Postpartum Depression Screening: MCPAP for Moms

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Objectives

Learn Importance and Prevalence of Perinatal Depression.

Know the role of Pediatric and Obstetric PCPs in detection, referral, and treatment.

Learn how MCPAP for Moms can help.

Learn about issues about lactation and PPD treatment.
1 in 7 women suffer from perinatal depression

Perinatal depression is twice as common as gestational diabetes

Depression
10-15 in 100

Diabetes
3- 7 in 100

Two-thirds of perinatal depression begins before birth

Pregnancy: 33%
Before pregnancy: 27%
Postpartum: 40%

Wisner et al. JAMA Psychiatry 2013
1 in 3 fathers in families struggling with maternal depression experience postpartum depression.

Depression in fathers may present differently than in mothers.
- Substance use, change in work or social functioning

Adoptive parents have similar rates of PPD as birth parents.

Ramchandani et al. The Lancet. 2005
Perinatal depression effects mom, child & family

Poor health care
Substance abuse
Preeclampsia
Maternal suicide

Low birth weight
Preterm delivery
Cognitive delays
Behavioral problems

Providing supportive relationships and safe environments can improve outcomes for all children, but especially those who are most vulnerable. Between 75 and 130 of every 1,000 U.S. children under age 5 live in homes where at least one of three common precipitants of toxic stress could negatively affect their development.
Treating maternal depression is associated with improved depression and other disorders in her child

STAR*D-Child: 151 mother-child pairs in 8 primary care and 11 psychiatric outpatient clinics across 7 regional centers in the US

“Continued efforts to treat maternal depression until remission is achieved are associated with decreased psychiatric symptoms and improved functioning in the offspring.”

Treating Mother-Child Dyad shows promise of even better child outcomes.

Perinatal depression is under-diagnosed and under-treated

Optimizing parental mental health could break the transgenerational impact of maternal depression

Adapted from slide created by Allain Gregoire, DRCOG, MRCPsych
The postpartum period is ideal for the detection and treatment of depression.

Well-child visits are regular opportunities to screen and engage women in treatment.

Front line pediatric providers have a pivotal role.
Pediatricians have a unique opportunity to identify maternal depression

“... to help prevent untoward development and mental health outcomes.”

*Bright Futures and the AAP Mental Health Task Force recommend integrating depression screening into well-child visits*

In 2010, Massachusetts passed a Postpartum Depression Act

PPD Commission

PPD Screening Regulation
(If obstetric provider screens, must report using CPT S3005. Voluntary for pediatric providers.)

MCPAP for Moms Funding
Massachusetts Child Psychiatry Access Project

MCPAP for Moms
Providers can call MCPAP for Moms for patient consultations.
MCPAP for Moms: A Primer for Pediatric Providers

Download from MCPAP.org

Be sure that you are using:
Version 2, October 1, 2015
We recommend parental depression screening during pediatric visits

Within first month 2 month visit 4 month visit 6 month visit

SWYC/MA (Massachusetts Survey of Wellbeing of Young Children) OR EPDS or PHQ-9

Download SWYC/MA at www.MCPAP.org
Edinburgh Postnatal Depression Scale (EPDS)  
(Section of SWYC/MA)

Validated in pregnancy and postpartum

Sensitivity (86%)
Specificity (78%)
Cross Cultural Validility
Available in Multiple Languages

10 items
Asks about self-harm
Instructions in Toolkit at www.MCPAP.org (provider/screening tab)
Case of Ms. Z
Questions?
EPDS scores range 0 - 30

- < 10: Depression unlikely
- ≥10: Possible depression
- ≥ 13: Probable depression

Duration and number of depressive episodes is the #1 risk factor for relapse during pregnancy.

Other risk factors for perinatal depression:

- Personal history of postpartum depression
- Family history of postpartum depression
- History of mood changes related to hormonal changes (e.g., hormonal contraception, PMS/PMDD)
Baby Blues

≤ 2 wk

Mood lability

High emotionality

Depression

≥2 wks

Guilt, feeling worthless

Suicidal thoughts

Impacts functioning
Bipolar disorder increases risk of postpartum psychosis

1-2/1000 women

>70% bipolar disorder

24 hrs - 3 weeks postpartum

Mood symptoms, psychotic symptoms & disorientation

R/o medical causes of delirium

Psychiatric emergency

4% risk of infanticide with postpartum psychosis
EPDS or PHQ-9 ≥10

Score suggests depression.

Perform a brief assessment of risk.

Practices with co-located behavior health clinicians may want their clinician to do this task.

Refer parent to previous mental health provider if there is one.
Score does not suggest depression.

- Clinical support staff educates parent about the importance of emotional wellness and provides information about community resources.
If there is a positive score on the self-harm/suicide question...

Refer to parent’s local emergency service. For MassHealth members, contact local Emergency Services Program at 1-877-821-1609.

As best as possible, mom and baby should have someone else in room at all times.
EPDS or PHQ-9 ≥10 but < 13
or
Parent seems able to manage on their own

- Provide names of mental health providers in area who treat PPD. Call MCPAP for Moms (866-666-6272) for list of providers. Best to know insurance when calling.
- Refer and with consent notify parent’s PCP/OB for monitoring and follow-up. PCP can call MCPAP For Moms with questions. “Close the loop.”
Parent does meet any of above criteria
or
You are concerned about safety

Call MCPAP for Moms (866-666-6272) for consultation and care coordination.
Engage Natural Supports

- You will most likely only have one parent in the office when a screen is positive.
- If parent alone or feeling alone, higher risk of suicide.
- Seek parent’s permission to notify natural support.
- Screen for domestic violence.
Provider should document the clinical plan based on the screening results

Document the clinical plan based on the screening results

– Not required to include the screen as a part of the medical record

If there are clinical questions, including questions about medications that are safe during lactation, call MCPAP for Moms
Can refer moms to www.mcpapformoms.org
Questions?
No choice is completely free of risk

Need to balance and discuss the risks and benefits of medication treatment and risks of untreated depression or other mental illness. You can always call MCPAP for Moms.
Breastfeeding generally should not preclude treatment with antidepressants
SSRIs and some other antidepressants are considered a reasonable option during breastfeeding

Sertraline, paroxetine, & fluvoxamine have lowest passage into breast milk
Antipsychotic use should not preclude the possibility of breastfeeding

Quetiapine, olanzapine, risperidone < Typicals

*Use what has worked in the past, considering reproductive data.*
Breastfeeding

Safer

Antidepressants
Antipsychotics

Higher Risk

Carbamazepine
Valproic Acid
Lamotrigine
Lithium
Infant monitoring is needed during lactation for certain medications

<table>
<thead>
<tr>
<th>Drug</th>
<th>Infant Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine</td>
<td>CBZ level, CBC, liver enzymes</td>
</tr>
<tr>
<td>Valproic acid</td>
<td>VPA level (free and total), liver enzymes, platelets</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>Rash, liver enzymes, lamictal level</td>
</tr>
<tr>
<td>Lithium</td>
<td>BUN, CRE, TSH, CBC</td>
</tr>
<tr>
<td>Typical antipsychotics</td>
<td>Stiffness, CPK</td>
</tr>
<tr>
<td>Atypical antipsychotics</td>
<td>Weight, blood sugar</td>
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</tbody>
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If in doubt, call MCPAP for Moms!
You may have teen mom and want to treat

See additional slides in packet – call MCPAP for Moms.
Case of Ms. Y who is in office with sibling. She says that she is pregnant and neighbor told her that she should stop psychotropic medication because she was pregnant. She asks what she should do?
In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address perinatal depression.
Questions?

Is anyone doing PPD screening now?

If not, do you see any problems to start PPD screening in your office?
For questions, please contact us

www.mcpapformoms.org

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Thank you!
Addendum
Education about various treatment and support options is imperative.
MCPAP for Mom supporting linkages with support groups and community resources

Support the wellness and mental health of perinatal women
Risk of harm to baby

Depression/anxiety/OCD

- Good insight
- Thoughts are intrusive and scary
- No psychotic symptoms
- Thoughts cause anxiety

Low risk

Postpartum Psychosis

- Poor insight
- Psychotic symptoms
- Delusional beliefs or distorted reality present

High risk
Suicide Risk Assessment

High Risk

- History of suicide attempt: No prior attempts
- High lethality of prior attempts: If prior attempts, low lethality & high rescue potential
- Recent attempt: No plan
- Current plan: No plan
- Current intent: No intent
- Substance use: No substance use
- Lack of protective factors (including social support): Protective factors

Lower Risk
Reassure women about types of treatment

There are effective options for treatment during breastfeeding.

Depression is very common during The postpartum period.

Women need to take medication during lactation for all sort of things.
Ask teens mom women what type of treatment they prefer

There are effective options for treatment during pregnancy and breastfeeding.

Depression is very common during pregnancy and the postpartum period.

There is no risk free decision, so we must balance the risk of treatment against the risk of symptoms.

Women need to take medication during pregnancy for all sort of things.
No decision is risk free

SSRIs are among the best studied classes of medications used in pregnancy