Safety Action Series

Maternal Mental Health: Enhancing Screening and Better Practices

Thursday, May 5, 2016
11:00 a.m. Eastern
Dial In: 888.863.0985
Conference ID: 84799148
Speakers

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Lead Obstetric Liaison, MCPAP for Moms
Joy McCann Professor of Women in Medicine
Director, Research Division, Dept Ob/Gyn
Associate Professor of Ob/Gyn and Pediatrics
University of Massachusetts Medical School/UMass Memorial Health Care

**Christena Raines, RN, MSN, APRN-BC**
Perinatal Psychiatric Nurse Practitioner
Associate Director, Obstetrical Liaison and Community Outreach
Assistant Clinical Professor
UNC Perinatal Mood Disorder Clinic, UNC Hospitals
Board of Directors Postpartum Support International
Disclosures

➢ Tiffany A. Moore Simas, MD, MPH, MEd, FACOG
  - Receives salary support as co-PI through CDC contract (1U01DP006093-01) studying a stepped care intervention for perinatal depression in Ob/Gyn settings
  - Receives a stipend as the lead obstetric liaison for MCPAP for Moms, a statewide program helping providers address perinatal mental health, funded through the MA Department of Mental Health

➢ Christena Raines, RN, MSN, APRN-BC has
  - Salary support has been provided by generous support from a grant from the Department of Health and Human Services, Health Resources and Services Administration, the Bureau of Health Professions, Division of Nursing, Advanced Education in Nursing Program and Psych NP-NC: IEPIC, Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, FAANP (Project Director)
    - HRSA ANE Grant D09HP25939
Objectives

- Identify barriers to engaging women in conversations about anxiety and depression.
- Explain ways to recognize at-risk populations in your practice.
- Discuss use of traditional screening tools and their characteristics.
- Discuss strategies to engage patients and their families in recognizing signs and symptoms.
- Identify support methods that can be utilized by families and by your organization.
Mood and Anxiety Disorders are commonly encountered in women of reproductive age.

- 12% depression
- 23% anxiety disorders
Perinatal depression is one of the most common complications of pregnancy.

http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression
Perinatal depression affects mom, child & family.

- Poor health care
- Substance abuse
- Preeclampsia
- Maternal suicide

- Low birth weight
- Preterm delivery
- Cognitive delays
- Behavioral problems

Perinatal depression is under-diagnosed and under-treated.

Marcus et al (20032 *J Womens Health.*
The perinatal period is ideal for the detection and treatment of perinatal depression and anxiety.

Regular opportunities to screen and engage women in treatment

Front line providers have a pivotal role

De-stigmatize

Educate

Proactively initiate and welcome conversation
Objective 1

Identify barriers to engaging women in conversations about anxiety and depression.
Barriers to Engaging Women and Families

If you were prescribed Zoloft® while you were pregnant and gave birth to a baby with a congenital heart defect, persistent pulmonary hypertension of the newborn (PPHN), an abdominal defect, a cranial defect, or any other type of birth defect, we can help you.

Pregnant Pause May 2009
Vogue Article Slams Antidepressants During Pregnancy

Study Links Autism With Antidepressant Use During Pregnancy
Barriers to Engaging Women and Families

Stigma and Guilt
Barriers to Engaging Women and Families

Unrealistic Expectations and Guilt
Barriers to Engaging Women and Families

Lack of Education

Knowledge is Power
Objective 2

Explain ways to recognize at-risk populations in your practice.
Recognizing MMH disorders starts at the obstetric intake with comprehensive history.
Box 1. Risk Factors for Perinatal Depression

**Depression during pregnancy:**
- Maternal anxiety
- Life stress
- History of depression
- Lack of social support
- Unintended pregnancy
- Medicaid insurance
- Domestic violence
- Lower income
- Lower education
- Smoking
- Single status
- Poor relationship quality

**Postpartum depression:**
- Depression during pregnancy
- Anxiety during pregnancy
- Experiencing stressful life events during pregnancy or the early postpartum period
- Traumatic birth experience
- Preterm birth/infant admission to neonatal intensive care
- Low levels of social support
- Previous history of depression
- Breastfeeding problems

Two-thirds of perinatal depression begins before birth.

Pregnancy: 33%

Before pregnancy: 27%

Postpartum: 40%

Wisner et al. JAMA Psychiatry 2013
Box 1. Risk Factors for Perinatal Depression

**Depression during pregnancy:**
- Maternal anxiety
- Life stress
- History of depression
- Lack of social support
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Not everyone has a risk factor for perinatal mood and anxiety disorders (PMAD). . . .
The path to improved outcomes starts with identification through screening.

- Screen
- Assess
- Engage
- Triage
- Treat

Improved outcomes for moms, babies and families

Objective 3

Discuss use of traditional screening tools and their characteristics.
Universal screening is encouraged to increase detection, diagnosis, and access to treatment.
DSM5 - Depression & Anxiety

- **Depression**
  - Depressed mood
  - OR
  - Loss of interest or pleasure in most or all activities
  - PLUS at least 4 of:
    - Change in weight or appetite
    - Insomnia or hypersomnia
    - Psychomotor agitation or retardation
    - Fatigue or loss of energy
    - Feelings of worthlessness or guilt
    - Poor concentration or indecisiveness
    - Recurrent thoughts of death or suicide
  - Most of the day nearly every day for a minimum of 2 consecutive weeks, and as a baseline change.

- **Anxiety disorders**
  - Share features of:
    - Excessive fear = emotional response to real or perceived imminent threat
    - Anxiety = anticipation of future threat
<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Number of Items</th>
<th>Time to Complete (Minutes)</th>
<th>Sensitivity and Specificity</th>
<th>Spanish Available</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Sensitivity 59–100%</td>
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<td>Patient Health Questionnaire 9</td>
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<td>Sensitivity 75%</td>
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Desirable Characteristics of Screening Tests

• Readily available and inexpensive
• Easy to administer
• Easy to interpret
• Acceptable to patients
• Validated in perinatal populations
• Should significantly increase detection
  – balance sensitivity, specificity, FPR, FNR
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Edinburgh Postnatal Depression Scale (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 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

### Assessment of Depression Severity and Treatment Options

<table>
<thead>
<tr>
<th>EPDS Score</th>
<th>Limited to No Symptoms</th>
<th>Mild Symptoms</th>
<th>Moderate Symptoms</th>
<th>Severe Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8</td>
<td>Reports occasional sadness</td>
<td>Mild apparent sadness but brightens up easily</td>
<td>Reports pervasive feelings of sadness or gloominess</td>
<td>Reports continuous sadness and misery</td>
</tr>
<tr>
<td></td>
<td>Placid - only reflecting inner tension</td>
<td>Occasional feelings of edginess and inner tension</td>
<td>Continuous feelings of inner tension / intermittent panic</td>
<td>Unrelenting dread or anguish, overwhelming panic</td>
</tr>
<tr>
<td></td>
<td>Sleeps as usual</td>
<td>Slight difficulty dropping off to sleep</td>
<td>Sleep reduced or broken by at least two hours</td>
<td>Less than two or three hours sleep</td>
</tr>
<tr>
<td></td>
<td>Normal or increased appetite</td>
<td>Slightly reduced appetite</td>
<td>No appetite - food is tasteless</td>
<td>Needs persuasion to eat</td>
</tr>
<tr>
<td></td>
<td>No difficulties in concentrating</td>
<td>Occasional difficulty in concentrating</td>
<td>Difficulty concentrating and sustaining thoughts</td>
<td>Unable to read or converse without great initiative</td>
</tr>
<tr>
<td></td>
<td>No difficulty starting everyday activities</td>
<td>Mild difficulties starting everyday activities</td>
<td>Difficulty starting simple, everyday activities</td>
<td>Unable to do anything without help</td>
</tr>
<tr>
<td></td>
<td>Normal interest in surroundings &amp; friends</td>
<td>Reduced interest in surroundings &amp; friends</td>
<td>Loss of interest in surroundings and friends</td>
<td>Emotionally paralyzed, inability to feel anger, grief or pleasure</td>
</tr>
<tr>
<td></td>
<td>No thoughts of self-reproach, inferiority</td>
<td>Mild thoughts of self-reproach, inferiority</td>
<td>Persistent self-accusations, self-reproach</td>
<td>Delusions of ruin, remorse or unredeemable sin</td>
</tr>
<tr>
<td></td>
<td>No suicidal ideation</td>
<td>Fleeting suicidal thoughts</td>
<td>Suicidal thoughts are common</td>
<td>History of severe depression and / or active preparations for suicide</td>
</tr>
</tbody>
</table>

**Limited to No Symptoms**
- Consider medication
- Strongly consider medication
- Strongly consider medication

**Mild Symptoms**
- Therapy for mother
- Therapy for mother and baby
- Dyadic therapy for mother/baby

**Moderate Symptoms**
- Consider as augmentation: Complementary / Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)
- Community/social support (including support groups)
- Support with dysregulated baby; crying, sleeping, feeding problems
- Physical activity

**Severe Symptoms**
- Consider as augmentation: Complementary / Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage)
- Community/social support (including support groups)
- Support with dysregulated baby; crying, sleeping, feeding problems
- Physical activity

---


**Limited or no symptoms of depression**

**Severe symptoms of depression**
## The Patient Health Questionnaire (PHQ-9)

**Patient Name _____________________________**  **Date of Visit _____________**

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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<td>6. Feeling bad about yourself - or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
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<td>3</td>
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<th>Column Totals</th>
<th>____</th>
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<tbody>
<tr>
<td>Add Totals Together</td>
<td>_____________________________</td>
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- **Depression only**
- **General Population**
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<tr>
<th>PHQ-9 Score</th>
<th>Provisional Diagnosis</th>
<th>Treatment Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>Minimal Symptoms*</td>
<td>Support, educate to call if worse, return in one month</td>
</tr>
<tr>
<td>10-14</td>
<td>Minor depression ++</td>
<td>Support, watchful waiting</td>
</tr>
<tr>
<td></td>
<td>Dysthymia*</td>
<td>Antidepressant or psychotherapy</td>
</tr>
<tr>
<td></td>
<td>Major Depression, mild</td>
<td>Antidepressant or psychotherapy</td>
</tr>
<tr>
<td>15-19</td>
<td>Major depression, moderately severe</td>
<td>Antidepressant or psychotherapy</td>
</tr>
<tr>
<td>&gt;20</td>
<td>Major Depression, severe</td>
<td>Antidepressant and psychotherapy (especially if not improved on monotherapy)</td>
</tr>
<tr>
<td>Instrument</td>
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<td>Zung SDS</td>
<td><a href="http://healthnet.umassmed.edu/mhealth/ZungSelfRatedDepressionScale.pdf">http://healthnet.umassmed.edu/mhealth/ZungSelfRatedDepressionScale.pdf</a></td>
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1. Positive Screening Instrument
2. Diagnostic Interview
3. Suicidality & Psychosis
   • Bipolar Disorder Screen
**THE MOOD DISORDER QUESTIONNAIRE**

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

1. Has there ever been a period of time when you were not your usual self and...

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>...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?</td>
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<tr>
<td>...you were so irritable that you shouted at people or started fights or arguments?</td>
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<tr>
<td>...you felt much more self-confident than usual?</td>
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<td>...you got much less sleep than usual and found you didn’t really miss it?</td>
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<tr>
<td>...you were much more talkative or spoke much faster than usual?</td>
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<tr>
<td>...thoughts raced through your head or you couldn’t slow your mind down?</td>
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<tr>
<td>...you were so easily distracted by things around you that you had trouble concentrating or staying on track?</td>
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<tr>
<td>...you had much more energy than usual?</td>
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<tr>
<td>...you were much more active or did many more things than usual?</td>
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<tr>
<td>...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?</td>
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</table>

[http://www.dbsalliance.org/pdfs/MDQ.pdf](http://www.dbsalliance.org/pdfs/MDQ.pdf)
Bipolar Disorder Screen

This algorithm can be used when treatment with antidepressants is indicated, in conjunction with the Depression Screening Algorithm for Obstetric Providers.

In this algorithm, the provider speaks the italicized text and summarizes other text.

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

Seek psychiatric consultation

If no to both questions 1 & 2

Refer to the Recommended Steps before Beginning Antidepressant Medication Algorithm

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1 Taken from the Composite International Diagnostic Interview-Based Bipolar Disorder Screening Scale (Kessler, Akiskal, Angst et al., 2006)
When should women be screened for Perinatal Mood and Anxiety Disorders (PMAD)?

- Depression & Anxiety
  - At least once during the perinatal period

- Depression
  - At least one during pregnancy and again postpartum

ACOG CO 630 May 2015; USPSTF JAMA 2016
Timing of PMAD Screening:

- Pregnancy: 33%
- Postpartum: 40%
- Before pregnancy: 27%

Wisner et al. JAMA Psychiatry 2013
Timing of PMAD Screening:

- Pregnancy: 33%
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©MCPAP For Moms
Timing of PMAD Screening:

- Pregnancy: 33%
- Postpartum: 40%
- Before pregnancy: 27%

Initial OB: 24-28 wks GA

Wisner et al. JAMA Psychiatry 2013

©MCPAP For Moms
Timing of PMAD Screening:

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It is important to have internal protocols for universal consistent screening approaches.
Objective 4

Discuss strategies to engage patients and their families in recognizing signs and symptoms.
Strategies

Normalize Perinatal Mental Health (PMH)

• Including education in new patient packets along with information on other common complications.
  • Review common symptoms often.
• Include family and support system in educational process.
Strategies

Normalize Perinatal Mental Health (PMH)

• Educating about the difference between General Depression and PMH

• Helping families and support system understand “Red Flags”

• Listen, Support, Offer help

www.nichd.nih.gov/ncmhep/MMHM/Pages/Partners.aspx
Strategies
Resources

• Support groups in the area

• Perinatal Psychiatry Services

• Childbirth Education

• Prenatal/Postpartum Doula Service

• On-Line support groups
Objective 5

Identify support methods that can be utilized by families and by your organization.
Support Methods

Childbirth Education Classes
Support Methods

Multiple Disciplinary Treatment Team
Support Methods

Community Perinatal Mood Disorders Support Group
Support Methods

Integrative care

Embedding a psychiatric provider in primary care/OB-GYN has been shown to decrease stigma, increase access to care, and promote education of frontline staff.
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series
Fostering Labor Support and Culture Change to Promote Vaginal Births
Thursday, May 12, 2016 | 2:00 p.m. Eastern

Abraham Lichtmacher, MD, FACOG
Chief of Women’s Services, Lovelace Health System

Lowry Simpson, CNM
Lead Certified Nurse Midwife, Lovelace Medical Group

Click Here to Register