It's not just postpartum. It's not just depression.

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My Hospital

University of Virginia Health System
My AWHONN

The Association of Women’s Health, Obstetric & Neonatal Nurses

Mission:
To improve and promote the health of women and newborns and to strengthen the nursing profession through the delivery of superior advocacy, research, education and resources to nurses and other health care professionals.

AWHONN CAMPAIGN –
Supporting Expansion of Programs for Postpartum Depression

#LoveAnotherMother

Disclosure -
Neither I nor my partner have a personal or professional financial relationship or interest with any propriety entities producing healthcare goods or services.

*Conflict of Interest: None

Perinatal Mood and Anxiety Disorders (PMAD)

• spectrum of illness
• signs & symptoms
• predictors & risk factors
INCIDENCE & PREVALENCE

• Studies estimate that PPD impacts up to 1 in 7 mothers – higher than gestational diabetes and pre-term delivery.

Adele

“…opens up about the challenges of motherhood, melancholy, and mega-stardom.”

PPD in the spectrum of Perinatal Mood & Anxiety Disorders (PMAD)

Blues or Depression?

• Severity
• Timing
• Duration

Check the calendar!
Postpartum Psychosis

The Many Faces of PPD

“You can’t tell by looking”
(slogan of Wisconsin Perinatal Network)

Signs and Symptoms

- Anxiety
- Panic attacks
- Obsessive-compulsive behaviors
- Excess worry about infant
- Multiple physical complaints
- Anger, fear, guilt, grief
- Embarrassment
- Sleep Deprivation/Exhaustion

“I’m Sinking”
Fear & Anxiety

No Sleep

PREDICTORS & RISK FACTORS

• History of depression, anxiety or other mental illness
• Lack of social support
• Life stress
• Low self esteem
• Young age
• Older age and working may be protective (Tortajada, et al., 2009)

RISK FACTORS

• Anyone who has a baby is at risk

These women are our sisters, mothers, daughters, coworkers, neighbors, and friends

It can happen to anyone!
SCREEN EVERYONE

WHEN TO SCREEN:
• Prenatal?
• At delivery?
• Prior to discharge?
• 2 weeks?
• 6 weeks?
• 2 months?
• 6 months?

(Sheeder, 2009)

HOW TO SCREEN:
• Edinburgh Postnatal Depression Scale (EPDS)*
• PDSS
• PHQ – 2
• PHQ-9
• CES-D
• Anxiety Screening Tools
• Integrated screening tools (IHR)


Online Self-Screening
Things Health Providers Know . . .

Things Families Notice . . .

Case example – Emma’s story

ACOG Priority Initiative 2009
2015 ACOG Statement on Depression Screening:

• “Importantly, screening for depression is only effective if it is coupled with systems or diagnosis and treatment. Physicians, including ob-gyns, must be prepared to respond with the appropriate levels of care, including medical therapy and/or referral to mental health professionals.”

AWHONN Position Statement

Mood and Anxiety Disorders in Pregnant and Postpartum Women

AAP Clinical Report 2010

AAP clinical report: Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice (Pediatrics. 2010;126:1032-1039)
AAP – Bright Futures

- Recommends PPD screening at 1, 2 and 6 month visits

(Hagan, Shaw, & Duncan, 2008)

State Law

- NJ
- California
- Washington State
- New York
- Texas

National Law

- U.S. Congress 2010
  Melanie Stokes MOTHERS act

PPD: It can happen to anybody

PPD does not discriminate against age, race, ethnicity, or income bracket
Screening for PPD: Why Me?!

Why do I have to do this?

Can't somebody else do this?

I'm really busy right now.

Why Screening for PPD:

. . . “It’s not my patient”
  “It’s not my area of expertise”

(Merrill, J., Drake, E., Hilzen, A., & Kellams, 2016; Henaghan, et al., 2000; Kerker et al., 2016)

What should you do with an abnormal screen?

- Provide reassurance and education
- Ask whether mother has primary care provider and gain permission to initiate conversation with that professional
- Refer to mental health professional, support group, or other therapeutic agency
- Initiate immediate referral if mother shows severe impairment, psychosis, or suicidal ideation
- Refer to Early Intervention program for attachment concerns
- Provide list of print and online resources
- Document
- Schedule frequent office visits to follow up

Response to Screening

What NOT to say
- This is a normal reaction all new mothers experience
- Don’t worry about...
- You have so much to be happy about...
- A healthy baby is worth it...
- You would never really do...
- Join ‘new mom’ group

What to say
- You are not alone
- You are not to blame
- Not something you caused, could have prevented, or can control
- With help, you will be well
- It is okay to need help
- Depression is treatable
- Illness is temporary
- You are not “crazy”
- This is not reflection of you as person or mother
- Intrusive thoughts are different from psychosis
SCREEN EVERYONE
You can bill for it too!

BILLING & CODING

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>99420</td>
<td>Administration &amp; Interpretation of a Health Risk Assessment Instrument</td>
<td>Document score, interpretation, and report</td>
</tr>
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| 99408    | ETOH, substance abuse, IPV & emotional health/depression Screening & brief intervention (SBI) | 15–30 minutes Counseling or coordination of care, >50% of time spent must be face-to-face, physician time. Document carefully: Total time spent (T = ___) Time spent counseling >50% (C = ____)
| 99409    | Greater than 30 minutes Diagnosis, Education, Options for management          |                                                               |
| S9445    | Patient education, not otherwise specified (NOS), non-physician, individual, per session | Reported by non-physician health care professionals                   |

Diagnosis (ICD-10) codes:
- Z13.9: Encounter for screening, unspecified
- 090.6: Postpartum mood disturbance
- P00.9: Maternal condition affecting newborn
- Z71.89: Counseling, parent-child problem
- Z81.8: Reported family history of mental/behavioral disorder
- Z74.2: No household member able to render care

Billing and Coding for Postpartum Depression Screening in Pediatric Practices
Source: AAP coding guidelines; AAP Bright Futures; please check with individual payer

References:
- This Isn’t What I Expected: Overcoming Postpartum Depression
- Conquering Postpartum Depression: A New Way Forward
- img: Understanding Postpartum Psychosis
- img: Treating Postpartum Depression: A New Way Forward
Questions? Discussion! Suggesitons?

http://www.youtube.com/watch?v=15x8vDD2FhQ
Wade Bowen singing "Turn on the lights"

Thank you!!

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References: for clinicians

- Krahn BM. Report promotes depression screening for mothers during pediatric visits. JAMA 2011;305(9):1024.
- Med18490.org

References: more for you!

- Toxnet - Drugs and Lactation Database (LactMed) - A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider. http://toxnet.nlm.nih.gov/
- OTIS (Organization of Teratology Information Specialists), Medications & More During Pregnancy and Breastfeeding. Ask the Experts - www.otispregnancy.org