

# Clinical Guidelines for Implementing Universal Postpartum Depression Screening in Well Child Checks

## Why screen for postpartum depression during well child checks?

Maternal postpartum depression (PPD) can have serious adverse effects on the mother and child relationship, resulting in an environment that can disrupt the infant's development. Infants who live in a neglectful or depressed setting are likely to show delays in development and impaired social interaction.

In a new clinical report by the American Academy of Pediatrics (AAP), "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice," published in the November print issue of Pediatrics (published online Oct. 25), pediatric practices are encouraged to screen mothers for postpartum depression, to use community resources for the treatment and referral of the depressed mother, and to provide support for the mother-child relationship.

Screening is recommended by Bright Futures and the AAP Mental Health Task Force, and is a best practice in caring for infants and their families. (American Academy of Pediatricians, 2015).

## Basic Implementation

### Work Flow

In developing a work flow for implementing the PPD screen in well child checks, the key components are:

- Introduction and completion of the screen
- Provider review of score and identification of next steps
- Discussion of score and any necessary next steps with parent
- Documentation and any necessary follow up

Potential interventions that would be appropriate, depending on the score on the screening tool are:

- Very low score: Basic education regarding postpartum depression and maintaining positive mental health – Maternal Wellbeing Plan (found at <http://www.health.state.mn.us/divs/cfh/topic/pmad/pmadfs.cfm> )
- Mild to moderate score: Warm referral to see a provider regarding the mental health concern. Education regarding postpartum depression. Possibly other community supports.
- High or crisis score: Immediate transfer to a provider for parent. Create a plan for this process before launching universal screening.

The community resources and other interventions offered to a parent could be developed by clinic staff. They may include local public health, family home visiting, early childhood family education, and other social service supports.

**Ideal Work Flow: Screening for Postpartum Depression in Well-Child Visits using Edinburgh Postnatal Depression Scale (EPDS)**

**Parent and child arrive**

Every parent accompanying a child to a well child check for 1 month, 2 month, 4 month or 6 month visit is screened using the EPDS—to be filled out while waiting for appointment.

Rooming staff collects the tool, and helps parent to complete it if needed. Then rooming staff scores the tool and gives it, with score and notation on #10 (harm). Provider reviews before beginning visit.

**Is there a risk of self harm or infant harm OR positive on #10**

YES

NO

Risk of self harm or infant harm:

- Implement clinic crisis plan:
- Staff call for mental health urgent appointment
  - Collaborate with parent to find supportive adult to join them, and secure childcare.
  - Contact parent's primary care provider.
  - Document
- \*If no clinic crisis plan exists, call 911

- Follow up with parent to see if they have received care within 3 days
- Help problem solve issues with accessing appropriate care.
- Document response.

Parent does not appear to be at risk for depression/anxiety. Administer EPDS at next appropriate visit

Result negative: routine care

**EPDS score**

5 or less

10 or more

5-9

5-9: Parent at risk for depression or anxiety— Educate about PPD/A

10 or more: Likely parent is depressed/anxious. Needs further evaluation.

- Make warm referral back to parent's primary care provider and/OR previous mental health care provider OR OB/GYN—for appointment in next 2 weeks.
- If no existing care provider, make referral to a new primary care provider, and/or behavioral health (if to behavioral health, notify primary care).
- Make warm referral to family home visiting.

- Follow up with parent to make sure they have received care within two weeks.
- Help problem solve with accessing care.
- Document response and follow up.

## 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.

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

Options	Details	Advantages	Disadvantages	Clinic Types
In the Child’s Record	<ol style="list-style-type: none"> <li>1. Completed paper screening tool is scored, then used by provider during the well child check.</li> <li>2. Provider/support puts information about the tool being completed, score of tool, and follow up activities into child’s record.</li> <li>3. Encounters in child’s record are used to track follow up.</li> <li>4. Parent’s provider, if in system, can be notified through internal messaging.</li> <li>5. Tool may be scanned into child’s record</li> </ol>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Tracking follow up from pediatric visit is easier.</li> </ul>	Mental health information on parent is available from child’s record.	Systems where parent sees a provider in the same system.

## Scripts for Screening and Referral for PPD

Training may be helpful for all of the staff involved in administering the postpartum depression screen and needed follow up. Here are scripts that could be used. These are scripts to be used as a guide by staff and providers to discuss postpartum depression.

**These scripts should NOT be given to patients.** Segments of it could be adapted into written form if desired. The italics are recommended words to be used when speaking to the parent.

Please review and adapt to the needs of the families in the clinic population.

### Handing out the Screen

This block could be printed on the screen:

**Congratulations on your new baby! It’s a big adjustment and we would like to know how you are feeling. Please check the answer that comes closest to how you have been feeling in the past 7 days, not just how you feel today.**

**Front desk staff:** (The person handing the parent the screening tool.)

*Having a baby is a big adjustment and your provider would like to check in with you and find out how you are feeling. Please fill this out, thinking about how you have been feeling over the past week. Your (nurse/medical assistant) will collect it from you in the room.*

### **Introducing the Screen to Patients:**

- PROVIDER: *As your child's provider, I'm concerned about the wellbeing of your child and so I'm also concerned about the wellbeing of the people who take care of your child. I'd like to know how you are feeling and how you have been coping. Please take a few minutes to fill out this short survey. (OR – Thank you for filling this out.)*

### **Response to a positive PPD screen:**

- PROVIDER: *This is a screen for depression. I'm concerned because you have a high score. Have you been feeling down, depressed, or anxious lately?*
  - PROVIDER: *Would you be willing to see someone for help?*
    - PROVIDER: *Do you have someone you feel comfortable talking with, such as your clinician, doctor, midwife, or a therapist you already see?*
      - Yes: PROVIDER: *Can we help you make an appointment?*
      - No: PROVIDER: *Let's talk about who you would like to talk with.*
        - PROVIDER: *Can we help you identify a provider or connect you to a therapist?*

### **Follow Up Plan:**

If the screen was high:

- A follow up phone call within hours or days after the initial screen was high
  - clinic should decide who will be the staff member who makes this call consistently use this staff member
- A follow up appointment with the parent's provider or therapist should take place within a week.

### **Follow-up Call:**

- PROVIDER: *I wanted to follow up with you about the discussion we had when you were in last week. Have you been able to connect with your provider or therapist?*
  - Yes: PROVIDER: *How did everything go?*
    - Things went well: PROVIDER: *I am glad to hear that, please let us know if you need any additional information or referrals.*
    - Things did not go well: PROVIDER: *Can I help connect you to a different provider?*
  - No: PROVIDER: *What has prevented you from connecting with the referral?*
    - Try to problem solve with the parent—if wait time is long provide second referral, if require childcare/ transportation provide additional information.

### **How to Respond to High Positive Screen:**

- PROVIDER: *This is a screen for depression. Based upon your response(s) and/or our discussion, I'm worried about your wellbeing. I believe you need to see someone today. I can help you set something up right now.*
  - PROVIDER: *Let's talk about how this process will go.*
    - Discuss how clinic handles crisis- walk parent through the process, and physically have a staff member get them to emergency room, OR bring in behavioral health OR find transportation for them to emergency room.
    - It's very important that the clinic has a plan for the child while the parent receives care. Possible options in Minnesota include:
      - Clinic is connected to behavioral health/emergency room and can make arrangements for child care with family.
      - Clinic works with mom to contact Mother-Baby Program at Hennepin County Medical Center (612)873-6262, to create plan for family.
      - The place where parent is being transferred does not have child care: ask parent if they have someone they can call to come and be with them, who can also watch child (mother, sister, partner)
    - Help parent manage any additional responsibilities (Childcare, eldercare etc.)

If the parent says they do not want to see someone today:

- PROVIDER: *Is there a reason why you are hesitating?*
  - Listen to parent, try to help parent deal with issues around why they don't want to see someone. Try NOT to be confrontational, rather gently work with parent to help them feel safe visiting additional resources.
  - PROVIDER: *Can I call someone to be with you? (Such as your mom, partner, sister, friend etc.)*
  - If a parent absolutely refuses to seek further care today, work as hard as you can to have someone come meet them.

### Follow up for High Positive Screen:

Make a follow up call to high positive screens within days or hours. Child's clinic will make call to see if the mother has connected to care. It would be best to have mother make an appointment for herself within 1 week.

If a patient refused further care, call them within 24 hours and continue trying to follow up call until reached. If having trouble reaching them use emergency contact to try and reach them (without breaking HIPAA-just ask if the emergency contact can help you reach the parent for follow up)

- *I wanted to follow up with you about the referral you received when you were in last week. Have you been able to connect with the referral?*
  - Yes: *Did everything go alright?*
    - Yes: *I am glad to hear that, please let us know if you need any additional information or referrals*
    - No: *Would you like a referral to a different provider?*
  - No: *What has prevented you from connecting with the referral?*
    - Try to problem solve with the parent—if wait time is long provide second referral, if require childcare/ transportation provide additional information.

**Every clinic should have a Crisis Response Plan prepared. If clinic has no Crisis Resource in place at time of emergency call 911.**

## Billing

### Beginning January 1, 2021

When billing for a maternal depression screening, refer to the following criteria:

- Use CPT code 96161. (CPT code 96160 can be billed under the pregnant woman's Medicaid ID number or after a perinatal loss.)
- May be billed on the same date as a child's developmental screening (96110), and or a social-emotional screening (96127).
- Payment for the screening is limited to five times in the first year of the baby's life.
- **A positive screen must include G8431 and a negative screen must include G850.**

When a maternal depression screening is performed using one of the standardized screening instrument during a well-child check, and reported on the claim, that line item on the claim will be paid at the fee schedule rate. The fee schedule rate for the CPT code 96161 is \$21.86. The screening should be billed to the baby's insurance unless the baby does not yet have a Medicaid ID (within the first 45 days).

Validated screening tools include:

- Edinburgh Postnatal Depression Scale (EPDS) - this is the recommended tool by Bright Futures.
- Perinatal Grief Intensity Scale (PGIS)
- Postpartum Depression Screening Scale (PDSS)
- Patient Health Questionnaire 9 (PHQ-9)

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