“If Mama ain’t happy ain’t nobody happy…”

Postpartum Depression Screening
At Sandhills Pediatrics
Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice (Vol 126, Number 5, 11/1/10)

- Pediatricians who screen new mothers for depression can help prevent a host of problems in their children.
- Rates of depression among pregnant and postpartum women have been estimated to range from 5% to 25% - and for major depression in the first year after the birth the rate of depression ranges from 1% to 6.8%
Screening for postpartum depression can then be done during the routine infancy visits, using a tool such as the Edinburgh Postpartum Depression Scale.

"The primary care pediatrician, by virtue of having a longitudinal relationship with families, has a unique opportunity to identify maternal depression and help prevent untoward developmental and mental health outcomes for the infant and family,"
First Week Visit

PRIORITIES FOR THE VISIT
The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health and depression, family stress, uninvited advice, parent roles)
- Newborn transition (daily routines, sleep [location, position, crib safety], state modulation [calming], parent-child relationship, early developmental referrals)
- Nutritional adequacy (feeding success [weight gain], feeding strategies [holding, burping], hydration/jaundice, hunger/satiation cues, feeding guidance [breastfeeding, formula])
- Safety (car safety seats, tobacco smoke, hot liquids [water temperature])
- Newborn care (when to call [temperature taking], emergency readiness [CPR], illness prevention [hand washing, outings], skin care [sun exposure])
1 Month Visit

PRIORITIES FOR THE VISIT
The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health [maternal postpartum checkup, depression, substance abuse], return to work/school [breastfeeding plans, child care])
- Family adjustment (family resources, family support, parent roles, domestic violence, community resources)
- Infant adjustment (sleep/wake schedule, sleep position [back to sleep, location, crib safety], state modulation [crying, consoling, shaken baby], developmental changes [bored baby, tummy time], early developmental referrals)
- Feeding routines (feeding frequency [growth spurts], feeding choices [types of foods/fluids], hunger cues, feeding strategies [holding, burping], pacifier use [cleanliness], feeding guidance [breast feeding, formula])
- Safety (car safety seats, toys with loops and strings, falls, tobacco smoke)
2 Month Visit

**Priorities for the Visit**

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health [maternal postpartum checkup and resumption of activities, depression], parent roles and responsibilities, family support, sibling relationships)
- Infant behavior (parent-child relationship, daily routines, sleep [location, position, crib safety], developmental changes, physical activity [tummy time, rolling over, diminishing newborn reflexes], communication and calming)
- Infant-family synchrony (parent-infant separation [return to work/school], child care)
- Nutritional adequacy (feeding routine, feeding choices [delaying complementary foods, herbs/vitamins/supplements], hunger/satiation cues, feeding strategies [holding, burping], feeding guidance [breastfeeding, formula])
- Safety (car safety seats, water temperature [hot liquids], choking, tobacco smoke, drowning, falls [rolling over])
The many faces of postpartum depression
TOOLS FOR PPD SCREEN

- **EPDS:**
  The Edinburgh Postpartum Depression Scale is a simple, 10-question screen that is completed by the mother. A score of $\geq 10$ indicates risk that depression is present. A score of $> 19$ suggests severe depression. An affirmative response on question 10 (suicidality indicator) also constitutes a positive screen result. The screen is in the public domain and is freely downloadable. It is available in English and Spanish.

- **PHQ-2:** (Less helpful in my opinion)
  Over the past 2 weeks:
  - Have you ever felt down, depressed, or hopeless?
  - Have you felt little interest or pleasure in doing things?
Edinburgh Postnatal Depression Scale (EPDS)

Name: ____________________________ Address: ____________________________
Your Date of Birth: ____________________________ Phone: ____________________________
Baby's Date of Birth: ____________________________

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
☐ 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 to cope at all
☐ 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 ____________________________


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Edinburgh Postnatal Depression Scale (EPDS)

- 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

- 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

- 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

- 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

- 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
Edinburgh Postnatal Depression Scale (EPDS)

- Things have been getting on top of me.
  3 = Yes, most of the time I have not 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

- 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

- 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

- 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

- The thought of harming myself has occurred to me.
  3 = Yes, quite often
  2 = Sometimes
  1 = Hardly ever
  0 = Never
SANDHILLS PEDIATRICS POSTPARTUM DEPRESSION SCREENING PDSA 2011 to 2012

- **PLAN:** To implement a post partum depression screening process at Sandhills Pediatrics
- **DO:** We have informally been doing post partum depression screening since early 2011. Two doctors downtown have begun routinely using the EPDS tool at 2 week, 2 month, and 4 month visits. We will implement this as a standard of care practice wide beginning Sept 1, 2011. We will also formalize a process for referral of abnormal screens. We will meet monthly and collect data regarding frequency of screening using our billing software.
- **STUDY:** Baseline data for each doctor has been tabulated for the month of July 2011, using the ratio of 99420 and the well check up codes from birth to 1 years of age. We feel that the ratio is a better indicator of proper of appropriate utilization as the number of patients in the studied age vary per doctor. It is anticipated that the ratio should approach 0.60 as the ratio of well checks in that time frame where screenings are performed to total well checks is 3/5, or 0.60.
- **ACT:** After each month’s data is collected, the results will be made available to the doctors in a group meeting. Outliers will be identified and strategies to increase screening frequency will be discussed.
Baseline Data

Postpartum Depression Screens per MD

Doctor

Screens per WCC < 1
4th Quarter 2011

Postpartum Screen per MD

Screens per WCC <1 yr

0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00

Doctor

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Summing up Our Experience

- Initially it took one doctor (me) to start as a trial.
- I found it was fast and easy.
- I found it was well accepted by Mom's, staff, and most OB's.
- I begged, cajoled, and shamed the other docs to begin as well, slowly at first.
- Largely successful in the end.
- In 2012 we did a total of 4492 screens on ~ 1500 mothers!!!
Potential Roadblocks

- Mother not always at WCC
- Mother not always truthful, especially when other adults in room
- Changing staff and doctors hesitancy re time involved and what to do with abnormal screens
- Getting screens to mom to complete while waiting for doctor
- Educating billing staff to file the correct code (99420) Key is to add to superbill!!!
- Some resistance from OB offices
- Mother/OB not following up on positive screens
What to do with a positive screen?

- Simply acknowledging the issue helps and opens the door to discussion.
- If EPDS ≥ to 10, encourage Mom to call OB.
- If high level of concern, we call OB’s nurse and fax result ourselves (with permission of course)
Where to Start??

What do we need??
One Guinea Pig
Or maybe 2, if willing
Edinburgh Postnatal Depression Scale\(^1\) (EPDS)

Name: ___________________________ Address: ___________________________

Your Date of Birth: ___________________________ Phone: ___________________________

Baby’s Date of Birth: ___________________________

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
☐ No, very little time
☐ No, not at all

This would mean: “I have felt happy most of the time” during the past week.

Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   ☐ As much as I ever did
   ☐ More than I used to
   ☐ Just as well as I used to
   ☐ Not at all

2. I have looked forward with enjoyment to things
   ☐ As much as I ever did
   ☐ More than I used to
   ☐ Not as much as usual
   ☐ Not at all

3. I have blamed myself unnecessarily when things went wrong
   ☐ Yes, all the time
   ☐ Yes, most of the time
   ☐ Sometimes
   ☐ No never

4. I have been anxious or worried for no good reason
   ☐ Yes, most of the time
   ☐ Yes, some of the time
   ☐ Yes, very much
   ☐ No, not at all

5. I have felt scared or panicly for no very good reason
   ☐ Yes, quite a lot
   ☐ Yes, sometimes
   ☐ No, not too much
   ☐ No, not at all

6. Things have been getting on top of me
   ☐ Yes, almost all the time
   ☐ Yes, most of the time
   ☐ Yes, sometimes
   ☐ No, not at all

7. I have been so unhappy that I have had difficulty sleeping
   ☐ Yes, most of the time
   ☐ Yes, sometimes
   ☐ No, not usually
   ☐ No, not at all

8. I have felt sad or miserable
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Yes, sometimes
   ☐ No, not at all

9. I have been so unhappy that I have been crying
   ☐ Yes, most of the time
   ☐ Yes, quite often
   ☐ Yes, sometimes
   ☐ No, not at all

10. The thought of harming myself has occurred to me
    ☐ Yes, quite often
    ☐ Yes, sometimes
    ☐ No, not usually
    ☐ No, not at all

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A supportive nurse
A doctor who can persuade the others to dive in also!
So, is it worthwhile??

A resounding yes from us!!
Why is it worth doing?

- AAP Recommendation
- What helps moms also helps babies
- Medicolegal risk not screening?
- Fast and easy screening tool

- Can actually see improvement numerically and follow. Personally satisfying.
- Code is actually paid by almost all payers.
When Mama is happy....