National Clinical Recommendations for Maternal Depression Screening

U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF)	**2016 - Depression in Adults: Screening Recommendation** The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. **2019 - Perinatal Depression: Preventive Interventions Recommendation** The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. ***In Progress* - Screening for Depression, Anxiety, and Suicide Risk in Adults, Including Pregnant and Postpartum Persons Recommendation** *An update for this topic is in progress.*
AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS, COMMITTEE ON OBSTETRIC PRACTICE (ACOG)	**2018 – Screening for Perinatal Depression Recommendation** Obstetrician–gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician–gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit. Therefore, clinical staff in obstetrics and gynecology practices should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both. **2018, Reaffirmed in 2021 – Optimizing Postpartum Care Recommendation** Recommendations and conclusions related to perinatal behavioral health include: The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being. Women with chronic medical conditions, such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders, should be counseled regarding the importance of timely follow-up with their obstetrician–gynecologists or primary care providers for ongoing coordination of care.
COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE	**2016 – Patient Safety Bundle on Maternal Mental Health** Health care providers should: 1) obtain from every woman an individual and family mental health history (including past and current medications) at intake, with review and update as needed; 2) conduct validated mental health screening during appropriately timed patient encounters to include both during pregnancy and in the postpartum period; and 3) provide appropriately timed awareness education to women and family members or other support persons.
AMERICAN ACADEMY OF PEDIATRICS (AAP)	**2019 – Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice Policy Statement**

	Pediatric medical homes should coordinate care more effectively with prenatal providers for women with prenatally diagnosed maternal depression; establish a system to implement postpartum depression screening at the 1, 2, 4, and 6-month well-child visits (included in the *Bright Futures Recommendations for Preventive Pediatric Health Care periodicity schedule)*; use community resources for the treatment and referral of the mother with depression; and provide support for the maternal-child (dyad) relationship, including breastfeeding support.
AAP/ACOG GUIDELINES FOR PERINATAL CARE	**2017 – Guidelines for Perinatal Care, Eight Edition** To increase the likelihood of successful interventions, psychosocial screening should be performed on a regular basis and documents in the women's prenatal record. Positive screening before delivery may highlight an increased risk of postpartum depression and identify women who may benefit from closer monitoring or intervention after delivery. Screening should include assessment of a woman's desire for pregnancy, tobacco use, substance use, depression, safety, intimate partner violence, stress, barriers to care, unstable housing, communication barriers, and nutrition. When screening in completed, every effort should be made to identify areas of concern, validate major issues with the woman, provide information, and, if indicated, make suggestions for possible changes. Screening positive for a condition often necessitates referral to community resources for further evaluation or intervention. Health care providers need to be aware of individuals and community agencies to which women can be referred for additional counseling and assistance when necessary.
CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)	**2016 – Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children CMCS Informational Bulletin** Maternal depression screening during the well-child visit is considered a pediatric best practice and is a simple way to identify mothers who may be suffering from depression and may lead to treatment for the child or referral for mothers to other appropriate treatment. In addition to covering this screening for Medicaid eligible mothers, states may cover maternal depression screening for non-Medicaid eligible mothers during the well-child visit. States may also cover treatment for the mother when both the child and the mother are present, treatment focuses on the effects of the mother's condition on the child, and services are for the direct benefit of the child. Kansas Resources: • KanCare Maternal Depression Screening Policy Guidance • KMAP Bulletin #20263 (1/13/21) – Maternal Depression Screening • KMAP Bulletin #21027 (2/24/21) – Non-Licensed Professionals Administering Maternal Depression Screenings • KMAP Bulletin #21065 (4/27/12) – Maternal Depression Screenings Billed with Modifier 59
POSTPARTUM SUPPORT INTERNATIONAL (PSI)	**2021 – Perinatal Mood and Anxiety Disorder Screening Recommendations** PSI recommends universal screening for the presence of prenatal or postpartum mood and anxiety disorders, using an evidence-based tool. Screening should occur during the first prenatal visit, at least once in the second trimester, at least once in the third trimester, at the 6-week postpartum obstetrical visit (or at first postpartum visit), at 6 and/or 12-month post-delivery in OB and/or primary care settings, and at the 3, 9, and 12-month pediatric visits. Screening must exist in a system of care that includes educated providers, social support for families, and a protocol to follow up with those who have screened above the cut-off score on an evidence-based screening tool.