PRACTICE MANAGER MEETING
Friday October 17th 2014 Noon – 1:00PM

Instructions to join the meeting remotely:

1. Open a web browser and enter URL: www.readytalk.com
   Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:
   1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
www.cchap.org/pmmeeting
Pregnancy Related (Postpartum) Depression Screening for the Primary Care Practice: Screening, Resources & Referrals

**PRESENTERS**

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Maternal Health Specialist, CDPHE

**MEETING HANDOUTS:**  
www.cchap.org/pmmeeting
Pregnancy-Related Depression Screening for the Primary Care Practice: Screening, Resources, and Referral

Krista Beckwith, MSPH
Patrece Hairston, PsyD
Pregnancy-related depression is depression that occurs during pregnancy or up to one year after giving birth, including after a pregnancy loss.
The most common complication of pregnancy.

Nearly 1 in every 9 Colorado women who gave birth between 2009-2011 experienced signs and symptoms of depression.
Prevalence of New Mothers with Postpartum Depressive Symptoms by Insurance Coverage at Delivery, Marital Status, Partner Abuse, and Federal Poverty Level, Colorado Residents, Women 15-44, 2009-2011
What pregnancy-related depression is NOT.......
Most women with postpartum psychosis NEVER harm anyone!

Among this small population of women, only a small percentage will ever harm their children

This disorder is extremely RARE

Important facts to know:
Mothers with PRD can be screened and successfully referred/managed in a pediatric medical home.

There are supports to help practices and pediatric medical providers!

The benefits of early identification (e.g., screening) of PRD in mothers are invaluable to children and can change the course of their lives.
And the GOOD news is....... 

Most mothers that present with pregnancy-related depression will have mild symptoms that can be managed with brief psychosocial interventions that include lifestyle modifications and increased levels of social support!
Psychosocial impact on the child

Research shows that children of depressed mothers are more likely to exhibit socio-emotional problems; delays or impairment in cognitive, linguistic, and social development; exhibit poor self-control; aggression; have poor peer relationships; and difficulty in school.

Regular screening improves outcomes for both the mother and the child.
Toxic stress occurs when a child experiences strong, frequent, and/or prolonged adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support.
Attachment refers to the emotional connection that babies form with their caregivers. Attachment is built on shared experiences over time that contributes to a sense of trust and connection.

“Healthy attachment supports baby’s social and emotional development”
~Kate Kripke, LCSW - Postpartum Progress Blog
Why screen in pediatric settings?

A medical home for children is the place that post-partum women covered by Medicaid are most likely to be seen by professionals able to administer and respond to pregnancy-related depression screening within the critical first two months after birth.
PREGNANCY & POSTPARTUM

Increased percentage of mothers who report a healthcare provider talked to them about what to do if they felt depressed during pregnancy or after delivery from 75% in 2011 to 80% by 2016.
## Screening Tools

- Patient Health Questionnaire - 9 (PHQ-9)
- Edinburgh Postnatal Depression Scale (EPDS)

### EPDS Guidance

**Logistics:**
- Can be administered and scored by staff or providers
- 10 questions/administration time depends on literacy
- Cost: Free
- Has been validated in 18 languages, including English and Spanish
- Cultural considerations and stigma may impact disclosures

**Billing:**
Medicaid will reimburse for one screening per year
- CPT code 99240
Cultural/Contextual Issues

- Literacy of caregivers
- Country of Origin
- Lack of understanding of the terms “mental health” or “behavioral health”
- Difficulty understanding the role of behavioral health providers
- Stigma/Fear
Billing and Coding

 Practices are now able to bill for pregnancy-related depression screening on the Medicaid ID number of the infant
 Both Medicaid and many commercial insurance plans reimburse for this screening
Billing and Coding

Currently, Medicaid will reimburse $10 for completing PRD screening on the mother

The procedure code for postpartum depression screening is 99420 plus the "HD" modifier:

- Use diagnosis code V58.89 for a positive screen
- Use diagnosis code V79.8 for a negative screen
Statewide Efforts to Address Pregnancy-Related Depression
To ensure the systems pregnant and postpartum women operate in address pregnancy-related depression as part of the care provided.

This includes working with systems to improve screening and referral processes; supporting development of, and access to, appropriate resources; and improving the public’s knowledge and awareness of depression during pregnancy and postpartum.
Assess the impacts of health reform and advocate for improved maternal mental health services in public and private insurance venues.

Support access to professional development opportunities that empower the workforce to address PRD.

Develop and support coordinated approaches across systems to improve screening, referral and access to treatment for PRD.

Raise public awareness on PRD.

Pregnancy-Related Depression State Advisory Committee
Improving Systems of Care

Pregnancy-Related Depressive Symptoms Guidance

Background

Fact:

- Depression is the most common complication of pregnancy.
- Maternal & newborn mental health affects 1.5-2.3% of health outcomes.

Goals to reduce depression:

- Decrease risk factors
- Early identification
- Improve treatment

Protective Factors

- Social support, physical activity, and healthy sleep
- Family planning for an unintended pregnancy
- Positive parental role models
- Support of breastfeeding
- Early co-parent involvement

Risk Factors

- Personal history of major or postpartum depression
- History of postpartum depression
- History of substance use or interpersonal violence
- Multiple symptoms of depression
- History of trauma or abuse

Pregnancy-related depressive symptoms can occur during pregnancy or after one year postpartum:

- Anxiety symptoms commonly co-occur
- Baby Blues
- Postpartum symptoms
- No symptoms

Starting the Conversation

1. Address Stigma

- “Many women feel stigmatized about talking about pregnancy or postpartum depression.”

2. Explore Expectations

- Pregnancy and postpartum experiences and expectations vary.
- What are your feelings about being pregnant or postpartum?
- “What has surprised you about being pregnant or postpartum?”
- “What is the best thing you can do to take care of your body?”
- “What do you think your role is in pregnancy or postpartum after the baby is born?”

3. Explore Social Support

- “Who can you turn to for help?”
- “How have your relationships been during pregnancy or postpartum?”
- “Who can you turn to for help?”

Screening

When implementing screening, consider other services & resources that may be needed:

- Medical providers to prescribe medication
- Mental health & postpartum services
- Protocol for addressing social issues

Who to Screen:

- Primiparous at postpartum visit
- Postpartum visit at 6-8 weeks postpartum
- Early childhood practitioners
- Community-based providers

When Needed:

- Psychosocial intervention
- Community-based services
- Postpartum care

What to Screen:

- Maintenance of the therapy
- Postpartum care
- Psychosocial intervention

Conclusion

- Improved health outcomes
- Increased awareness
- Early intervention

Medication Treatment Considerations

- Effective medications
- Pain management
- Behavior change

Further Assessment, Diagnosis and Treatment Planning

Consider contributing factors:

- Tobacco, alcohol, and other drugs
- Interpersonal violence
- History of trauma or abuse

Assess for psychiatric symptoms and conditions:

- Major mood disorders
- Bipolar disorder
- Generalized anxiety disorder
- Obsessive-Compulsive Disorder
- Postpartum Psychosis
- Sleep disturbances

Postpartum Psychosis:

- A medical emergency; engage safety of mother and infant immediately

Shared Decision-making: Talking Points

- “What are your goals for treatment?”
- “What are your concerns about treatment?”

Helpful Lactation & Drug Exposure Resources:

- Lactation.gov
- MedlinePlus
- InfantNet

Pregnancy or Breastfeeding: Requiring Medication

- Never been on medication
- Effective medication for breastfeeding
- Current medication not felt effective or well tolerated

Other Related HealthTeamWorks Guidelines:

- Adult Depression
- Postpartum Depression
- Breastfeeding

Refer women with depressive symptoms to a medical or mental health provider for further assessment.
Empowering the Workforce

Perinatal Mood Disorders Summit

2020 Mom Project’s Maternal Mental Health Certificate Training

Postpartum Support International’s 2-Day Certificate Training
Looking to the Future......

Public Education and Awareness
- Defining the “who”
- Determining the messages

Advocating for Improved Maternal Mental Health Services
- Assessing the landscape of health coverage
- Identifying key access points and ideal places to promote change
For mothers needing a behavioral health referral:

- For mothers on Medicaid, the local community mental health center or BHO can provide guidance on the referral process. 
  http://www.cchap.org/storage/kh/BHO%20Contacts%20070114.pdf

- Mothers with commercial insurance plans will need to check with their insurance carrier about behavioral health resources.
- Things that may be important to ask: What types of services (e.g., medication, therapy, CAM modalities) are covered? How many sessions (therapeutic) are covered? What types of behavioral health providers (e.g., licensed psychologist, psychiatrist, LPC’s, licensed social workers) are covered? And how to access a list of covered providers in their respective geographic area.
Local Referrals and Resources

For mothers who may be in crisis:

Metro Crisis Services - Emergency Mental Health and Substance Abuse Services for Colorado

* Open to families from any county, any time – hotline is open 24/7. 1-888-885-1222.
* Providers are also welcome to call and ask questions about how to manage a psychiatric crisis situation.
* Cards, brochures and promotional materials are available upon request.
Local Referrals and Resources

Other resources:

- If the mother is involved in a medical home and is presenting with mild depressive symptoms, her primary care provider may be an appropriate place to refer and consult.
- Local early childhood councils frequently have information on local programs that provide support to mothers and infants – as maternal depression is a developmental risk for a child. Connecting with these local resources can help you find programs in your community. How to find your local ECC:
  [Link](http://media.wix.com/ugd/97dde5_4bac2c101f5a48bbbd0c367c6d707b8.pdf)
Postpartum Support International (PSI) is a national organization providing support for perinatal mood disorders. PSI offers a two-day certificate training in perinatal mood disorders for professionals as well as resources for women and their families. Resources include state co-coordinators that a mom can call to help locate support as well as free weekly telephone-based support groups for women and monthly telephone-based support groups for men.

www.postpartum.net

In partnership with Postpartum Support International, the 2020 Mom Project is working to improve healthcare systems. Resources include a maternal mental health online certificate training geared towards mental health professionals. Registration for the next set of classes should begin in September 2014.

www.2020mom.org
Postpartum Progress offers in-depth information and a comforting online community for pregnant and new moms suffering from perinatal mood disorders. Postpartum Progress is led by a survivor of postpartum OCD and hosts a daily blog that allows women to voice their own experiences. All blog postings and website information are reviewed by topic experts to ensure accuracy and relevancy, and sensitivity is given to postings that may trigger symptoms or flashbacks for a reader.

www.postpartumprogress.com

The Fussy Baby Network Colorado offers a range of support services for new parents dealing with a fussy baby, including in-person consultation at The Children’s Hospital and statewide telephone services. The Fussy Baby Warm Line provides support and services over the phone to anyone dealing with a fussy baby. Individuals are asked to leave a message and a member of the Fussy Baby team will call them back.

www.fussybabynetworkcolorado.org
HealthTeamWorks
Pregnancy-Related Depression Page:

http://www.healthteamworks.org/guidelines/prd.html
Thank You!

If you have additional questions about behavioral screening, integrated care or resources in your community, please contact:

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