Perinatal Mood and Anxiety Disorders

General Screening Guidelines in the Obstetrical Setting

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Disclaimer: The information contained in the following presentation is for education and training purposes only. Diagnosis and treatment of mental illness should be determined only by a qualified professional.

Conflict of Interest Disclosure

• Neither presenter has had a personal financial relationship with the manufacturer or provider of any product or service relevant to this presentation.

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Our Goal at Tidewater Physicians for Women:

To Establish and Maintain Both Physical and Mental Health in Pregnancy and the Postpartum Period

Steps to Success:

- Ensure practice staff is sufficiently trained in protocol.
- Build trust between the patient and healthcare team.
- Acknowledge to the patient the difficulty in sharing personal information.
- Obtain a completed medical history to include history of mental illness.
- Have a clear understanding of how mental illness can cause physical complications in pregnancy and postpartum (vice-versa).
- Administer screening for Perinatal Mood Disorders using the Edinburgh Postpartum Depression Scale (EPDS). Explain to the patient what it is and why honest answers are important.

Screening Tool

• The Edinburgh Postnatal Depression Scale (EPDS) was developed in Scotland at health centers in Livingston and Edinburgh. It was developed to assist primary care health professionals to detect whether mothers are suffering from postnatal depression. For purposes of clarity, the terms postpartum and postnatal are used interchangeably; prenatal refers to pregnancy or pre-delivery, and perinatal refers to pregnancy and to post-delivery.

https://www.illinois.gov/hfs/medicalproviders/maternalandchildhealth/pages/edinburgh.aspx

• 10 Questions
• Easy to administer and score
• Screens for anxiety and depression
• Used both in pregnancy and postpartum period
• Last question screens for suicidal ideation
Implementation of the EPDS

- ACOG (American College of Obstetrics & Gynecology)
  - Recommends screening patients at least once during the perinatal period.
  - Follow up care and resources in place for diagnosis and treatment if indicated
    [http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression)

- Tidewater Physicians for Women screening schedule:
  - New OB appointment-establish baseline score
  - Glucola appointment (between 26–28 wks)
  - Mother Baby unit post delivery (by hospital staff):
    - any score of 10 or higher will be sent to provider for follow up
    - 6 week postpartum checkup

Interpreting results of the EPDS

- A score of 10 or higher could indicate some depression or anxiety
- At TPW, we use a score of 10 or higher to prompt a conversation about the patient’s emotional experience
- We offer counseling with Courtney in office and/or medication prescribed by one of our providers if desired
- We pay careful attention to question #10 which states:
  - The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never
- If any box other than Never is checked on question 10, we immediately screen the patient for any suicidal ideation. If the patient is unable to contract for safety, we take appropriate action.

Psychotherapy at Tidewater Physicians for Women

- TPW’s mission to treat the whole person
- Protocol for in-house referrals
- Collaboration with outside providers and resources

Additional Resources and Referrals

- Postpartum Support VA
- Maternal Fetal Medicine at EVMS
- Psychiatrists and therapists in the area—particularly those who specialize in Perinatal Mood Disorders
- Moms groups/clubs
- Grief groups/resources for clients who have experienced pregnancy loss