

# Postpartum Depression Screening: MCPAP for Moms

## **John H. Straus, MD**

Founding Director of MCPAP  
Medical Director, Special Projects  
Massachusetts Behavioral Health Partnership

## **Michael W. Yogman, MD**

Chair, Child Mental Health Task Force  
Massachusetts Chapter American Academy of Pediatrics  
**Assistant Professor of Pediatrics, Harvard Medical School**

## **Nancy Byatt, DO, MS, MBA, FAPM**

Medical Director, MCPAP for Moms  
Assistant Professor of Psychiatry and Ob/Gyn  
UMass Medical School/UMass Memorial Health Care



# Objectives

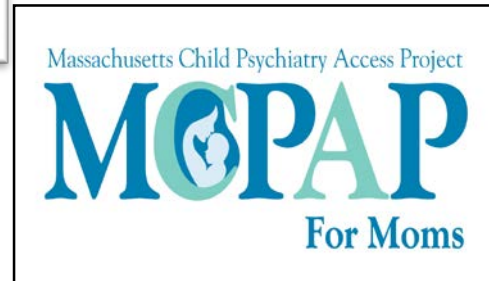


Learn Importance and Prevalence of Perinatal Depression.



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

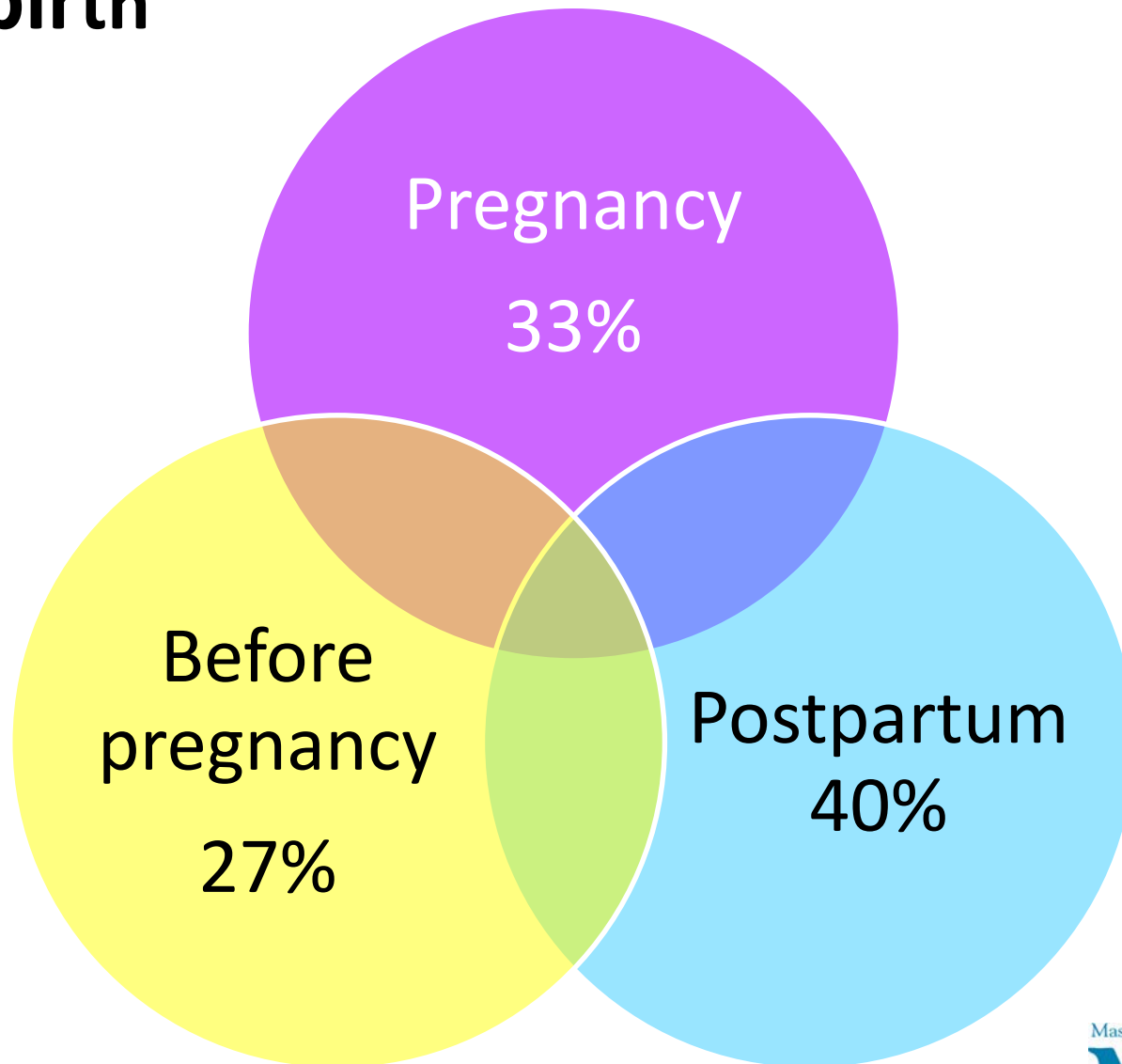
**Depression**  
10-15 in 100



**Diabetes**  
3- 7 in 100



# Two-thirds of perinatal depression begins before birth



# 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

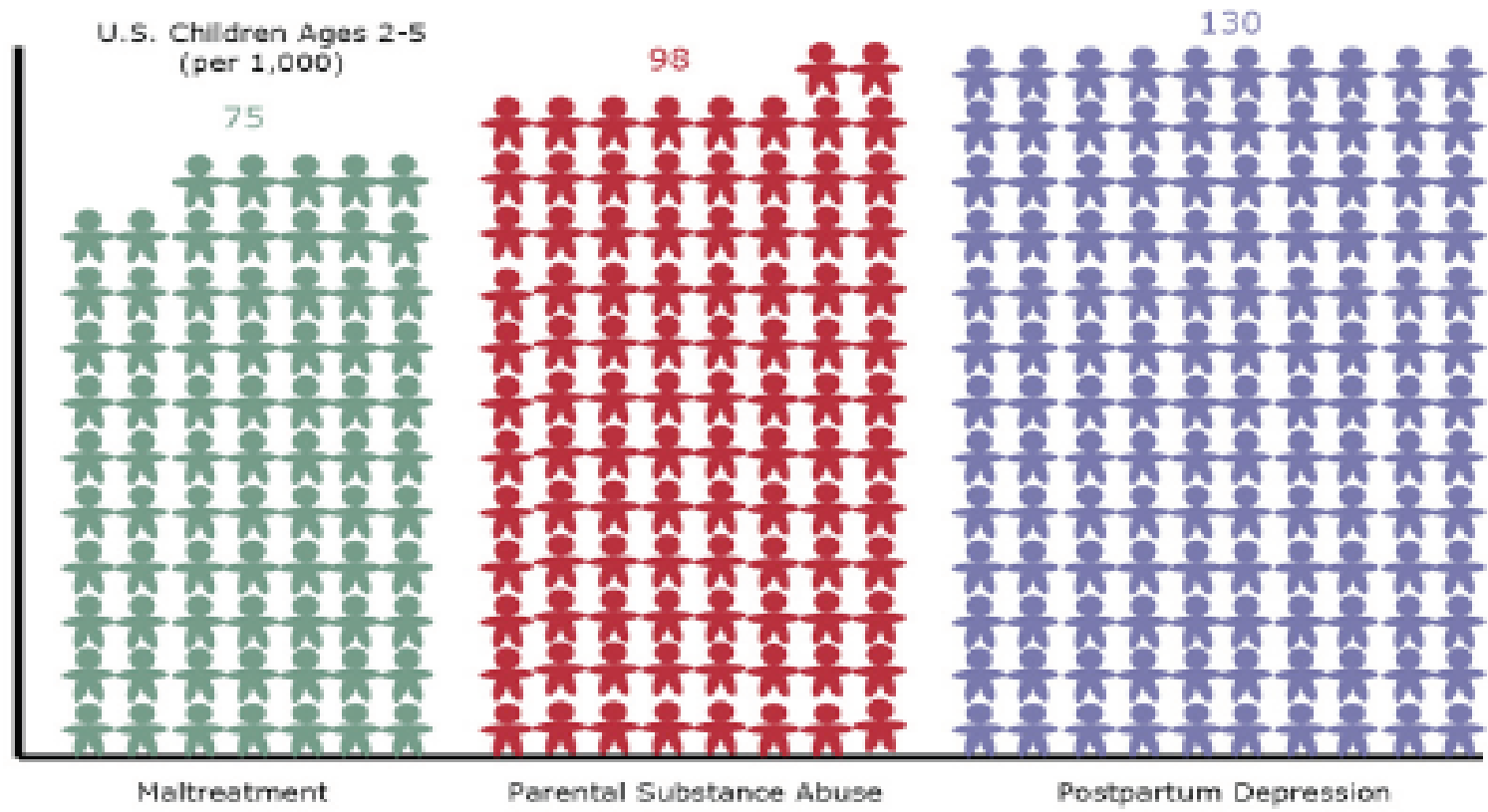
**Poor health care**  
**Substance abuse**  
**Preeclampsia**  
**Maternal suicide**



**Low birth weight**  
**Preterm delivery**  
**Cognitive delays**  
**Behavioral problems**

Bodnar et al. (2009). *The Journal of clinical psychiatry*. Cripe et al. (2011). *Paediatric and perinatal epidemiology*, Flynn, H. A., & Chermack, S. T. (2008). *Journal of Studies on Alcohol and Drugs*,; Forman et al. (2007). *Development and psychopathology*, Grote et al. (2010). *Archives of general psychiatry*,; Sohr-Preston, S. L., & Scaramella, L. V. (2006). *Clinical child and family psychology review*,; Wisner et al. (2009). *The American journal of psychiatry*,

## Sources of Toxic Stress in Young Children



Source: Finkelhor et al. (2005)

Source: SAMHSA (2002)

Source: O'Hara & Swain (1996)

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.



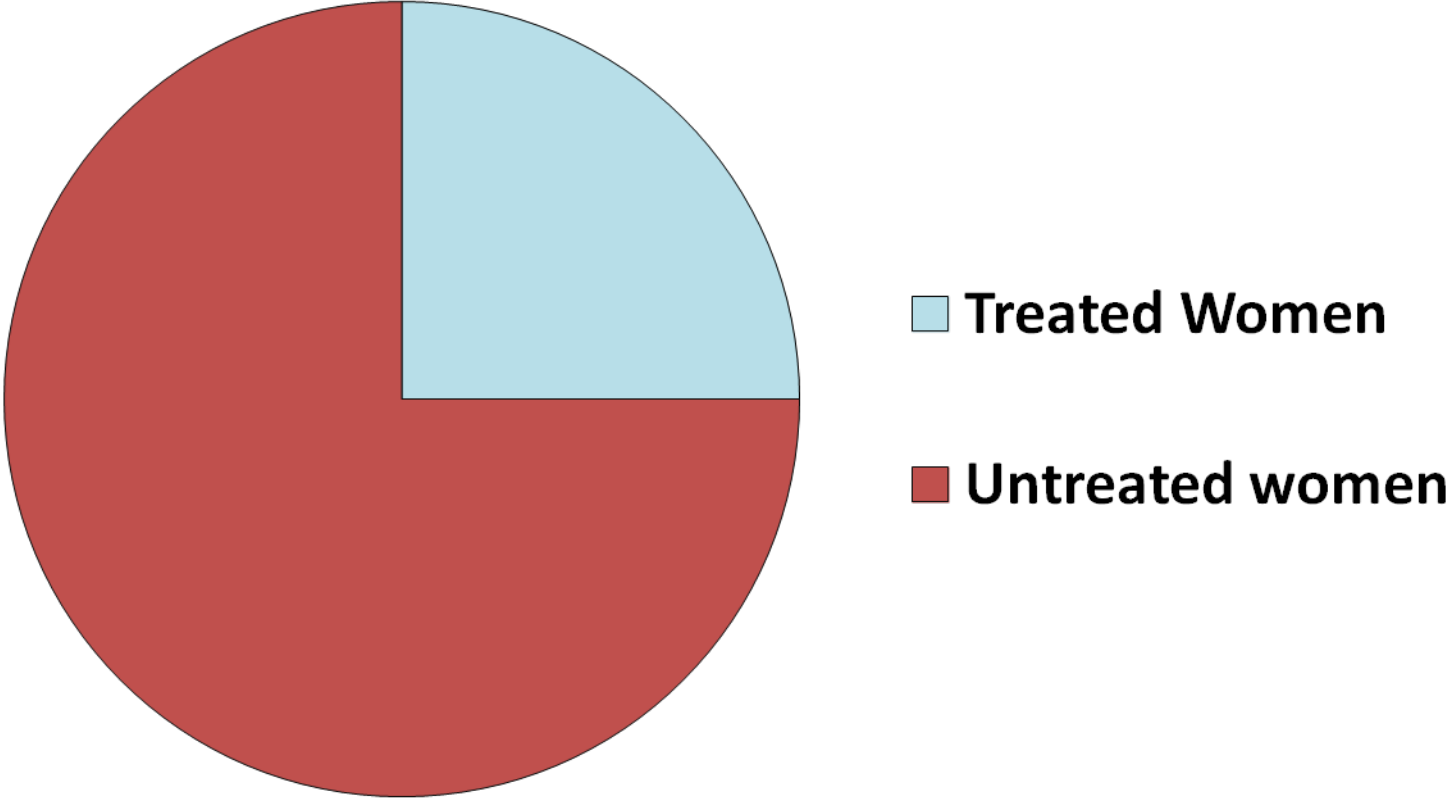
# Treating maternal depression is associated with improved depression and other disorders in her child

**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



Carter et al. (2005). *Australian and New Zealand Journal of Psychiatry*, 39(4), 255–261; Marcus et al. (2003). *Journal of womens health* 2002, 13(1), 373–380. Smith et al. (2009). *General hospital psychiatry*, 31(2), 155–62.

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

Generation 0  
Childhood impact

Maternal depression



Generation 1  
Childhood impact

Maternal depression



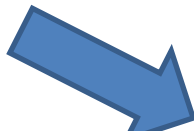
Generation 2  
Childhood impact

Maternal depression



Generation 3  
Childhood impact

Maternal depression



Generation 4  
Childhood impact

Maternal depression



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

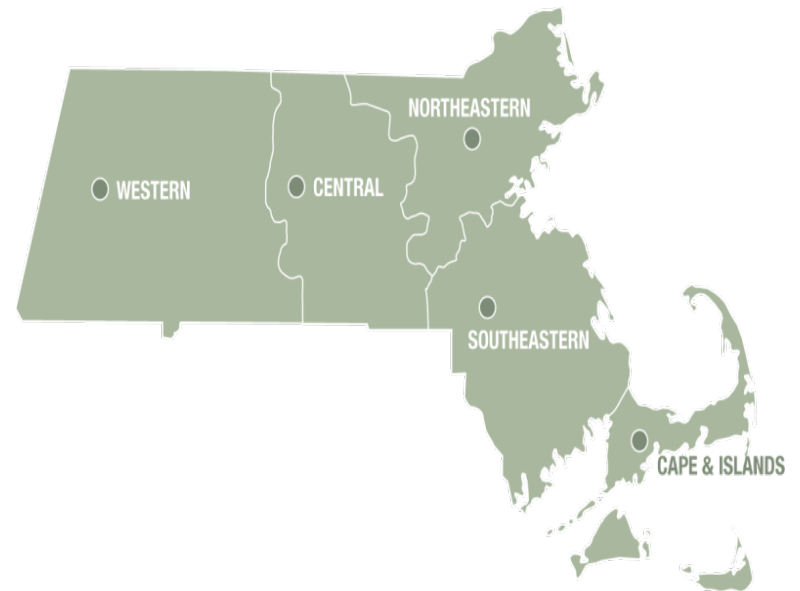
## PPD Commission

## PPD Screening Regulation

(If obstetric provider screens, must report using CPT S3005.

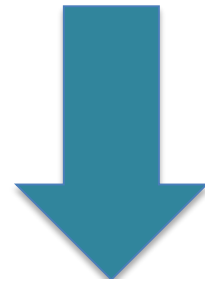
Voluntary for pediatric providers.)

## MCPAP for Moms Funding



# MCPAP

Massachusetts Child Psychiatry Access Project



Massachusetts Child Psychiatry Access Project

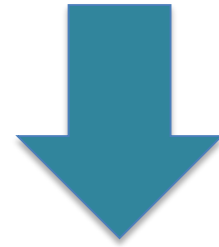
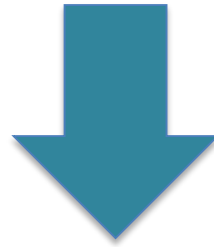
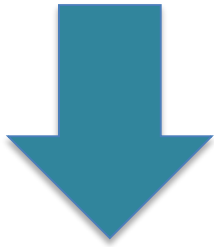
# MCPAP

**For Moms**

Massachusetts Child Psychiatry Access Project

**MCPAP**

**For Moms**



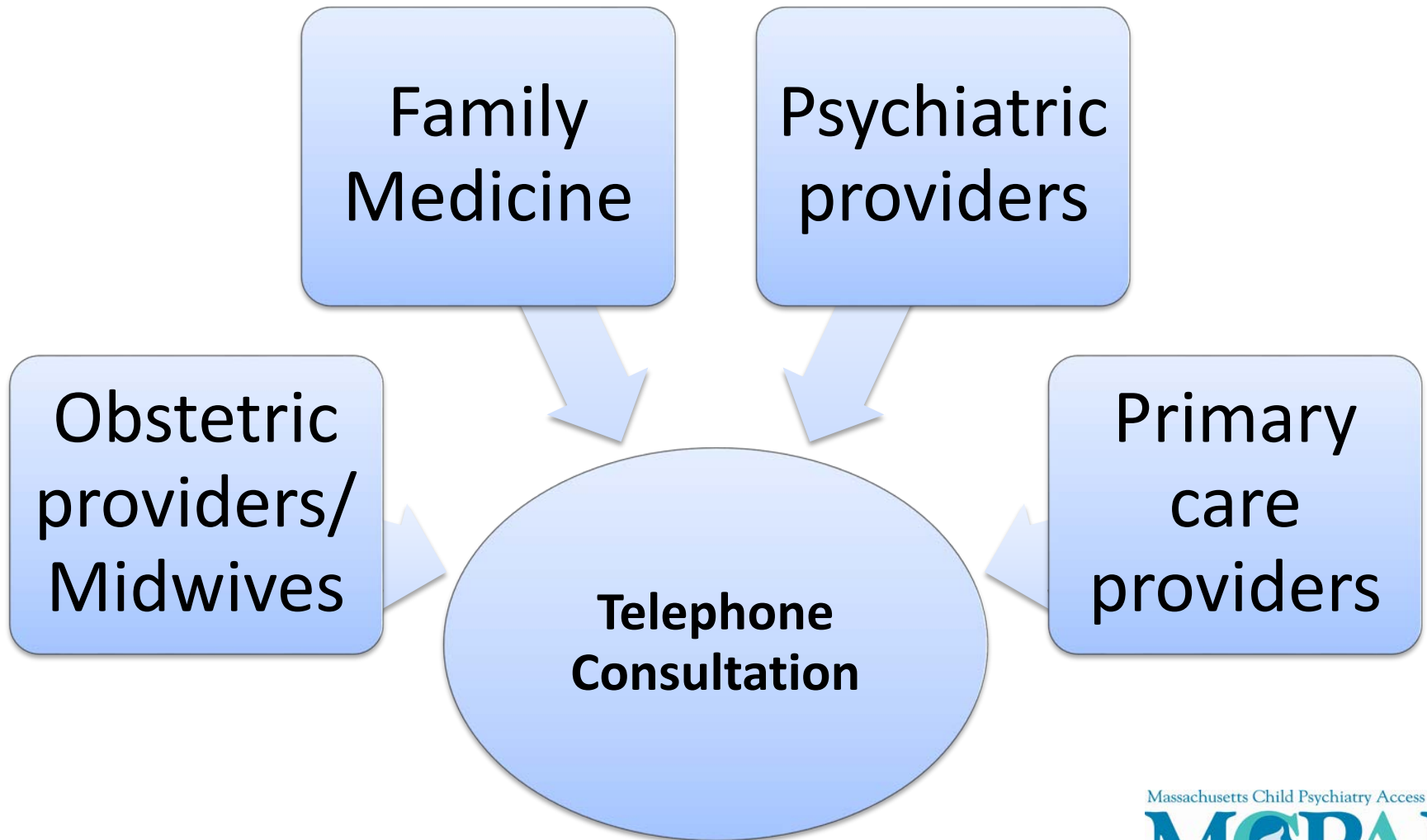
**Education**

**855-Mom-  
MCPAP**

**Care  
Coordination**



# Providers can call MCPAP for Moms for patient consultations



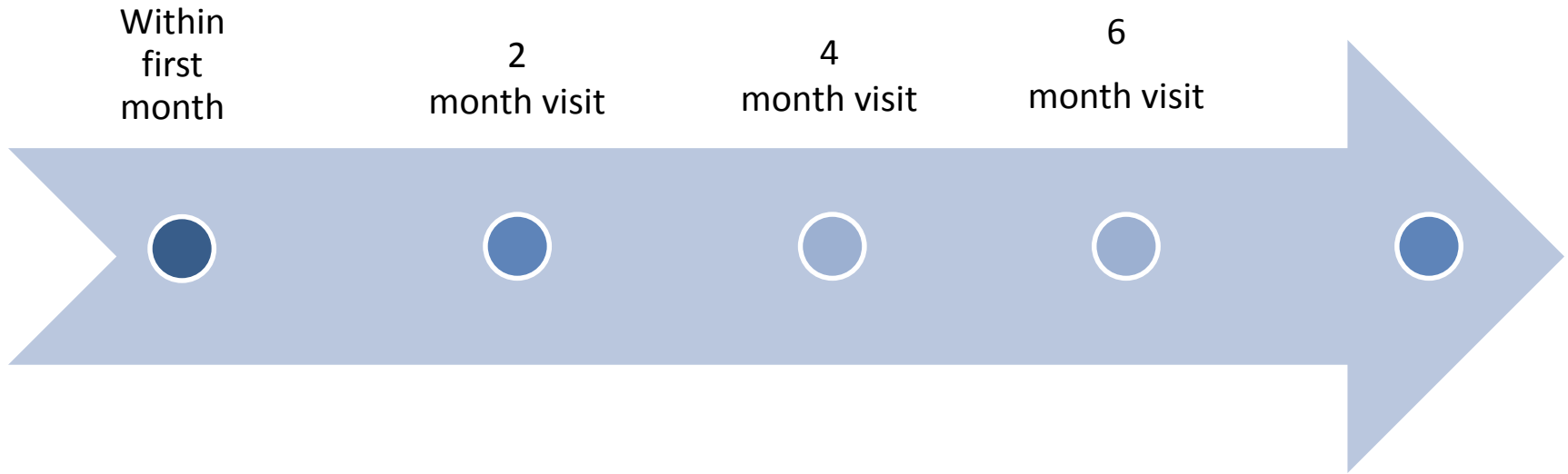
# MCPAP for Moms: A Primer for Pediatric Providers

Download from MCPAP.org



Be sure that you are using:  
Version 2, October 1, 2015

# We recommend parental depression screening during pediatric visits



● 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)

# Edinburgh Postnatal Depression Scale (EPDS) (Section of SWYC/MA)

## Validated in pregnancy and postpartum

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

### 10 items

### Asks about self-harm

### Instructions in Toolkit at

[www.MCPAP.org](http://www.MCPAP.org) (provider/screening tab)

**Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

---

As you are pregnant or have recently had a baby, 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.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.

No, not very often      Please complete the other questions in the same way.

No, not at all

In the past 7 days:

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

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>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 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Plontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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# Case of Ms. Z



**Questions?**

# EPDS scores range 0 - 30

$< 10$

- Depression unlikely

$\geq 10$

- Possible depression

$\geq 13$

- Probable depression

•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. Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002. U  
•sers may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the p  
•aper in all reproduced copies. Edinburgh Postnatal Depression Scale (EPDS).

# **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 $\geq 10$**

**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.**

# EPDS or PHQ-9 < 10

**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  $\geq 10$  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. 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](http://www.mcpapformoms.org)

Massachusetts Child Psychiatry Access Project

**MCPAP**  
For Moms

Promoting Maternal Mental Health During and After Pregnancy

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

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About MCPAP for Moms | How We Help Providers | Provider Toolkit | Our Team | For Mothers and Families



**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 depression.

PLAY VIDEO ▶



**One in Eight**

One out of every eight women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

**Provider Resources**



**Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.



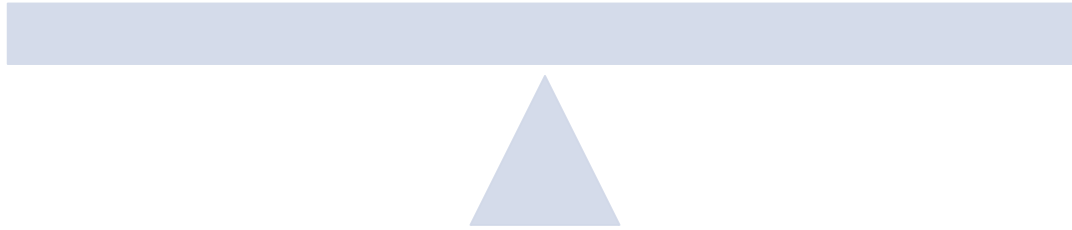
**Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.



**Linkages with community-based resources** including mental health

**Questions?**

# No choice is completely free of risk



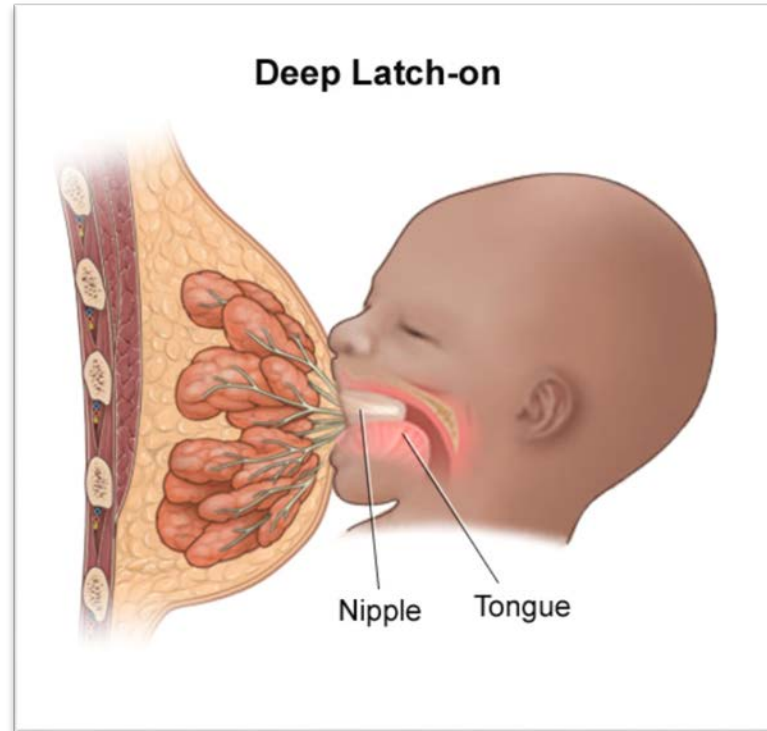
**Need to balance and discuss the risks and benefits of medication treatment and risks of untreated depression or other mental illness. You can always call MCPAP for Moms.**

# Lactation and Psychotropic Medications



**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



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!**

# You may have teen mom and want to treat

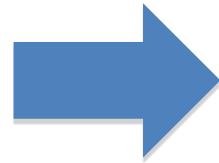


**See additional slides in packet – call MCPAP for Moms.**

**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**



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



# 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](http://www.mcpapformoms.org)**

**Nancy Byatt, DO, MS, MBA, FAPM  
Medical Director, MCPAP for Moms  
[Nancy.Byatt@umassmemorial.org](mailto:Nancy.Byatt@umassmemorial.org)**

**John Straus, MD  
Founding Director, MCPAP  
[John.Straus@beaconhealthoptions.com](mailto:John.Straus@beaconhealthoptions.com)**

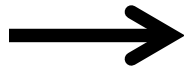


**Thank you!**

# Addendum



# Education about various treatment and support options is imperative





# MCPAP for Mom supporting linkages with support groups and community resources



WILLIAM JAMES  
COLLEGE

INTERFACE Referral Service



**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



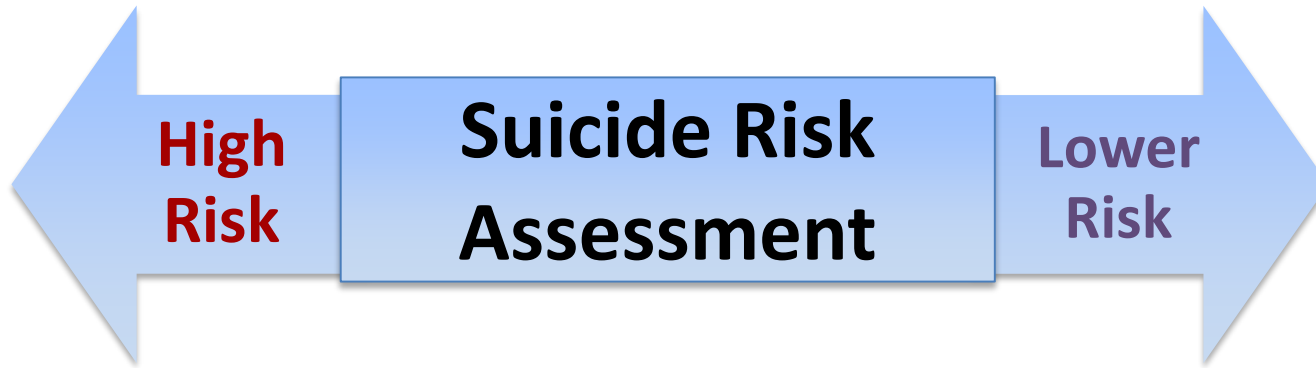
**Low risk**

## Postpartum Psychosis

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



**High risk**



**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**

# 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



**Vs.**



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