



Postpartum Depression Prevention

A Women's Mental Health Initiative by Mental Health America of Greater Houston's Yates Children Memorial Fund

Postpartum Depression

An Overview for Pediatric Professionals

Postpartum depression (PPD) is a serious, potentially life-threatening condition. Estimates for the prevalence of postpartum depression vary between 5% to 25% of mothers,¹ yet, in spite of serious consequences for mother, child, and family, it remains the most underdiagnosed obstetric-related problem. Pediatric professionals are in a unique position to help identify and refer mothers to treatment for PPD.

Consequences of Untreated Maternal Depression

“Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.”¹ PPD distorts communication between infants and mothers, derailing infants’ social and emotional development.² Children of mothers experiencing depression show patterns of brain activity similar to those found in adults with depression; perform lower on average on cognitive, emotional, and behavioral assessments; and are at risk for developing mental and physical health problems, social adjustment difficulties, and difficulties in school.³ They are also less likely to receive age-appropriate well-child visits or vaccinations, and more likely to need acute, emergency care.⁴

Screening and Treatment for PPD

The Edinburgh Postnatal Depression Scale (EPDS), which is available in many languages, is the most commonly used postpartum screening instrument. It may be freely utilized and is widely available online (for example - <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>). It consists of 10 self-report items. A score of 10 or above may indicate depression and warrants a referral for further assessment and/or treatment. Most women fully recover from *treated* PPD with psychotherapy and/or medication. Social support is also key.

The Role of the Pediatric Professional

Well-child visits may be the only contact a mother has with a healthcare provider during her first postpartum year. Therefore, pediatric professionals play a key role in identifying and referring mothers to treatment for PPD. “*Surveillance and screening for perinatal/postpartum depression is part of family-centered well-child care.*”¹

Onset of PPD typically occurs between 4 and 6 weeks postpartum, but may be recognized any time during the first postpartum year. The 8-week and subsequent well-child visits can be utilized for screening.¹ Screening may be integrated into office flow.¹ The self-administered EPDS can be included as part of paperwork that clients fill out, and support staff can score the EPDS and alert the pediatrician as needed. Use of CPT code 99420 for health risk analysis/assessment is recommended.¹ For more information and guidance on implementing screening for PPD in a pediatric practice, see *Parental Depression Screening for Pediatric Clinicians: An Implementation Manual* (URL found on the back side of this page).

In addition to referring the mother to a mental health provider, the pediatrician can offer her educational information, validate that what she is feeling is real and is not her fault, discuss the safety of the mother and baby,⁵ help the mother identify sources of social and other support, provide some ideas for the mother to promote physical and mental health, schedule more frequent doctor visits and/or use phone contacts,⁵ and follow up on the progress of the mother and infant.¹

RESOURCES AND REFERENCES

Resources Available Through Mental Health America of Greater Houston (MHA):

- Pediatric professionals may contact Karen George at MHA (kgeorge@mhahouston.org or 713-523-8963, extension 231) to receive any of the following:
 - A list of resources in the Houston area for mothers with PPD
 - A comprehensive toolkit on PPD for pediatric professionals
 - Brochures on PPD in English, Spanish, and/or Vietnamese designed for mothers (for placement in waiting rooms, dissemination in packets for new mothers, etc.)
 - Posters on PPD in English or Spanish to place in waiting and/or exam rooms
 - Information on scheduling a training on PPD for pediatric or other professionals
 - Additional research on screening for PPD in pediatric settings
- For mental health referrals in the Greater Houston area, please call or ask clients to call **MHA's Information and Referral Line at 713-522-5161**. Assistance is available Monday to Friday, 8:30 AM to 5:00 PM, in English and Spanish.

Additional Resources and References:

- *Parental Depression Screening for Pediatric Clinicians: An Implementation Manual*. (Available at <http://www.commonwealthfund.org/Publications/Fund-Manuals/2007/Apr/Parental-Depression-Screening-for-Pediatric-Clinicians--An-Implementation-Manual.aspx>.)
- Details of various successful screening initiatives and tools from the Assuring Better Child Health and Development (ABCD) Program administered by the National Academy for State Health Policy: <http://www.nashp.org/identifying-children-and-families-at-risk>.
- Med Ed PPD – A professional, peer-reviewed website developed with NIMH to educate primary care providers on postpartum depression. <http://www.mededppd.org>.
- Illinois Perinatal Mental Health Consultation Line (not a hotline) – Provides consultation to health care providers about detection, diagnosis, and treatment of perinatal disorders. This service does not consult directly to or about individual patients, and should not be construed as advice about managing a particular patient's care. 1-800-583-6121. <http://www.psych.uice.edu/research/perinatalmentalhealth>.
- Research and publications referenced in this document:
 - 1 – Earls, Marian F. and The Committee on Psychosocial Aspects of Child and Family Health. "Clinical Report Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice." *Pediatrics*. Volume 126, Number 5. 2010.
 - 2 – Tronick, Edward and Corinna Reck. "Infants of Depressed Mothers." *Harvard Review of Psychiatry*. Volume 17, Number 2. 2009.
 - 3 – Center on the Developing Child at Harvard University. "Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8." 2009. <http://www.developingchild.harvard.edu>.
 - 4 – Minkovitz, Cynthia, et al. "Maternal Depressive Symptoms and Children's Receipt of Health Care in the First Three Years of Life." *Pediatrics*. Volume 115, Number 2. 2005.
 - 5 – Talmi, Ayelet, Brian Stafford, and Melissa Buchholz. "Providing Perinatal Mental Health Services in Pediatric Primary Care." *Zero to Three*. 2009. <http://www.zerotothree.org>.