Perinatal Mental Health Screening and Resources

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WELL-AHEAD

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I have no disclosures.

Acknowledgement

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Learning Objectives

- Increase knowledge of the scope, symptoms and risk factors associated with perinatal mood and anxiety disorders
- Increase knowledge of screening recommendations and tools
- Expand awareness and learn about pregnancy and postpartum resources available through the state of Louisiana and nationwide
- Increase understanding of services provided by the Bureau of Family Health and Provider to Provider Consultation Line (PPCL)

Scope of the Problem

Falling Through the Gaps

Common	**Mental health problems are the most common complication of pregnancy**, affecting up to 20% of women in the perinatal period (35–40% among low-income and minority patients)[1]
Under-identified	Studies suggest that **less than 50% of women with perinatal mental health problems are identified by their frontline physician**[2]
Undertreated	**75% of patients experiencing perinatal mental health symptoms go untreated**, and there are not enough psychiatric providers to care for patients with perinatal mental health issues[3-4]
Under-represented	Pregnant patients have been historically **under-represented in clinical research AND in clinical training**

1. ACOG Committee Opinion 757 (2018).; 2. Goodman & Tyer-Viola (2010). Journal of Women's Health, 19(3): 477-490.;
3. Byatt (2015). Obstetrics & Gynecology, 126(5): 1048–1058.; 4. Byatt (2020). Promoting the Health of Mothers & Children

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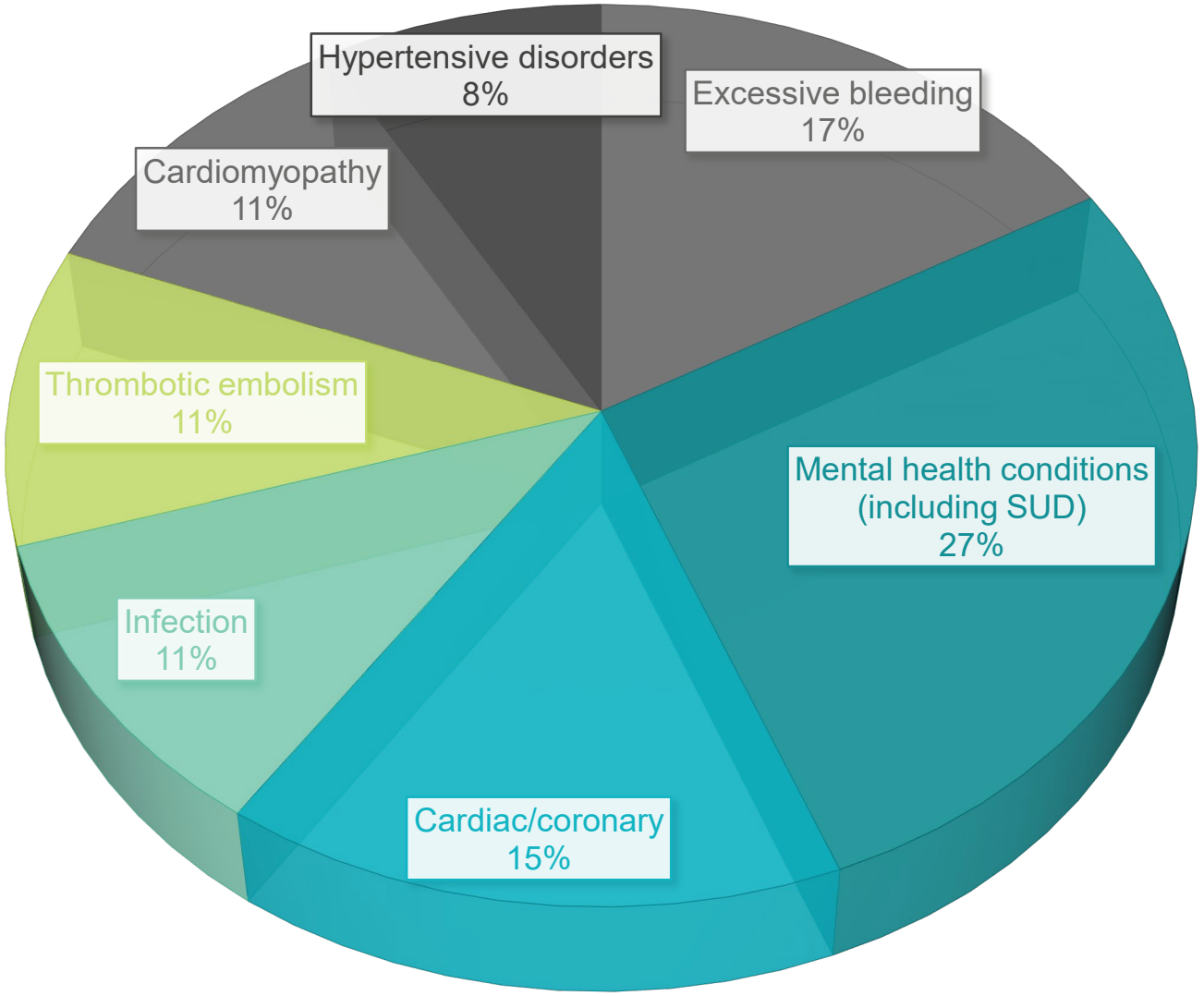
CAUSES OF PREGNANCY RELATED DEATH, 2017–2019



Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

Symptoms & Risk Factors

Baby Blues	Postpartum Depression	Postpartum Psychosis
30–80%	10–25%	1-2/1,000 births
Appears within first 5 days; self-resolves by 2 weeks postpartum	Lasts longer than 2 weeks	Occurs within the first month postpartum; can occur rapidly following delivery
Difficulty sleeping, tearfulness, anxiety, emotional lability; symptoms are generally mild *No suicidal thoughts	Depressed mood, anhedonia, sleep problems, excessive guilt *Functional impairment *May experience suicidal thoughts	Mood swings, agitation, delusional thoughts (often related to the baby), paranoia, may experience hallucinations, may experience suicidal or homicidal thoughts
Generally does not require intervention; validation, education and support	Requires intervention (therapy, psychiatric medications)	Medical emergency; almost always requires hospitalization

Risk Factors for Postpartum Depression

- Prior history of depression, anxiety or substance use disorder
- Poor social support
- Conflict with partner
- Unplanned pregnancy
- Pregnancy/delivery complications, infertility, miscarriage or infant loss
- Young age at time of pregnancy
- Stressful life event during pregnancy
- Baby born with medical problems
- History of physical or sexual abuse

Perinatal anxiety is common

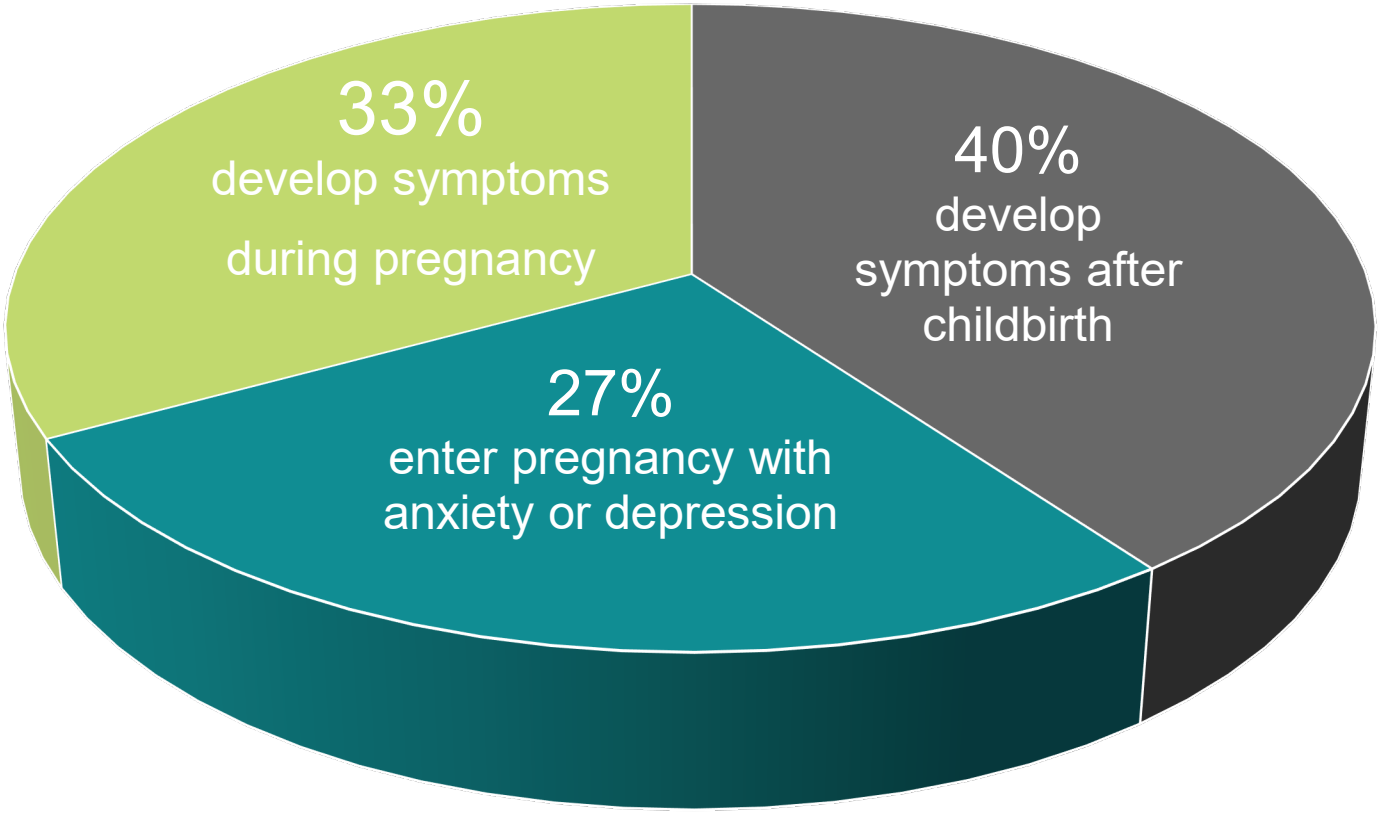
- Having anxious thoughts during pregnancy is a common phenomenon
  - Miscarriage
  - Baby's health
  - Labor and delivery
  - Social stressors
- Most pregnant people require no treatment beyond support
- Differentiating between "typical" and pathologic anxiety can be challenging

Anxiety *disorders* also common in perinatal period

- About 10% of all women meet criteria for generalized anxiety disorder (GAD) in pregnancy[1]
  - Highest rates: First trimester
- Strongest predictor of GAD in pregnancy = history of GAD
  - Women with ≥ 4 episodes of GAD are about 7x more likely to experience GAD in pregnancy[1]
  - Higher rates in birthing people with high risk pregnancies (5-7x higher)[2]

[1]Buist et al. *J Affect Disorder*. 2011: 131(1-3), 277-283.
[2]Fairbrother et al. *Arch Womens Ment Health*. 2017 Apr;20(2):311-319.

Perinatal Depression: Onset Timing



Wisner et al (2013)

Screening During the Perinatal Period

American College of Obstetricians and Gynecologists (ACOG) Recommendations

- Screening should occur:
  - ➢At the first obstetric visit to identify onset before pregnancy
  - ➢At 24-28 weeks gestation to identify onset during pregnancy
  - ➢At the comprehensive postpartum visit (4th trimester visit) to identify onset that occurs in late-pregnancy or early postpartum
- Full assessment of mood and emotional well-being (including screening for depression & anxiety) during the comprehensive postpartum visit
- **However:**
  - Many women do not keep their comprehensive postpartum visit
  - Depression may present earlier or later
  - Perinatal depression associated with missed appointments

ACOG Committee Opinion No. 4 (2023)

Introducing Screening

- “We ask all parents these questions because mood changes during pregnancy or after giving birth are very common, and they can affect your health and your baby’s health.”
- “Anxiety and worry are also common during this time.”
- “These changes can occur at any time during pregnancy and after delivery, so we will ask you some of these questions again.”

Understanding Screen Results

- Screens are just one element of the clinical assessment…NOT DIAGNOSTIC
- Negative screen
  - Low likelihood
  - Valid screens can have up to 20% false negative rates…if screen doesn't match presentation, pay attention to clinical judgment
- Positive screen
  - Reflects higher than usual probability
  - Warrants a specific plan

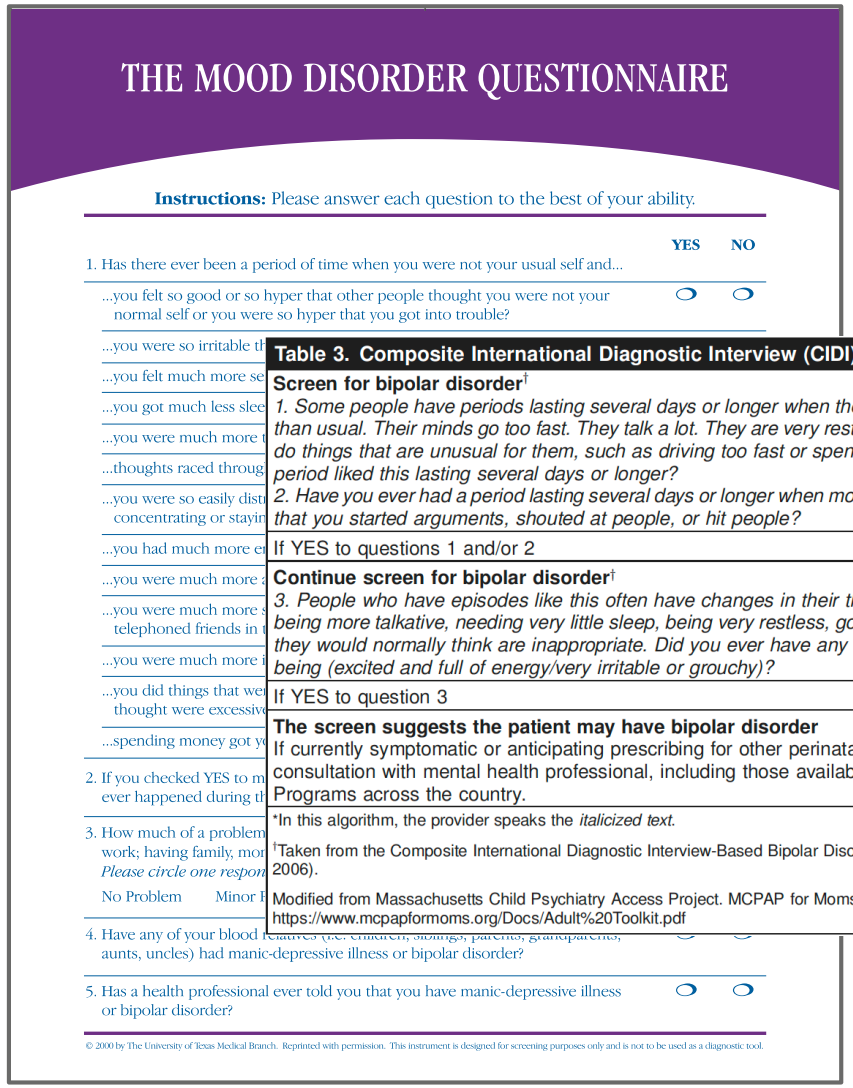
Other Screening Considerations

- Some ACOG recommended screening tools* (can be found on ldh.la.gov/ppcl):
  - Edinburgh Postnatal Depression Scale (EPDS)
  - Patient Health Questionnaire (PHQ-9)
  - Generalized Anxiety Disorder (GAD-7) Scale
  - PTSD Checklist for DSM-5 (PCL-5)
  - Patient Health Questionnaire (PHQ-2, PHQ-9)
  - Social Needs Screening Tool
  - Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic Violence Screening Tool (include statewide and region-specific resources)
  - Substance Abuse: Physician Pocket Guide for Alcohol Screening and Brief Intervention; Prenatal Substance Abuse Screen; Drug Abuse Screening Test (DAST); AUDIT-C; CRAFFT; 5P's

*Many of the screens listed are available in multiple languages

ACOG screening guidelines—Bipolar Disorder

- Suggest that everyone receiving prenatal and postpartum care be screened for bipolar disorder using a standardized, validated instrument
- *Recommend screening for bipolar disorder before initiating pharmacotherapy for anxiety or depression*
- Consider consulting a mental health professional, including those available through Perinatal Psychiatry Access Programs (PPCL)



THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	○	○
...you were so irritable th		
...you felt much more se		
...you got much less slee		
...you were much more t		
...thoughts raced throug		
...you were so easily distr concentrating or stayin		
...you had much more en		
...you were much more a		
...you were much more s telephoned friends in t		
...you were much more i		
...you did things that wer thought were excessiv		
...spending money got yo		
2. If you checked YES to m ever happened during th		
3. How much of a problem work; having family, mon *Please circle one respon* No Problem Minor P		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	○	○

Table 3. Composite International Diagnostic Interview (CIDI) Bipolar Screen*

Screen for bipolar disorder†
1. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period liked this lasting several days or longer?
2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you started arguments, shouted at people, or hit people?
If YES to questions 1 and/or 2
Continue screen for bipolar disorder†
3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being (excited and full of energy/very irritable or grouchy)?
If YES to question 3
The screen suggests the patient may have bipolar disorder If currently symptomatic or anticipating prescribing for other perinatal mood or anxiety disorder, consider consultation with mental health professional, including those available through Perinatal Psychiatry Access Programs across the country.
*In this algorithm, the provider speaks the *italicized text*.
†Taken from the Composite International Diagnostic Interview-Based Bipolar Disorder Screening Scale (Kessler, Akiskal, Angst et al., 2006).
Modified from Massachusetts Child Psychiatry Access Project. MCPAP for Moms toolkit. MCPAP; 2014. Accessed February 7, 2023. https://www.mcpapformoms.org/Docs/Adult%20Toolkit.pdf

Edinburgh Postnatal Depression Scale (EPDS)

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - 0 ☐ As much as I always could
   - 1 ☐ Not quite so much now
   - 2 ☐ Definitely not so much now
   - 3 ☐ Not at all

2. I have looked forward with enjoyment to things
   - 0 ☐ As much as I ever did
   - 1 ☐ Rather less than I used to
   - 2 ☐ Definitely less than I used to
   - 3 ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - 3 ☐ Yes, most of the time
   - 2 ☐ Yes, some of the time
   - 1 ☐ Not very often
   - 0 ☐ No, never

4. I have been anxious or worried for no good reason
   - 0 ☐ No, not at all
   - 1 ☐ Hardly ever
   - 2 ☐ Yes, sometimes
   - 3 ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - 3 ☐ Yes, quite a lot
   - 2 ☐ Yes, sometimes
   - 1 ☐ No, not much
   - 0 ☐ No, not at all

*6. Things have been getting on top of me
   - 3 ☐ Yes, most of the time I haven't been able to cope at all
   - 2 ☐ Yes, sometimes I haven't been coping as well as usual
   - 1 ☐ No, most of the time I have coped quite well
   - 0 ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - 3 ☐ Yes, most of the time
   - 2 ☐ Yes, sometimes
   - 1 ☐ Not very often
   - 0 ☐ No, not at all

*8 I have felt sad or miserable
   - 3 ☐ Yes, most of the time
   - 2 ☐ Yes, quite often
   - 1 ☐ Not very often
   - 0 ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - 3 ☐ Yes, most of the time
   - 2 ☐ Yes, quite often
   - 1 ☐ Only occasionally
   - 0 ☐ No, never

*10 The thought of harming myself has occurred to me
   - 3 ☐ Yes, quite often
   - 2 ☐ Sometimes
   - 1 ☐ Hardly ever
   - 0 ☐ Never

< 10 = Low risk for depression

≥ 10 = Risk for depression

Helpful Resources

Lifeline4Moms App

https://bit.ly/3Ezr42Z

App for healthcare clinicians supporting patients in the perinatal period. Includes information for interpreting screens and treatment algorithms.

Managed Care Organizations

Louisiana Medicaid Managed Care Organizations provide perinatal support including case management, transportation, baby showers, and incentives for attending prenatal and postnatal appointments. *Check the number on the back of the patient's insurance card.*

Mother to Baby

866.626.6847

www.mothertobaby.org

Evidence-based information for patients and providers about the safety of medications during pregnancy and lactation.

Partners for Healthy Babies

https://1800251baby.org/parent/

Louisiana-specific information to support families with young children.

Postpartum Support International (PSI)

1.800.944.4773

www.postpartum.net

Online and local support for patients affected by perinatal depression and other challenges and their families. Includes online groups and resource information to access therapy and other services.

Vroom

www.vroom.org

Website to support brain-building activities that boost children's learning and development. A downloadable app is available to incorporate into the everyday routine of families.

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Louisiana Provider to Provider Consultation Line (PPCL)

Screening Passport

For Perinatal Well-Being

The Goal of PPCL

The goal of the *Louisiana Provider-to-Provider Consultation Line (PPCL)* is to support Louisiana healthcare clinicians in identifying perinatal risks and mental health symptoms, implementing first-line management of mental health and substance use disorders, and making effective referrals to additional community resources.

Through PPCL, physicians and other healthcare clinicians can access real-time phone consultations for resource needs and clinical questions, including questions about psychiatric medications.

Contact PPCL
(833) 721-2881

Learn more about PPCL
ldh.la.gov/ppcl

Purpose of the Screening Passport

Screening for depression, anxiety, substance use disorders, and safety are all recommended practices during pregnancy and the postpartum period. Home visitors and clinicians can share this Screening Passport with clients and patients.

The passport ensures that pregnant and postpartum patients have access to their own health information and can bring the information to other healthcare appointments so that all their primary care, obstetric, and mental health clinicians are well-informed.

The information in this Screening Passport will help their healthcare clinicians give them the best care possible.

Screen Results

Edinburgh Postnatal Depression Scale (EPDS): *Screens for depression and anxiety.*
Risk of depression: ≥10
Risk of anxiety: ≥5 on items 3, 4, and 5
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____

Patient Health Questionnaire 9 (PHQ-9): *Screens for depression*
Risk of depression: ≥10
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____

Generalized Anxiety Disorder 7 (GAD-7): *Screens for anxiety.*
Risk of anxiety: ≥10
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____

5-P's: *Screens for substance use disorders. Scores greater than 0 indicate the need for further assessment.*
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____

AAFP Social Needs Screening Tool or Safe Environment for Every Kid: *Screens for factors that can interfere with health. Any identified needs indicate the need for further assessment.*
Needs: _____
_____
_____ Date: _____
Needs:
_____
_____
_____ Date: _____
Next Steps: _____
_____

Other Screening Tool
Screening Tool: _____
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____
_____
Screening Tool: _____
Score: _____ Date: _____
Score: _____ Date: _____
Score: _____ Date: _____
Next Steps: _____
_____

Education and Awareness: Perinatal Mental Health

postpartum.net/resources/psi-awareness-poster

- nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/materials
- nimh.nih.gov/health/publications/perinatal-depression
- postpartum.net/get-help/for-you
- postpartum.net/get-help/psi-online-support-meetings

Self-Care Plan

- Ask for help
- Make time for pleasurable activities
- Stay physically active
- Talk or spend time with people who can support
- Pace breathing and/or belly breathing
- Mindful breathing
- Prioritize sleep
    - Sleep hygiene practices

Taking Care of *You*

Your Postpartum Health and Care

4th trimester PROJECT™

NewMomHealth.com

Postpartum *Plan* for

Here's a guide to think through ideas for support after childbirth.
Make this yours! Fill it out and share with other people. Update as your needs change.

Contact Information

The best person to check in with about this plan:

Contact them through:

Communication

People have different feelings about how they want to be contacted, what news others are welcomed to share, and what they would like to hear after birth.

Outreach to me is **welcomed** / **not welcomed** right now.

I would like to receive **messages from loved ones** through:

- ◯ Social media. If yes, which platform:
- ◯ Email. If yes, address:
- ◯ Text. If yes, number:
- ◯ Phone call. If yes, number:
- ◯ Zoom / Skype / Facetime / etc.
- ◯ In-person. If yes, please see **Visitors** section.

For more information, go to
NewMomHealth.com
and SaludMadre.com

HRSA
Maternal & Child Health

National Maternal Mental Health Hotline

1-833-943-5746 (1-833-9-HELP4MOMS)

Leer en español | Frequently Asked Questions | Download Promotional Materials

988
SUICIDE
& CRISIS
LIFELINE

24/7, Free, Confidential Hotline for Pregnant and New Moms in English and Spanish

The National Maternal Mental Health Hotline can help. Call or text 1-833-943-5746 (1-833-9-HELP4MOMS). TTY users can use a preferred relay service or dial 711 and then 1-833-943-5746.

Managed Care Organizations (MCOs) Offer Behavioral Health Crisis Lines for Members Available 24/7

- Humana Behavioral Health Crisis Line: 1-844-461-2848
- Louisiana Healthcare Connections Behavioral Health Crisis Line: 1-844-677-7553
- Aetna Behavioral Health Crisis Line: 1-833-491-1094
- United Healthcare Behavioral Health Crisis Line: 1-877-783-0090
- Healthy Blue Behavioral Health Crisis Line: 1-844-812-2280
- Amerihealth Caritas Behavioral Health Crisis Line: 1-844-211-0971

How Can the Provider to Provider Consultation Line (PPCL) Help?

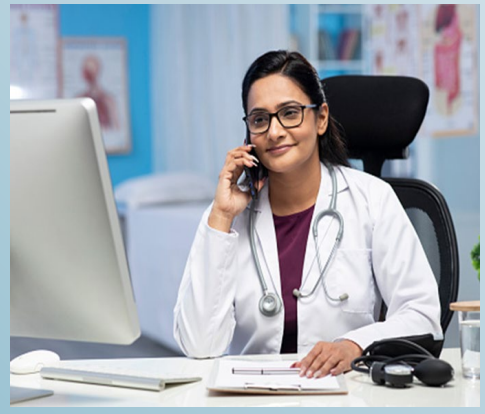
PPCL

PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

Supports frontline providers in identifying, diagnosing, treating and referring patients with mental health concerns.

Consultation



Resource/Referral Support

Education and Training

Why Provide Consultation to Frontline Providers?

- It's where the patients are
  - Women see a frontline healthcare clinician (OB, pediatrics, PCP) **20–25 times** during the perinatal period
    - 95% of children in US have health insurance
    - 15 scheduled visits in first 5 years
- Frontline healthcare clinicians are trusted experts; have relationships over time with patients and families
- Consultation **leverages scarce psychiatric resources**
  - With support, training and resources, frontline healthcare clinicians can manage mild to moderate mental health concerns

Project ECHO®

- Statewide
- Any provider serving children/youth (birth-21) and pregnant and postpartum women
- Operates Monday-Friday from 8am-4:30pm
- Providers register for the program (not required to access consultation)
- Resource and referral support
- Psychiatrists are available for consultation

Louisiana Provider to Provider Consultation Line (PPCL)

Pediatric & Perinatal Mental Health Support

The **Provider-to-Provider Consultation Line (PPCL)** is a no-cost telehealth consultation and education program that helps providers address the behavioral and mental health needs of pediatric patients (ages 0-21) and perinatal patients.

The program can help increase clinic capacity to screen, diagnose, treat, and refer patients to supportive services and connect providers to mental health consultants and psychiatrists.

Call now to speak with a mental health consultant or psychiatrist about your patients!

(833) 721-2881

ldh.la.gov/ppcl

PPCL

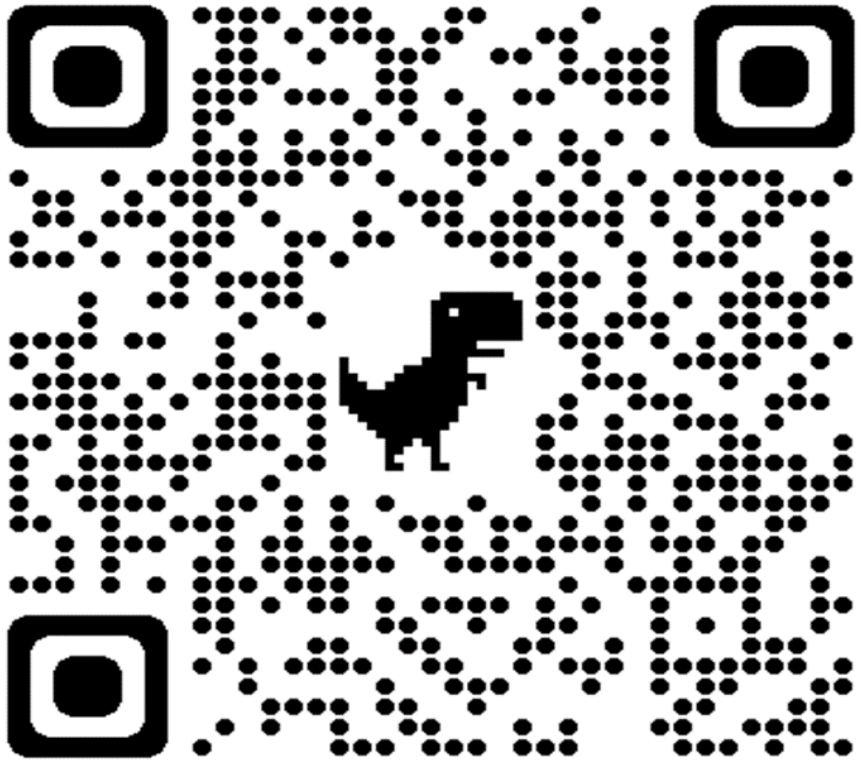
PROVIDER TO PROVIDER CONSULTATION LINE

Pediatric and Perinatal Mental Health Support

Contact us at (833) 721-2881

- ✓ Receive program updates
- ✓ Gain access to consultation from a team of mental health professionals
- ✓ Get access to an ECHO series on pediatric and perinatal mental health issues
- ✓ Get support in identifying mental health and other community resources for your patients

Project ECHO



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