

## SCREENING TO DETECT MMH DISORDERS

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MMH disorders are treatable, and early detection is important. Identification of mental health disorders occurs through a questionnaire completed by the patient referred to as a “screening tool.” Several screening tools have been developed and identified by researchers as appropriate or “validated” to use during the perinatal period.

### The most commonly used questionnaires (screening tools) are:

- PHQ-9 (the Patient Health Questionnaire) has nine questions used to detect depression.<sup>95</sup>
- Edinburgh Pregnancy/Postnatal Depression Scale (EDPS) is a 10-question survey to detect depression which also includes two questions about anxiety.<sup>94</sup>
- When the PHQ-9 is utilized, the Generalized Anxiety Disorder (GAD-7) or another validated perinatal anxiety screening tool, such as the Perinatal Anxiety Screening Scale (PASS), should also be used to detect possible anxiety.<sup>137,138</sup>
- MDQ (the Mood Disorders Questionnaire) is used to detect bipolar disorder.<sup>38</sup>

Providers who screen patients for depression and anxiety at various times of their lives are most likely to use the PHQ-9 and GAD-7, validated for use across the lifecycle, while those who are focused on the perinatal period may prefer to use the EDPS, where questions are specific to the perinatal period.

When mania is suspected, the MDQ can be used to diagnose bipolar disorder, which places a woman at higher risk of postpartum psychosis.<sup>38</sup> Currently, there is no tool or test to diagnose a psychotic episode, in part because symptoms can come and go, or wax and wane.<sup>30</sup> Therefore, it's critical for family members and providers to understand the symptoms of psychosis.

### Universal Screening Is Now Recommended



Using research-validated screening tools for identifying women who may be struggling with MMH disorders, is now universally recommended. In January 2016, the U.S. Preventive Services Task Force (USPSTF) released a revised recommendation for depression screening of all adults, including pregnant and postpartum women.<sup>95</sup> This came after the American Congress of Obstetricians and Gynecologists (ACOG) issued a specific recommendation in May 2015 that Ob/Gyns screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.<sup>4</sup> Other leading authorities, including the Centers for Medicare and

Medicaid Services (CMS), have published additional guidance for screening in the pediatric setting; current screening recommendations are summarized in Table 3.

**Table 3. National Clinical Recommendations for Maternal Depression Screening**

<p><b>U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF)<sup>95</sup></b></p>	<p>Recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>The USPSTF acknowledges that there is little evidence regarding the optimal timing for screening or intervals and states that more evidence for all populations is needed to identify ideal screening intervals. The USPSTF notes that a pragmatic approach in the absence of data might include screening all adults who have not been previously screened, and using clinical judgment in consideration of risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted.</p>
<p><b>AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS, COMMITTEE ON OBSTETRIC PRACTICE (ACOG)<sup>4</sup></b></p>	<p>Recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Screening should be coupled with appropriate follow-up and treatment when indicated.</p>
<p><b>COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE<sup>96</sup></b></p>	<p>Health care providers should (1) obtain from every woman an individual and family mental health history (including past and current medications) at intake, with review and update as needed; (2) conduct validated mental health screening during appropriately timed patient encounters to include both during pregnancy and in the postpartum period; and (3) provide appropriately timed awareness education to women and family members or other support persons.</p>
<p><b>AMERICAN ACADEMY OF PEDIATRICS (AAP), BRIGHT FUTURES AND MENTAL HEALTH TASK FORCE<sup>32</sup></b></p>	<p>The primary care pediatrician, 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. Screening can be integrated into the well-child care schedule and included in the prenatal visit. This screening has proven successful in practice in several initiatives and locations and is a best practice for primary care providers caring for infants and their families. Intervention and referral are optimized by collaborative relationships with community resources and/or by co-located/integrated primary care and mental health practices.</p> <p>The Bright Futures Periodicity table suggest screening should occur by 1 month, and at 2 months, 4 months, and 6 months postpartum.</p>
<p><b>AAP/ACOG GUIDELINES FOR PERINATAL CARE<sup>32</sup></b></p>	<p>Prior to delivery, patients should be informed about psychosocial issues that may occur during pregnancy and in the postpartum period. A woman experiencing negative feelings about her pregnancy should receive additional support from the health care team. All patients should be monitored for symptoms of severe postpartum depression and offered culturally appropriate treatment or referral to community resources. Specifically, the psychosocial status of the mother and newborn should be subject to ongoing assessment after hospital discharge. Women with postpartum blues should be monitored for the onset of continuing or worsening symptoms because these women are at high risk for the onset of a more serious condition. The postpartum visit approximately 4-6 weeks after delivery should include a review of symptoms for clinically significant depression to determine if intervention is needed.</p>
<p><b>CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)<sup>97</sup></b></p>	<p>Maternal depression screening during the well-child visit is considered a pediatric best practice and is a simple way to identify mothers who may be suffering from depression and may lead to treatment for the child or referral for mothers to other appropriate treatment.</p>

## Screening Intervals and “Cut Off” Scores

Other than the American Academy of Pediatrics (AAP) Bright Futures guidelines which address frequency of screening in the postpartum period, the Task Force found no other organizations have issued recommendations about screening

frequency and no organizations that address score cut-off thresholds. As a result of conversations brought about by the work of the Task Force, Postpartum Support International (PSI), a nonprofit MMH education and support organization, developed a depression screening statement with recommendations for cut-off scores and the ideal timing for screenings.

The new protocol endorses using an evidence-based tool such as the EPDS or PHQ-9. The recommended cut-off score identifying an MMH disorder is 10.<sup>98</sup>



**Universal depression screening is recommended by Postpartum Support International, with timing as follows:**

### OB/GYN

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1. First prenatal visit
2. At least once in second trimester
3. At least once in third trimester
4. Six-week postpartum obstetrical visit (or at first postpartum visit)
5. Repeated screening at 12-month annual well-woman exam

### PEDIATRICIAN

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At 3, 9, and 12-month pediatric well-child visits

### PRIMARY CARE

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At 6 and/or 12-months postpartum<sup>98</sup>

## LOW INCOME WOMEN MAY NOT SEE AN OB/GYN

It's important to note many low income women don't receive prenatal care, however most deliver at hospitals and will take their infants to well-child visits.<sup>99</sup> Therefore, hospitals and pediatricians may be the first opportunity for many women to be screened for maternal depression or anxiety.

## Screening Is Not As Simple As Handing A Woman A Questionnaire

Establishing trust prior to screening is an essential first step. It's important for screening providers to first inform expectant mothers of the prevalence, symptoms, and risk factors of MMH disorders to help normalize the disorders. Women should also be informed that there are a range of treatment options and that with treatment and support, they will get better. Raising awareness can help eliminate confusion and shame among women and their families, should symptoms arise.<sup>76</sup> Additionally, screening methods that seek to establish trust prior to evaluating for maternal depression have been cited as an as previously noted.<sup>87</sup> Mothers may be reluctant to admit depressive symptoms out of fear of being judged or even a fear that the screening provider will notify Child Protective Services of mental health problems leading to loss of custody. This issue is complex. On one side, providers generally deny that this occurs, and screening implementation studies reveal good uptake by mothers with no such reports.<sup>100</sup> However, the fear that this could occur is well-documented, especially in low income and minority populations.<sup>101</sup>

***Screening methods that seek to establish trust prior to evaluating for maternal depression have been cited as an essential first step.***



### KAISER OB/GYNS IMPLEMENT UNIVERSAL SCREENING

One California health care system, Kaiser Permanente Northern California (KPNC), a health insurer that employs its own clinical staff and owns its facilities (i.e., a closed system), has overcome many challenges and now includes universal depression screening as a routine part of perinatal care. The model includes collaboration with KPNC's behavioral health providers when necessary.

“What we learned is that clinicians can use the depression screening scores to open the conversation about MMH disorders without women feeling stigmatized. Following these scores over time has made it easy for obstetricians to see if their patients are feeling better.”

Tracy Flanagan, MD  
*Director, Women's Health KPNC  
and Task Force Member*

### ISOLATION AND PRACTICAL SUPPORT

Research suggests that focusing on reported perception of social isolation may be useful in identifying pregnant women at risk for developing postpartum depression.<sup>103</sup> Questionnaires like the Artemis Center for Guidance's Postpartum Social Support Screening Tool can help identify women who perceive they are isolated and have low support.<sup>139</sup>