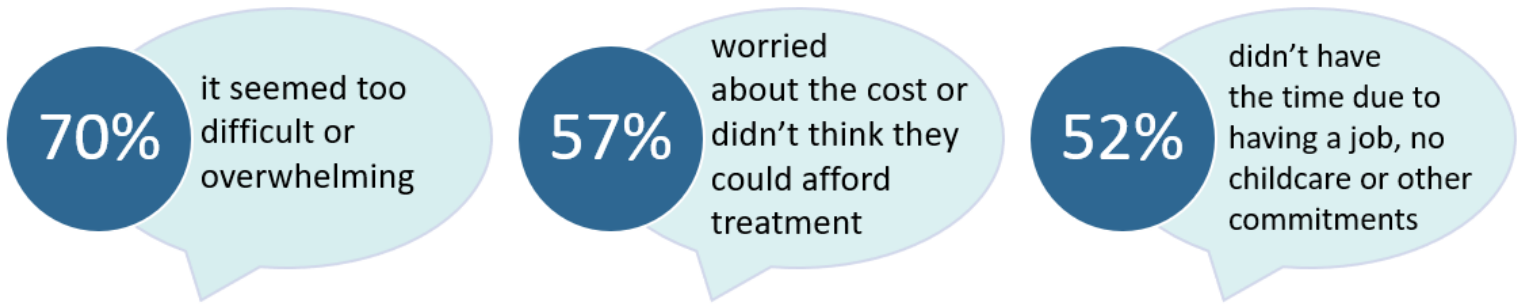


Maternal Depression

19% of 2018 mothers reported having depression during pregnancy. 17% of mothers felt that they **needed treatment** or counseling for depression after pregnancy and **did not get it** (KS PRAMS, 2018). Reasons for not getting help include:



Universal screening is an optimal approach to detection of new mothers who are suffering from depression following childbirth. **Screen** all women using a universal mental health screening tool and **connect** them to the mental health treatment and support services they desire.

For additional information, guidance and resources to assist in screening for perinatal mood and anxiety disorders, view **KDHE's Mental Health Integration Toolkit**:
http://www.kdheks.gov/c-f/mental_health_integration.htm

Kansas Pregnancy Risk Assessment Monitoring System (PRAMS). (November 2019). *2018 Surveillance Report*. Retrieved from: http://www.kdheks.gov/prams/downloads/Kansas_PRAMS_2018_Surveillance_Report.pdf

American College of Obstetricians and Gynecologists. (October 2018) ACOG Committee Opinion: Screening for Perinatal Depression. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

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Implementing Screening into Practice

→ Create policy

See the [Mental Health Integration Toolkit, Sample Model Policy](#) for help getting started.

→ Choose a screening tool

These screening instruments have been validated for use during pregnancy and the postpartum period (ACOG, October 2018).

Screening Tool	Number of Items	Time to Complete	Sensitivity and Specificity	Spanish Available
Edinburgh Postnatal Depression Scale	10	< 5 minutes	Sensitivity 59-100% Specificity 49-100%	Yes
Postpartum Depression Screening Scale	35	5-10 minutes	Sensitivity 91-94% Specificity 72-98%	Yes
Patient Health Questionnaire 9	9	< 5 minutes	Sensitivity 75% Specificity 90%	Yes
Beck Depression Inventory	21	5-10 minutes	Sensitivity 47.6-82% Specificity 85.9-89%	Yes
Beck Depression Inventory - II	21	5-10 minutes	Sensitivity 56-57% Specificity 97-100%	Yes
Center for Epidemiologic Studies Depression Scale	20	5-10 minutes	Sensitivity 60% Specificity 92%	Yes
Zung Self-Rating Depression Scale	20	5-10 minutes	Sensitivity 45-89% Specificity 77-88%	No

→ Determine Screening Frequency

The table below includes recommendations on frequency of screening.

U.S. Preventive Services Task Force (2009)
Screen 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. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/perinatal-depression-preventive-interventions
American Congress of Obstetricians and Gynecologists (2015)
All OB/GYNs should screen patients at least once during the perinatal period and also 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. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression .
Postpartum Support International (2019)
Ideal practices include screening at the first prenatal visit, at least once in the second trimester, at least once in the third trimester, at the first postpartum visit, repeated screening at 6 and/or 12 months in obstetrics or primary care settings, and at the 3, 9 and 12-month pediatric visits. https://www.postpartum.net/professionals/screening/
American Academy of Pediatrics/Bright Futures (2019)
A maternal postpartum checkup should be included as part of a well-child visit and include depression and substance use disorder screenings as a best practice for pediatricians. Maternal depression screening should occur, at the corresponding well-child 1, 2, 4 and 6-month visits. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

→ Following a Positive Screen:

Provide A Brief Intervention: Have a supportive, non-judgmental conversation and provide feedback, education and resources

Postpartum Support International www.postpartum.net
 Call PSI Helpline: 1-800-944-4773
 Text PSI Helpline: 503-894-9453

Pregnancy & Postpartum Resource Center www.kansasppd.org
 Confidential Phone Line: 913-667-1300

Refer to Treatment:

Directory of Community Mental Health Centers in Kansas <http://www.acmhck.org/about-us/cmhc-directory/>

SAMHSA's Behavioral Health Treatment Services Locator <https://findtreatment.samhsa.gov/>

Perinatal Provider Consultation Line - 833-765-2004

Offering perinatal providers free case consultation support including: diagnostic support, treatment planning, medication recommendations, referral support and continuing education opportunities.