

# Postpartum Depression Screening in Pediatrics: Time to Close the Gap - MCPAP for Moms

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Department of Mental Health

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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**

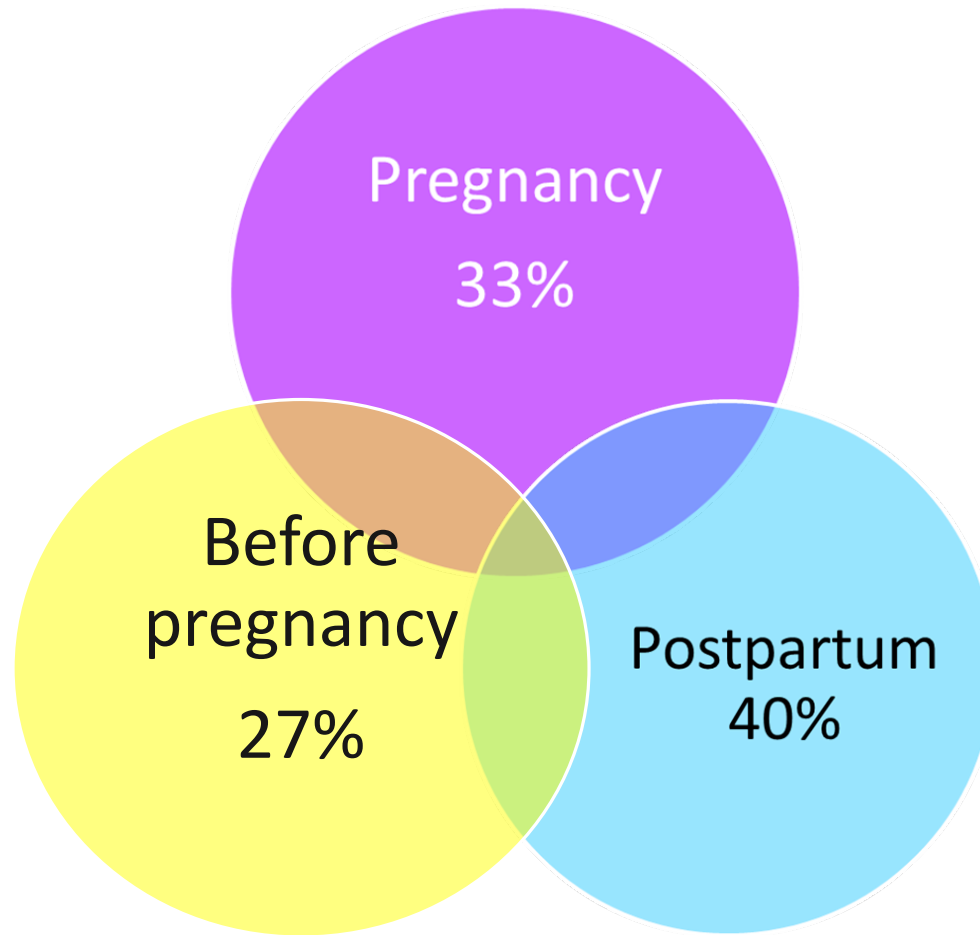


**Diabetes**  
**3 -7 in 100**





# 60% of perinatal depression begins before birth





# 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.**

# Perinatal depression effects mom, child & family

Poor health care  
Substance abuse  
Preeclampsia  
Maternal suicide



Low birth weight  
Preterm delivery  
Cognitive delays  
Behavioral problems

# PPD is leading cause of toxic stress

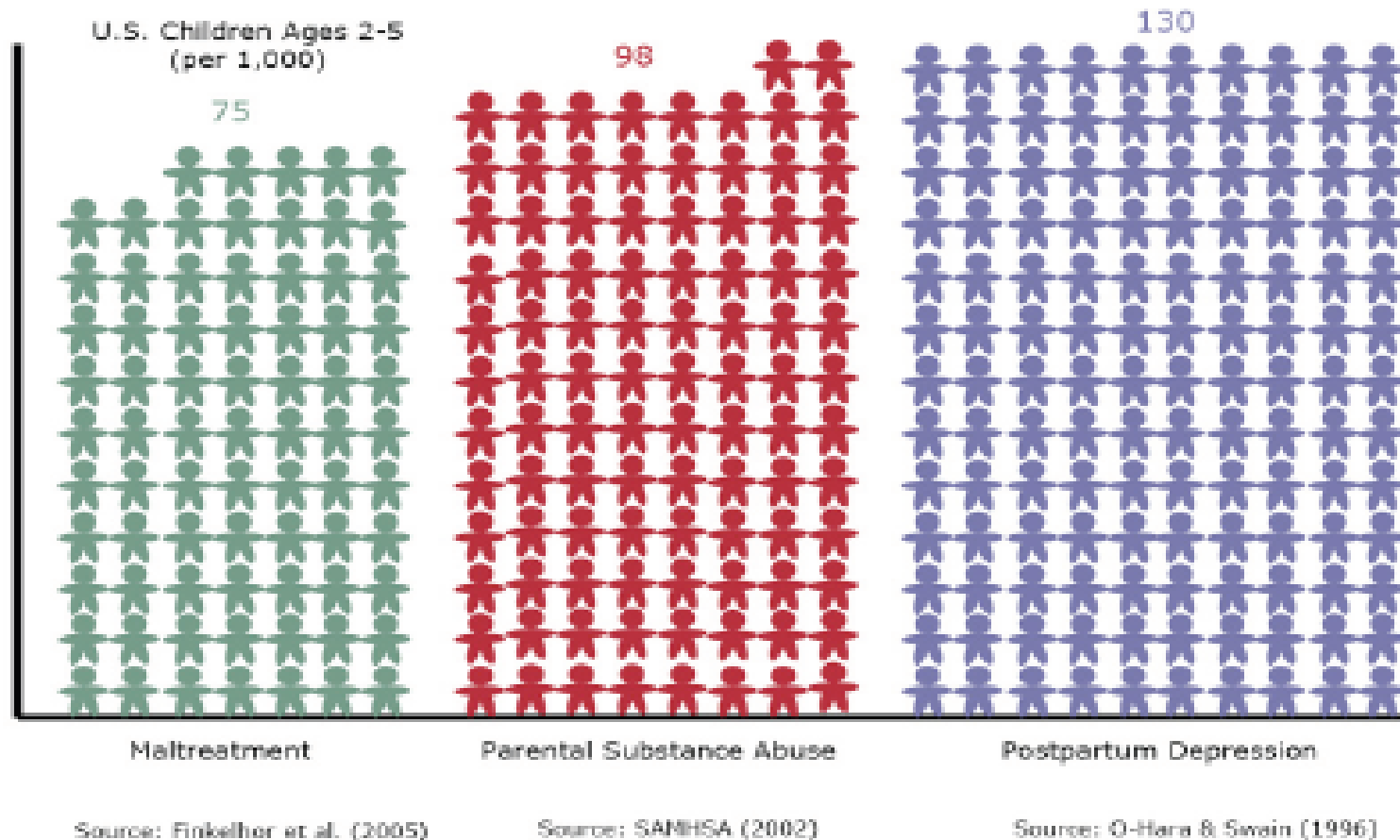
## Importance of toxic stress from ACE study

- Key cause of intergenerational transmission of health risk and disparity
- Adverse Childhood Experiences (ACEs) are the most basic causes of adult health risk behaviors, morbidity, disability, mortality, and health care costs.

**Toxic stress occurs when absence of social-emotional buffering such as with PPD**



## Sources of Toxic Stress in Young Children



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.



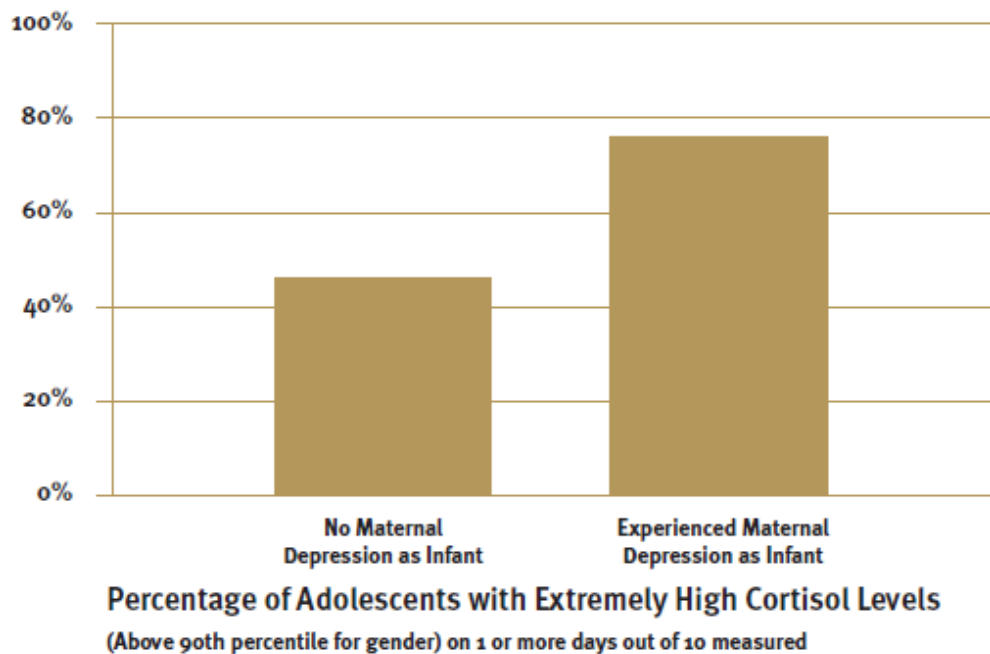
# Treating maternal depression is associated with improved depression and other disorders in her child

**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.”**

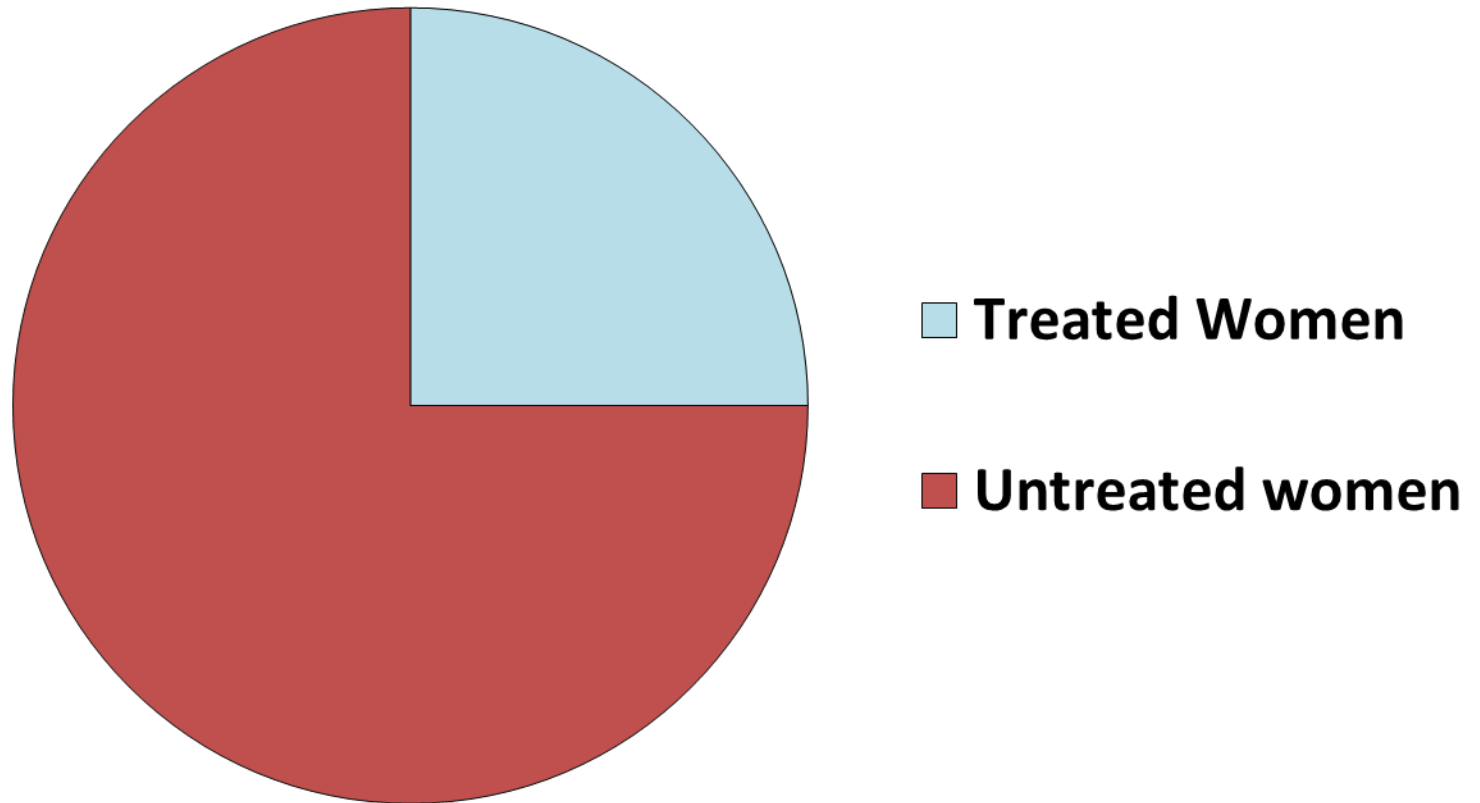
**Treating Mother-Child Dyad shows promise of even better child outcomes.**

## Exposure to Maternal Depression in Infancy Causes Stress Hormone Levels to Become More Extreme in Adolescence



Source: Halligan, Herbert, Goodyer, and Murray (2004).

# Perinatal depression is under-diagnosed and under-treated



# Barriers to Treatment

## Patient

Lack of detection  
Fear/stigma  
Limited access

## Provider

Lack of training  
Discomfort  
Few resources

## Systems

Lack of integrated care  
Screening not routine  
Isolated providers

Women do not  
disclose symptoms  
or seek care

Underutilization  
of Treatment

Unprepared providers,  
With limited resources

## Poor Outcomes

[www.chroniccare.org](http://www.chroniccare.org)

# Optimizing perinatal mental health could break the transgenerational impact of maternal depression

Generation 0  
Childhood impact  
Maternal depression



Generation 1  
Childhood impact

Maternal depression



Generation 2  
Childhood impact

Maternal depression



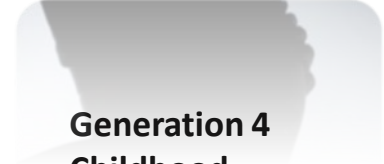
Generation 3  
Childhood impact

Maternal depression



Generation 4  
Childhood impact

Maternal depression



# The perinatal period is ideal for the detection and treatment of depression

**80% of depression is treated by primary care providers**

**Regular opportunities to screen and engage women in treatment**

**Front line providers of all types have a pivotal role**



# US Preventive Services Task Force January 2016

## Grade B recommendation for post partum depression screening by PCPs

Adequate evidence that programs combining depression screening with adequate support systems in place improve clinical outcomes for pregnant and postpartum women.

## Mandates payment by private payers for screening under Affordable Care Act



# **CMS May 2016 Informational Bulletin to all state directors:**

**Clarifies that since maternal depression screening is for the direct benefit of the child, state Medicaid agencies may allow such screening to be claimed as a service for the child as part of the EPSDT benefit**

**State promotion and training of Medicaid providers to implement this are eligible for medicaid administrative matching funds**

# Transforming obstetrical and pediatric practice to include depression care could provide a solution



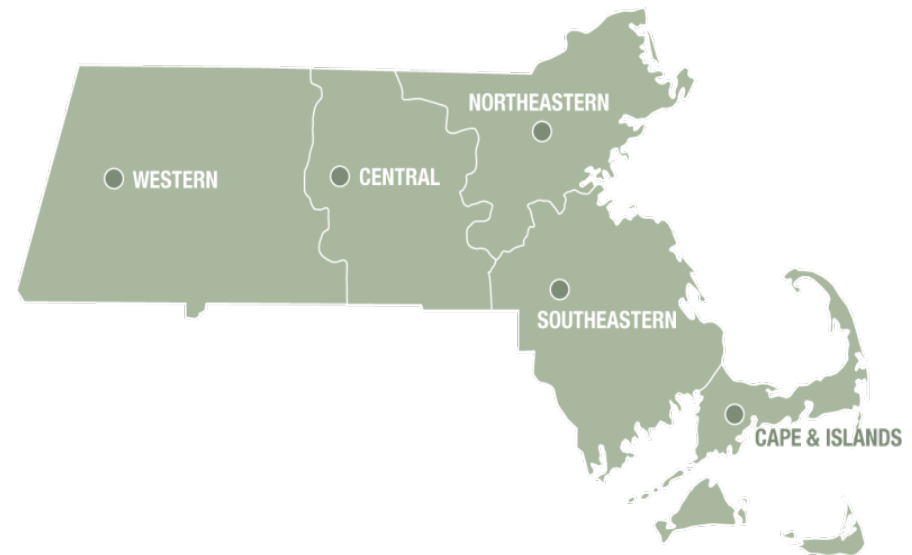


# In 2010, Massachusetts passed a Postpartum Depression Act

## PPD Commission

PPD Screening Regulation  
(if screen must report CPT  
S3005, 0-6 months)

MCPAP for Moms Funding





Massachusetts Child Psychiatry Access Program

# MCPAP

For Moms



**Education**

**855-Mom-MCPAP**

**Care Coordination**



# Telephone Consultation



Obstetric  
providers/  
Midwives

Family Medicine

Psychiatric  
providers

Primary care  
providers

Pediatric  
providers

These practices  
are enrolled.



# 1-855-Mom-MCPAP



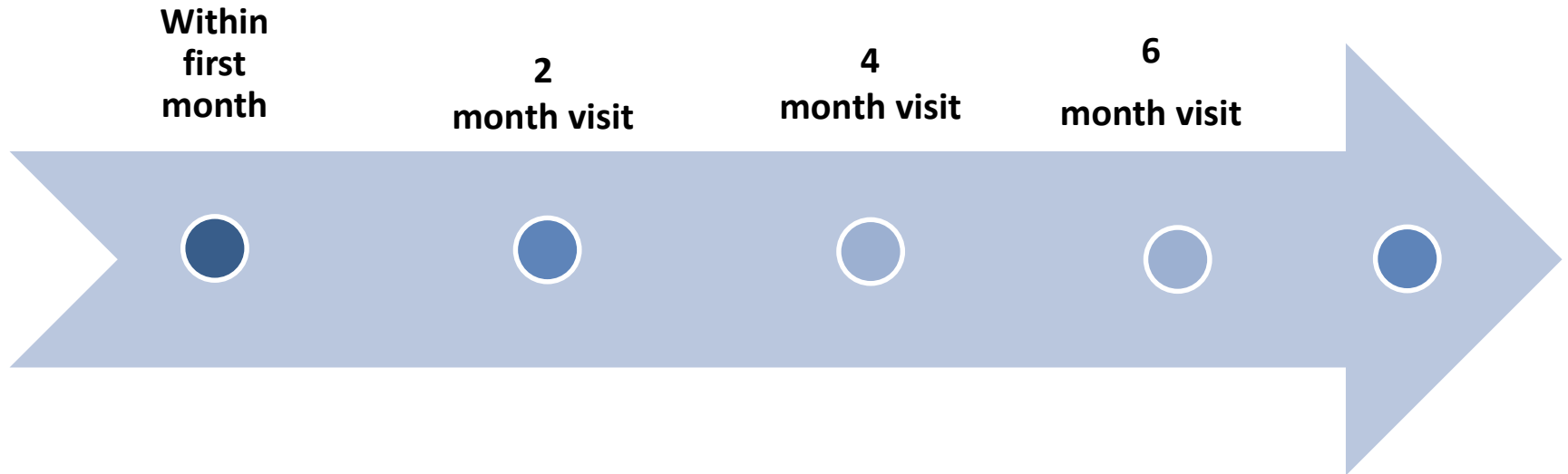
Works like the MCPAP we are used to!



# What can you do?

**Screen for PPD!!**





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

Download SWYC/MA at [www.MCPAP.org](http://www.MCPAP.org)





# SWYC/MA: 2 months

1 months, 0 days to 3 months, 31 days  
V1.02, 3/31/15

Child's Name:

Birth Date:

Today's Date:

### DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Makes sounds that let you know he or she is happy or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems happy to see you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows a moving toy with his or her eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turns head to find the person who is talking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holds head steady when being pulled up to a sitting position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brings hands together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laughs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps head steady when held in a sitting position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes sounds like "ga," "ma," and "ba"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks when you call his or her name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time in new places?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child mind being held by other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child cry a lot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child fussy or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to put your child to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to get enough sleep because of your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have trouble staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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\*\*\*\*\* Please continue on the back \*\*\*\*\*

### FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No		
1 Does anyone smoke tobacco at home?	<input type="radio"/>	<input type="radio"/>		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>		
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/>	<input type="radio"/>		
6 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>
7 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>

### EMOTIONAL CHANGES WITH A NEW BABY\*\*

Since you have a new baby in your family, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.



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

\*\*Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

## Baby Blues



$\leq 2$  wk

**Mood lability**

**High emotionality**

## Depression



$\geq 2$  wks

**Guilt, feeling worthless**

**Suicidal thoughts**

**Impacts functioning**

# History of Depressive Episodes #1 Risk Factor for Relapse During Perinatal Period

## Other risk factors:

- Personal history of postpartum depression
- Family history of postpartum depression
- History of hormonal mood changes
  - PMS/PMDD
  - With hormonal contraceptives

# Other Risk Factors

**Personal history of depression (#1 factor)**

**Poverty (up to 25% risk)**

**Substance Use**

**Domestic Violence**

**Family history of depression**

**History of mood changes related to hormonal changes (e.g. hormonal contraception, PMS/PMDD)**

**Isolation**

**Infant colic**



# 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**



 Screening is reimbursed once during pregnancy and once postpartum for MassHealth patients

**Use Code S3005**

- Behavioral health need is identified



**Modifier U3**

**Use Code S3005**

- No Behavioral health need is identified



**Modifier U4**

# EPDS scores range 0 - 30

$< 10$

- Depression unlikely

$\geq 10$

- Possible depression

$\geq 13$

- Probable depression

# EPDS or PHQ-9 $\geq 10$

**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**

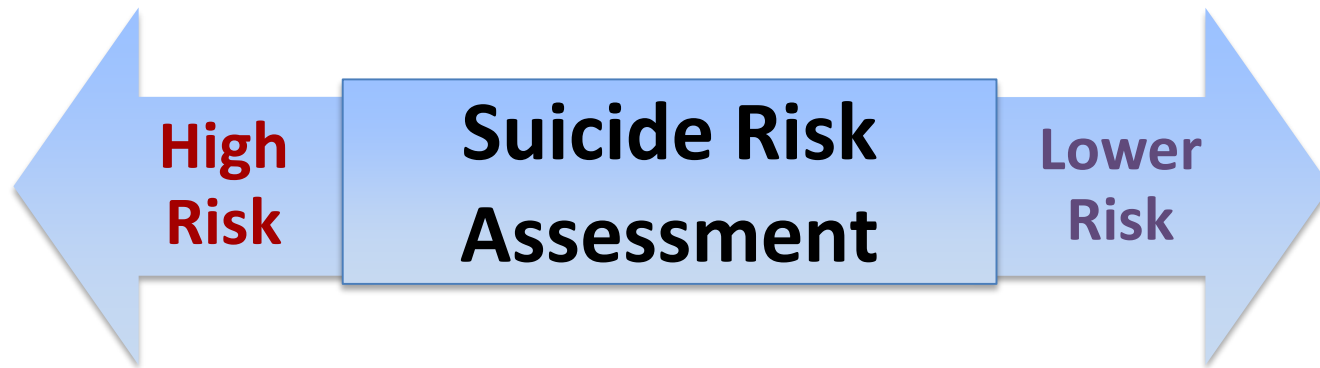


**If there is a positive score on the self-harm/suicide question...**



**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**



**History of suicide attempt**

**High lethality of prior attempts**

**Recent attempt**

**Current plan**

**Current intent**

**Substance use**

**Lack of protective factors  
(including social support)**

**No prior attempts**

**If prior attempts, low  
lethality & high  
rescue potential**

**No plan**

**No intent**

**No substance use**

**Protective factors**



# Risk of harm to baby

## OCD/anxiety

- 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**

**EPDS or PHQ-9  $\geq 10$  but  $< 13$**

**or**

**Parent seems able to manage on their own**

**Give mom info about community resources/support groups. Order MCPAP for Moms resource cards. Refer to website, [www.mcpapformoms.org](http://www.mcpapformoms.org).**

**Provide names of mental health providers in area who treat PPD. Call MCPAP for Moms (866-666-6272) for list of providers. Helpful 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 be with one parent when a screen is positive**

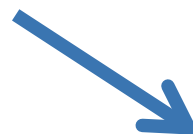
**If parent alone or feeling alone, higher risk of suicide**

**Seek parent's permission to notify natural support**

**Screen for domestic violence**



# Education about various treatment and support options is imperative





# Linkages with support groups and community resources



**Support the wellness and mental health of perinatal women**



Can refer moms to [www.mcpapformoms.org](http://www.mcpapformoms.org)

Massachusetts Child Psychiatry Access Program  
**MCPAP**  
For Moms

Contact number for providers:  
855-Mom-MCPAP (855-666-6272)

Google Custom Search

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms | How We Help Providers | Toolkits and Resources | Our Team | For Mothers and Families



Click Below For Video



**MCPAP for Moms** promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

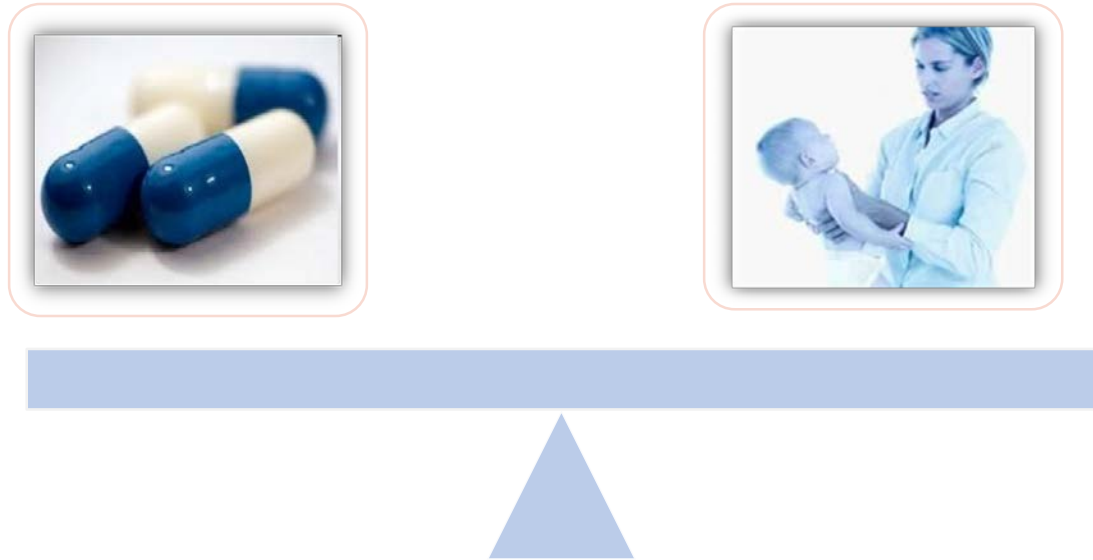
# Case of Ms. Y



# **Addendum:**

## **Psychotropic Medications and Lactation**

# 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.**

**Meds not indicated**

**Medication Assessment**

**Meds indicated**

**Mild depression**

**No suicidal ideation**

**Able to care for self/baby**

**Engaged in psychotherapy**

**Depression has improved with psychotherapy in the past**

**Strong preference and access to psychotherapy**

**Moderate/severe depression**

**Suicidal ideation**

**Difficulty functioning caring for self/baby**

**Psychotic symptoms present**

**History of severe depression and/or suicide ideation/attempts**

**Comorbid anxiety**

# Breastfeeding generally should not preclude treatment with antidepressants



**SSRIs and some other antidepressants are considered a reasonable option during breastfeeding**

# Antipsychotic use should not preclude the possibility of breastfeeding

Quetiapine, olanzapine, risperidone < Typicals



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

# Breastfeeding



**Antidepressants**

**Antipsychotics**

**Carbamazepine**

**Valproic Acid**

**Lamotrigine**

**Lithium**

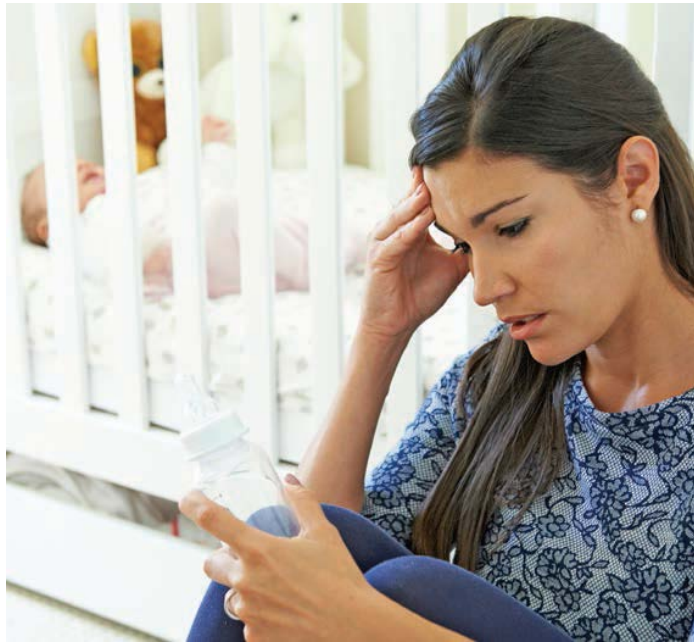


# Infant monitoring is needed during lactation for certain medications

<b>Drug</b>	<b>Infant Monitoring</b>
<b>Carbamazepine</b>	<b>CBZ level, CBC, liver enzymes</b>
<b>Valproic acid</b>	<b>VPA level (free and total), liver enzymes, platelets</b>
<b>Lamotrigine</b>	<b>Rash, liver enzymes, lamictal level</b>
<b>Lithium</b>	<b>BUN, CRE, TSH, CBC</b>
<b>Typical antipsychotics</b>	<b>Stiffness, CPK</b>
<b>Atypical antipsychotics</b>	<b>Weight, blood sugar</b>

**If in doubt, call MCPAP for Moms!**

# In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address perinatal depression



**Call 1-855-Mom-MCPAP**  
**[www.mcpapformoms.org](http://www.mcpapformoms.org)**

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**Thank you!**

