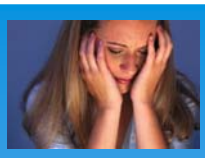


The General Pediatrician and Screening for Postpartum Mood and Anxiety Disorders (PMADs)

Society for Developmental and Behavioral Pediatrics, December 1, 2014

Presenters

- *Jack Levine, MD, FAAP,* Assistant Clinical Professor, Hofstra University Medical School; Department of Pediatrics, Nassau University Medical Center, East Meadow, NY
- *Miguelina German, PhD,* Director of Quality, Behavioral Health Integrated Program, Assistant Professor, Montefiore Medical Center/Albert Einstein College of Medicine
- *Nerissa Bauer, MD, MPH,* Assistant Professor, Department of Pediatrics, Indiana University School of Medicine
- *Wendy Davis, PhD,* Executive Director, Postpartum Support International, Counseling & Consultation, Portland Oregon
- *Robin Adair, MD, MMHS,* Associate Professor, Pediatrics, Division, Neurodevelopmental and Behavioral Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, NY

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

3

"Serve and Return"

Infant/caregiver interaction key to development of healthy brain architecture

Caregivers with depression unable to respond to child during attachment development

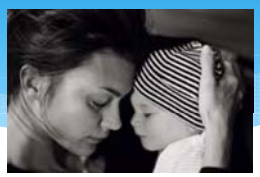
- Disrupts "serve and return"
- Maternal responsiveness
- Infant withdrawal

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/

4

Spectrum of Perinatal Mood and Anxiety Disorders



Prenatal depression	"Baby Blues"	Postpartum depression
Prenatal anxiety	Panic attacks, Anxiety, OCD	PTSD

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Postpartum "Baby Blues"

Prenatal Depression Prevalence: 10-20% of pregnant women	• Crying or weepiness • Sleep problems (not due to frequent urination) • Fatigue • Appetite disturbance	• Loss of enjoyment of activities • Anxiety • Poor fetal attachment • Irritability
"Baby Blues" Prevalence: As high as 80% of new mothers	• Feeling overwhelmed • Irritability • Frustration • Anxiety • Mood lability (ups and downs – mom is elated one minute, and crying the next)	• Feeling weepy and crying • Exhaustion • Trouble falling or staying asleep • **Time Frame** – symptoms usually resolve by two weeks post delivery

Understanding Maternal Depression. July 2005.NYS Department of Health/NYS Office of Mental Health

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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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Post partum 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

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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

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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

10

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

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Impact of Maternal Depression

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

Failure to thrive

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

Sleep problems

School problems

Early Child Development in Social Context, 2004, M. Earls

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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

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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

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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

15

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

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What are the available tools?

Validated screening tools available

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

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Edinburgh Postnatal Depression Scale (EPDS)

- 10 items for symptoms of emotional distress within past 7 days during pregnancy & postpartum period
- Less then 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

Cox, JL et al. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 1987.

Edinburgh Postnatal Depression Scale[1] (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:

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

Administered/Reviewed by _____ Date _____

[1] Source: Cox, JL., 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

[2] Source: R. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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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

Kabir et al. Identifying Postpartum Depression: Are 3 Questions are Good as 10? Pediatrics. 2008

19

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 scores≥ 11 or positive suicidal ideation

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the *last 2* weeks, how often have you been bothered by any of the following problems? (use "√" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)		TOTAL:		

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls99@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Kronke K et al. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine, 2001.

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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?

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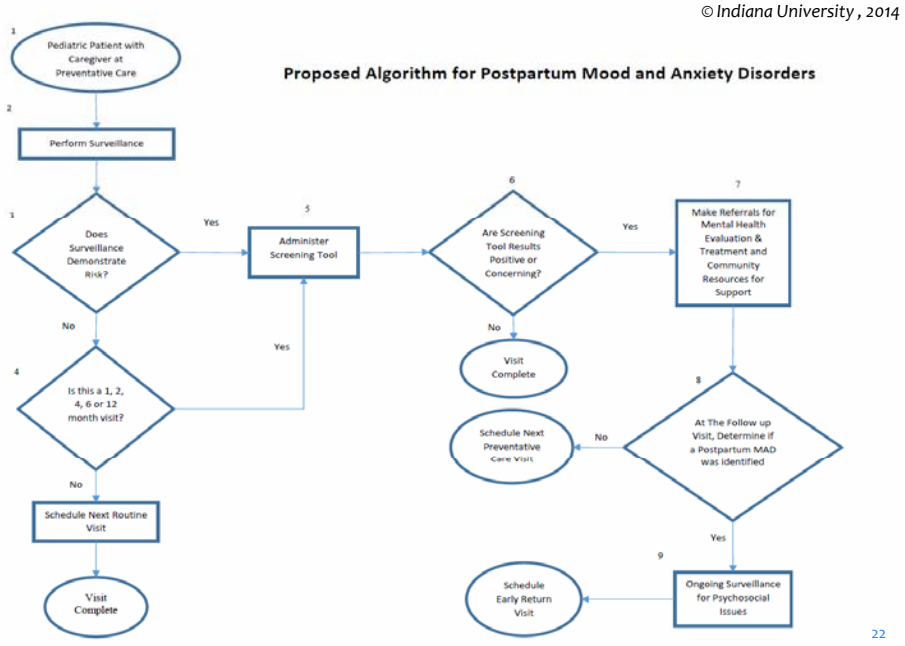

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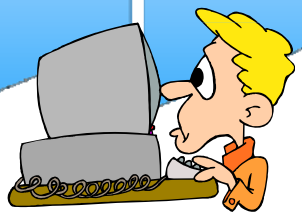
Coding and payment

99420 – Health Risk Behavior Assessment

96110 – Developmental screening

Increase level of E/M code

Add E/M code to preventative care with modifier



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Implementation – Commonwealth Fund

Engage the practice
- Champions
- Motivate
- Educate

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

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

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Office Treatment/Referrals

Reassurance (maternity blues)

Supportive strategies (maternity blues, minor depression)

Specific interventions (minor and major depression)

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

Demystification and parent education - milder symptoms

- Not alone
- Not to blame
- Will get better

Early treatment shows best results

M. Earls

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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

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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!!!

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Co-Located Model/Integrated

- A psychologist (or other behavioral health care provider) working in a space that is embedded in or in close proximity to a primary care clinic.
- Co-located care models are an alternative to the dominant, “silo” health care models.
- Montefiore Medical Center – Healthy Steps

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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

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Postpartum Support International

Support | Resources | Training Connection

www.postpartum.net

1-800-944-4PPD ~ 1-800-944-4773

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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

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PSI Support for Families

- **PSI Support Coordinator Network**
- 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**

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Postpartum.net/get-help

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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

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PSI Chat with an Expert

* www.postpartum.net/Get-Help/PSI-Chat-with-an-Expert.aspx

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

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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

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PSI Educational materials

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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

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Contact Information

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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

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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

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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

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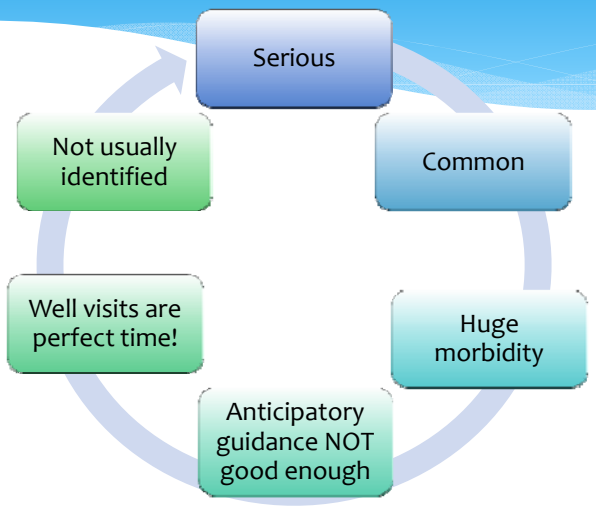
So Screen Already !

Commonwealth Fund



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If You Need Assistance…

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* Jack Levine – jmlevine@optonline.net
* Nerissa Bauer – nsbauer@iu.edu
* Wendy Davis – wdavis@postpartum.net

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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.

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References

* *In Brief: Early Childhood Program Effectiveness* www.developingchild.harvard.edu/library/
* *The Foundations of Lifelong Health Are Built in Early Childhood*. Center on the Developing Child. www.developingchild.harvard.edu/library/
* Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*. http://www.developingchild.harvard.edu
* National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Shonkoff J. and Phillips D. (eds.). Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC, National Academy Press. 2000.

47

References

* *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Center for the Developing Child. www.developingchild.harvard.edu/library/
* *Early Child Development in Social Context*. Child Trends and Center for Child Health Research, 2004. Commonwealth Fund
* *Understanding Maternal Depression*. July 2005.NYS Department of Health/NYS Office of Mental Health
* Earls, M. *Clinical Report--Incorporating Recognition and Management of Perinatal and Postpartum Depression*. Pediatrics. 2010
* 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

48

References

* Onunaku N. *Improving Maternal and Infant Mental Health: Focus on Maternal Depression.* Los Angeles, CA: National Center for Infant and Early Childhood Health Policy at UCLA; 2005.
* *The Colorado Pediatric Postpartum Depression Screening and Referral Toolkit.* Developed by Brian Stafford, MD, MPH. www.cchap.org.
* MedEDPPD http://www.mededppd.org
* *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans:* NIHCM Foundation Issue Brief. June 2010. www.nihcm.org
* Ostler, T. *Mental Illness in the Peripartum Period*. Zero to Three. 2009. www.zerotothree.org

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