SUCCESSFUL POSTPARTUM DEPRESSION SCREENING PROGRAM IN A PEDIATRIC PRACTICE

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OBJECTIVES FOR THIS SESSION

- Learn more why we should be screening pediatric practice/primary care.
- How to implement a successful workflow for postpartum depression screening in pediatrics/primary care.
- Learn other ways to support our mothers when mental health resources are not readily available.

ABOUT ME

DARTMOUTH HEALTH PEDIATRICS IN MANCHESTER, NH

MOTHERS AND BABIES CERTIFIED

POSTPARTUM SUPPORT INTERNATIONAL STATE OF NH SUPPORT COORDINATOR

VOLUNTEER FOR NAMI NH

MATERNAL MENTAL HEALTH ADVOCATE

MY PASSION STEMS FROM TRAGEDY

14 YEARS AGO…

RECOMMENDATIONS BY THE AMERICAN ACADEMY OF PEDIATRICS (AAP)

WHEN?

- Recommends at well baby visits 1, 2, 4, and 6 month.
- Makes sense, where we see moms the most postpartum. *Most moms are seen at the pediatrician before their follow up with OB/Gyn. Fill the GAP.

WHY?

- Most recent data shows maternal mental health conditions are the ***NUMBER ONE COMPLICATION*** of childbearing.
- We have the spotlight with tragedies in the media. More people are paying attention and speaking out.
- Advocacy has helped with funding so the time in ***NOW.***

quick-safety-67-maternal-death-and-mh-1-13-23-final.pdf (jointcommission.org)

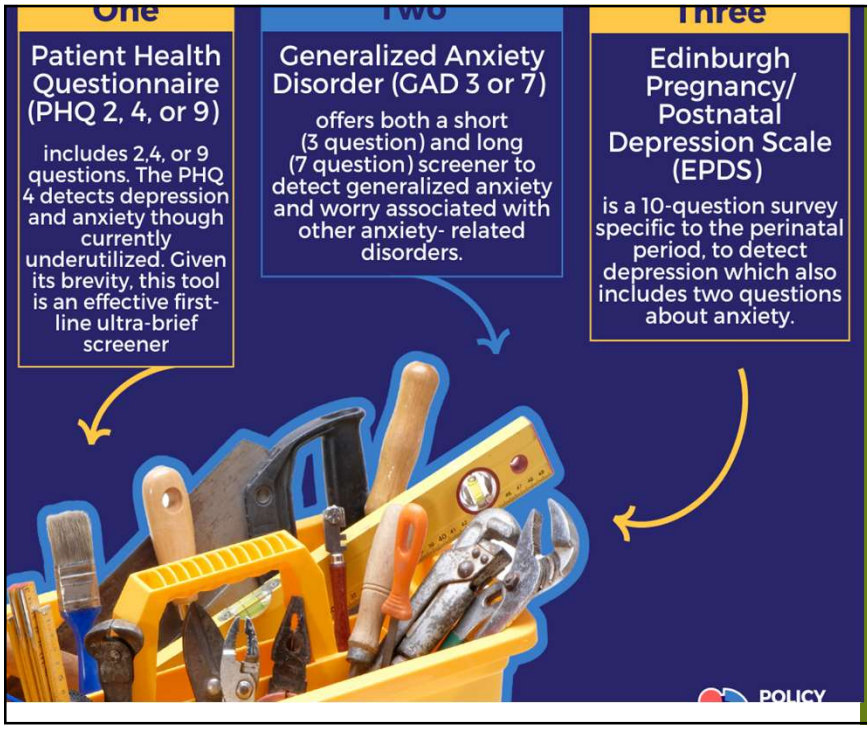
- IN THE MOST RECENT STUDY BELOW- ***LESS THAN 50 PERCENT*** OF NEW MOTHERS WERE SCREENED AT THEIR BABIES WELL BABY VISITS

  SCREENING RATES WERE SIGNIFICANTLY ***HIGHER*** AT THE 4 MONTH PHYSICAL.

SCREENING FOR POSTPARTUM DEPRESSION DURING INFANT WELL CHILD VISITS: A RETROSPECTIVE CHART REVIEW -
PUBMED (NIH.GOV)

BARRIERS TO SCREENING IN PEDIATRICS

- ***Education*** – not enough staff including pediatricians, nurse, support staff and more are educated in perinatal mood disorder
- ***Reimbursement-*** some insurances do not cover screenings in pediatricians. Not sure what to code.
- ***Time constraints-***focus is mainly on baby and not moms as a package.



SUCCESSFUL SCREENING TOOLS

Maternal Mental Health Screening Recohttps://www.2020mom.org/screening-overviewmmendations and Detection — Policy Center for Maternal Mental Health - Formerly 2020 Mom

WHAT SUCCESSFUL SCREENING DOES:

- Opens the conversation for moms and families even if the screening isn't positive for postpartum depression/anxiety.
- Can help prevent stress and anxiety by giving the tools and strategies to cope with a fussy/difficult baby.
- Can help mom get treatment or support earlier than her OB/GYN follow up appointment.
- Provides EDUCATION for mothers/families/support- what signs to look out for and who to contact when you need help.

UNTREATED DEPRESSION/NEGLECT IMPACT ON CHILDREN

- Studies have shown **social and emotional *problems*** in children

-Lower self esteem

-Increased anxiety and fearfulness

-Increased risk of depression later in life.

-Problems forming secure relationships

Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes - PMC (nih.gov)

Postpartum Depression and Its Long-term Impact on Children: Many New Questions | Depressive Disorders | JAMA Psychiatry | JAMA Network

UNTREATED DEPRESSION/NEGLECT IMPACT ON CHILDREN

- ***Developmental delays*** in infants/children

-Late walking/talking

-Delayed readiness for school

-Learning difficulties and problems at school

-Attention/focus impairment

Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes - PMC (nih.gov)

Postpartum Depression and Its Long-term Impact on Children: Many New Questions | Depressive Disorders | JAMA Psychiatry | JAMA Network

CAN SCREENING BE DONE IN PRIMARY CARE PEDIATRICS?

- Would moms and families want to answer and share?
- What do we do if the screener is positive?
- What do we do if someone is in crisis?
- Can we create a sustainable workflow?
- Resources – availability of mental health (therapists, psych), community resource centers, groups

KICKOFF PRE-PANDEMIC JANUARY 2020 FIRST STEPS

- Staff Champion and Provider Partner
- Providers and staff education and listening session
- Clear plan of care with positive screens and in crisis situations
- Consistent workflow involving the whole team
- Resources – availability of mental health (therapists, psych), community resource centers, groups

PROJECT OVERVIEW

Goal: Screen every Mom for post partum depression

Team Effort: Secretaries, Rooming staff, Nurses and Providers with support from behavioral health, resource specialists and OB

Action Item: Edinburgh Postnatal Depression Scale provided to Mom's at babies

2 week, 2,4 and 6 Mo WCC

OUR WORKFLOW

1. Screener initial manually assigned by rooming staff
2. Secretarial team provides tablet to Mom
3. Rooming staff places charges
4. Provider Reviews and Documents Screener Results
5. Screeners with score 10 or higher or positive Q10 higher risk

WHAT NOW FOR HIGHER RISK

Possible next steps could include but are not limited to:

- Supply postpartum depression/disorders resources
- Encouraging Mom to discuss results with her OB or PC provider
- Contacting Maternal OB or PCP directly after permission obtained
- Connection to Heather Martin (urgent referral – behavioral health team) to follow up with mom
- Connection or handoff to internal Dartmouth behavioral health resources
- Emergent Situations contacting mental health mobile crisis team

EDINBURGH SCALE/POSTPARTUM DEPRESSION SCREEN WORKFLOW PEDIATRICS

Purpose: To help determine if a mom is high risk for postpartum depression/disorders.

Scope: Provider, CMA,RMA,MA

For patients 2 week,2 month,4 month,6 month physicals –
A PVO will be assigned to the patient before the patient's provider appointment.

The medical assistant will assign the EDINBURGH Scale to the patients chart when doing chart prep.

When patient arrives, the secretary will give the mother of child the tablet to complete before they are called into the room by the medical assistant.

The medical assistant will charge for the Edinburgh scale.

	Caregiver Focused Health Risk Assessment for Pt Benefit (96161)

- The provider will be able to view the Edinburgh scale results in E-DH. A score of 10 or higher has a risk for depression. Also, please note the answer to question 10 (suicidal thoughts).

- The provider will document the screener completion and next steps in the progress note.
  Example documentation

The Edinburgh Postnatal Depression Screener was completed by the mother of the patient in office today. All answers were completed and reviewed with the mother of the patient. We discussed warning signs of postpartum depression.
@REVFS(563:1)@
Specific plans made: ***

- Positive screeners or concerns will be addressed as appropriate which may include but are not limited to the following options:
  1: Supply postpartum depression/disorders resources
  2: Encouraging Mom to discuss results with her OB or PC provider
  3: Provider may send task to the nurse pool or Heather Martin (urgent referral – behavioral health team) to follow up with mom in one week.
  4: Contacting OB or PC for Mom after permission obtained
  5: In emergent cases involving DH behavioral health resources or community mental health mobile crisis team

DARTMOUTH HEALTH
MATERNAL DEPRESSION SCREENING
DATES 2020-2022 (THROUGH DECEMBER)
RESULTS - BEDFORD

BED PEDIATRICS	2020 1Q	2020 2Q	2020 3Q	2020 4Q	2021 1Q	2021 2Q	2021 3Q	2021 4Q	2022 1Q	2022 2Q	2022 3Q	2022 4Q
1M Visits												
# Patients	104	423	104	75	45	40	46	43	41	71	43	46
# with No Screener	67	261	48	34	16	4	6	1	1	5	1	2
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	37	162	56	41	29	36	40	42	40	66	42	44
# with Either Screener	37	162	56	41	29	36	40	42	40	66	42	44
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	36%	38%	54%	55%	64%	90%	87%	98%	98%	93%	98%	96%
# with Positive Screen	3	18	6	7	2	3	2	4	4	4	7	3
% with Positive Screen	8.1%	11.1%	10.7%	17.1%	6.9%	8.3%	5.0%	9.5%	10.0%	6.1%	16.7%	6.8%
6M Visits												
# Patients	116	382	105	101	97	61	32	50	66	46	76	70
# with No Screener	113	367	104	89	73	40	16	9	6	8	7	4
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	3	15	1	12	24	21	16	41	60	38	69	66
# with Either Screener	3	15	1	12	24	21	16	41	60	38	69	66
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	3%	4%	1%	12%	25%	34%	50%	82%	91%	83%	91%	94%
# with Positive Screen	1	3	0	1	3	4	0	6	6	4	5	7
% with Positive Screen	33.3%	20.0%	0.0%	8.3%	12.5%	19.0%	0.0%	14.6%	10.0%	10.5%	7.2%	10.6%

DARTMOUTH HEALTH MATERNAL DEPRESSION SCREENING DATES 2020-2022 (THROUGH DECEMBER) RESULTS - MANCHESTER

MAN PEDIATRICS	2020 1Q	2020 2Q	2020 3Q	2020 4Q	2021 1Q	2021 2Q	2021 3Q	2021 4Q	2022 1Q	2022 2Q	2022 3Q	2022 4Q
1M Visits												
# Patients	149	86	202	185	187	224	198	144	154	133	151	150
# with No Screener	86	20	43	47	16	18	27	9	17	16	14	11
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	63	66	159	138	171	206	171	135	137	117	137	139
# with Either Screener	63	66	159	138	171	206	171	135	137	117	137	139
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	42%	77%	79%	75%	91%	92%	86%	94%	89%	88%	91%	93%
# with Positive Screen	1	6	13	15	15	22	19	20	13	14	16	18
% with Positive Screen	1.6%	9.1%	8.2%	10.9%	8.8%	10.7%	11.1%	14.8%	9.5%	12.0%	11.7%	12.9%
6M Visits												
# Patients	179	85	177	202	228	183	206	236	214	172	166	181
# with No Screener	159	37	69	70	50	34	33	29	27	26	20	26
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	20	48	108	132	178	149	173	207	187	146	146	155
# with Either Screener	20	48	108	132	178	149	173	207	187	146	146	155
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	11%	56%	61%	65%	78%	81%	84%	88%	87%	85%	88%	86%
# with Positive Screen	2	5	14	15	29	21	21	27	26	11	13	22
% with Positive Screen	10.0%	10.4%	13.0%	11.4%	16.3%	14.1%	12.1%	13.0%	13.9%	7.5%	8.9%	14.2%

WHAT WE LEARNED

- Having a designated resource list is essential to the workflow. And also having a perinatal trained contact person in the practice.
- Provider feedback has been overwhelmingly positive. They cannot imagine NOT screening now.
- Opened the conversation with the provider and breaks the stigma for maternal mental health issues.
- By opening the conversation its can help address other concerns- food, shelter, social economic issues, etc.
- In emergent situations, the updated mobile crisis unit has been essential in assisting moms/families.
- MY HOPE! –make it standard practice to incorporate mothers and babies (or something similar) curriculum in the pediatric office.

Postpartum Depression Intervention & Family Support - Northwestern Mothers & Babies (mothersandbabiesprogram.org)

WHERE DO WE GO FROM HERE?

- Get ALL pediatrics/primary care on board with screening.
- EDUCATION - Train all staff for perinatal mental health that work with new mothers.
- ADVOCACY- The more we share, the more we can get federal and state ***FUNDING*** to do this most important work!
- Healthy moms/families = health communities.

RESOURCES

- Universal Screening Issue Brief Released (2020mom.org)
- 2023 Maternal Mental Health Roadmap — Policy Center for Maternal Mental Health - Formerly 2020 Mom
- Postpartum Support International – PSI
- Integrating Postpartum Depression Screening in Your Practice in 4 Steps (aap.org)

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QUESTIONS?