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. This may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

Documentation
It is not required to include the screening score results or a copy of the screening instrument in the child’s record. A paper copy of the screening instrument may be given to the mother to bring with her to a referral appointment or destroy it if she does not want it. Some clinics choose to keep a separate record for the screening for the mother. For more information refer to the Minnesota Health Care Programs Provider Manual C&TC Section (www.dhs.state.mn.us).

Screening Procedure
To receive reimbursement for depression screening at a C&TC visit, providers must use one of three approved screening tools:

- Edinburgh Postnatal Depression Scale (EPDS) (www.fresno.ucsf.edu/pediatrics).
- Patient Health Questionnaire-9 (PHQ-9) (www.phqscreeners.com).
  - Note: Some clinics use the PHQ-2 as a pre-screening tool; however, the PHQ-2 is not currently reimbursed.

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).

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).

Depression impacts the parent’s ability to care for and create a nurturing relationship with his/her child. Early experiences and interactions are critical factors affecting children’s brain development. Children of depressed mothers or fathers 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).
Prevalence varies by population, however overall estimates suggest that 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 particular risk are those that are young, single, economically disadvantaged, socially isolated, or who have previous history of depression (Beeber, et al., 2014) Pre- and post-natal depression can also affect fathers with the highest rates occurring at 3-6 months postpartum.

Professional Recommendations
American Academy of Pediatrics (AAP)
- The AAP recommends that pediatric providers screen for maternal depression at well-child visits and has found the EPDS and PHQ-9 to be feasible and effective measures (Hodgkinson, Beers, Southammakosane, & Lewin, 2014).

U.S. Preventive Services Task Force (USPSTF)
- 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)

Minnesota Department of Health
- Child and Teen Checkups (www.health.state.mn.us)
- Postpartum or Pregnancy Depression/Anxiety (www.health.state.mn.us)
- Family Home Visiting Program (www.health.state.mn.us)

Mother-Baby Hope Line at Hennepin County Medical Center:
- (612) 873-HOPE or (612) 873-4673
- Phone services are available statewide, but in-person services only in Hennepin County.
- This is not a crisis line but a counselor will return calls within two business days and provide appropriate referrals.

Pregnancy Postpartum Support Minnesota
- Pregnancy and Postpartum Support Minnesota (www.ppsupportmn.org)
- PPSM HelpLine (612) 787-PPSM or (612) 787-7776 or PPSMhelpline@gmail.com

References


For More Information
Minnesota Department of Health Child and Teen Checkups Program
PO Box 64882,
St. Paul, MN 55164-0882
651-201-3760
health.childandteenchechups@state.mn.us
www.health.state.mn.us

New: 04/2016
To obtain this information in a different format, call: 651-201-3760.