Promoting Maternal Mental Health During and After Pregnancy
1 in 7 women suffer from perinatal depression

Perinatal depression is twice as common as gestational diabetes

Depression
10 – 15 in 100

Diabetes
3 -7 in 100

Two-thirds of perinatal depression begins before birth

- Pregnancy: 33%
- Before pregnancy: 27%
- Postpartum: 40%

Wisner et al. JAMA Psychiatry 2013
Perinatal depression effects mom, child & family

Poor health care
Substance abuse
Preeclampsia
Maternal suicide

Low birth weight
Preterm delivery
Cognitive delays
Behavioral problems

Perinatal depression is under-diagnosed and under-treated

- Treated Women
- Untreated women

Byatt et al. Obstetrics and Gynecology. 2015
The perinatal period is ideal for the detection and treatment of depression

80% of depression is treated by primary care providers

Regular opportunities to screen and engage women in treatment

Front line providers of all types have a pivotal role
Transforming obstetrical and pediatric practice to include depression care could provide a solution
In 2010, Massachusetts passed a Postpartum Depression Act

PPD Commission

PPD Screening Regulation
(if screen must report CPT S3005, 0-6 months)

MCPAP for Moms Funding
Telephone Consultation

<table>
<thead>
<tr>
<th>Obstetric providers/ Midwives</th>
<th>Family Medicine</th>
<th>Psychiatric providers</th>
<th>Primary care providers</th>
<th>Pediatric providers</th>
</tr>
</thead>
</table>

Massachusetts Child Psychiatry Access Project

For Moms
Obtain and document patient consent before sharing PHI with MCPAP for Moms
Obtain and document patient consent before sharing PHI with MCPAP for Moms
During telephone consult care coordination is determined based on acuity, severity and need

<table>
<thead>
<tr>
<th>Contact Provider</th>
<th>Patient Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care coordinator will identify 2-3 targeted resources to deliver via phone or email</td>
<td>Care coordinator will contact mom and work with her to schedule appointment</td>
</tr>
<tr>
<td>Does not involve speaking with mom</td>
<td>Care coordinator will follow up after 1 month</td>
</tr>
</tbody>
</table>
Enrolled practices that can call directly for care coordination provider contact

- OB Case Worker
- OB Nursing Staff
- OB Social Worker
- OB Care Provider

Care Coordination
Enroll in MCPAP for Moms today!

MCPAP for Moms Enrollment Agreement

Practice Name: ________________________________________________
Practice Address: _______________________________________________
Practice Phone: _________________________________________________
(If applicable) Practice Site 2 Name & Address: ________________________
(If applicable) Practice Site 3 Name & Address: ________________________
Number of Deliveries Annually_____________________________________

Care Manager/Social Worker on Site?  Yes / No

   If yes, Care Manager/Social Worker name:
Bidirectional relationship between depression and infertility likely exists
1\textsuperscript{st} pre-natal visit

26-28 weeks

Birth

2 weeks post-partum

6 weeks post-partum

Administer Edinburgh Postnatal Depression Scale

Administer EPDS for high-risk patients
Steps after a positive screen

- Assess severity and comorbidities
- Consider all treatment and support options
- Consider patient preference
- Rule out bipolar disorder
- Consider treatment risks/benefits
**Edinburgh Postnatal Depression Scale (EPDS)**

Name: __________________________ Address: __________________________

Year of Birth: ____________________ Phone: __________________________

Baby’s Date of Birth: ______________

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please select the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things.
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things.
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have talked things over unnecessarily when things went wrong.
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been so worried about things going wrong.
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

5. I have felt scared or panicky for no very good reason.
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me.
   - Yes, most of the time
   - Yes, sometimes
   - No, not much
   - No, not at all

7. I have been so unhappy that I have had difficulty sleeping.
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, never

8. I have felt sad or miserable.
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, never

9. I have been so unhappy that I have been crying.
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me.
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

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**Notes:**

- Use a rating of 0 to 3 for each item:
  - 0: Not at all
  - 1: A little bit
  - 2: Quite a bit
  - 3: Very much

**Scoring:**

- Add the numbers for each item:
  - Total score: 0-30
  - Scores of 0-9 indicate no symptoms of depression.
  - Scores of 10-15 indicate possible depression.
  - Scores of 16-20 indicate probable depression.
  - Scores of 21-30 indicate definite depression.

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**References:**


Steps after a positive screen

- Assess severity and comorbidities
- Consider all treatment and support options
- Consider patient preference
- Rule out bipolar disorder
- Consider treatment risks/benefits
EPDS scores range 0 - 30

- < 10 • Depression unlikely
- ≥10 • Possible depression
- ≥ 13 • Probable depression

Screening is reimbursed once during pregnancy and once postpartum for MassHealth patients.

- Use Code S3005
  - Behavioral health need is identified
    - Modifier U3

- Use Code S3005
  - No Behavioral health need is identified
    - Modifier U4
Baby Blues

≤ 2 weeks

Mood lability

High emotionality

Depression

≥2 weeks

Guilt, feeling worthless

Suicidal thoughts

Impacts functioning
Assess for other comorbidities and medical causes

- PTSD and other anxiety disorders
- Substance abuse
- Medical causes

Check TSH, CBC, B12, Vitamin D, and folate
Risk of harm to baby

**OCD/depression/anxiety**
- Good insight
- Thoughts are intrusive and scary
- No psychotic symptoms
- Thoughts cause anxiety

Low risk

**Postpartum Psychosis**
- Poor insight
- Psychotic symptoms
- Delusional beliefs or distorted reality present

High risk
Suicide Risk Assessment

High Risk

- History of suicide attempt
- High lethality of prior attempts
- Recent attempt
- Current plan
- Current intent
- Substance use
- Lack of protective factors (including social support)

Low Risk

- No prior attempts
- If prior attempts, low lethality & high rescue potential
- No plan
- No intent
- No substance use
- Protective factors
Key clinical considerations after a positive screen

- Severity
- Consider all treatment and support options
- Patient preference
- Bipolar vs. unipolar depression
- Consider treatment risks/benefits
Education about various treatment and support options is imperative.
Meds not indicated

Meds indicated

Medication Assessment

Mild depression
No suicidal ideation
Able to care for self/baby
Engaged in psychotherapy
Depression has improved with psychotherapy in the past
Strong preference and access to psychotherapy

Moderate/severe depression
Suicidal ideation
Difficulty functioning caring for self/baby
History of severe depression and/or suicide ideation/attempts
Intrusive thoughts
Comorbid anxiety
Linkages with support groups and community resources

Support the wellness and mental health of perinatal women
Can refer moms to www.mcpapformoms.org
Steps after a positive screen

- Assess severity and comorbidities
- Consider all treatment and support options
- **Consider patient preference**
- Rule out bipolar disorder
- Consider treatment risks/benefits
Ask women what type of treatment they prefer

There are effective options for treatment during pregnancy and breastfeeding.

Depression is very common during pregnancy and the postpartum period.

There is no risk free decision.

Women need to take medication during pregnancy for all sort of things.
Steps after a positive screen

- Assess severity and comorbidities
- Consider all treatment and support options
- Consider patient preference
- Rule out bipolar disorder
- Consider treatment risks/benefits
Imperative to address bipolar disorder

- Bipolar Disorder 23%
- Unipolar Depressive Disorder 69%
- Other Disorders 7%
Bipolar disorder increases risk of postpartum psychosis

1-2/1000 women

>70% bipolar disorder

24 hrs – 3 weeks postpartum

Mood symptoms, psychotic symptoms & disorientation

R/o medical causes of delirium

Psychiatric emergency

4% risk of infanticide with postpartum psychosis
Bipolar Disorder Screen

This algorithm can be used when treatment with antidepressants is indicated, in conjunction with the Depression Screening Algorithm for Obstetric Providers.

In this algorithm, the provider asks the indicated questions and summarizes other text.

**Screen for bipolar disorder**

1. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless and unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you started arguments, shouted at people, or hit people?

**If yes to questions 1 and/or 2**

Continue screen for bipolar disorder

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being elevated and full of energy? Very irritable or grouchy?

**If yes to question 3**

Refer to the Recommended Steps before Beginning Antidepressant Medication Algorithm

**If no to question 3**

The screen suggests the patient may have bipolar

If you have questions or need telephone consultation with a psychiatric call MOCAP for Moms 855-566-MOCAP (855-566-6272)

**If no to both questions 1 & 2**

CALL MOCAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

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*MCPAP for Moms promotes emotional health during and after pregnancy
www.mcpapformoms.org
Rev: 06.25.18
Copyright © MCPAP for Moms 2014 all rights reserved. Authors: Byatt B., Biheller K., Hasan S., Lapidus K., Freeman M., & Cohen L.*
Steps after a positive screen

☑ Assess severity and comorbidities
☑ Consider all treatment and support options
☑ Consider patient preference
☑ Rule out bipolar disorder
☑ Consider treatment risks/benefits
Treatment - Recommended Steps Before Beginning Antidepressant Treatment

Recommended Steps before Beginning Antidepressant Medication Algorithm
(Discussion should include yet not be limited to the below)

Counsel patient about antidepressant use:
- No decision regarding whether to use antidepressants during pregnancy is perfect or risk free
- SSRIs are among the best studied class of medications during pregnancy
- Both medication and non-medication options should be considered
- Encourage non-medication treatments (e.g., psychotherapy) in addition to medication treatment or as an alternative when clinically appropriate

<table>
<thead>
<tr>
<th>Risks of antidepressant use during pregnancy</th>
<th>Risks of under treatment or no treatment of depression during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Small, but inconsistent increased risk of birth defects when taken in first trimester, particularly with paroxetine</td>
<td>➢ Increases the risk of postpartum depression</td>
</tr>
<tr>
<td>➢ The preponderance of evidence does not suggest birth complications</td>
<td>➢ Birth complications</td>
</tr>
<tr>
<td>➢ Studies do not suggest long-term neurobehavioral effects on children</td>
<td>➢ Can make it harder for moms to take care of themselves and their babies</td>
</tr>
<tr>
<td>➢ Possible transient neonatal symptoms</td>
<td>➢ Can make it harder for moms to bond with their babies</td>
</tr>
</tbody>
</table>

- If pregnant: In your situation, the benefits of taking an antidepressant outweigh the chance of the things we just discussed.
- If lactating: SSRIs and some other antidepressants are considered a reasonable treatment option during breastfeeding. The benefits of breastfeeding while taking antidepressants generally outweigh the risks.

SEE ANTIDEPRESSANT TREATMENT ALGORITHM ON BACK FOR GUIDELINES RE: PRESCRIBING MEDICATIONS

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272
No decision is risk free

SSRIs are among the best studied classes of medications used in pregnancy

Case of Ms. Y
Absolute risk of birth defects when antidepressants taken in first trimester is small

Data is inconsistent, paxil has most been controversial

Possible transient neonatal symptoms with exposure to antidepressants

Transient and self-limited syndrome that may occur in up to 30% of neonates

No data to support taper in third trimester

Absolute risk of persistent pulmonary hypertension (PPHN) appears small

Baseline rate of 1-2 per 1000 births, may increase to 3-4 in 1000 births

Small increase risk of preterm labor & low birth weight

Depression can also increase risk of preterm labor and low birth weight

Studies do not suggest long-term neurobehavioral effects on children

There is no such thing as no exposure

Need to balance and discuss the risks and benefits of medication treatment and risks of untreated depression
Antidepressant Treatment Algorithm

(Use in conjunction with Depression Screening Algorithm for Obstetric Providers)

1. **Is patient currently taking an antidepressant?**
   - **Yes**
     - If medication has helped and patient is on a low dose: increase dose of current medication (see table below).
   - **No**
     - If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation.

2. **Does patient have a history of taking an antidepressant that has helped?**
   - **Yes**
     - Prescribe antidepressant that helped patient in the past (see table below).
   - **No**
     - Use sertraline, fluoxetine or citalopram (see table below).

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

**First line treatment (SSRIs)**

- Sertraline (Zoloft) 50-200 mg increase in 50 mg increments
- Fluoxetine (Prozac) 20-60 mg increase in 10 mg increments
- Citalopram (Celexa) 20-40 mg increase in 10 mg increments
- Escitalopram (Lexapro) 10-20 mg increase in 10 mg increments

**Second line treatment**

<table>
<thead>
<tr>
<th>SSRIs</th>
<th>SNRIs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine (Plavix) 20-60 mg increase in 20 mg increments</td>
<td>Venlafaxine (Effexor) 75-300 mg increase in 75 mg increments</td>
<td>Bupropion (Wellbutrin) 100-450 mg increase in 75 mg increments</td>
</tr>
<tr>
<td>Fluvoxamine (Luvox) 50-200 mg increase in 50 mg increments</td>
<td>Duloxetine (Cymbalta) 30-60 mg increase in 20 mg increments</td>
<td>Mirtazapine (Remeron) 15-45 mg increase in 15 mg increments</td>
</tr>
</tbody>
</table>

*Considered a safer alternative in lactation because they have the lowest degree of translactational passage and fewest reported adverse effects compared to other antidepressants. In general, if an antidepressant has helped it is best to continue it during lactation.

3. **Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment**
   - If no/minimal clinical improvements after 4-8 weeks:
     1. If patient has no or minimal side effects, increase dose.
     2. If patient has side effects, switch to a different med.
   - If clinical improvement and no/minimal side effects:
     - Reevaluate every month and at postpartum visit. Refer back to patient’s provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy
Revision 04.28.14
www.mcpapformoms.org
Tel 855-Moms-MCPAP (855-666-6272)
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Start antidepressants at a low dose and increase in small increments every 2 days

<table>
<thead>
<tr>
<th>SSRIs</th>
<th>Starting &amp; Increment Dose (mg/day)</th>
<th>Target Dose (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>sertaline (Zoloft)</td>
<td>25</td>
<td>75-200</td>
</tr>
<tr>
<td>citalopram (Celexa)</td>
<td>10</td>
<td>20-40</td>
</tr>
<tr>
<td>escitalopram (Lexapro)</td>
<td>5</td>
<td>10-20</td>
</tr>
<tr>
<td>fluoxetine (Prozac)</td>
<td>10</td>
<td>20-80</td>
</tr>
</tbody>
</table>

Tell women only to increase dose if tolerating. Otherwise, wait until side effects dissipate before increasing.
General side effects of antidepressants

**Temporary**
- Nausea
- Constipation/Diarrhea
- Lightheaded
- Headaches

**Long-term**
- Increase in appetite/weight gain
- Sexual side effects
- Vivid dreams/insomnia

Direct patients to take medication with food to decrease side effects
After starting antidepressant re-administer EPDS

Re-administer EPDS and reevaluate after 2 weeks

Little/no improvement (EPDS >10)

Increase medication

Improvement (EPDS < 10)

Reevaluate monthly
Prescribing principles for pregnancy and breastfeeding

- Use what has worked (considering available reproductive safety information)
- Use lowest EFFECTIVE dose
- Minimize switching
- Monotherapy preferable
- Be aware of need to adjust dose
- Discourage stopping SSRIs prior to delivery
Breastfeeding generally should not preclude treatment with antidepressants

SSRIs and some other antidepressants are considered a reasonable option during breastfeeding
Sertraline, paroxetine, & fluvoxamine have lowest passage into milk
Steps after a positive screen

- Assess severity and comorbidities
- Consider all treatment and support options
- Consider patient preference
- Rule out bipolar disorder
- Consider treatment risks/benefits
Please call us with any questions as we are here to help you.

1-855-Mom-MCPAP

www.mcpapformoms.org
Enroll in MCPAP for Moms today!

MCPAP for Moms Enrollment Agreement

Practice Name: ________________________________
Practice Address: ________________________________
Practice Phone: ________________________________

(If applicable) Practice Site 2 Name & Address: ________________________________

(If applicable) Practice Site 3 Name & Address: ________________________________

Number of Deliveries Annually: ________________________________

Care Manager/Social Worker on Site?  Yes / No

   If yes, Care Manager/Social Worker name:
In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address perinatal depression.
Call 1-855-Mom-MCPAP
www.mcpapformoms.org

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Thank you!