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</th>
<th>Recommended Treatment</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>
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<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</td>
<td>Early Childhood Mental Health provider</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</td>
<td>Early Childhood Mental Health provider</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. As of January 2017 the CPT code is 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 PCC 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.