

Perinatal Mood and Anxiety Disorders

Screening and Managing Resources and Referrals

PROVIDER GUIDE
WASHINGTON STATE

Perinatal Mood and Anxiety Disorders

Encompass major and minor depressive episodes (including anxiety, obsessive thoughts and other symptoms) that occur either during pregnancy or within the first 12 months following delivery. Research suggests that 10–20 percent of women will suffer from perinatal depression or anxiety. Untreated, these disorders can have devastating consequences on the mother, her baby, and her family.

Both depression and use of antidepressant medication during pregnancy has been associated with negative consequences for the newborn. These include preterm birth, miscarriage, small for gestational age, low Apgar scores, and pre-eclampsia.¹ Depression during pregnancy is also associated with poor nutrition, inadequate prenatal care, smoking and other substance abuse, and suicide risk.² Postpartum depression affects bonding and, in extreme cases, increases the risk of neglect, maltreatment, or homicide.³



Patient Resources

Perinatal Support Washington

1-888-404-7763

www.perinataalsupport.org

Speak Up Brochure

Ordering Information:

www.del.wa.gov/development/strengthening/speakup.aspx

Mental Health

Under the ACA, mental health and substance abuse treatment is covered.

For help finding coverage:

WithinReach – ParentHelp123

www.parenthelp123.org

Health Exchange – Washington

Healthplanfinder

www.wahealthplanfinder.org/

1-800-WAFINDER

What Can Providers Do?

Obstetric and pediatric providers are in the best position to screen, assess, and manage perinatal mood and anxiety disorders. The ACOG May 2015 Committee opinion concludes that pregnant women should be screened at least once during the perinatal period for depression. Remember: not identifying perinatal mood and anxiety disorders can be more harmful than identifying them and being unable to find referral care. Anxiety, post traumatic stress, and other mental health conditions are part of the constellation of mood disorders during pregnancy/partum. Under the Affordable Care Act (ACA), mental health treatment is covered.

Screen

- All pregnant women during pregnancy and postpartum, and ask about self and family history of depression or mental health problems (see Provider Tools and Resources).
- Develop an office protocol (see the American College of Obstetricians and Gynecologists—ACOG—depression screening toolkit under Provider Tools and Resources).
- Screen ideally at first prenatal visit and in third trimester.

Assess

- Level of symptoms and impact on the woman's level of function.
- Assess suicide risk.
- Note if the woman is already in counseling.
- All women with suicidal thoughts or psychotic symptoms should be seen immediately by a psychiatrist or mental health specialist. Know who to call in a mental health emergency.

Educate

- Many women experience perinatal mood and anxiety disorders.
- Talk about the potential effects on their and their baby's health and need for treatment.



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

^{1, 2, 3} Yonkers, et al. (2009) The Management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Obstet Gynecol*, September; 114(3): 703-713.

Manage

- Evaluate the benefits and risks of all treatment options with the woman.
- Refer for mental health counseling—under the ACA, insurance must provide mental health treatment as of January 2014 (see Patient Resources box).
- Medication may be considered. Discuss impact of medication use on pregnancy and birth. See the ACOG depression screening toolkit resource below for more information.
- Wellness advice: adequate sleep, exercise, nutrition, social connection.
- Encourage breastfeeding and breastfeeding supports.
- Obtain records release and consent to communicate with therapist.

Refer

- Appropriate mental health services, have a list of local providers.
- Maternity Support Services (MSS), if eligible.
- Other therapies, such as acupuncture, have been shown to help some women.
- Encourage women to join a support group (see Patient Resources box).

Follow up (Women with current mood/anxiety disorders need close monitoring.)

- Phone call shortly after a high score on the initial screen.
- Follow up appointment within a week of the high score screen.
- Appointments or calls every few weeks until the patient is stable or improving.
- Rescreen her and check in on her progress.
- Contact OB coordinator at insurance plan for assistance. If the woman is on MSS, contact MSS provider.
- If possible and applicable, consult with her mental health provider.
- Consider designating staff member as a mood/anxiety case manager.

Prevalence in Washington State

Washington State tracks postpartum depression prevalence using Pregnancy Risk Assessment Monitoring System⁴ Survey data. In 2012, six percent of women reported always or often feeling down, depressed or hopeless since the birth of their baby. More women on Medicaid (8 percent) reported these feelings compared to those not on Medicaid (4 percent). In 2012, 77 percent of the women reported that a healthcare provider talked with them about postpartum depression. Of those women, 83 percent were enrolled in Medicaid while 72 percent were not.

Suggested Reading

Yonkers KA, et al. (2009). The Management of Depression During Pregnancy: A report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Obstet Gynecol*, September; 114(3): 703–713.

www.ncbi.nlm.nih.gov/pmc/articles/PMC3103063/pdf/nihms293836.pdf

Hall-Flavin DK, et al. (2012). Using a pharmacogenomics algorithm to guide the treatment of depression. *Transl Psychiatry*, e172; doi:10.1038/tp.2012.99.

Screening for perinatal depression. Committee Opinion No. 630. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:1268–71.

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

AHRQ Antidepressant Treatment of Depression and during Pregnancy and Postpartum Period, Number 16, publications no. 14-E003-EF, July 2014. <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1928>

Provider Tools and Resources

ACOG Depression and Postpartum Depression: Resource Overview

<http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression>

ACOG District II Perinatal Depression Screening Toolkit

Includes sample scripts for talking with patients and management suggestions:

<http://mail.ny.acog.org/website/DepressionToolKit.pdf>

ACOG Perinatal Depression Initiative

Links to Edinburgh screening tool, PowerPoint presentation and toolkit: <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Perinatal-Depression-Initiative>

AHRQ Depression Screening

Fact sheet and resources for providers:

<http://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/depression.html>

Center for Epidemiologic Studies Depression Scale (CES-D)

Used to detect major or clinical depression in adolescents and adults in community samples. For a link to the tool:

<http://counsellingresource.com/lib/quizzes/depression-testing/cesd/>

Edinburgh Postpartum Depression Scale (EPDS)

To see the EPDS tool: <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

Patient Health Questionnaire (PHQ-9)

A self-administered brief depression severity measure.

For a link to the tool: <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

PHQ-4 brief screening tool for anxiety and depression

<http://www.psychiatrytimes.com/all/editorial/psychiatrytimes/pdfs/scale-PHQ4.pdf>

Postpartum Support International of Washington State

Information for professionals and support:

www.ppm-support.com and 1-800-404-PPMD (7763)

⁴ Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system sponsored by the Centers for Disease Control and Prevention. It surveys new mothers who are representative of all registered births to Washington State residents. The Washington State Department of Health has been collecting PRAMS data since 1993. For more information, contact Maternal and Child Health Assessment at 360-236-3533 or visit the website at www.doh.wa.gov/PRAMS.