

DSHS Grand Rounds

March 30

Postpartum Depression Screening and Management

Presenters: Christina Annette Treece, MD, Asst. Prof., Obstetrics and Gynecology - Menninger Dept. of Psychiatry, Baylor College of Medicine; Lisa M. Hollier, MD, MPH, Medical Director, Obstetrics, Texas Children's Health Plan; Lesley French, Director, Women's Health Coordination, TX HHSC; Lisa Ramirez, Mental Health and Substance Abuse Division, TX DSHS



Logistics

Slides

Slides available at: <http://www.dshs.state.tx.us/grandrounds>

Registration questions?

For registration questions, please contact Laura Wells, MPH at CE.Service@dshs.state.tx.us

For technical difficulties, please contact:

GoToWebinar 1-800-263-6317(toll free) or 1-805-617-7000

Questions?

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Requirement of Learner

Participants requesting continuing education contact hours or a certificate of attendance must 1. register for the event, 2. attend the entire session, and 3. complete the online evaluation within one week of the presentation.

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Additional Readings

1. Committee on Obstetric Practice. The American College of Obstetricians and Gynecologists Committee Opinion no. 630. Screening for perinatal depression. *Obstet Gynecol.* 2015 May;125(5):1268-71. doi: 10.1097/01.AOG.0000465192.34779.dc.
2. Norhayati MN, Hazlina NH, Asrenee AR, Emilin WM. Magnitude and risk factors for postpartum symptoms: a literature review. *J Affect Disord.* 2015 Apr 1;175:34-52. doi: 10.1016/j.jad.2014.12.041. Epub 2014 Dec 31.
3. O'Connor E, Rossom RC, Henninger M, Groom HC, Burda BU. Primary Care Screening for and Treatment of Depression in Pregnant and Postpartum Women: Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA.* 2016 Jan 26;315(4):388-406. doi: 10.1001/jama.2015.18948.

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Introductions

John Hellerstedt, MD,
DSHS Commissioner, is pleased to
introduce our DSHS Grand Rounds speakers

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Postpartum Depression Screening and Management



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An Overview of Post-Partum Mood Disorders



Christina Treece, MD

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Houston, TX

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Postpartum Mental Illness Facts

- Up to 80% of new moms get the “baby blues.”
- 5% – 25% of new moms develop postpartum depression (ACOG 2010).
- 1 out of 20 new moms develop postpartum anxiety disorders.
- 1-4 in 1000 new moms develop postpartum psychosis.

Postpartum Depression or “Baby Blues?”

Baby Blues:

- Occurs within a few days of the baby’s birth and lasts for up to 2 weeks.
-
- Symptoms are tearfulness, exhaustion, anxiety and difficulty sleeping.
- Usually resolves without professional help.
- Support and monitor mothers with “baby blues.”

Postpartum Depression

- Serious, sometimes life-threatening condition
- Onset typically within 4-6 weeks after delivery, but may be recognized anytime during the first year
- During the first month after delivery, childbearing women have a three times greater risk for depression compared to non-childbearing women.

Key Signs and Symptoms

- **SLEEP DISTURBANCE** may be hallmark of the illness
- Excessive worry about the baby
- Crying, tearfulness
- Loss of appetite
- Numbness, flat affect
- Anxiety out of proportion to event
- **GUILT**

Other warning signs:

- The woman is having difficulty performing daily activities.
- The woman is feeling disconnected or disengaged from her infant.
- The woman is thinking about death or suicide.

If a woman is more than two weeks postpartum and still feels tearful and sad, you should have greater concern that IT IS NOT JUST THE BLUES!

Postpartum Depression (PPD): Risk Factors

Previous episode of depression	Prior episode of PPD
Severe PMS	Family history of depression, anxiety, &/or bipolar disorder
Anxiety during pregnancy	
Depression during pregnancy, particularly third trimester	

PPD: Risk Factors (cont.)

Past or current physical, sexual, emotional abuse	Medical complications during pregnancy (gestational DM)
Isolation of mother	Congenital anomalies in the newborn
Unplanned pregnancy	Personality traits of mother: perfectionistic, obsessive/compulsive, introverted
Ambivalence about pregnancy	
Lack of social or financial support	Patient h/o poor relationship with her mother

PPD: Risk Factors (cont.)

- Little is known about the rates of postpartum depression among minority women, particularly Hispanic and Native-American women.
- Rates of depression (not necessarily PPD) are higher in women of low socioeconomic status.
- Affects minority and teen mothers disproportionately

Negative Effects of Depression during Pregnancy

- Decreased self care. Poor weight gain. Substance abuse.
- Obstetric outcomes:
 - Increased risk of preterm birth
 - Lower birth weight
 - Small for gestational age
- Dysregulation of HPA-axis during pregnancy can affect fetal brain and long term outcomes
 - Newborns of women with depression at 26 weeks gestation had altered R amygdala function compared to those born to women without depression

Untreated Postpartum Illness

- Untreated postpartum depression may lead to the following problems:
 - Interrupt bonding with baby
 - Child abuse and neglect
 - Contribute to family and/or marital discord
 - Can lead to psychosis, suicide, and other tragedies

Maternal Depression and Infant Health Care

- Smaller percentage of children whose mothers had depression completed well-child visits or received each age-appropriate vaccination
- Children of depressed mothers were more likely to have ER visits and hospitalizations
- Early screening for maternal depressive symptoms could improve acute and preventive care for children
- Imperative that child health care providers educate mothers about maternal depression, for the health and well-being of children and families

Maternal Depression and Development of Children

MYTH:

- Postpartum Depression only affects infants during the time their mothers display visible symptoms.

RESEARCH FINDINGS:

- Maternal depression has far-reaching harmful effects on families and children.
- Children of depressed mothers show patterns of brain activity similar to those found in adults with depression.
- Children raised by depressed mothers on average perform lower on cognitive, emotional and behavioral assessments.
- Children are also at risk for developing mental and physical health problems, social adjustment difficulties, and difficulties in school.

Center on the Developing Child at Harvard University (2009). *Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8*. <http://www.developingchild.harvard.edu>



Pavilion
for Women

Treatment

- **Support:** Nutrition, sleep, maximize social supports, exercise
- **Group therapy and/or support groups:** Education to patient and family members
- **Psychotherapy:** Interpersonal, Cognitive behavioral, psychodynamic
- **Antidepressants:** Zoloft, Prozac, Lexapro, Celexa, Wellbutrin



Pavilion
for Women

Medication Treatments

- Many open label and RCT showing sertraline, fluoxetine, nortriptyline superior to placebo
- Response time within 2-4 weeks, reduction in anxiety, irritability, restoration of appetite and sleep cycle
- Use lowest effective dose for 6-12 months after remission of symptoms

Antidepressant Treatment during Breast Feeding

- Most studies show low levels of drug in breast milk and infant serum
- Few case reports of adverse effects (colicky symptoms or sedation)
- Best drug is the one that mother has had a good response to in the past
- SSRIs and Bupropion with good evidence for safety
- Zoloft with consistent reports of low level of exposure, 1% of maternal dose

Prognosis: Risks for Relapse

- Excellent with treatment. Most respond quickly, anxiety and irritability can respond within 2 weeks
- High risk of relapse with subsequent pregnancies and deliveries
- Sensitivity to hormonal contraception
- Vulnerability at perimenopause

Postpartum Anxiety

- Excessive anxiety and worry (often about the safety of the baby)
- Inability to control thoughts
- Inability to sleep
- Agitation and/or restlessness
- Irritability
- Rapid heart beat, sweating, feelings of panic, shortness of breath

Postpartum Obsessive Compulsive Disorder (OCD)

- Common and often occurs with depression
- Prevalence of postpartum OCD estimated at 3-5%
- Intrusive thoughts or images of harming baby or something harmful happening
- Distressing and incapacitating
- Afraid to be alone with the baby

Postpartum Psychosis

- Occurs in 1-4 out of 1000 deliveries
- 50% of women will later be diagnosed with bipolar disorder
- Recurrence rate extremely high with more severe episodes common
- Onset fairly rapid, within 3 days to one week
- If untreated, has **4%** risk of infanticide and **5%** risk of suicide

Postpartum Psychosis

- Symptoms may or may not revolve around the infant
- Agitation and anxiety, erratic or disorganized behavior, confusion
- Restlessness, paranoid symptoms, catatonic excitement, sleep disturbances, and depressed mood
- Delusion(s) and/or hallucination(s)
- Thoughts about hurting herself or the baby
- Thoughts regarding safety of the baby

Summary

-Post partum depression and anxiety disorders are very common.

-PPD affects a mother's ability to care for herself, her child, and has long term consequences for her child's development.

-This condition responds very well to treatment.

-Risk for recurrence is high.

Delivery System Reform Incentive Payment (DSRIP)

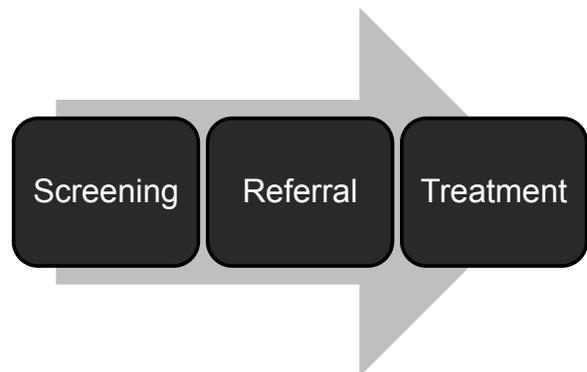
- Projects that develop strategies to transform service delivery practices that enhance access to care and improve quality of care
- Five year demonstration projects based on achieving specific metrics and measures
 - Currently in demonstration year 5 (DY5) out of 5
- Women’s Mental Health DSRIP Project

Project Goals and Strategies

Increase access to perinatal mental health services



Improve the early detection of maternal depression



Preliminary Obstetric Data

Women Screened (n)	Women Referred (n)
5,708	577

October 2014 – December 2015

Screening for Depression in Clinical Practice

Lisa M. Hollier, MD, MPH
Medical Director, Obstetrics & Gynecology
The Center for Children and Women



THE CENTER FOR CHILDREN AND WOMEN

The Center for Children and Women is a patient and family-centered medical home developed as an innovative, comprehensive, and coordinated primary care practice exclusively for TCHP members (Children and Pregnant Women).

- Keep members healthy
- Focus on coordinated care
- Leverage the EMR
- Eliminate financial disincentives
- Decrease avoidable ER visits



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for Children and Women



THE CENTER LOCATIONS



North Houston: Opened Aug 2013

Southwest Houston: Opened Nov 2014



The Center
for Children and Women



Services

- Obstetrics/Gynecology
- Pediatrics
- Behavioral Health
- Speech Therapy
- Optometry
- Dentistry
- Radiology
- Laboratory
- Pharmacy



The Center
for Children and Women



Team Members

- Physicians
- Advanced Practice Nurses (CNM, PNP)
- Psychologists
- Pharmacists
- Care Coordinators
- Registered Nurses
- Medical Assistants
- Clinical Therapists
- Social Workers
- Nutritionists
- Health Educators
- Others



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RECOMMENDATIONS FOR SCREENING

- ACOG recommends screening at least once during the perinatal period



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 630, May 2015 (Replaces Committee Opinion Number 453, February 2010)

Committee on Obstetric Practice
This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

PDF Format

Screening for Perinatal Depression

ABSTRACT: Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. It is important to identify pregnant and postpartum women with depression because untreated perinatal depression and other mood disorders can have devastating effects on women, infants, and families. Several screening instruments have been validated for use during pregnancy and the postpartum period. Although definitive evidence of benefit is limited, the American College of Obstetricians and Gynecologists recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Although screening is important for detection perinatal depression, screening by itself is insufficient to improve clinical



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SCREENING FOR DEPRESSION

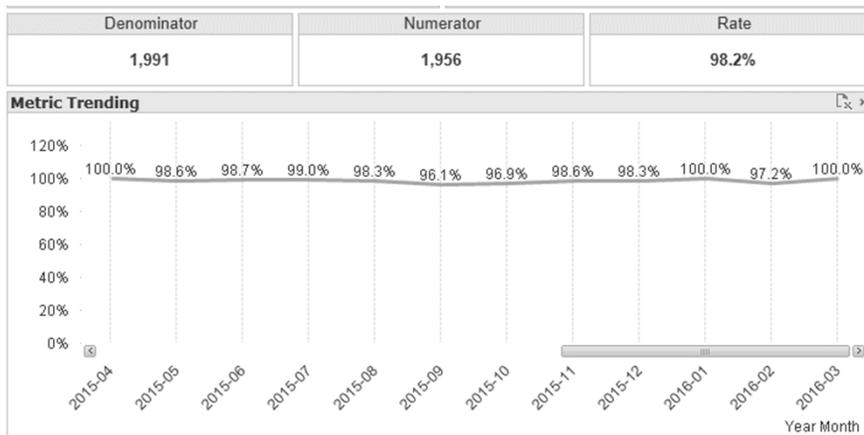
- Selected Edinburgh Postnatal Depression Scale (EPDS) as tool
 - Developed EPDS flowsheet in electronic medical record (EMR)
 - Attached to first visit, third trimester return OB visit and postpartum visit
 - Medical assistant asked the questions and recorded in the EMR
 - Used score of 10 as positive screen



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SCREENING RATES

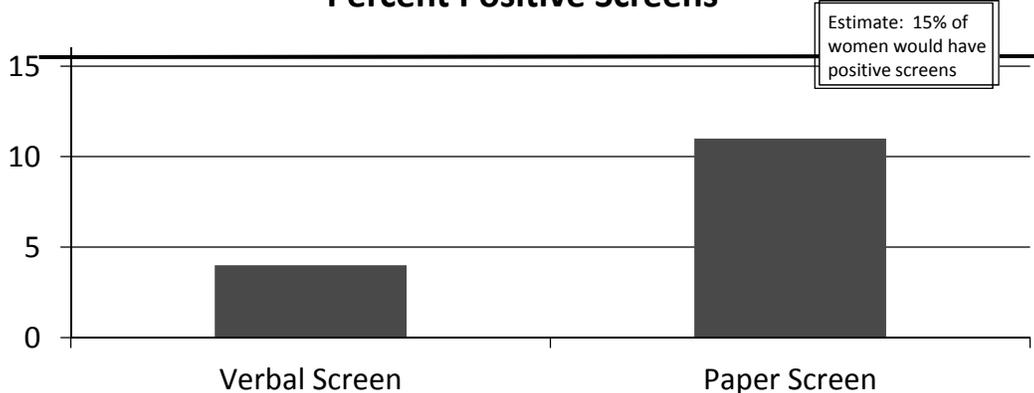


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SCREEN RESULTS

Percent Positive Screens



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PROCESS

- Behavioral Health team: social workers, clinical therapists, psychologists, psychiatrists
- Women identified with positive screen
 - Use group “voalte” call to notify behavioral health team
 - Available team member comes to provide screening of the patient
 - If no available team member, a follow-up appointment to behavioral health is made

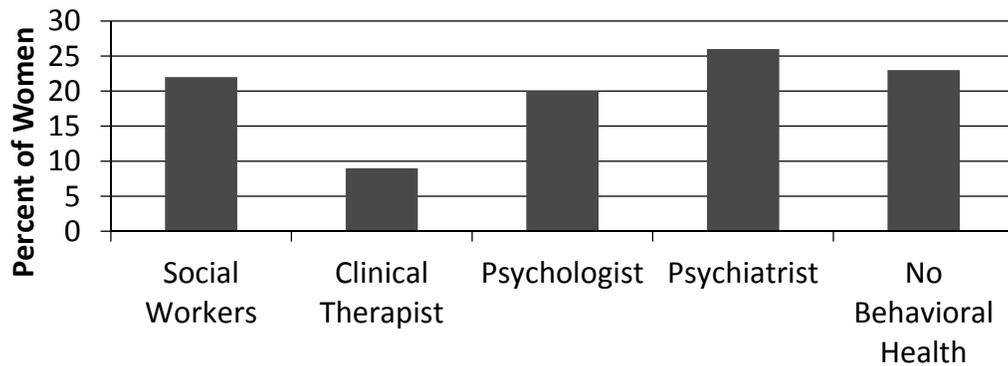


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INTERVENTION

Provider Utilized



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SUMMARY

- Effective implementation of screening program
- Team-based care provides behavioral services for a large number of women with diverse needs
- On-going analysis of women who did not see behavioral health to optimize intervention



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Lesley French
Associate Commissioner
Women's Health Services
Health and Human Services
Commission



Women's Health Services Division

Interconception Care

- Meeting a client's health care needs that directly impact her ability to be a healthy mother and have a future healthier pregnancy.
- For instance, if a woman has postpartum depression, she needs treatment so she can be healthier to take care of herself and her baby.

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Ongoing Initiatives

Automatic Transition of Medicaid for Pregnant Women Clients to the Texas Women's Health Program (TWHP)

- HHSC's eligibility system will be modified to allow for the automatic transition of Medicaid for Pregnant Women clients to TWHP, with an implementation date of July 2016.
- Increased preconception and interconception health
 - Access to family planning in the postpartum period has the potential to reduce unwanted pregnancies, promote better birth spacing, and improve birth outcomes.

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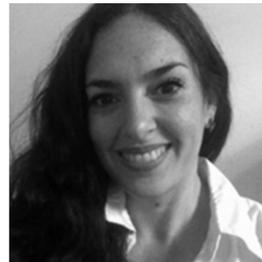


HEALTHY TEXAS WOMEN



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Lisa Ramirez, MA
Mental Health and
Substance Abuse Division,
Texas Dept. of State Health Services



Common Pathways/Risk Factors for Initiation of Substance Use among Women

- Influence of relationships
- Co-occurring disorders
- Trauma history
- Prescription medications



Most Common Mental CODs for Women with SUDs

- Most common co-occurring mental disorders in women with SUD:
 - Mood disorders, particularly Major Depressive Disorder
 - Anxiety disorders
 - Post-traumatic stress disorder (PTSD)
 - Eating disorders
- Other mental disorders common in women with SUDs:
 - Personality disorders
 - Psychotic disorders



Depression and SUD

- Women are nearly twice as likely to suffer from major depression as men. *(OWH, Action Steps for Improving Women's Mental Health, p.6)*
- Both depression and the SUD need to be identified and addressed concurrently to minimize relapse and improve quality of life.
- Depression can increase risk of suicide.
- Depressive symptoms may increase or decrease with both substance use and withdrawal.



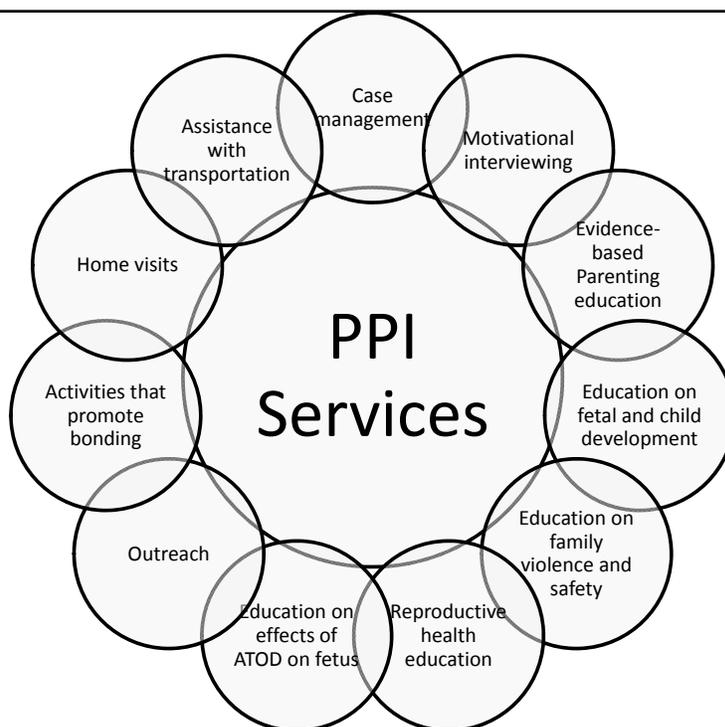
Integrated Approaches to Treatment

- Integrated treatment is “a unified treatment approach to meet the substance abuse, mental health, and related needs of a client.” *(SAMHSA, Integrated Treatment for Co-Occurring Disorders, 2005)*
- Uses a collaborative multi-disciplinary team and treats CODs at the same time.
- Uses motivational interventions, strength-based services, and skill building.
- Integrates medication services with psychosocial services.



NAS, NICU, and PPD

- Increases in opioid use have resulted in increased incidence of neonatal abstinence syndrome (NAS) often requiring treatment in the NICU.
- The incidence of PPD in mothers of babies in the NICU is much higher, and is estimated at 28% to 70%.
- Factors that affect the development of PPD in mothers of NICU babies include grief, loss, and lack of control.



Contractor Name	Region	City	Phone Number	PPI	PADRE
StarCare Lubbock Regional MHMR	1	Lubbock	(806) 766-0310	PPI	PADRE
Abilene Regional Council on Alcohol and Drug Use	2	Abilene	(325) 673-2242	PPI	
UT Arlington	3	Arlington	(214) 645-0919	PPI	
Nexus Recovery Center	3	Dallas	(214) 321-0156	PPI	
Tarrant county Hospital District	3	Fort Worth	(817)920-7322	PPI	
Longview Wellness Center	4	Longview	(903) 758-3174	PPI	
Santa Maria Hostel	6	Houston	(832) 566-8954	PPI	
Houston Council on Alcohol and Drug Abuse	6	Houston	(281) 200-9298	PPI	
Behavioral Health Alliance of Texas	6	Houston	(281)400-3640	PPI	
Cenikor Foundation	7	Temple/Killeen	(254) 299-2787	PPI	
Brazos Valley Council on Alcohol and Substance Abuse	7	Bryan	(979)846-3560	PPI	
Williamson Council on Alcohol & Drugs DBA Lifesteps	7	Round Rock	(512) 246-9880	PPI	PADRE
Alpha Home	8	San Antonio	(210)735-3822	PPI	PADRE
Permian Basin Regional Council on Alcohol and Drug Abuse	9	Odessa	(432)580-5100	PPI	PADRE
Aliviane Inc.	10	El Paso	(915)782-4000	PPI	PADRE
Serving Children and Adolescents in Need	11	Laredo	(956)724-5111	PPI	PADRE
Behavioral Health Solutions of South Texas	11	Pharr	(956)787-7111	PPI	PADRE
The Council on Alcohol and Drug Abuse- Coastal Bend	11	Corpus Christi	(361) 854-9199	PPI	PADRE
Coastal Bend Wellness	11	Corpus Christi	(361)814-2001	PPI	PADRE

Questions and Answers



Emilie Attwell Becker, M.D.
 Mental Health Medical Director
 Texas Medicaid and Chip Program
 Texas Health & Human Services
 Commission

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For those in the auditorium, please come to the microphone to ask your question.

April 6

Chagas Disease in Texas

Presenters: Sarah A. Hamer, MS PhD DVM, Assistant Professor and Associate Wildlife Biologist®, Texas A&M University; Tom J. Sidwa, DVM, MPH, State Public Health Veterinarian & Manager, Zoonosis Control, DSHS; Edward J Wozniak, DVM, PhD, State Veterinarian, Health Service Region 8, South Central Texas, DSHS

