The General Pediatrician and Screening for Postpartum Mood and Anxiety Disorders (PMADs)

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Presenters

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- Miguelina German, PhD, Director of Quality, Behavioral Health Integrated Program, Assistant Professor, Montefiore Medical Center/Albert Einstein College of Medicine
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- Wendy Davis, PhD, Executive Director, Postpartum Support International, Counseling & Consultation, Portland Oregon
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Toxic Stress is Chronic and Unrelenting

“Toxic stress is the strong, unrelieved activation of the body’s stress management system in the absence of the buffering protection of stable adult support.”

- Extreme poverty, neglect, repeated abuse, or severe maternal depression (Harvard)
- Maternal depression, parental substance abuse, domestic or community violence, food scarcity, poor social connectedness (AAP)

Center for Developing Child, Garner and Shonkoff, *Pediatrics* 2012

“Serve and Return”

- Infant/caregiver interaction key to development of healthy brain architecture
- Caregivers with depression unable to respond to child during attachment development
  - Disrupts “serve and return”
  - Maternal responsiveness
  - Infant withdrawal
- Range of poor outcomes: physical and mental health problems

The Foundations of Lifelong Health Are Built in Early Childhood. Center on the Developing Child. [www.developingchild.harvard.edu/library/](http://www.developingchild.harvard.edu/library/)
Spectrum of Perinatal Mood and Anxiety Disorders

- **Prenatal depression**
- **“Baby Blues”**
- **Postpartum depression**
- **Prenatal anxiety**
- **Panic attacks, Anxiety, OCD**
- **PTSD**

Postpartum “Baby Blues”

Understanding Maternal Depression. July 2005. NYS Department of Health/NYS Office of Mental Health
**Postpartum “Baby Blues”**

- "Normal"
  - Reported worldwide
  - Transient, mild and does not interfere with caring for infant

- 50 – 80% within first 10 days
  - Peak at 5 days

- Pediatricians can provide reassurance, emotional support, demystification

Onunaku N. Improving Maternal and Infant Mental Health: Focus on Maternal Depression
Earls, M. Clinical Report

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**Postpartum Depression**

- Not normal, not mood swings
- Serious condition that requires intensive intervention

- 10-20% of new mothers
  - Up to 48% low income
  - 40-60% low income AND adolescent mothers
  - Only 15% seek treatment

**Symptoms:** Low mood, irritability, sleep and appetite disturbance, fatigue, loss of interest, inability to feel pleasure in daily life, guilt, decreased concentration, indecisiveness, feelings of worthlessness, despair, low energy

**Thoughts about harming herself or her child**

M. Earls, AAP Clinical Report; T. Ostler 2009
Postpartum Psychosis

* Very rare: Approximately 1 to 3/1000; typically presents in the first 4 weeks after delivery.

* Severe impairment and may have paranoia, mood shifts, hallucinations, delusions, and suicidal and homicidal thoughts

* Immediate medical attention and usually hospitalization

* Preexisting bipolar disorder is a risk factor

Don’t Forget about Postpartum Anxiety Disorders

9-30% of woman

- GAD – Panic attacks
- OCD
- PTSD

Intense fears and worries

- Baby's well being
- Ability to perform parental tasks

Preexisting diagnosis

T. Ostler. Mental Illness in the Peripartum Period
Risk Factors: Cumulative Risk!

- **Demographic Risk Factors**
  - Adolescents
  - Poor education
  - Financial hardship

- **Interpersonal Risk Factors**
  - Partner violence
  - Social isolation, lack of support

- **Intrapersonal Risk Factors**
  - Large genetic component/tendency
  - History of depression/anxiety
  - Family history
  - Poor health/mental health
  - Substance abuse

Impact of Maternal Depression

- Less likely to BF or to stop early
  - Protective
  - Discouragement

- Developmental delay, lower IQ
  - Less language stimulation/reading
  - Less engagement with mother and objects

- Mental health
  - Fussy, less social, quieter
  - Attachment disorders
  - Anxiety, social anxiety
  - Depression
  - Aggression, poor self control, impulsivity

- School problems
  - Sleep problems

*Early Child Development in Social Context, 2004, M. Earls*
What about Fathers?

Paternal depression

- Estimates at 6%
- 18% in Early Head Start

More common with maternal depression

- Substance abuse/poverty
- Compounds effect!!

Non-depressed father

- Protective effect = resilience!  

Earls, M. AAP Clinical Report, Onaku

Red Flags - Surveillance

- Psychosocial Risk Factors
- Infant factors
  - Prematurity
  - Chronic illness – “vulnerable child”
- Maternal Factors
  - Depression, anxiety
  - Withdrawal
  - Self-doubt
  - Unrealistic/inaccurate expectations
  - Punitive discipline
  - Disruptive
  - Over/under use of health care

- Infant Behavior
  - Poor feeding/growth
  - Irritability
  - Poor sleeping
  - Injuries
  - Decreased activity
What is the standard of care?

- There is no published algorithm on screening mothers for postpartum depression
- Recommendations do exist from AAP
  - 1, 2, 4 and 6 month visit (M. Earls)
- ACOG February 2010: not enough evidence to support universal antepartum/postpartum screening or how it should be done
- Yet pediatricians, family practitioners and obstetricians agree is important and should be done

When to Screen

- Feasibility & utility of screening in primary pediatric care documented
- Institute routine surveillance & screening within medical home (1, 2, 4, 6 and 12 months)
- Few caveats to remember:
  - “Baby blues” may occur in first two weeks postpartum
  - Risk of postpartum depression can extend through the first year of life – can screen at 12 months!
  - Prevalence of maternal depression among adolescent mothers is often higher than among adult postpartum mothers
What are the available tools?

Validated screening tools available

- Edinburgh Postpartum Depression Scale (EPDS)
- Patient Health Questionnaire (PHQ)

Edinburgh Postnatal Depression Scale (EPDS)

- 10 items for symptoms of emotional distress within past 7 days during pregnancy & postpartum period
- Less than 5 minutes
- Items rated on 4 point scale (max 30)
- Score of 10 requires repeat in 2 weeks
- Two scores above 12/13 ➔ further work-up (sens .75/spec .84)
- Item 10 indicates suicidal ideation

EPDS-3

* 3 items representing the anxiety subscale from FULL EPDS can be used as “first step” surveillance for postpartum depression
* Symptoms of self-blame, feeling panicky, and anxious or worried for no good reason
* Score should be multiplied by 10 and divided by 3 so cut off is ≥ 10
* Sens .95/spec .80
* PPV .56/NPV .98


Patient Health Questionnaire (PHQ-9)

* Validated for primary care to detect major depression in adults (PHQ-9) based on DSM-IV
* Symptoms over past two weeks rated on 4 point scale
* Scores 10-14 (minor depression/dysthymia/major depression, mild); 15-19 (moderate); 20+ (severe) (MDD: sens .88/spec .88
* For adolescents, total score ≥ 11 or positive suicidal ideation

Ultra-brief PHQ-2

- Purpose of PHQ-2 is “first step” (surveillance) before administering full screen
- If positive, use PHQ-9 to determine if meet clinical criteria and severity

Incorporating just two key questions has been shown to be reliable, sensitive, specific and feasible:

- have you felt down, depressed or hopeless in past two weeks?
- have you felt little interest or pleasure in doing things in the past two weeks?
Coding and payment

99420 – Health Risk Behavior Assessment
96110 – Developmental screening
Increase level of E/M code
Add E/M code to preventative care with modifier

Implementation – Commonwealth Fund

- Champions
- Motivate
- Educate
Engage the practice

- When to screen
- Screening tool
- Resources
- Triage/referral
Practice approach

- Train staff
- Distribute/record
- Monitor
- Office environment
Office system
Office Treatment/Referrals

- Reassurance (maternity blues)
- Supportive strategies (maternity blues, minor depression)
- Specific interventions (minor and major depression)
- Demystification and parent education - milder symptoms

Early treatment shows best results

- Medication
- Therapy
- OB/GYN
- Psychiatry/psychology – Adult mental health
- Crisis intervention

Not alone
Not to blame
Will get better

M. Earls

Little Risk in Using SSRIs

Worse for infant and fetus to NOT TREAT!

Sertraline if breastfeeding
Fluoxetine if not breastfeeding

The Colorado Pediatric Postpartum Depression Screening and Referral Toolkit
Medical Home Treatment/Referrals

- Promote and encourage BF
  - Be careful!!

- Early Intervention
  - Only with developmental concerns

- Discuss child care options

- There are more services than you think!!!
Co-located model

* BENEFITS
  * Decreased stigma
  * Universal accessibility
  * Screening and treatment
  * Better coordination of care among health providers
  * Treated as a “whole person”

* CONCERNS
  * Task assignment and responsibilities
  * Documentation
  * HIPPA
  * Communication
  * Billing

Postpartum Support International

Support | Resources | Training Connection

www.postpartum.net
1-800-944-4PPD ~ 1-800-944-4773
PSI Resources

* International perinatal mental health resource
* Direct support to moms and families
* PMAD Training for Professionals
* Connect families → informed professionals
* Raising public & provider awareness
* Participation in national initiatives

PSI Support for Families

* PSI Support Coordinator Network
* [www.postpartum.net/Get-Help.aspx](http://www.postpartum.net/Get-Help.aspx)
  * Every state, and more than 40 countries
  * Specialized Support: military, dads, legal, psychosis
  * PSI Facebook page and group

* Toll-free Helpline 800-944-4PPD support to women and families in English & Spanish

* Free Telephone Chat with an Expert
PSI Support Coordinators

- Telephone and email support for moms and families
- Connect with local providers, groups, classes
- Build local support networks
- Providers apply to be on local resource list
- Attend regional meetings
PSI Chat with an Expert


* **Every Wednesday** for Moms
* **First Mondays** for Dads
* **New Chats** in development
  * Spanish-speaking
  * Lesbian Moms

PSI Services for Professionals

* Professional Trainings
  * PMAD Certificate Training
  * Annual Conference at end of June
  * Webinars
* Community networking
* Networking with other professionals
* Technical support
* Membership benefits
PSI Educational materials

PSI Public Awareness Posters

“You are not alone”

http://postpartum.net/Resources/PSI-Awareness-Poster.aspx
Support for Fathers

* Chat with an Expert for Dads: First Mondays
* Dads Website www.postpartumdads.org
* Fathers Respond DVD 8 minutes

Contact psioffice@postpartum.net to purchase DVD

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PSI Social Media

* PSI Facebook Open Fan Page
* PSI Facebook Closed Group
* Twitter.com/PostpartumHelp
* PSI YouTube Channel
* PSI LinkedIn
Contact Information

Wendy Davis, PhD
Postpartum Support International
wdavis@postpartum.net
503-246-0941

Postpartum Support International
1-800-944-4773 (1-800-944-4PPD)
PSI Office 503-894-9453
www.postpartum.net

Suggested ways to partner with Community Mental Health

Reach out to community based organizations to understand referral policies

Partner to be referral base for clients seen by organization that may not have a medical home

Establish protocol for 2 way communication about shared parent-child dyads

Many hospitals have perinatal mental health services
AAP Mental Health Toolkit for Primary Care

AAP Addressing Mental Health Concerns in Primary Care toolkit for:
- guidance on brief supporting interviewing technique & motivational counseling
- handouts for families about common MH/behavioral issues
- templates for obtaining confidential records or information

So Screen Already!
Commonwealth Fund

Serious
- Not usually identified
- Well visits are perfect time!

Common

Huge morbidity

Anticipatory guidance NOT good enough
If You Need Assistance...

- Miguelina German – mgerman@montefiore.org
- Jack Levine – jmlevine@optonline.net
- Nerissa Bauer – nsbauer@iu.edu
- Wendy Davis – wdavis@postpartum.net

Questions?

- Today’s presentation was recorded and will be posted on SDBP.org as soon as possible. An email will be sent when it is available.
References

- In Brief: Early Childhood Program Effectiveness. www.developingchild.harvard.edu/library/

References

- Understanding Maternal Depression. July 2005. NYS Department of Health/NYS Office of Mental Health
- Olson, A and Gaffney, C. Parental Depression Screening for Pediatric Clinicians: An Implementation Manual Based on the Parental Well-Being Project at Dartmouth Medical School. www.commonwealthfund.org
References

- MedEDPPD http://www.mededppd.org