

# Maternal Depression Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

## C&TC Requirements

### General

It is recommended that C&TC providers offer universal maternal depression screening during infant C&TC visits. Suggested screening times are at the 0-1-month visit, the 2-month visit, and either the 4 or 6-month visit.

### Personnel

The qualifications of who can administer maternal depression screening are instrument-specific. Refer to the instrument's manual or instructions to determine qualifications.

### Documentation

Document the name of the screening instrument used, as a risk assessment. It is not required to include the screening score results or a copy of the screening instrument in the child's record.

For documentation examples, refer to the [C&TC Provider Documentation Forms \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

## Screening Procedure

Use one of three approved screening tools:

- [Edinburgh Postnatal Depression Scale \(EPDS\) \(www.fresno.ucsf.edu/pediatrics\)](http://www.fresno.ucsf.edu/pediatrics)
- [Patient Health Questionnaire-9 \(PHQ-9\) \(www.phqscreeners.com\)](http://www.phqscreeners.com)
- [Beck Depression Inventory \(BDI\) \(www.pearsonclinical.com\)](http://www.pearsonclinical.com)

For examples of ways that clinics in Minnesota have successfully implemented screening, referral, and documentation, refer to [Postpartum Depression - Information for Health Professionals \(www.health.state.mn.us\)](http://www.health.state.mn.us)

and the [Clinical Guidelines for Implementing Universal Postpartum Depression Screening in Well Child Checks \(www.health.state.mn.us\)](http://www.health.state.mn.us).

### Referral

Providers should identify systems of support in their community available when concerns are identified. Resources to help providers to develop referral plans in their community are available on the above website.

## Importance of Screening

Due to the long-term consequences of perinatal depression on children, screening for depression is an important part of preventive pediatric care (Berkule, et al., 2014). Children of depressed parents are more likely to perform lower on cognitive, emotional and behavioral assessment (Berkule, et al., 2014). They more commonly have difficulties in social and educational situations and have an increased risk of mental health issues later in life (Ferro & Boyle, 2015).

Maternal depression may occur during the prenatal and postpartum period and is different from the normal emotional swings associated with childbirth. Major depressive symptoms include low mood, loss of appetite, difficulty sleeping, feelings of worthlessness, difficulty concentrating and loss of interest in enjoyable activities (Mayo Clinic, 2012).

An estimated 10-35 percent of mothers experience depression during the postpartum period (Berkule, et al., 2014). While maternal depression is seen in all socio-demographic groups, mothers at higher risk are those that are young, single, economically disadvantaged, socially isolated, or who have previous history of depression (Beeber, et al., 2014).

## Professional Recommendations

### American Academy of Pediatrics

Maternal depression screening is recommended at well-child visits. The EPDS and PHQ-9 are feasible and effective measures (Hodgkinson, Beers, Southammakosane, & Lewin, 2014).

### U.S. Preventive Services Task Force

The USPTF recommends maternal depression screening if systematic follow-up services are provided for individuals with positive screening results (Olson, Dietrich, Prazar, & Hurley, 2006).

## Resources

### Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

### Minnesota Department of Health

- [Depression or Anxiety During and After Pregnancy Info Sheet and Maternal Wellbeing Plan \(www.health.state.mn.us\)](http://www.health.state.mn.us) in seven languages
- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Postpartum or Pregnancy Depression/Anxiety \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Family Home Visiting Program \(www.health.state.mn.us\)](http://www.health.state.mn.us)

### Other resources

#### Mother-Baby Hope Line at Hennepin County Medical Center:

- Statewide phone services: 612-873-5692. A counselor will return calls within two business days and provide appropriate referrals. In-person services are only available in Hennepin County.

### Pregnancy Postpartum Support Minnesota

- [Pregnancy and Postpartum Support Minnesota \(www.ppsupportmn.org\)](http://www.ppsupportmn.org)
- PPSM HelpLine (612) 787-PPSM or (612) 787-7776 or [PPSMhelpline@gmail.com](mailto:PPSMhelpline@gmail.com)

## References

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- Ferro, M., & Boyle, M. (2015). The impact of chronic physical illness, maternal depressive symptoms, family function, and self-esteem on symptoms of anxiety and depression of children. *Journal of Abnormal Child Psychology, 177*-197.
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics, 133*(1).
- Mayo Clinic. (2012). *Diseases and conditions: postpartum depression*. Retrieved from [www.mayoclinic.org/diseases-conditions/postpartum-depression/basics/definition/CON-20029130](http://www.mayoclinic.org/diseases-conditions/postpartum-depression/basics/definition/CON-20029130)
- Olson, A. L., Dietrich, A. J., Prazar, G., & Hurley, J. (2006). Brief maternal depression screening at well-child visits. *Pediatrics, 207*-216.

## For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet, contact: 651-201-3760 or [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us)

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*To obtain this information in a different format, call 651-201-3760.*