

Documenting and Charting for Postpartum Depression in Well Child Checks

When screening for postpartum depression in well child checks, the most essential documentation practices are:

- Have the results of the screen available, in the child’s chart, to the child’s provider.
- Document the follow up that occurs following a positive score on the screen.

Finding the right way to accomplish these two essentials can be tricky. It may be done very differently in different settings and clinical systems. There is not one “recommended” practice, but the following are ways systems have met these priorities along with HIPAA and their unique clinic/system expectations.

“Provider” refers to child’s provider (not parent’s).

Options	Details	Advantages	Disadvantages	Clinic Types
In the Parent’s Record – Parent is in same EMR	<ol style="list-style-type: none"> 1. Completed paper screening tool is scored, then used by provider during the well child check. 2. Well child check in record has a note that a tool was used to complete a screen. 3. Provider opens up parent’s record, puts score and follow up activities in parent’s record only (not child’s). 4. Tool may be scanned into parent’s record. 5. Internal message may be sent to parent’s provider to ask them to complete necessary follow up. 	<ul style="list-style-type: none"> • All information only in parents file, only parent and parent’s provider have access. • Parent’s provider can do follow up. • May get easier as technology improves. 	<ul style="list-style-type: none"> • Parent may not have a file in system, may not pop up at future well child checks. • May take more care coordination time. 	Systems where parent sees a provider in the same system, especially when provider is same for parent and baby.
In the Child’s Record	<ol style="list-style-type: none"> 1. Completed paper screening tool is scored, then used by provider during the well child check. 2. Provider/support puts information about the tool being completed, score of tool, and follow up activities into child’s record. 3. Encounters in child’s record are used to track follow up. 	<ul style="list-style-type: none"> • Information regarding the child’s health is readily accessible to child’s provider but is not clear to all readers (i.e. using “pass” or other coded words) • Tracking follow up from 	Mental health information on parent is available from child’s record	Systems where parent sees a provider in the same system.

Options	Details	Advantages	Disadvantages	Clinic Types
In the Child's Record (cont.)	<ol style="list-style-type: none"> 4. Parent's provider, if in system, can be notified through internal messaging. 5. Tool may be scanned into child's record. 	<ul style="list-style-type: none"> • pediatric visit is easier 		
In a stand-alone file	<ol style="list-style-type: none"> 1. Completed paper screening tool is scored, then used by provider during the well child check. 2. WCC has a note that a tool was used to complete a screen. 3. Care coordination staff put score and parent information, and follow up, into separate, stand-alone file—like Excel spread sheet. 4. Tool may be scanned into unattached folder on protected drive. 	<p>Information on parent is not connected to child's record</p> <p>Information is available, if you know where to look</p>	<p>Won't be able to do flagging, reporting</p>	<p>Systems where the parent is not a patient.</p>
Send to parent's provider	<ol style="list-style-type: none"> 1. Screening tool comes with a consent form for information to be shared with parent's provider, and spot to fill in provider information. 2. Completed paper screening tool is scored, then used by provider during the well child check. 3. WCC has a note that a tool was used to complete a screen. 4. Care coordination staff forward screen information and recommendation for follow up care to parent's provider. 	<ul style="list-style-type: none"> • Information on parent is not connected to child's record. • Information is available, if you know where to look. • Parent will (if it works) receive follow up care from own provider. 	<p>Won't be able to do flagging, reporting.</p>	<p>Systems where parent is not a patient.</p>

Other interesting options include:

- Obtaining consent from the parent to put the score into the child's record.
- Upload actual screening tool into parent's chart.
- Keep parent and baby linked in medical record (may expire after a certain amount of time after birth).
- Only record if screen is high.

For questions on these processes or examples of tools used, please contact Tessa at 651-201-3625 or Tessa.Wetjen@state.mn.us or go to <http://www.health.state.mn.us/divs/cfh/topic/pmad/> .

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To obtain this information in a different format, call: 651-201-4999.