**Perinatal Mental Health Screening and Beyond**

**INTRODUCING, ADMINISTERING, AND FOLLOW THROUGH**

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**Objectives**

AT THE END OF THIS PRESENTATION THE LEARNER WILL BE ABLE TO:

1. Identify evidence-based screening tools for postpartum depression, anxiety, and bipolar disorders.
2. Describe the benefits of perinatal mental health screening and best practices of administering and treatment referral.

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**Definition: Perinatal Mood Disorders**

- Can begin any time during or after pregnancy, including loss
- Might merge with baby blues or start later
- Onset any time in the first year postpartum
- Common triggers for later onset
  - **Hormonal Triggers**
    - Rapid Weaning
    - Hormonal birth control
  - **Increased family stress**
    - Return to work
    - Illness or hospitalization
    - Loss and grief
Types of PMDs

- Prenatal Depression or Anxiety
- Complicated Baby blues
- Major Postpartum Depression
- Postpartum anxiety or panic disorder
- Postpartum obsessive-compulsive disorder
- Postpartum Post-traumatic Stress
- Bipolar Mood Disorders
- Postpartum Psychosis

Prevalence

- Difficulty assessing prevalence
- The smiling depression
- Differences in research
  - Populations
  - Location
  - Methods

Prevalence

- Prenatal Depression: 13.5%
- Postpartum Depression (PPD)
  - 13.6% in first month
  - 19.2% in first year
- PPD, Teen Moms: 26% - 60%
- PPD, Moms of Multiples 25%
- PP Psychosis: .1 - .2%
- Fathers: 10%

Don’t Forget the Partners

- Dads and other partners also experience stress, anxiety, and depression.

Obstacles to Care

- Shame and Fear
- Provider Misinformation
- Cultural Taboos
- Provider Accessibility


The Challenge

- How do we reassure when they are afraid to disclose that they need help?
- How can we help when they don’t know what’s wrong?
- Our challenge is to reduce shame and normalize new parent’s need for support
- Treatment will not lead to full recovery if shame is not addressed
Healthcare Dilemma

Before we implement best practices, we have to decrease stigma and empower families.

How can we support and empower families?

- Prenatal Education
- Normalizing Postpartum Adjustment
- Education for mom and family
- Inform about Risk Factors
- Ask and listen without judgment
- Reassurance and Encouragement
- Referrals, Resources, and Follow-Up

Prevention: What Can We Prevent?

- Lack of information
- Escalation of distress
- Crisis
- Discontinuity of care
- Relapse
- Recurrence of acute episode in next pregnancy
Suicide is one of the three leading causes of maternal death


Risk Factors

Predictive Risk Factors

- Previous PMDs
  - Family History
  - Personal History
  - Symptoms during Pregnancy

- History of Mood Disorders
  - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD

- Significant Reactions to hormonal changes
  - puberty, PMS, hormonal birth control, pregnancy loss

Predictive Risk Factors, continued

- Social Factors
  - Inadequate social support
  - Interpersonal Violence
  - Financial Stress/Poverty

- High Stress Environments
  - Military Families
  - Teen Parents
  - Moms of Multiples

- Abuse: Current or Past

- Endocrine Dysfunction
  - Hx of Thyroid Imbalance
  - Other Endocrine Disorders
  - Decreased Fertility


Contributing Factors for PMDs

- Childbearing & Infant Complications
  - Pregnancy
  - Birth
  - Breastfeeding

- Age-related stressors
  - Adolescence
  - Perimenopause

- Climate Stressors
  - Seasonal Depression or Mania

- Perfectionism and high expectations

Risk Factor Check List

- It's hard for me to ask for help.
- I've had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I've been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes it's hard to slow down: I don't need to sleep, have lots of new ideas, and feel very restless.
- My family is far away.
- I don't have friends I can count on nearby.
- I don't have the money, food or housing I need.

If you checked three or more boxes, you are more likely to have depression or anxiety during pregnancy or postpartum.

Reach out for help to reduce your risk.
Assessment
Tools, Talk, and Observation

Mood or Mood Disorder?
- Severity
- Timing
- Duration
- History
- Functionality
Screening

“You Can’t Tell By Looking”

Screening vs. Diagnosing

- Screening: casting a broad net
- Not diagnosing, not treatment
- Decreases Risk
- Decreases Stigma

Results of Using Screening Instruments: Detection of Hidden Symptoms

- 391 outpatients in an OB practice
- Women were screened with EPDS
- EPDS Rate of detection 35.4%
- Detected Spontaneously 6.3%

(Evins GG, Theofrastous JP, Galvin SL., 2000)
Barriers to Screening

- Concerns on providers’ part - lack of time, expense
- Clinician’s perceptions that it may be time-consuming and expensive (Seehusen et al, 2005)
- Lack of reimbursement for screening
- Fear of medical liability if women screen positive but are not treated
- Providers unsure about appropriate treatment for women with positive screen
- Lack of awareness of tools

Process and Protocol

- Introduce
- Administer Screen
- Score
- Discuss
- Refer
- Encourage ~ Warm Handoff
- Follow Up with referral
- Follow Up with client

Screening Tools

- **PDPI:** Postpartum Depression Predictors Inventory
- **Edinburgh Postnatal Depression Scale** (Cox)
  - Most often used in research and treatment
  - Original research done with Home Visitors
- **PHQ-2, PHQ-4, PHQ-9**
  - Patient Health Questionnaire
Screening Times

- Intake
- Prenatal 36 weeks
- Postpartum
  - 1 - 4 weeks
  - 4 - 6 months
  - 2 months

Prenatal Screening

- Screening for occurrence of symptoms
  - Most postpartum screening tools equally effective during pregnancy and after loss

- Screening for risk
  - Cheryl Beck: Postpartum Depression Predictors Inventory- Revised (PDPI-R)

Postpartum Depression Predictors Inventory

- Marital Status
- Socioeconomic status
- Self esteem
- Prenatal Depression
- Prenatal Anxiety
- Unplanned/unwanted pregnancy
- History of previous depression
- Social support
- Marital satisfaction
- Life stress
- Child care stress
- Infant temperament
- Maternity Blues

(Reck, 2002)
Edinburgh Postpartum Depression Scale (EPDS)

- Ten item self report questionnaire
- Can be used prenatally or postpartum
- Cut off score varies by population
- Available in 23 languages
- Validated for use in men, pregnant women and parents of toddlers
- Can be used with adoptive parents
- Free

Preparing for Screening

- “This is a screening for depression; it does not make a diagnosis.”
- “This is a simple way to understand if there is something going on that’s a little bit unusual from the way you usually feel.”
- “We use this questionnaire with everyone we visit. Everyone in our program gets this screening.”

Sample Lead In Statements

- “It is not easy being a new mother and it is OK to feel unhappy at times. As you have recently had a new baby, we would like to know how you are feeling.”
- “Please check the answer which comes closest to how you have felt during the past several days, not just how you are feeling today.”
Edinburgh Postnatal Depression Scale

1. I have been able to laugh and see the funny side of things.
   0. As much as I always could
   1. Somewhat less than I used to
   2. 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. Somewhat less than I used to
   2. A lot less than I used to
   3. Hardly at all

3. I have blamed myself unnecessarily when things went wrong.
   0. No, not at all
   1. Hardly ever
   2. Yes, sometimes
   3. Yes, very often

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

5. I have felt scared or panicky for no good reason.
   0. No, not at all
   1. No, not much
   2. Yes, sometimes
   3. Yes, often

6. Things have been too much for me.
   0. No, I have been coping as well as ever
   1. Yes, most of the time I haven't been coping at all
   2. Yes, sometimes I haven't been coping as well as usual
   3. Yes, most of the time I have coped well

7. I have been so unhappy that I have had difficulty sleeping.
   0. No, not at all
   1. No, not much
   2. Yes, sometimes
   3. Yes, often

8. I have felt sad or miserable.
   0. No, not at all
   1. No, not much
   2. Yes, sometimes
   3. Yes, quite often

9. I have been so unhappy that I have been crying.
   0. No, never
   1. Only occasionally
   2. Yes, sometimes
   3. Yes, most of the time

10. The thought of harming myself has occurred to me.
    0. Never
    1. Hardly ever
    2. Sometimes
    3. Quite often


EPDS Interpretation

• Consider score along with the assessment of the health care provider.
• Score of 10 or greater is considered positive
• Score does not reflect the severity of the symptoms.
• Use caution when interpreting the score of mothers who are non-English speaking and/or use English as a second language or are multicultural.

Locating EPDS Versions

EPDS


• http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf
**Patient Health Questionnaire (PHQ)**

**Where to Locate PHQ Screening Tools**

- PHQ Screeners Website: access to PHQ’s, GAD-7, and translations

- PHQ 9

- PHQ 2

- PHQ 4

**Translations**


  Including: Arabic, Assamese, Chinese (Cantonese, Mandarin), Czech, Dutch, Danish, English, Finnish, French, French Canadian, German, Greek, Gujarati, Hindi, Hebrew, Hungarian, Italian, Malay, Malayalam, Norwegian, Oriya, Polish, Portuguese, Russian, Spanish, Swedish, and Telugu.

  “Translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them. Relevant articles and a bibliography are also freely available.”
**PHQ-9**

- Self-administered questionnaire, 5-10 minutes
- Developed from the Patient Health Questionnaire
- Diagnostic criteria for Major Depressive Disorder in the Diagnostic and Statistical Manual (DSM-IV).
- Developed for diagnosis and severity assessment, but can be used for screening
- PHQ-2 also used

**PHQ-9**

- Nine item self report questionnaire
- **Advantages**
  - Easy to score and linked with DSM-IV diagnostic criteria
  - Can assess and track treatment response
  - Useful for broad range of patients
- **Disadvantages**
  - Not specific to Perinatal patients
  - Not as well validated for Perinatal use (2 studies)

**PHQ-2**

**PHQ 2 - Short version**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

**Little interest or pleasure in doing things**

0=Not at all
1=Several days
2=More than half the days
3=Nearly every day

**Feeling down, depressed, or hopeless**

0=Not at all
1=Several days
2=More than half the days
3=Nearly every day

Total point score:_____________
## PHQ 9

**Patient Name**  
**Date**

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully and circle your response.
   - Not at all  
   - Several days  
   - More than half the days  
   - Nearly every day

<table>
<thead>
<tr>
<th>Item</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless</td>
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<tr>
<td>c. Trouble falling asleep, staying asleep, or sleeping too much</td>
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<td></td>
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<tr>
<td>d. Feeling tired or having little energy</td>
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<td></td>
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<tr>
<td>e. Poor appetite or overeating</td>
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<tr>
<td>f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down</td>
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<td></td>
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<tr>
<td>g. Trouble concentrating on things such as reading the newspaper or watching television</td>
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<tr>
<td>h. Moving or speaking so slowly that other people could have noticed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Feeling bad about yourself, feeling that you have let yourself or your family down</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Totals**

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not Difficult At All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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### Increasing Specificity

- “If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?”
- “Is this something with which you would like help?”

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### Interventions for any score >5

- Reflection & Reassurance
- Parent Education Materials
- Information and Reassurance
- Accessible Options for Support
- Refer for follow up
- Make appt for follow up with you
**Severe Depression Greater than 20**

- Immediate initiation of treatment
- Quick referral to a mental health provider
- Facilitate Connection

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### PHQ-9 Scores: Proposed Actions

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Depression Severity</th>
<th>Proposed Treatment Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>None-minimal</td>
<td>None</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild</td>
<td>Watchful waiting; repeat PHQ-9 at follow-up</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate</td>
<td>Treatment plan, considering counseling, follow-up and/or pharmacotherapy</td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderately Severe</td>
<td>Active treatment with pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>20 – 27</td>
<td>Severe</td>
<td>Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management</td>
</tr>
</tbody>
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### 9th Question:

- “Thoughts that you would be better off dead or of hurting yourself in some way?”
- Any affirmative answer to Question 9 requires immediate follow up and assessment
Suicide Risk & Assessment

- What is your role? Where is your support?
- Know emergency services
- Assess immediately
- Assess thought vs plan
- Assess safety: refer immediately if any doubt

Screening for Bipolar Mood Disorder Spectrum

- Resource for bipolar mood disorders screening & tx
  - www.psycheducation.org James Phelps, MD
- Mood Disorders Questionnaire (MDQ) is a screen for Bipolar I
  - Now copyrighted by its lead author
- Primary Care Mood Check - Phelps
  - More comprehensive screening tool
  - Will remain in the public sector (not copyrighted)
  - Integrates the Bipolar Spectrum Diagnostic Scale, which has higher specificity than MDQ
  - James Phelps, MD, about using tool to diagnose: “Neither is perfect. The point of the MoodCheck is to increase your basic sense of 'how bipolar is this patient?'. Your hunch strongly determines the accuracy (predictive values) of any test, including the MDQ.”
After Screening and Scoring

- Normalize screening and scoring
- Review screen regardless of score
- Give Resources and Options
- Facilitate connection with resources
- Make appt with client for follow up
- Ask staff to follow up with client if needed

Follow Up Assessment

- How long has she felt unhappy?
- Has she talked to anyone about it?
- Has she received any support?
- Has she seen or talked to healthcare provider?
- Is she receiving any treatment now?
- Has she ever felt like this before?
- Did she have support or treatment?
- Is there a family history of similar conditions?

Treatment Options

- Medical Assessment to rule out other causes
- Social Support: Phonelines and Groups
- Individual, family, or group therapy
- Psychiatric medication evaluation
- Endocrinology
- Supportive Treatments (e.g., integrative medicine, traditional healing)
- Spiritual support
Successful Referrals

- Continuity of Care
- Permissions and Releases
- What's a “warm hand off?”
- Normalizing frustrations
- Follow Up

REFERRAL PATHWAY ALGORITHM
RESOURCES for Parents

PSI Motto

- You are not alone
  - Other moms and dads experience this
  - Connection and support will help you

- You are not to blame
  - This is not something you caused
  - This is not a reflection of your ability as a parent

- With help, you will be well
  - All symptoms are treatable
  - It is a sign of strength to reach out
  - It will get easier
Information about medication in pregnancy & breastfeeding

- MOTHERISK: 877-439-2744
  www.motherisk.org/prof/drugs.jsp
- InfantRisk: 806-352-2519
  http://www.infantrisk.com/
- MothertoBaby: 866-626-6847
  http://www.mothertobaby.org/
- Mass General Women's Health
  www.womensmentalhealth.org
- Kathleen Kendall Tackett
  www.Breastfeedingmadesimple.com

PSI Educational DVD

Healthy Mom, Happy Family
Madre Saludable, Familia Feliz
13 minute Educational DVD | English & Spanish
Postpartum Support International
1-800-944-4773
www.postpartum.net/resources/psi-educational-dvd/

PSI Public Awareness Posters

"You are not alone"

http://www.postpartum.net/resources/psi-awareness-poster/
PSI Educational Brochures
English & Spanish
www.postpartum.net/resources/psi-brochure/

Postpartum Support International
Support Map
http://www.postpartum.net/get-help/locations/

www.postpartum.net
1-800-944-4PPD Warline
English & Spanish Support

Online Support Groups
www.supportgroupscentral/psi
psioffice@postpartum.net
Contact us for more information

Postpartum Support International
English & Spanish Support
Connects with local support volunteers and resources
“Chat with an Expert” Phone Forums For Moms and Dads
Educational DVDs – English and Spanish
Professional Trainings and Conferences
www.postpartum.net
1-800-944-4PPD
1-800-944-4773