Postpartum Depression Screening by Pediatricians: Time to Close the Gap

Michael W. Yogman, MD

The American Academy of Pediatrics (AAP) strategic priorities in recent years have emphasized the importance of adverse child experiences, social determination of health, and the impact of toxic stress on child outcomes. In view of these priorities, screening parents for postpartum depression by pediatricians during well-child visits should become the new standard of quality care. Postpartum depression is a hidden epidemic: vastly underidentified and when identified undertreated. The American College of Obstetricians and Gynecologists has broadened the term to include perinatal mood disorders and recommends routine screening by obstetricians during pregnancy and at the postpartum visit. Evidence-based treatments for perinatal mood disorders support the efficacy of treatment and represent a best example of buffering toxic stress and supporting resilience in families.

This past summer, the US Preventive Services Task Force published a draft recommendation and gave a grade B recommendation to the evidence for postpartum depression screening if treatment was available. Under the Affordable Care Act, this recommendation when finalized mandates payment for screening by commercial insurers and is now being incorporated into the AAP Bright Futures screenings. In Massachusetts this past summer, Medicaid has agreed to pay for postpartum depression screening using the Edinburgh Postpartum Depression Scale because it has been incorporated in a broader infant screen known as the SWYC/MA at 1, 2, 4, and 6 months. Pediatricians in Massachusetts can now expect universal payment by insurers for postpartum depression screening.

Once a parent (mother or father) screens positive, they may be referred to their primary care physician, obstetrician, or a perinatal psychiatrist for evidence-based treatment. In Massachusetts, the legislature funded an extension of the Massachusetts Child Psychiatry Access Project (MCPAP) called MCPAP for MOMS to provide timely consultation to pediatricians for parental referral and treatment.

This study in this journal shows an improvement in screening rates from 2004 to 2013 based on the annual periodic survey data. Unfortunately only 44% of pediatricians in 2013 were inquiring/screening parents to identify maternal depression. This represents a missed opportunity to provide optimal preventive health care to children and families. Notably, the January 2016 Pediatrics article on “Recommendations for Preventive Pediatric Health Care” does not include routine postpartum depression screening and needs to be updated. Hopefully, this important report will incentivize the education, training, and advocacy of AAP members to enhance preventive care using this well-validated and evidence-based screening tool to identify postpartum depression at well visits in the first year of life and refer parents for needed treatment.

REFERENCES