



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

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

Evidence-Based Intervention:

- Edinburgh Postpartum Depression Scale – available in English and Spanish
 - Mother completes a 10 multiple choice questionnaire at 2, 4 , 6 month visits or peak occurrence (2-3 months for minor depression; 6 weeks for major depression)
 - Can be billed at the infant visit if mother is a patient of the practice (i.e. Family Practice, OB)
 - CPT Code 99420 reimbursement rate is \$8.14
 - AAP currently advocating for payment to Pediatricians

For Positive Screens:

- If the Edinburgh score is **20 or greater** 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

Reference:

www.icarenc.org – “Maternal Depression & Social-Emotional Development” by Dr. Marian Earls