CCNC Pediatrics: Maternal Depression Screening

Psycho-social screening and surveillance for risk is an integral part of routine care and the relationship with the child and family. Medical Homes can be timely and proactive by implementing the screening, supporting the mother-child relationship and using community resources for referral and treatment.

40% - 60% of parenting teens and mothers who have low income report depressive symptoms

<table>
<thead>
<tr>
<th>Spectrum of Maternal Depression</th>
<th>Prevalence</th>
<th>Time Frame</th>
<th>Characteristics</th>
<th>Recommended Treatment Mom</th>
<th>Recommended Treatment Dyad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity (Baby) Blues</td>
<td>50%-80% of all mothers experience “baby blues” after birth</td>
<td>Begins a few days after birth. May last up to 2 weeks</td>
<td>Transient depressed mood, irritability, crying, anxious, afraid, confused</td>
<td>Family support</td>
<td>Family Support groups</td>
</tr>
<tr>
<td>Postpartum Depression</td>
<td>13%-20% of mothers experience PD after birth</td>
<td>Occurs during postpartum or within the 1st year</td>
<td>Meets DSM V criteria as a minor/major depressive disorder. depressed mood, reduced interest in activities, loss of energy, difficulty concentrating</td>
<td>Family Support Mental Health provider Psychiatry</td>
<td>Early Childhood Mental Health provider CC4C CDSA</td>
</tr>
<tr>
<td>Postpartum Psychosis (PPP)</td>
<td>1-3 of 1,000 mothers experience PPP after birth</td>
<td>Occurs in the first 4 weeks after birth</td>
<td>Paranoia, mood shift, hallucinations, delusions, suicidal/homicidal thoughts</td>
<td>Emergency mental health services Mobile Crisis Inpatient setting</td>
<td>Early Childhood Mental Health provider CC4C CDSA</td>
</tr>
</tbody>
</table>

Evidence-Based Intervention:
- Edinburgh Postpartum Depression Scale – available in English and Spanish
  - Mother completes a 10 multiple choice questionnaire at 1, 2, 4, and 6 month visits. (Note peak occurrence at 2-3 months for minor depression; 6 weeks for major depression)
  - Billed at the infant visit with CPT code 99420. *As of January 2017 this code will change to 96161 (health risk screen of the caregiver for the benefit of the patient).
  - If the mother is the patient, (i.e. Family Medicine or OB practice), Bill CPT Code 96127
  - *Per NC DMA, OB providers can bill CPT code 96127 in addition to OB package codes

For Positive Screens:
- If the Edinburgh score is 20 or greater, or the mother answers yes on question 10, or if the mother expresses concern about her or her baby’s safety or the PCP suspects the mother is suicidal, homicidal, severely depressed/manic/psychotic
  - Contact your Mobile Crisis provider: service available through your MCO
  - Refer to emergency mental health services and be sure she leaves with a support person

Communication, Support, Demystification and focus on wellness
- Referral Resources: see above

Follow-up of the infant includes social-emotional screening.