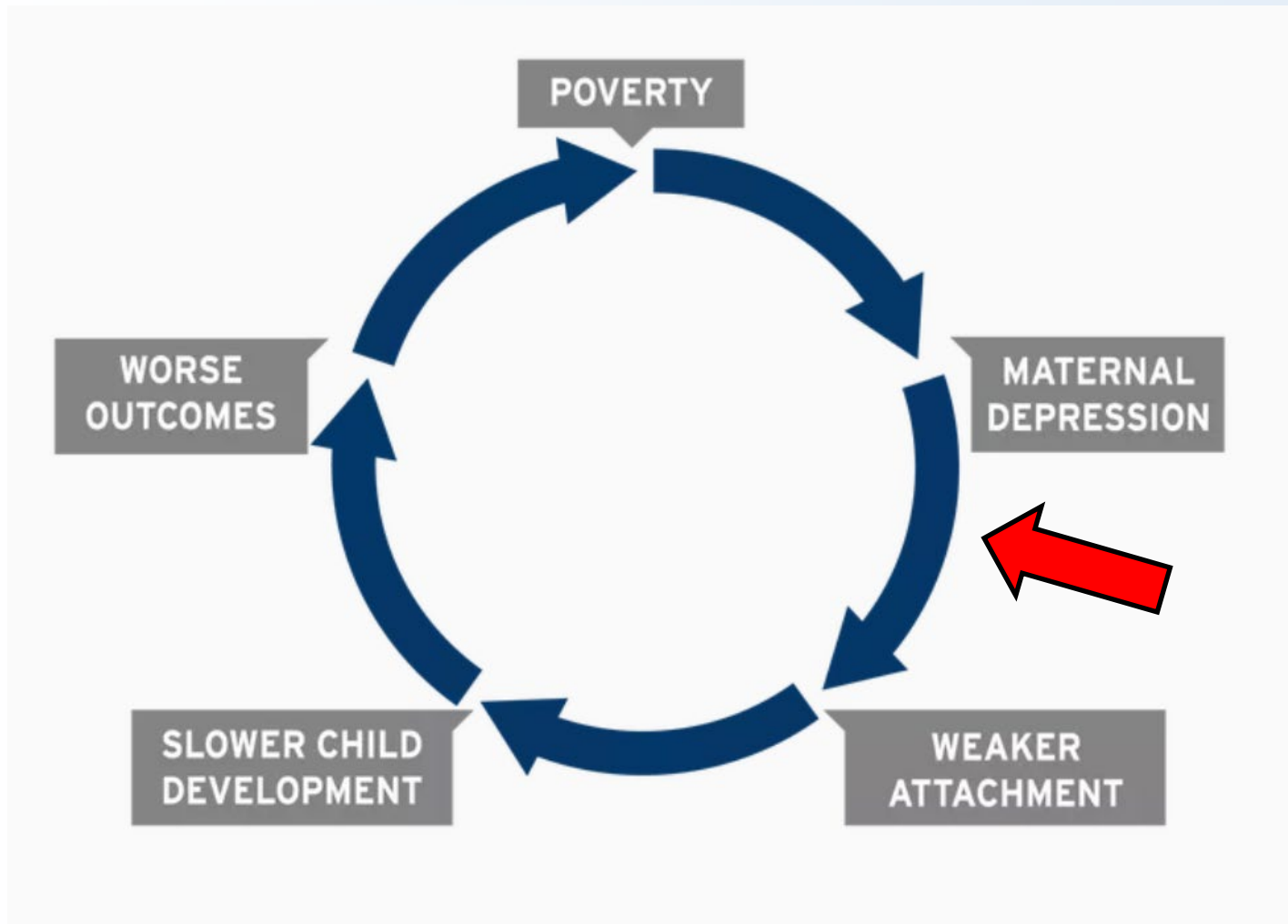
**Poor Families Differ from Moderate/High Income Families on Many Characteristics that May Affect School Readiness**



# Everything is connected



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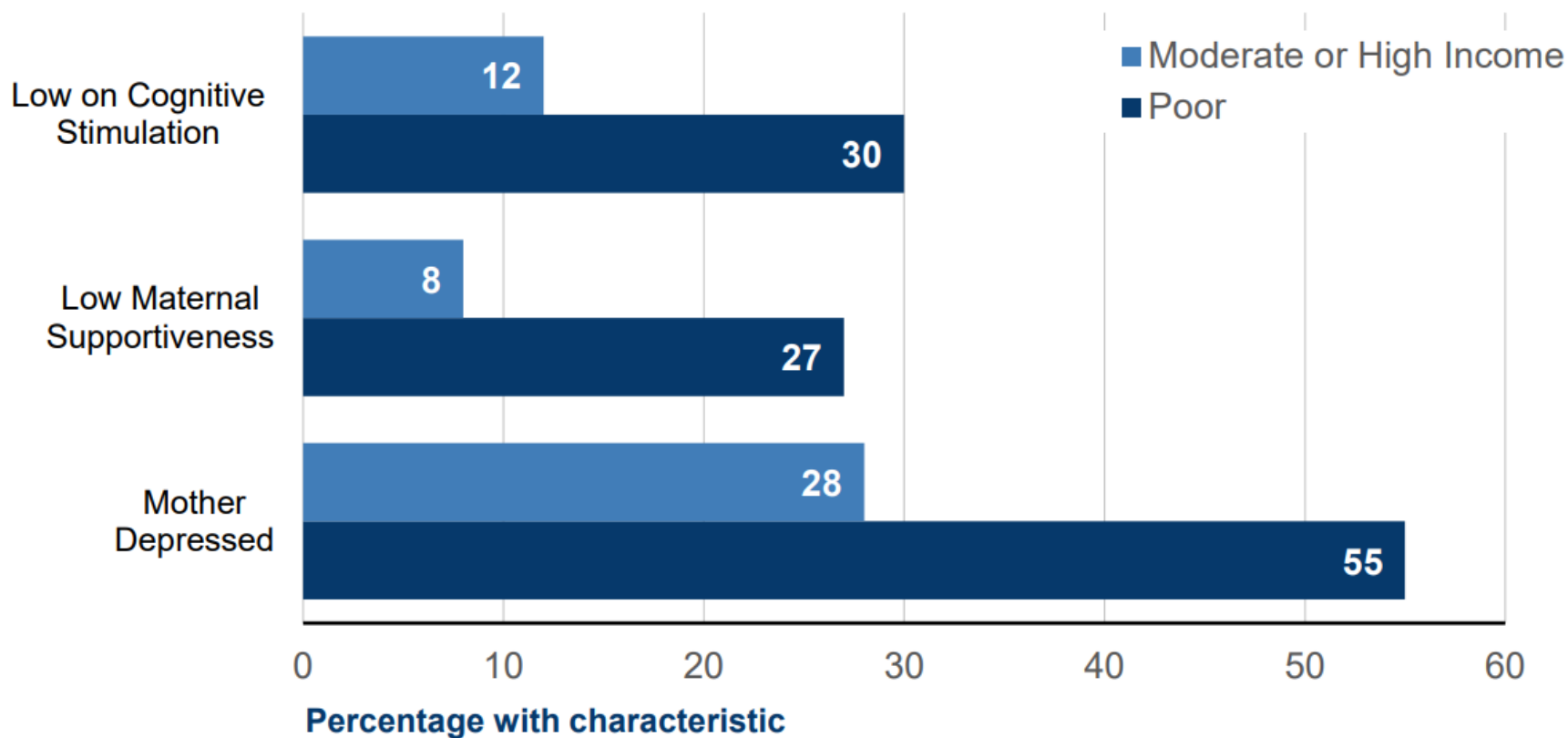


# Poverty, attachment & engagement

- An estimated one in ten children experience a depressed mother in a given year (Ertel et al, 2011)
- Between 10 and 20 percent of new mothers experience lasting depression after delivery. (Kessler et al, 2003)
- Depression makes it more difficult for parents to be sensitive and responsive to their young children's signals, and can deprive them of the energy, focus, and patience necessary to having quality interactions and relationships with their children. (Field et al, 2000).
- “Depressive symptoms further impair mothering by slowing the mother's response or by provoking intrusive responses that do not match the infant's or toddler's cues.” (Beeber et al, 2008)

# Poverty, attachment & engagement

**Poor Families Differ from Moderate/High Income Families on Many Characteristics that May Affect School Readiness**



# Poverty, attachment & engagement

“Chronic depression can manifest itself in two types of problematic parenting patterns that disrupt the “serve and return” interaction that is essential for healthy brain development: hostile or intrusive, and disengaged or withdrawn. When parents are hostile and/or intrusive, it is as if the parent is “serving” the ball in ways that make it difficult for the child to “return.” Conversely, if a parent is withdrawn or disengaged, the child may serve the ball, but the parent doesn’t return it. In both cases, depressed mothers are less likely to respond to their infants’ cues (i.e., vocalizations and actions) or to engage with their infants and young children in positive, harmonious interactions.”

*Center on the Developing Child, 2009.*

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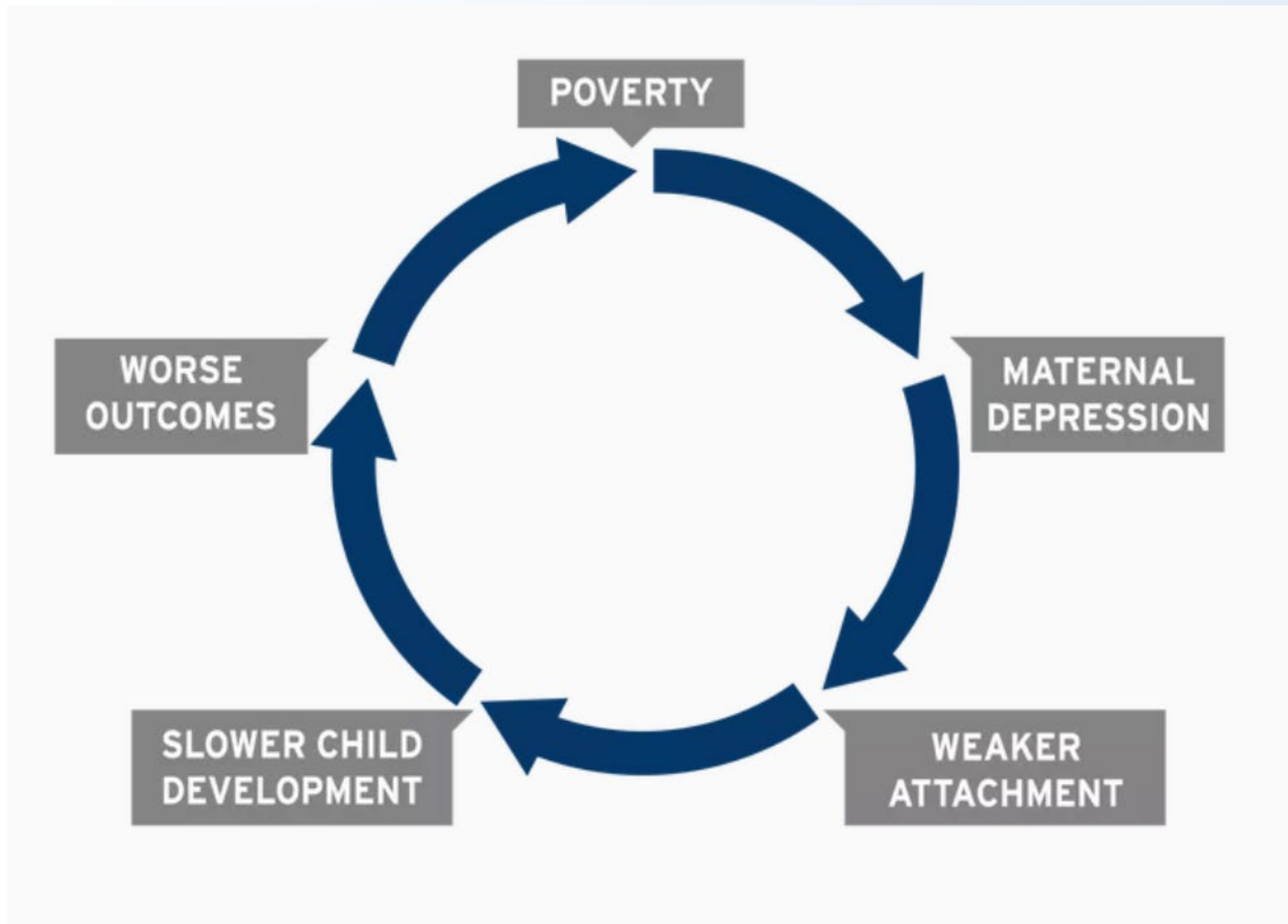
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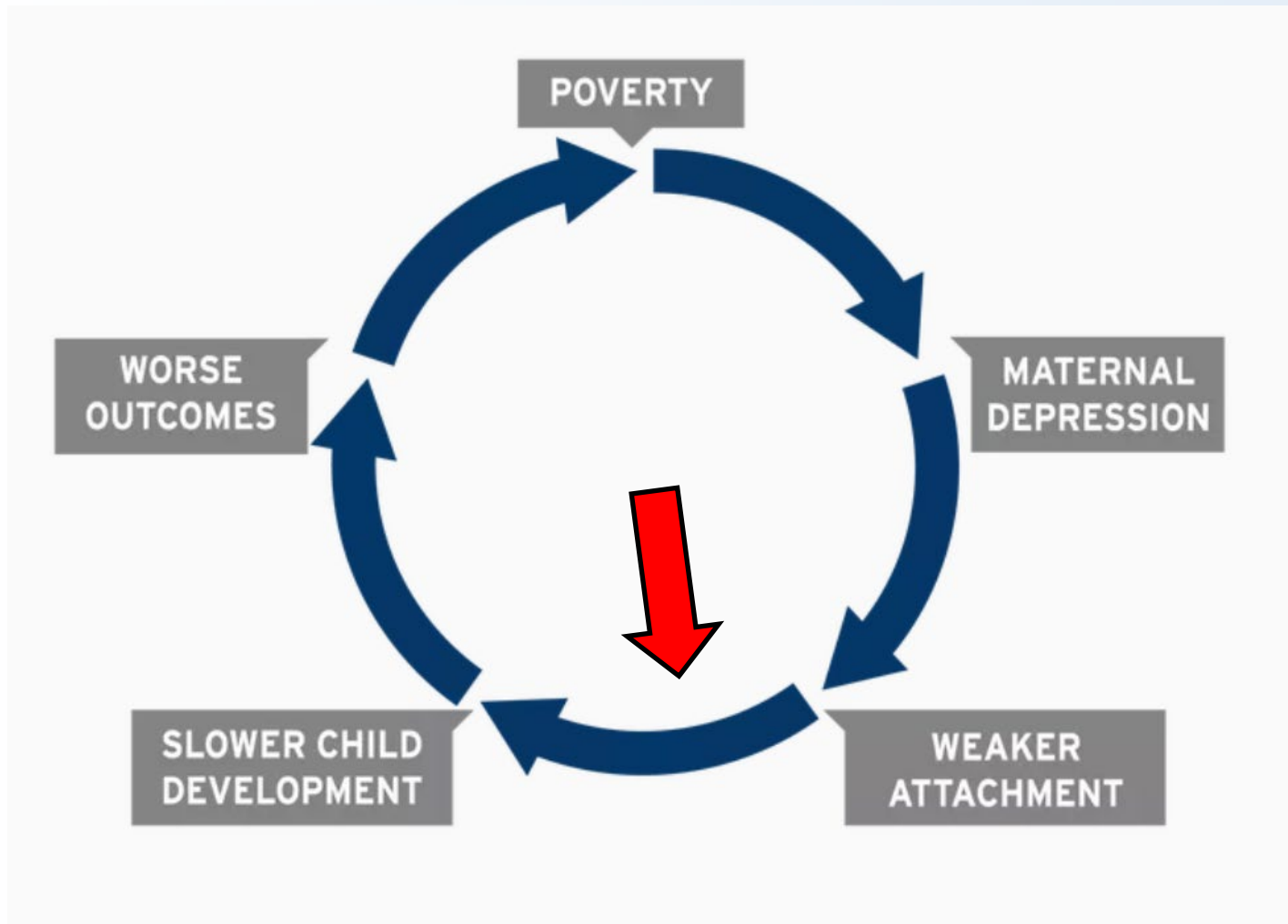
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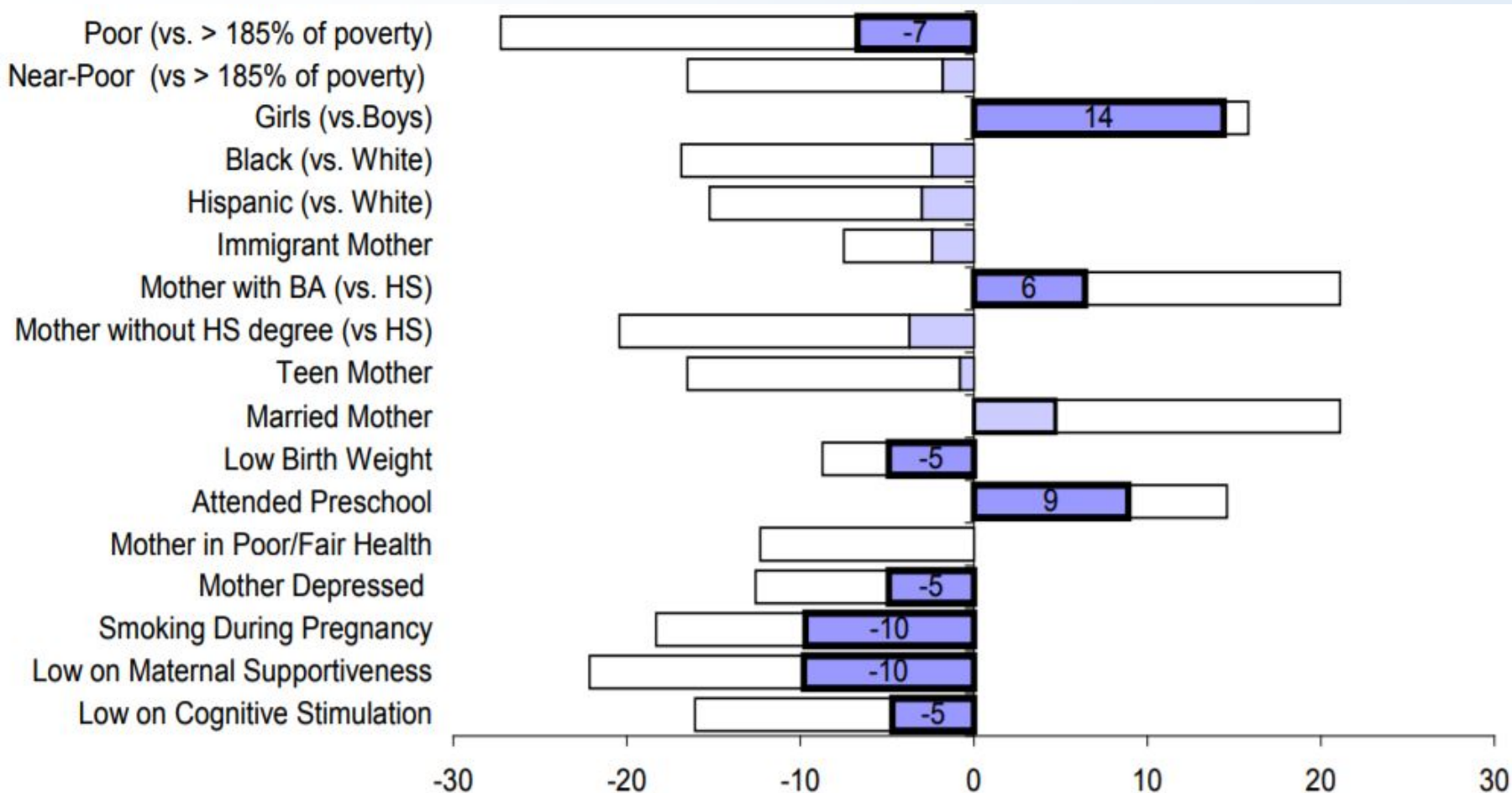
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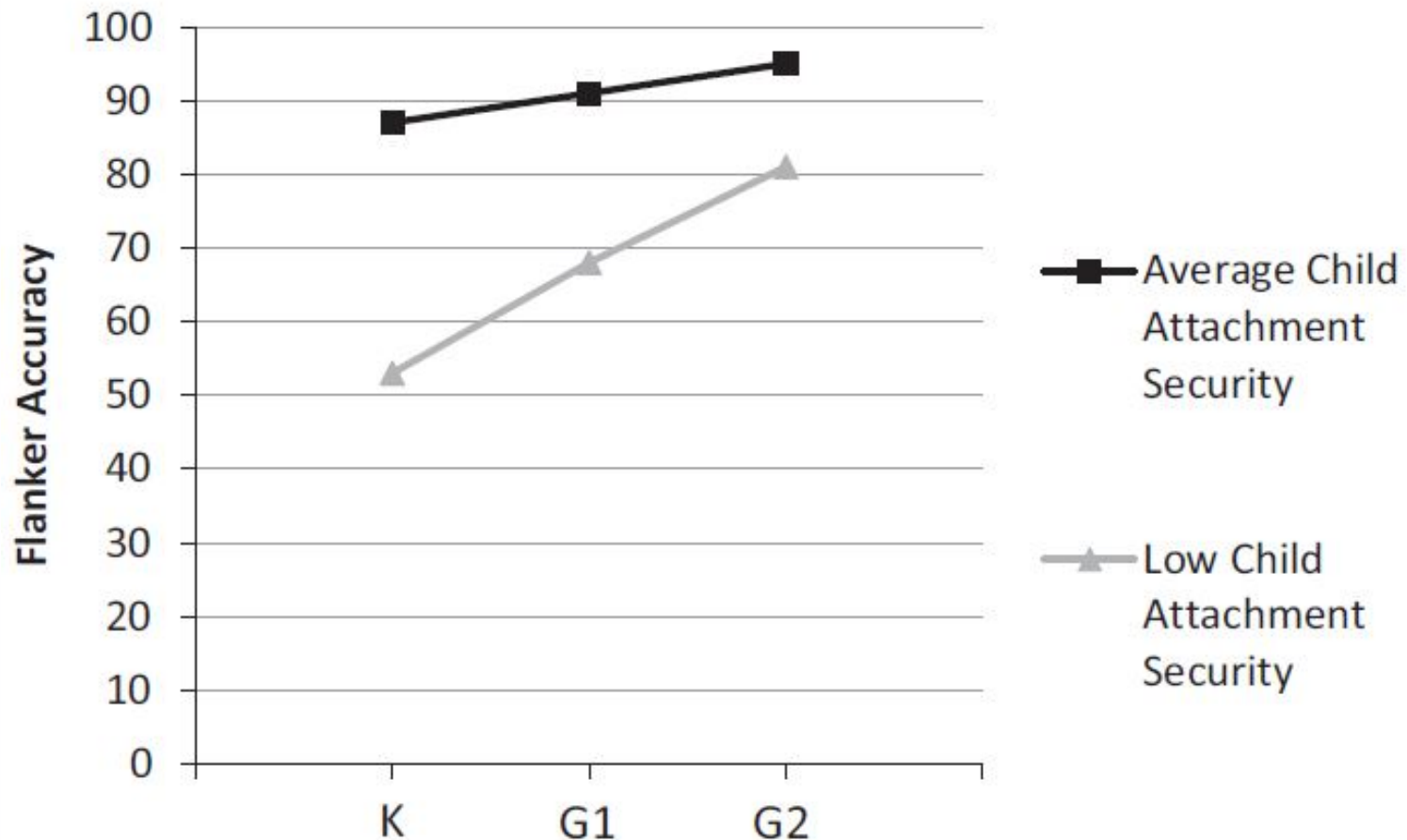
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# Depression & school readiness



# Attachment & Executive Functioning



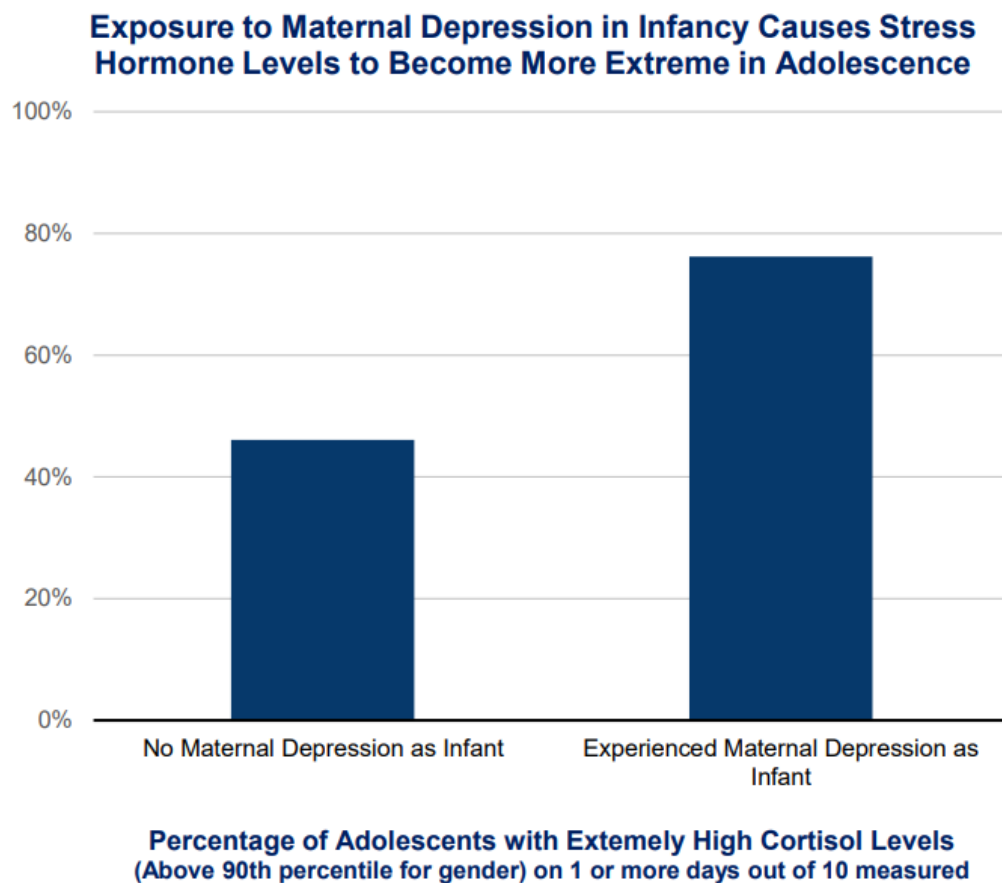
Source: Matte-Gagne, Celia; Bernier, Annie; Sirois, Marie-Soleil; Lalonde, Gabrielle; Hertz, Sarah, *Child Development*, 2018.

“Relation between child attachment security and growth in performance on the Flanker task. Figure illustrates the estimates derived from Tobit growth models for a child having an attachment security score one standard deviation below the mean (low), and within one standard deviation of the mean (average). K = kindergarten; G1 = Grade 1; G2 = Grade 2.”

## Weaker attachment > child development

“The significant relation between attachment and child initial performance on three tasks measuring different EF skills appears to suggest that secure attachment relationships may promote young children’s global executive competence (and/or the skills or structures that subsume all EF skills), rather than have specific effects on particular EFs.” (Matte-Gagne, et al, 2018)

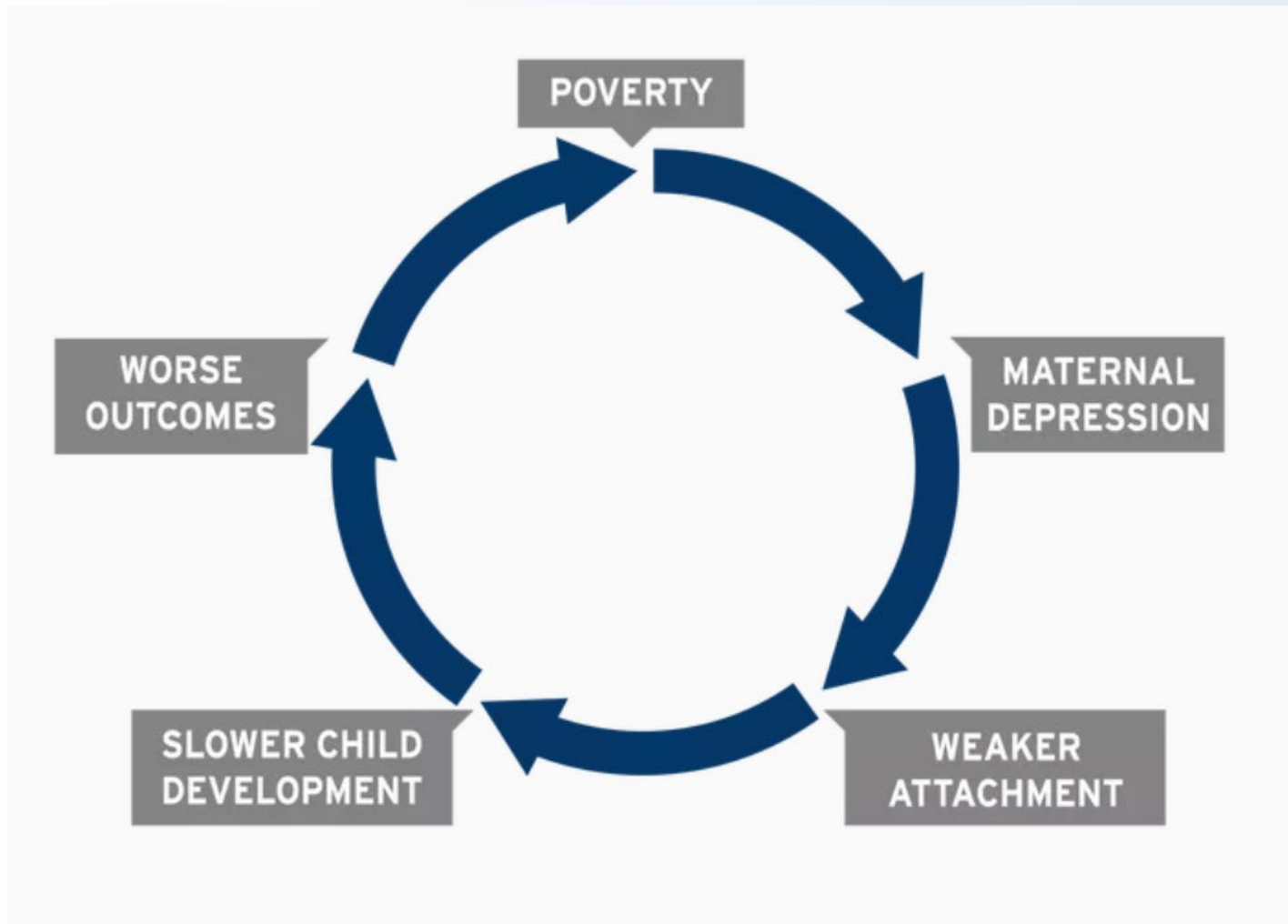
# Depression & adolescent stress



BROOKINGS

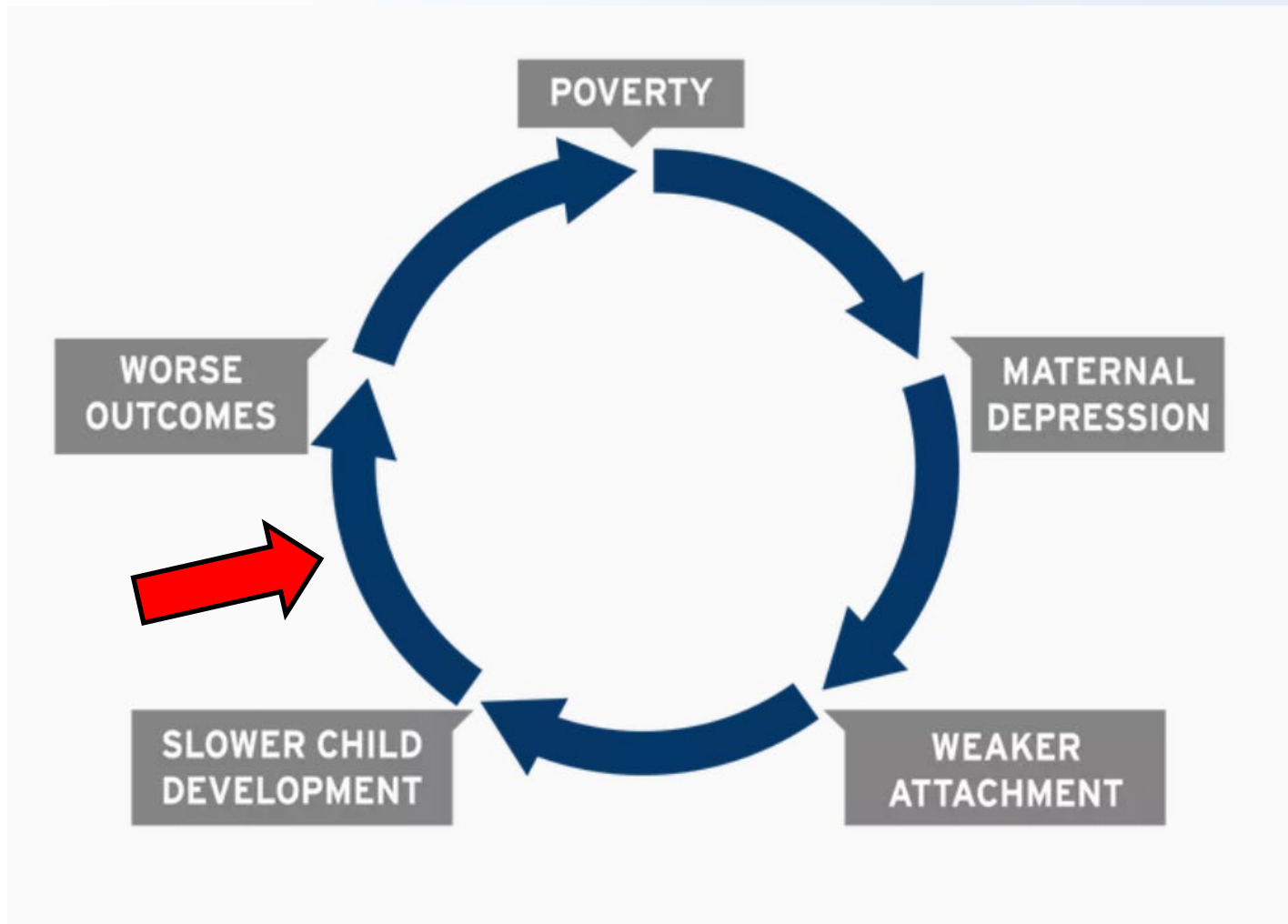
**Figure 5.** Source: Center on the Developing Child at Harvard University (2009), based on Halligan, Herbert, Goodyer, and Murray (2004).

# Everything is connected





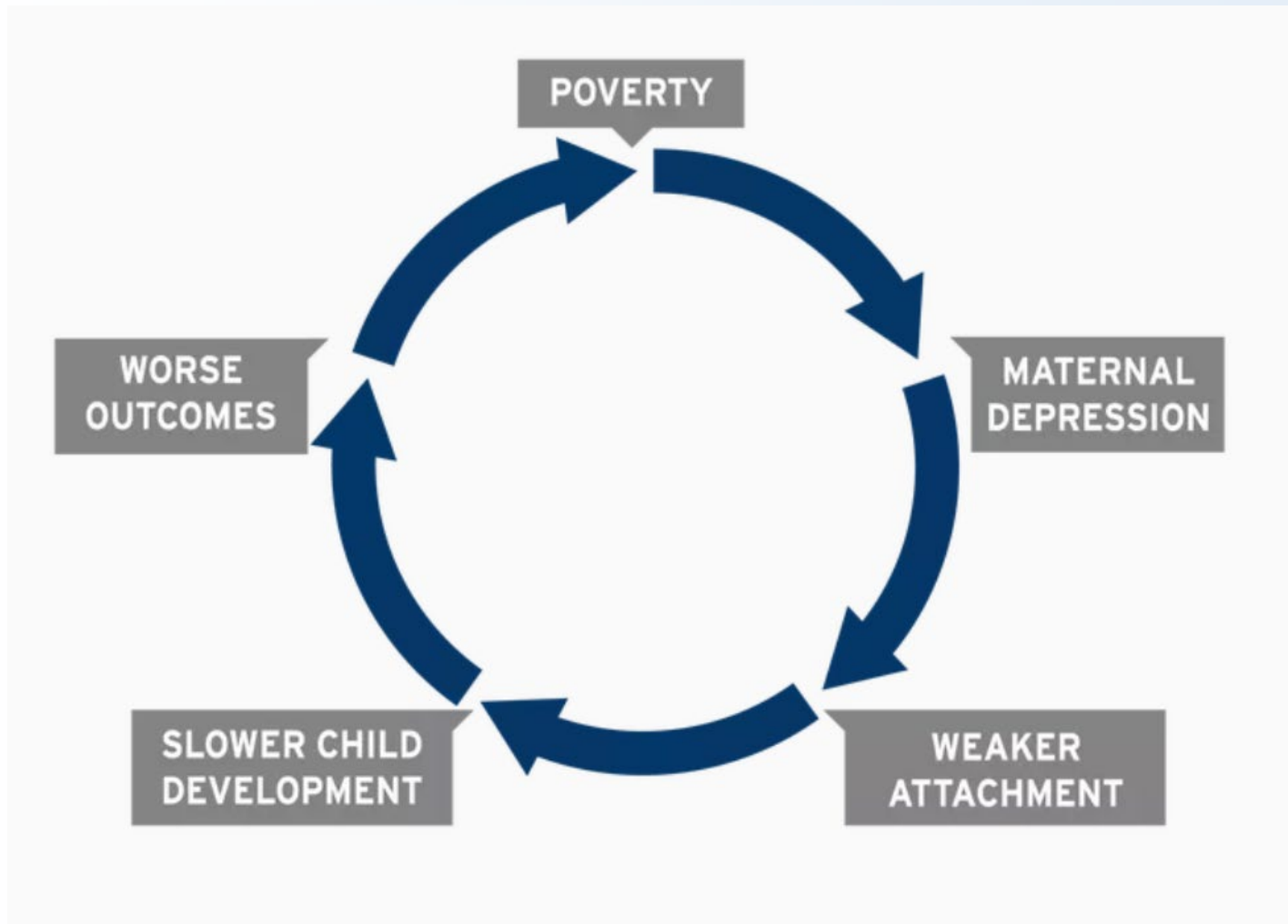
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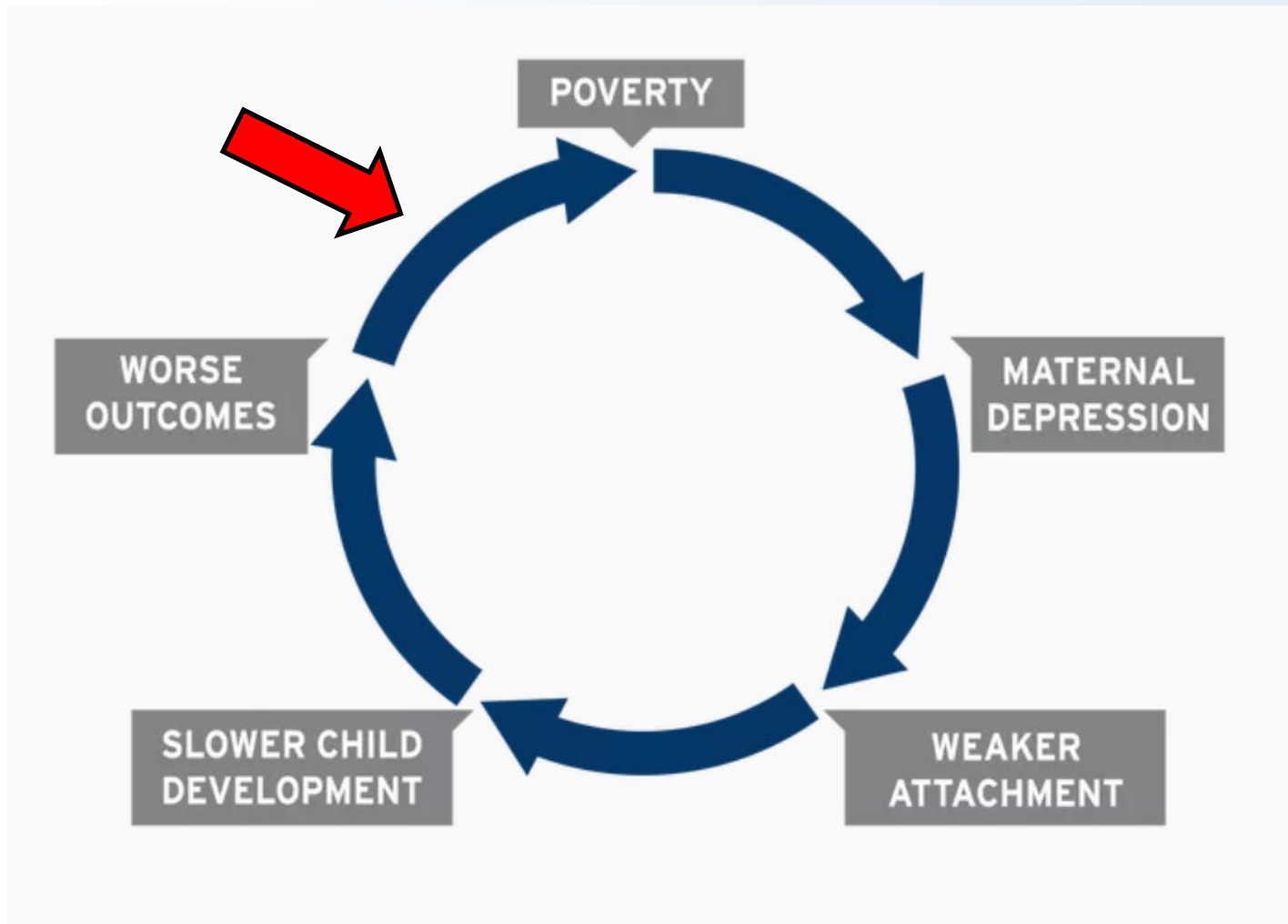
# Early outcomes, later outcomes

- Children with higher levels of school readiness at age five are more likely to succeed in grade school, are less likely to drop out of high school, and earn more as adults, even after adjusting for differences in family background (Duncan et al. 2010)
- Most (55%) of students from the lowest income brackets graduating from a high school with a GPA of 3.5+ complete a BA (Baum & Holzer, 2017). By contrast, just 19% of those with a GPA of between 3.00 and 3.5 complete a four-year degree.
- Measures of cognitive ability in adolescence strongly predict rates of both upward and downward intergenerational income mobility (Mazumder, 2014).

# Everything is connected

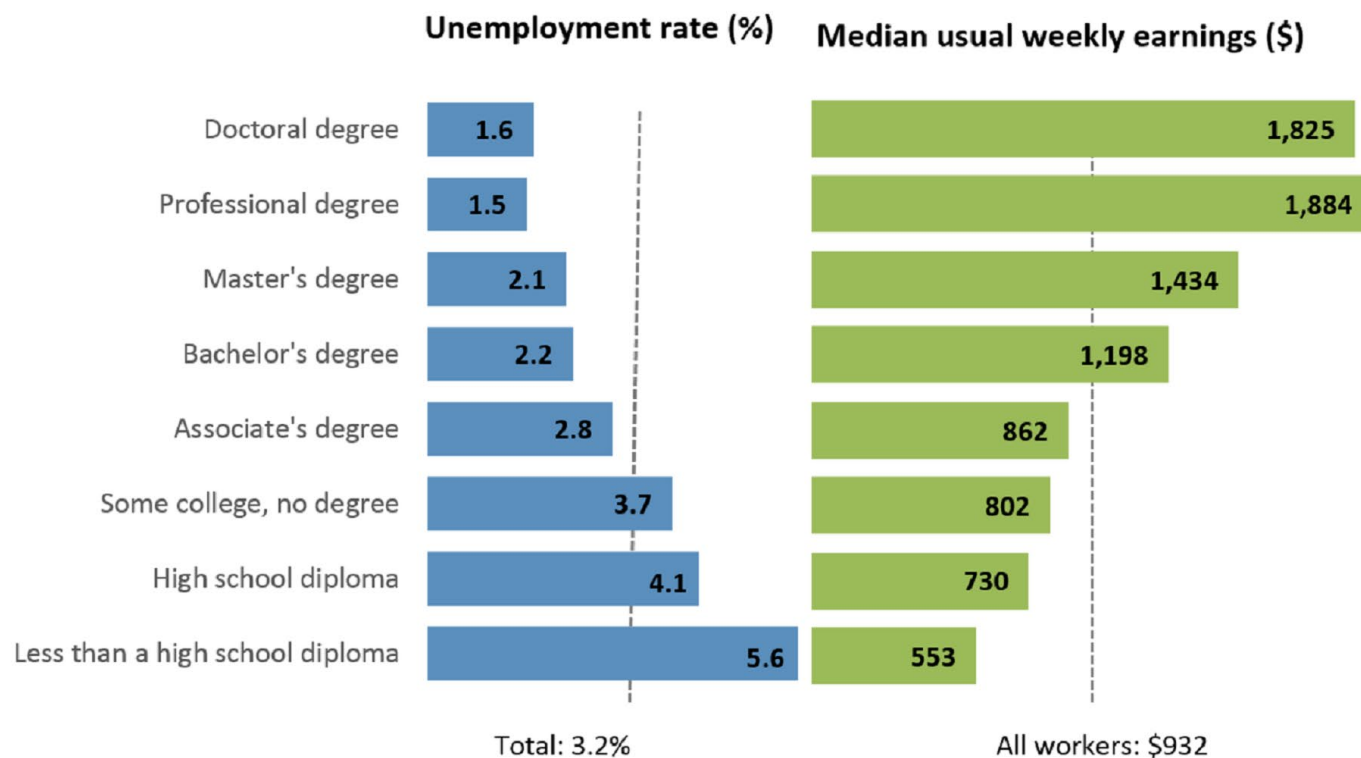


# Everything is connected



# Education and economic outcomes

## Unemployment rates and earnings by educational attainment, 2018



Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.

Source: U.S. Bureau of Labor Statistics, Current Population Survey.

# Solutions: Big Picture

- 1) Reduce poverty
- 2) Reduce impact of poverty on depression
- 3) Reduce impact of depression on early child development
- 4) Reduce impact of early child development on later outcomes

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# Reducing poverty

- Universal monthly child allowance of \$250 per month would reduce poverty by about 6 percentage points, at a net cost of \$93bn
- Expanding CTC could lift 1.5m people out of poverty: cost \$209 billion over ten years.
- The poverty rate could be c. 20 percent lower if all families with children had participated in the programs for which they were eligible
- Participants in registered apprenticeships earn almost \$6,000 more than nonparticipants in the ninth year after enrollment
- A 10% reduction in the price of child care could increase the employment of single mothers by 3 to 4 percent



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# Reduce impact of poverty on depression

- Mandatory universal screening and education for postpartum depression (variation across states)
- Postpartum care from obstetrician-gynecologists for 12 weeks, as suggested by American College of Obstetricians and Gynecologists
- Improving provider training on postpartum depression screening and support resources (Liberto, 2010)

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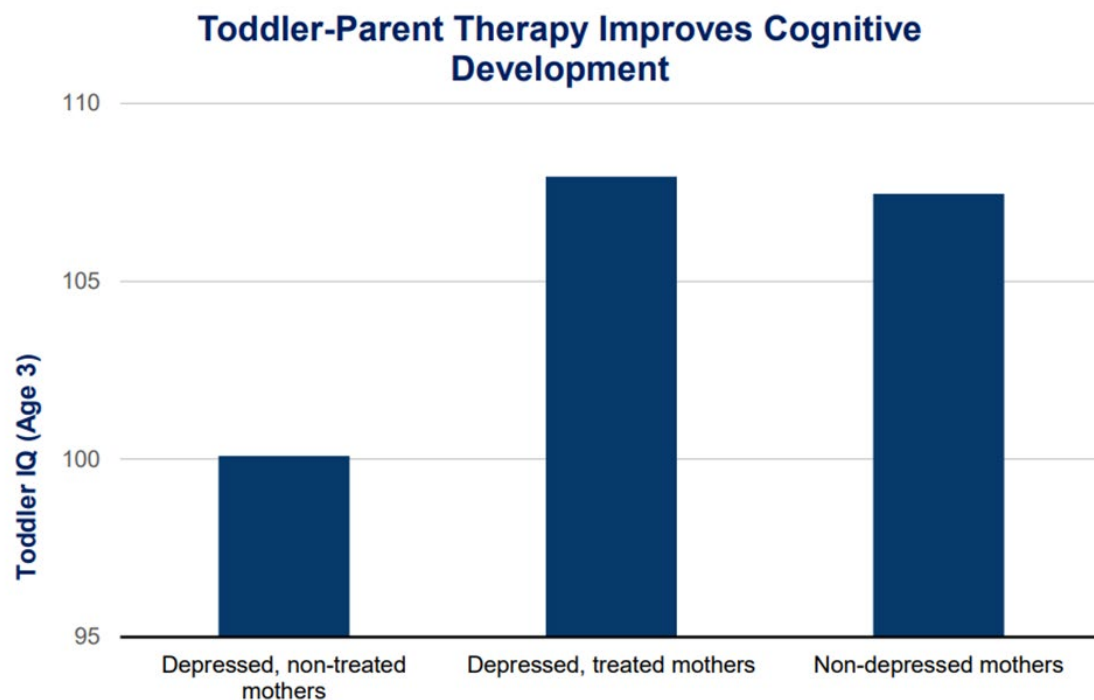
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# Reduce impact of depression on early child development

- **Legacy for Children** (Legacy), a group-based intervention that seeks to improve mothers' sensitive and responsive parenting. Evaluation of behavioral outcomes at 48 month and 60 months showed positive effects.
- **Attachment and Biobehavioral Catch-Up**, designed to help parents be more nurturing toward children at high risk of neglect. Children in recipient families showed more typical cortisol production, according to an RCT study, suggesting that the intervention improved children's biological regulation in response to stress.
- **Toddler-Parent Psychotherapy...**

# Reduce impact of depression on early child development



Mothers with a major depressive disorder were randomly selected to participate in Toddler-Parent Psychotherapy as a preventive intervention for their children, age 20 months at entry to program. Children's scores on Bayley Mental Development index did not differ at age of entry, but significant differences appeared in IQ tests given at age 3.

BROOKINGS

**Figure 6.** Source: Center on the Developing Child at Harvard University (2009), based on Cicchetti, Rogosch, and Toth (2000)

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- 4) **Reduce impact of early child development on later outcomes**

# Reduce impact of early child development on later outcomes

- Tutoring
- Mentoring eg. Becoming a Man (BAM)
- Simplifying college admissions and financing.
- More support in college. Eg. CUNY's Accelerated Study in Associate Programs

# Conclusions

- Maternal depression is an intergenerational economic mobility issue
- Everything is connected
- Break the cycle at each and every stage
- But put mental health esp. maternal depression at the center of mobility debate



**Karina W. Davidson, PhD, MASc**

*Vice-Chairperson*

*U.S. Preventive Services Task Force*

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# PREVENTIVE INTERVENTIONS FOR PERINATAL DEPRESSION

Karina W. Davidson, Ph.D., M.A.Sc.  
Vice-Chairperson, US Preventive Services Task Force

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# Perinatal Depression

- Depression that develops during pregnancy or up to 1 year after childbirth
- Affects as many as **1 in 7 women**, or more than **180,000 mothers annually** in the US
  - One of the most common complications of pregnancy/postpartum period
- Can result in adverse short- and long-term effects on both the mother and child
  - **Why intervene?** Convincing evidence that effective counseling interventions can help prevent perinatal depression before it develops



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# Prevention of Perinatal Depression (2019)

Population	Grade
<b>Pregnant and postpartum persons</b> -provide or refer those at increased risk of perinatal depression to counseling interventions	<b>B</b>

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# Summary of Review Findings

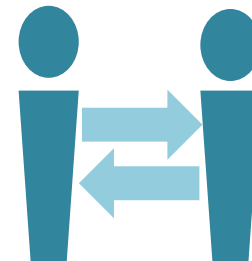
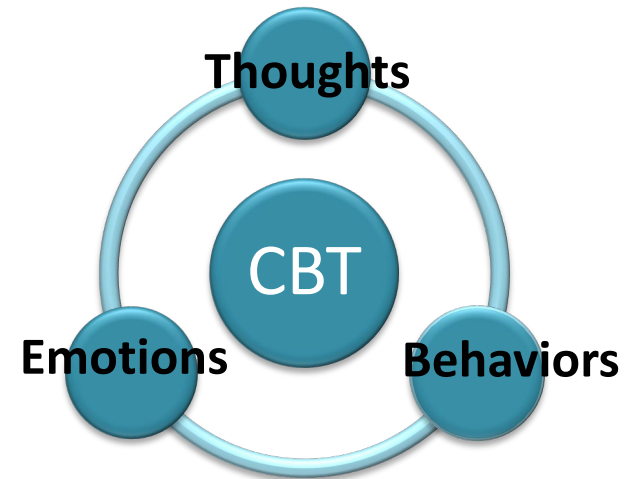
- **Interventions Reviewed by the USPSTF:**
  - Physical activity
  - Infant Sleep Training
  - Patient Education
  - Pharmacotherapy/Dietary supplements
  - Health system interventions/ BH integration
  - **Counselling**



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## 2 Effective Counseling Interventions

- **Cognitive behavioral therapy:**
  - Addresses negative thoughts and increases positive activities & actions
- **Interpersonal therapy:**
  - Focuses on an individual's relationships with other people to improve communication and address problems that contribute to depression



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# Guidance on Implementation

Clinicians should provide counseling interventions to women with 1 or more of the following **risk factors**:

- History of depression
- Current depressive symptoms (that do not reach a diagnostic threshold)
- Certain SES risk factors such as low income or adolescent or single parenthood
- Recent intimate partner violence
- Mental health-related factors such as elevated anxiety symptoms or a history of significant negative life events

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# Guidance on Implementation

Carefully review past medical history and risk factors

Timing of referral?

- No data, however, most were initiated during the second trimester of pregnancy

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## Related USPSTF Recommendations: Screening for Depression

<p>General adult population, including pregnant and postpartum women</p>	<p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p><b>B</b></p>
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## Related USPSTF Recommendations: Intimate Partner Violence & Abuse of Elderly & Vulnerable Adults

Women of Childbearing Age	The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. Go to <a href="#">Clinical Considerations</a> or more information on effective interventions.	<b>B</b>
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**Constance Guille, MD**

*Associate Professor and Director of the  
Women's Reproductive Behavioral Health  
Program*

*The Medical University of South Carolina*

# Screen All Pregnant & Postpartum Women for Mental Health and Substance Use



# ACOG

The American College of  
Obstetricians and Gynecologists

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



U.S. Preventive Services  
TASK FORCE

AMERICAN  
PSYCHIATRIC  
ASSOCIATION



World Health  
Organization

# AMA



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

# NICHQ

National Institute for  
Children's Health Quality

# Screening

## Risks of Untreated Illness

- **Women**

- Poor health habits
- Relationships
- Severity of illness/Suicide

- **Child Development**

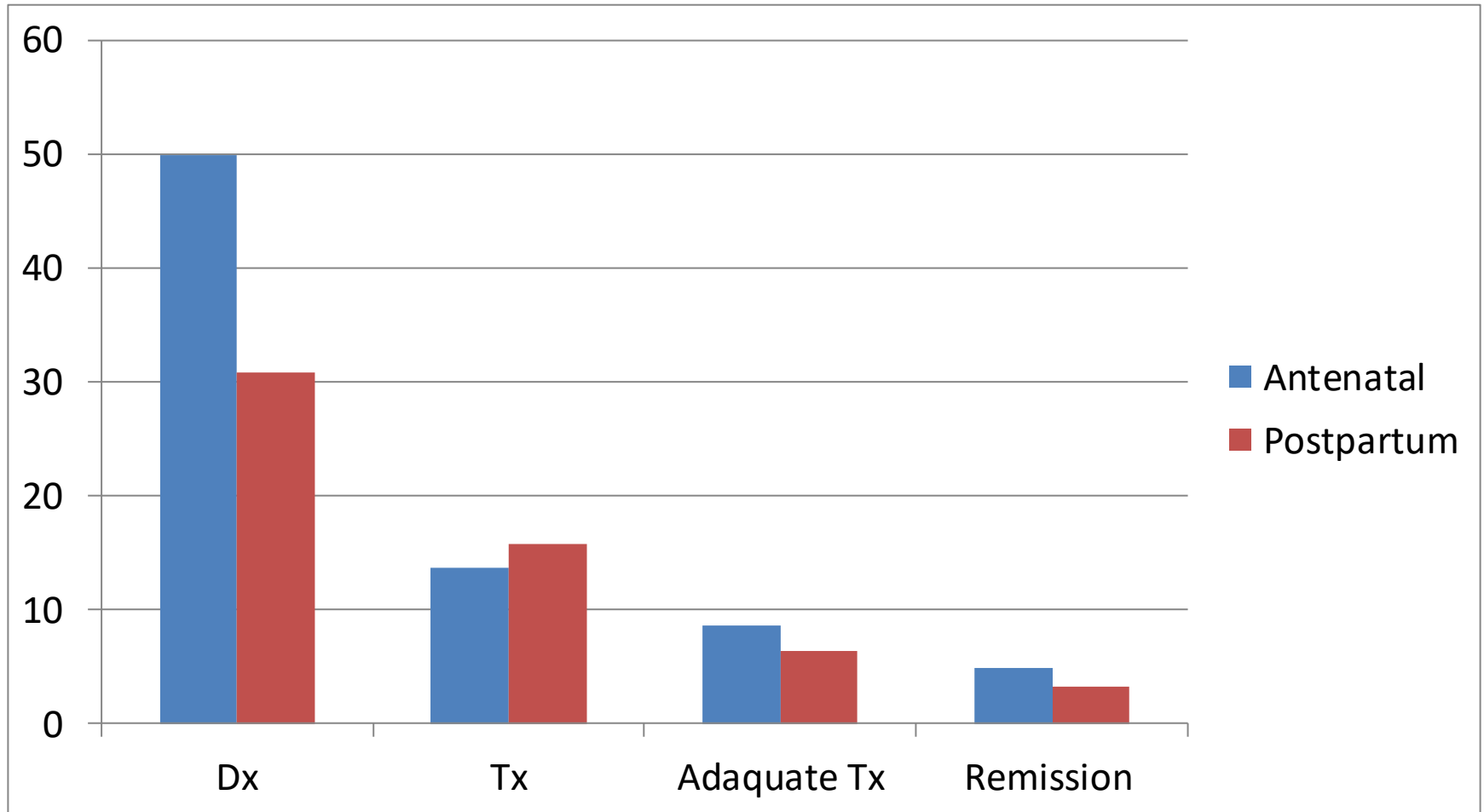
- Less likely to breastfeed
- Child Development:

- Sleep, mother-infant bonding, communication, cognition, fine motor, behavioral, academics, psychiatric

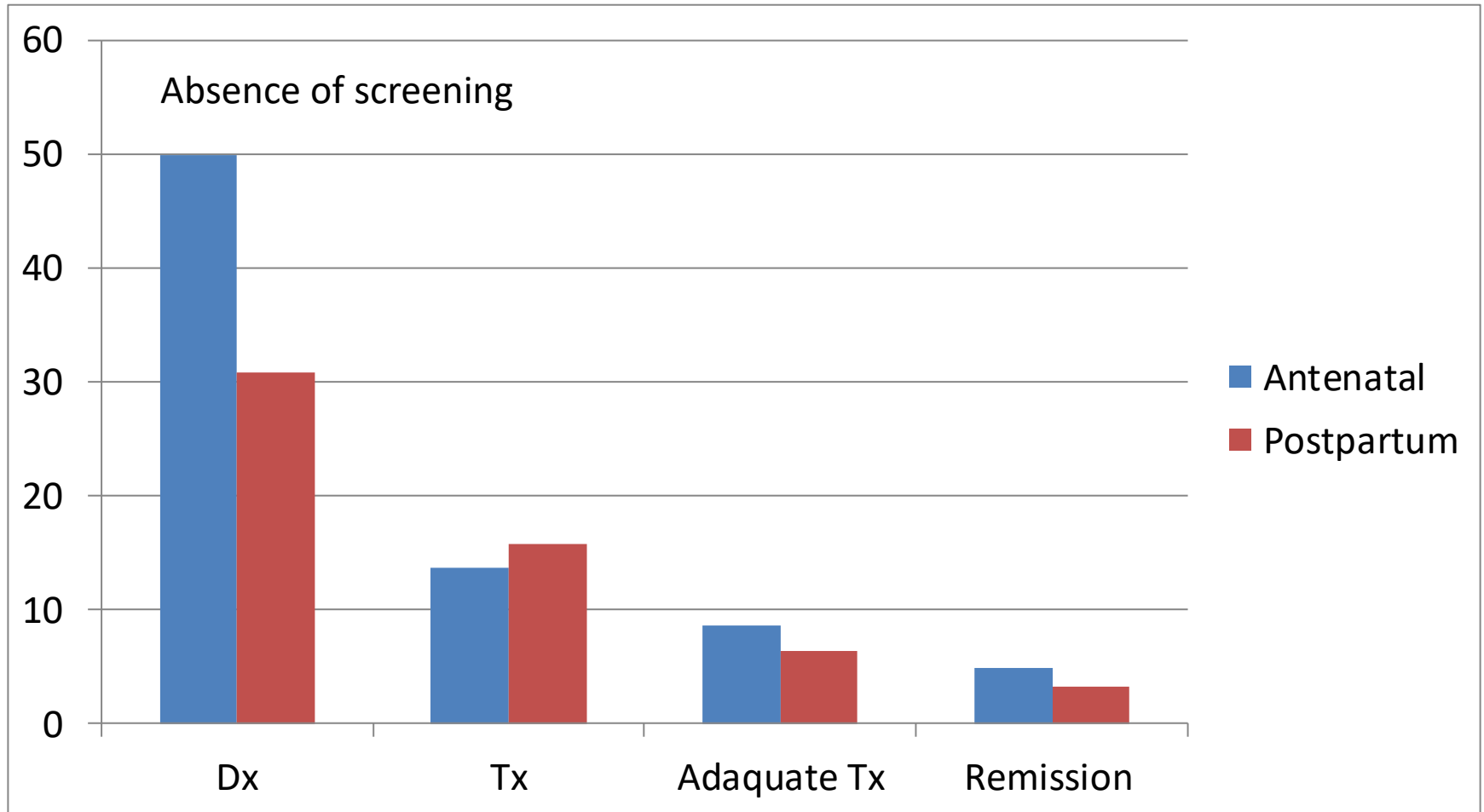




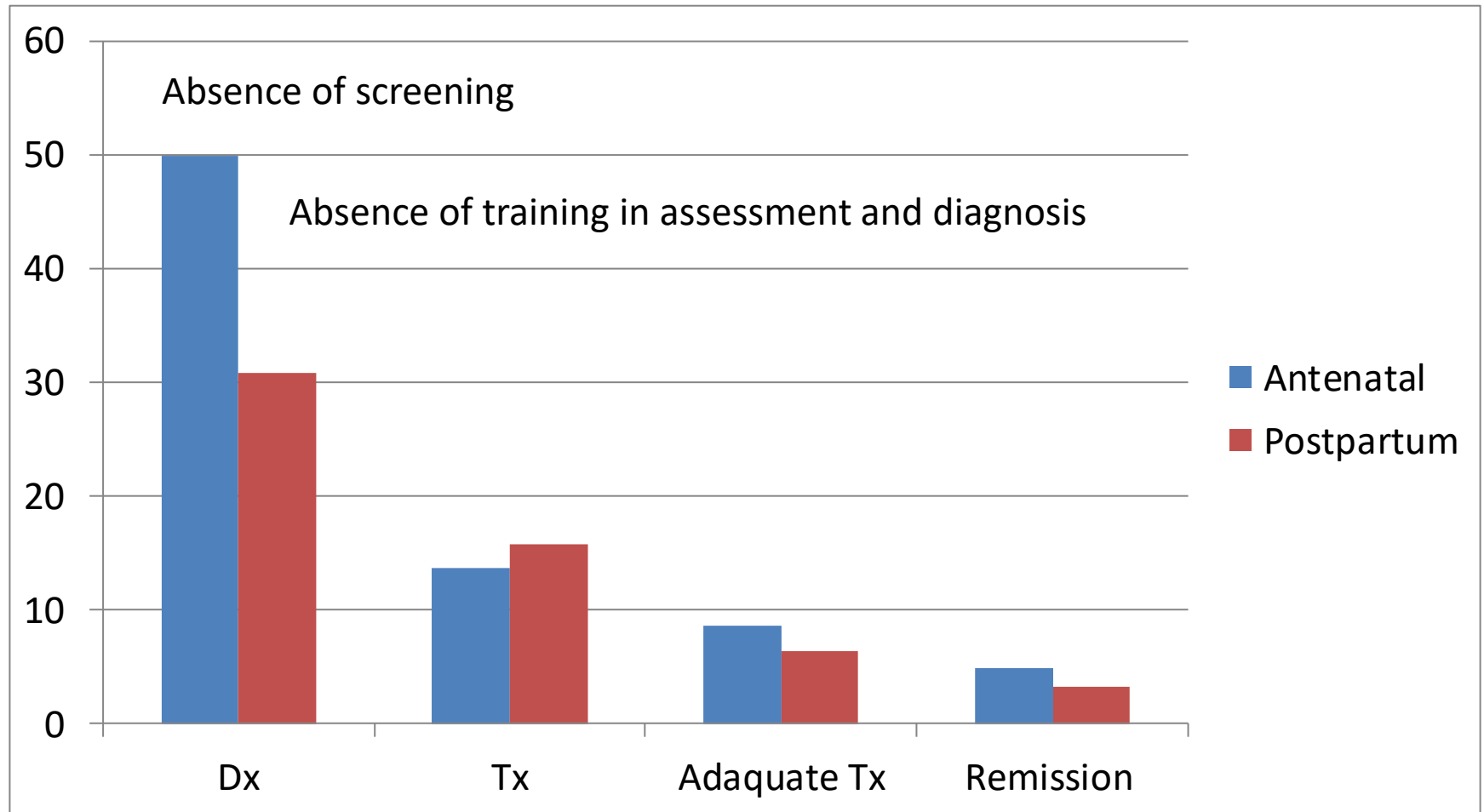
# Peripartum Treatment “Cascade”



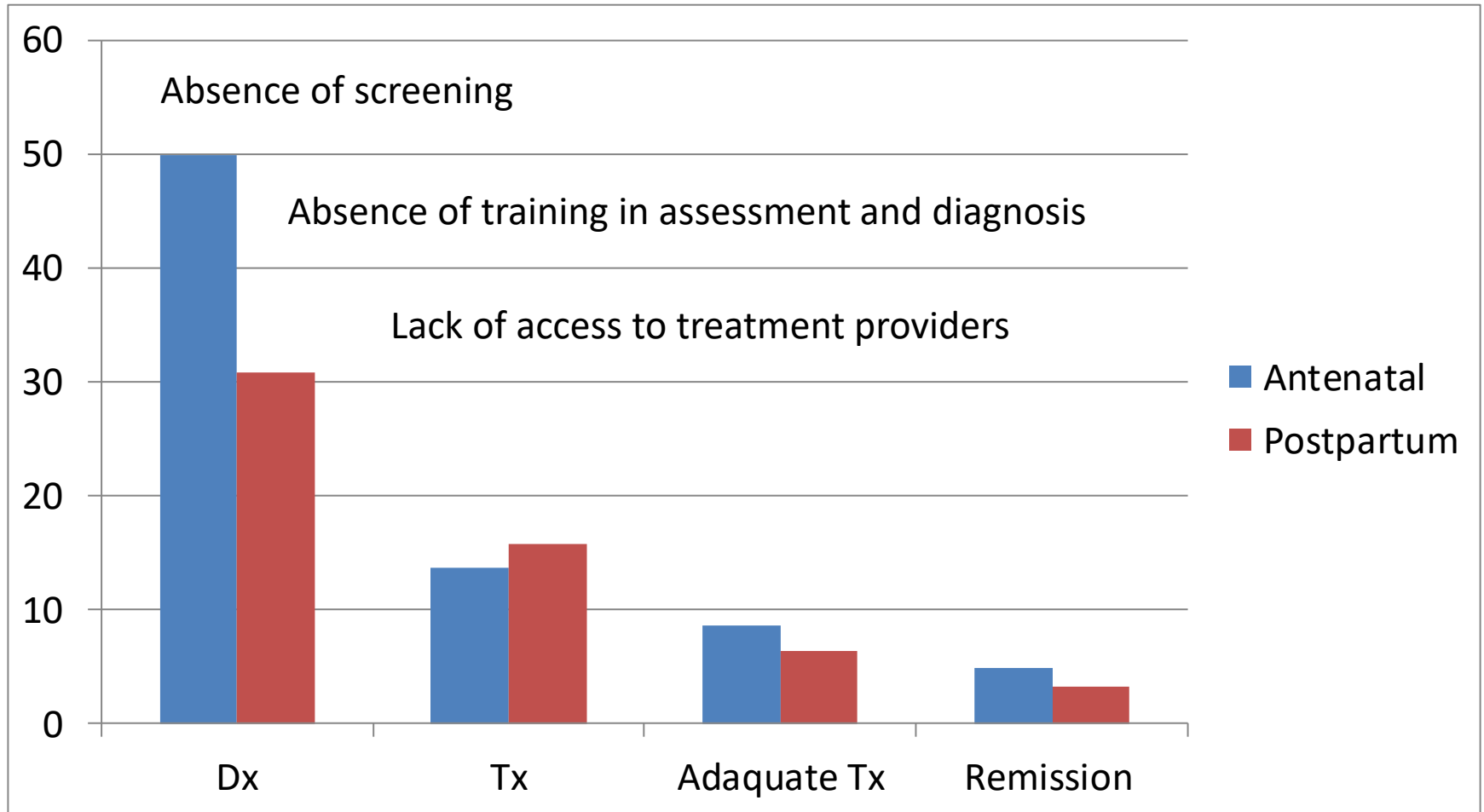
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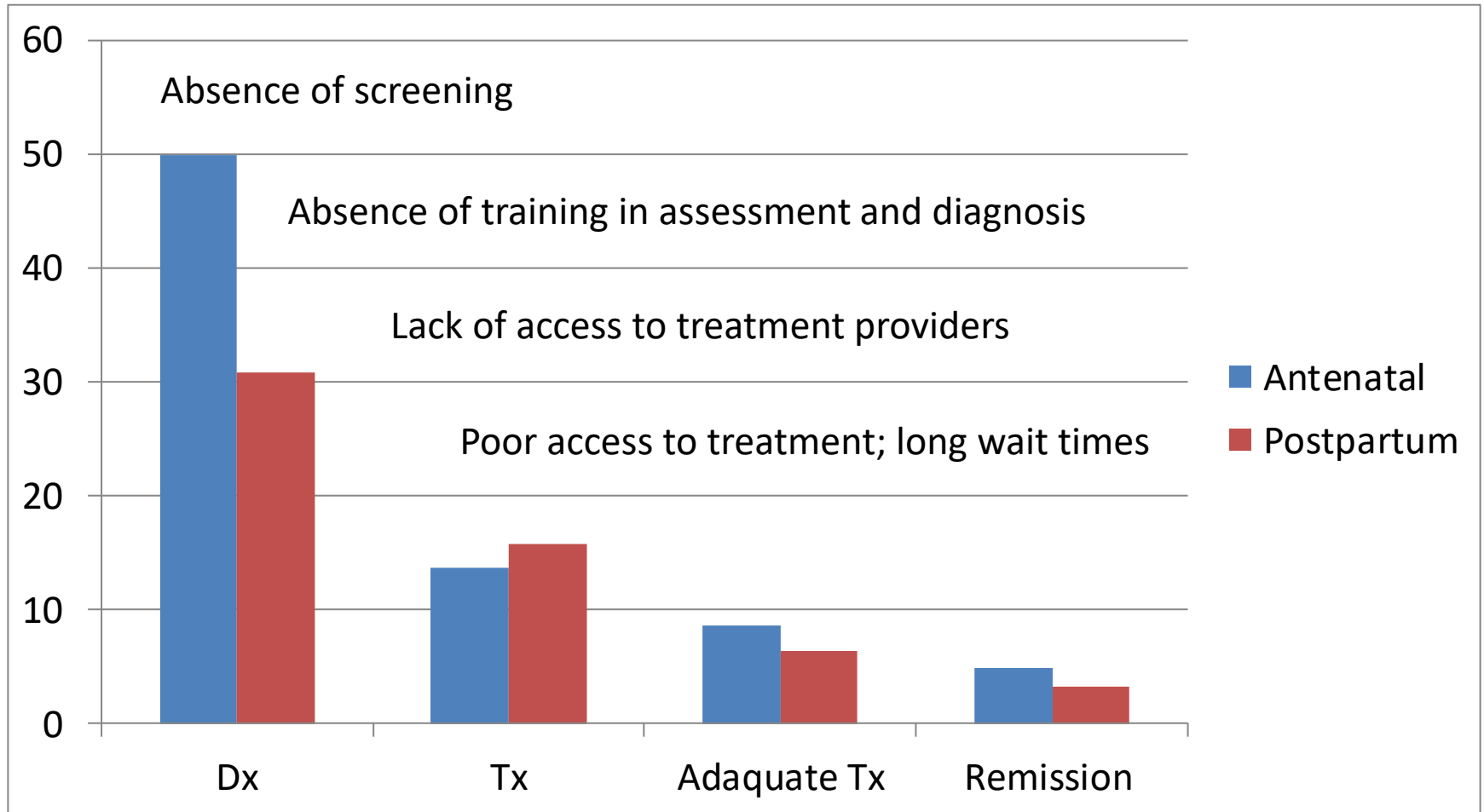
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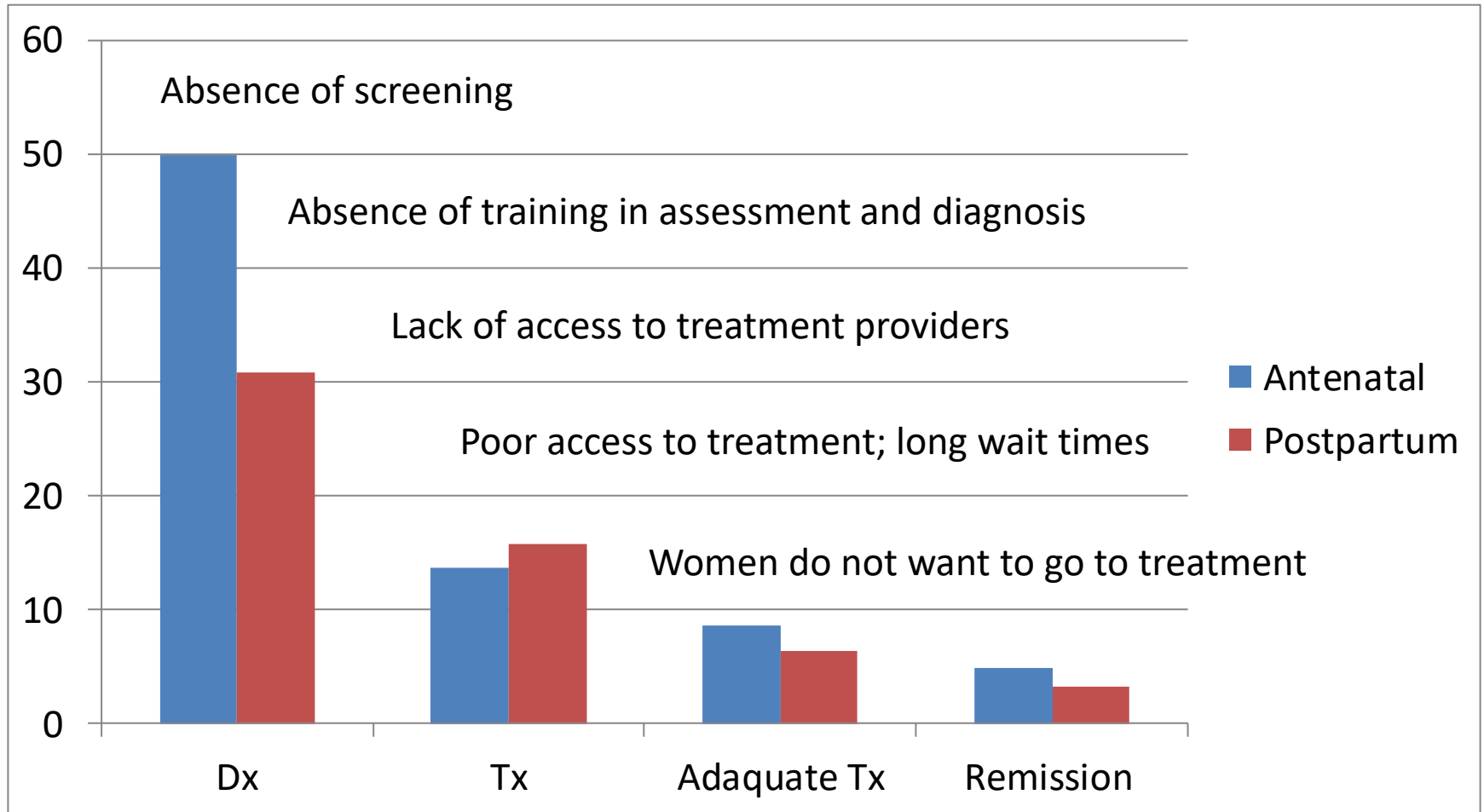
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# Peripartum Treatment “Cascade”



# Peripartum Treatment “Cascade”



# Edinburgh Postnatal Depression Scale

In the past 7 days:

1. I have been able to laugh and see the funny side of things
    - As much as I always could
    - Not quite so much now
    - Definitely not so much now
    - Not at all
  2. I have looked forward with enjoyment to things
    - As much as I ever did
    - Rather less than I used to
    - Definitely less than I used to
    - Hardly at all
  - \*3. I have blamed myself unnecessarily when things went wrong
    - Yes, most of the time
    - Yes, some of the time
    - Not very often
    - No, never
  4. I have been anxious or worried for no good reason
    - No, not at all
    - Hardly ever
    - Yes, sometimes
    - Yes, very often
  - \*5. I have felt scared or panicky for no very good reason
    - Yes, quite a lot
    - Yes, sometimes
    - No, not much
    - No, not at all
  - \*6. Things have been getting on top of me
    - Yes, most of the time I haven't been able to cope at all
    - Yes, sometimes I haven't been coping as well as usual
    - No, most of the time I have coped quite well
    - No, I have been coping as well as ever
  - \*7. I have been so unhappy that I have had difficulty sleeping
    - Yes, most of the time
    - Yes, sometimes
    - Not very often
    - No, not at all
  - \*8. I have felt sad or miserable
    - Yes, most of the time
    - Yes, quite often
    - Not very often
    - No, not at all
  - \*9. I have been so unhappy that I have been crying
    - Yes, most of the time
    - Yes, quite often
    - Only occasionally
    - No, never
  - \*10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never
-

# Edinburgh Postnatal Depression Scale

- Review Item 10
- Total Score w/ Reverse Scoring
- High Probability of Peripartum Depression Diagnosis
  - EDPS score of  $\geq 13$ 
    - Sensitivity: 0.80
    - Specificity: 0.90
  - If borderline, repeat in 2 weeks
  - EDPS score of  $\geq 10$ 
    - 20% will have suicidal ideation



# Patient Health Questionnaire (PHQ-9)

For each statement, please mark the response which best represents how often have you been bothered by any of the following problems over the **PAST 2 WEEKS**?

	Not at all	Less than half the days	More than half the days	Nearly everyday
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down depressed or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling badly about yourself- or that you are a failure or that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slow that others could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or hurting yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you have experienced any of these problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## GENERAL HEALTH

For each statement, please mark the response which best represents how often have you been bothered by any of the following problems over the **PAST 2 WEEKS**?

	Not at all	Less than half the days	More than half the days	Nearly everyday
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down depressed or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling badly about yourself- or that you are a failure or that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slow that others could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or hurting yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you have experienced any of these problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Patient Health Questionnaire (PHQ-9)

- High probability DSM-5 Depression Diagnosis:
  - Add up all items
    - Cut off score:  $\text{PHQ} \geq 10$   
88% sensitivity and 88% specificity
- Severity of Symptoms:
  - Add up all items (including outside shaded area)
    - 5-9 = Mild Depression
    - 10-14 = Moderate Depression
    - 15-19 = Moderate Severe Depression
    - 20 + = Severe Depression

(Kroenke et al., 2001)

# Peripartum Depression

- **Completed Screen**
  - **EDPS: review item 10; Score 10/13 +**
  - **PHQ-9: review item 9; Score 10 +**



# Referral to Treatment & Motivation

## Risks of Untreated Illness

- **Women**

- Poor health habits
- Relationships
- Severity of illness/Suicide

- **Child Development**

- Less likely to breastfeed
- Child Development:

- Sleep, mother-infant bonding, communication, cognition, fine motor, behavioral, academics, psychiatric



# Referral to Treatment

- **Build Referral List**

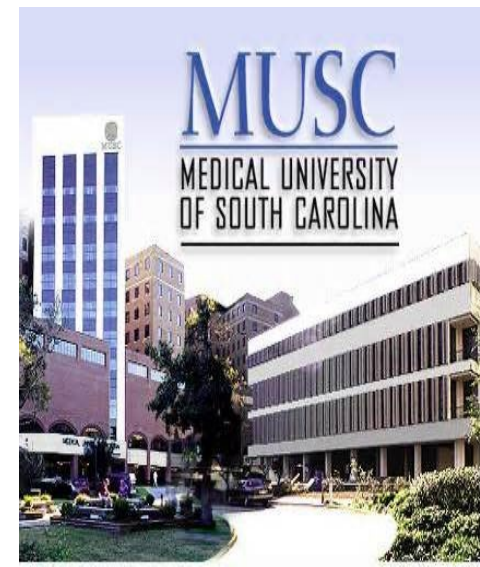
- Local Mental Health Providers
- Postpartum Support International (PSI)
- County Dept. of Mental Health
- Psychology Today ([psychologytoday.com](http://psychologytoday.com))

- **Integrated Treatment Model**

- Mental health provider in obstetric & pediatric practice
  - MSW, LISW
  - APP
  - Psychiatrist

# Women's Reproductive Behavioral Health Program

- Provides mental health services to pregnant and postpartum women [2 years after birth]
  - Services located in:
    - Obstetric Practices
      - Women's Health Services at MUSC
      - Telemedicine
    - Pediatric Practices
      - Telemedicine



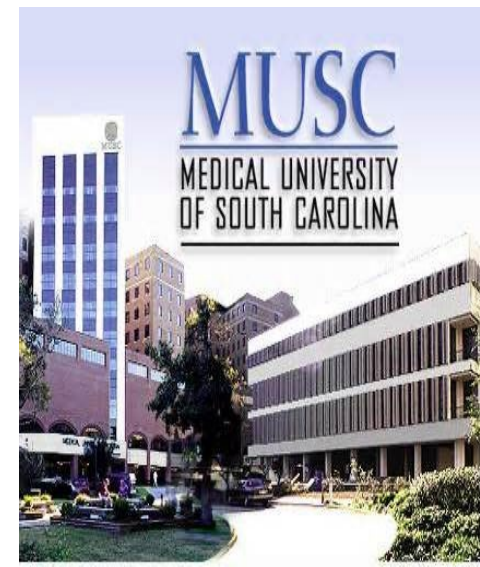
# Women's Reproductive Behavioral Health Program

- MUSC Women's Services-135 Cannon St.

## No Appointment Necessary

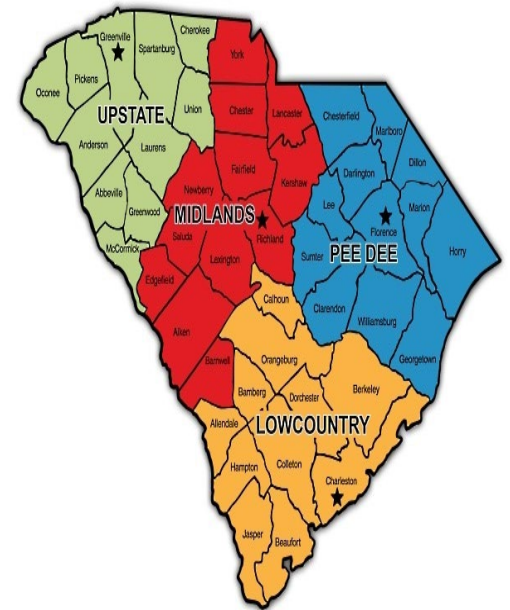
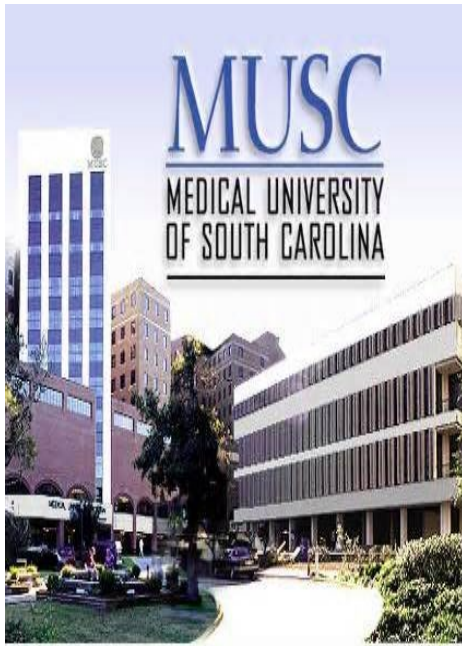
Walk In Clinic for New Patients

- Mon. & Wed. Mornings: 8:00am-10:30am
- Mon-Thurs: Staffed: Psychiatrists
  - Supervised Psychiatry Residents & Fellow
- Comprehensive Psychiatric Evaluation
- Follow-Up Care
  - Therapy
  - Medication Management





# Women's Reproductive Behavioral TeleHealth Program



# MCPAP for Moms

- **Massachusetts Child Psychiatry Access Project (MCPAP) for Moms**
  - Network of Obstetric, Pediatric, Family Medicine practices
  - Provider to Perinatal Psychiatry Provider
    - Consultation
    - Continuum of care
      - » Specialty
      - » Community Providers
      - » Community Resources

# US State Legislation

- **States requiring screening**
  - New Jersey (2006)
  - Illinois (2008)
  - West Virginia (2009)
- **States requiring education**
  - Texas (2005)
  - Virginia (2003)
  - Minnesota (2015)
  - Oregon (2011)
- **States with awareness campaigns**
  - Washington, California, Michigan, & Oregon
- **States with perinatal depression tasks forces**
  - Maine, Maryland, Massachusetts, and Oregon

# **Federal 21<sup>st</sup> Century Cures Act**

- **Bringing Postpartum Depression Out of the Shadows Act of 2015**
  - Authorized DHHS to provide funding to states to improve efforts to screen women for ppd and treat at the local level
  - First federal program that provides funding for screening and treatment of ppd

A large, stylized white question mark is centered on a solid blue background. The question mark is drawn with thick, expressive brushstrokes, giving it a hand-drawn, artistic appearance. The top curve of the question mark is particularly prominent, with multiple overlapping strokes. The stem of the question mark is also composed of several parallel brushstrokes that taper slightly towards the bottom.

Questions?