Title: Recommendations for the General Pediatrician & Screening for Postpartum Mood and Anxiety Disorders (PMADs)

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I. Brief Overview of the Problem

Maternal mental illness has been shown to adversely affect child mental health and development.[1, 2, 3] The American Academy of Pediatrics (AAP), in recognition of this association, has focused in repeated initiatives and policy statements on the importance of addressing maternal mental health within the purview of routine pediatric care.[4] While less research and policies have been directed at the impact of fathers, we recommend that if fathers of young children exhibit the red flags (see next section), that they should also be screened for mood disorders within pediatric outpatient settings.

II. Red Flags

It is extremely important to recognize some of the Red flags and warning signs of PMADs.[4, 5] Look out for these at all visits. Past history and family history of mood disorders is highly correlated with PMAD. The following chart summarizes maternal and infant risk factors and maternal and infant behavior that should alert for PMADs [5]:

Psychosocial Risk Factors	Infant risk factors
• Poverty • Maternal chronic illness • History of depression, anxiety, mood disorder, substance abuse • Adolescent pregnancy • Social isolation	• Prematurity • Congenital problems • "Vulnerable child" syndrome
Maternal behavior (observed or expressed by mother, father, grandparents)	**Infant behavior**
• Depressed affect • Sleeping more or trouble sleeping • Lack of enjoyment of usual activities/avoidance of usual activities • Withdrawal from family • Neglect of newborn or other children • Questions reflecting self-doubt/ severe anxiety • Inaccurate expectations of behavior and/or development • Punitive child rearing attitudes or discipline • Irritable/disruptive in office/frequent visits	• Decreased activity • Increased crying • Poor feeding • Failure to thrive • Sleeping problems • Increased accidents

III. Screening Tools

Here are a few reliable, free and easy to use screening tools that can :

1. Patient Health Questionnaires (PHQ) [6, 7, 8]

The PHQ-9 and its abbreviated version PHQ-2 are easy to use screening tools for depression. The PHQ-9 can be downloaded from www.integration.samhsa.gov/images/res/**PHQ**%20-%20Questions.pdf *or* http://www.phqscreeners.com/overview.aspx?Screener=02_PHQ-9. The PHQ-9 is bases on DSM-IV criteria for depression. Scores of 10 or greater are significant for depression and require further evaluation and treatment. Of course, the final question regarding suicidal ideation requires immediate intervention.

The PHQ-2 is a simple and reliable screen for depression only. It consists of the first two questions of the PHQ-9. Any "yes" response is considered positive and requires additional evaluation and treatment. (If there is a positive response, the PHQ-9 may be administered). It can be downloaded from this site*:* http://health.utah.gov/mihp/pdf/PHQ-9%20two%20question.pdf

2. Edinburg Postnatal Depression Screen [4, 9]

The Edinburg Postnatal Depression Screen is an excellent tool developed specifically to screen for postpartum depression. One advantage is that it also asks about anxiety. The EPDS has been used cross-culturally, and has been translated into 23 languages, although all translations have not been validated. It can be obtained from:
http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf

Scores of 5-9 indicate borderline depression and scores of 10 and over require intervention. Any positive response to question 10 requires immediate intervention. The abbreviated Edinburg- 3 has been found to be an effective screen. It consists of questions 3,4,5 of the Edinburg. Scores of 3 or greater are considered positive and require treatment.

Recommended times to screen are at the initial visit (between birth and 2 weeks), 2 months, 6 months and at one year. Screening in the first few days may over identify because of the less serious and more common postpartum blues.

IV. Resources & Referrals

Guide for Pediatricians to Find Local Mental Health Resources for Mothers with Postpartum Mood Disorders

Postpartum Support International is an excellent resource with chapters in every state.

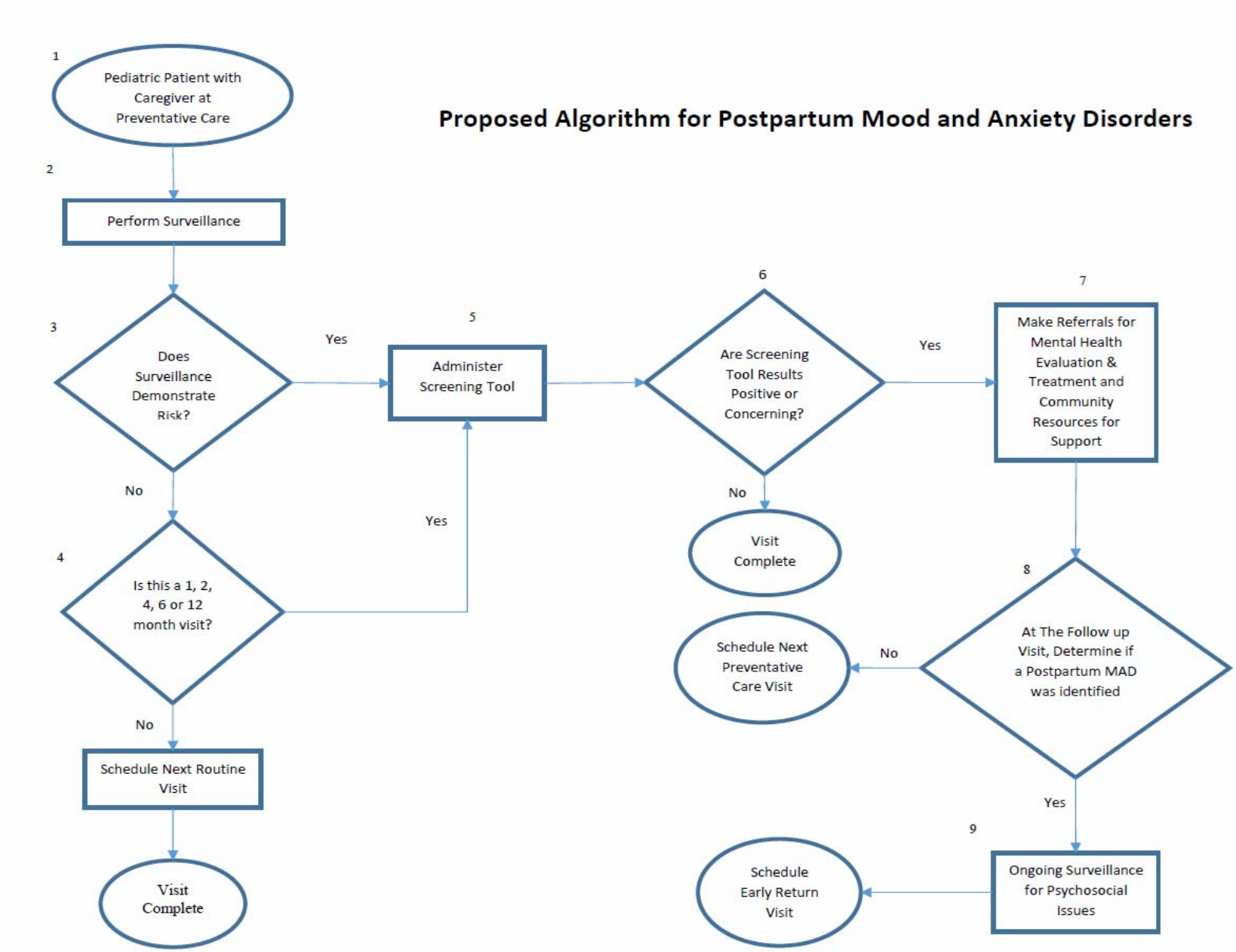
www.postpartum.net
1-800-944-4PPD ~ 1-800-944-4773
Parents and professionals will be referred to local resources in their area.

Services include PSI Support Coordinator Network - www.postpartum.net/Get-Help.aspx and Chat with an expert: www.postpartum.net/Get-Help/PSI-Chat-with-an-Expert.aspx - Every Wednesday for Moms; First Mondays for Dads

Many hospitals have perinatal mental health clinics providing timely support and treatment.

Additional parent and professional informations and handouts are available on the PSI website, postpartum resource center of new York www.postpartumny.org and HRSA: http://mchb.hrsa.gov/pregnancyandbeyond/depression/perinataldepression.pdf

V. Implementation – See algorithm on next page



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VI. Billing

A number of states have mandates to pay for PMAD screening and usually give guidance on how to code. The AAP suggests using code **99420** (administration and interpretation of health risk assessment instrument) with diagnosis code **V79.0** (special screening for depression). Others suggest using the code **96110** (developmental screening, limited). It is important to check with private and Medicaid insurers to clarify which code is best to use. Be sure to utilize the appropriate modifier (25 or 59) as needed.

Pediatricians often discuss parental health conditions and behaviors (e.g. maternal breast health to maximize success in breast feeding; cigarette smoking) and make appropriate referrals for treatment (e.g. lactation specialist or smoking cessation programs). Screening for PMAD and referring for treatment seems to fall into the same category. Therefore HIPPA and insurance issues do not appear to be of major concern. However, parents should be notified if information will be recorded in their own personal medical records.

VII. If you need assistance, please reach out to us…

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* Nerissa Bauer – nsbauer@iu.edu
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VIII. References

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www.perinatalweb.org/foundation/pmdresources.htm#Tools