



MATERNAL DEPRESSION

Recommendations

Information from the American Academy of Pediatrics Clinical Report – Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice

Prevalence of Maternal Depression

Maternal depression is common, with estimates ranging from 5% to 25%. Studies of low-income mothers and pregnant and parenting teenagers have reported rates as high as 40% to 60%. In general, as many as 12% of all pregnant or postpartum women experience depression in a given year, and for low-income women, the prevalence is doubled.

“Baby Blues”/“Maternity Blues” vs. Maternal Depression

Maternity blues, or baby blues, affects 50% to 80% of new mothers and occurs during the first few days after delivery. Symptoms include crying, worrying, sadness, anxiety, and mood swings. Symptoms usually resolve after a few days or within 1 to 2 weeks. Symptoms do not impair functioning and often can be treated with reassurance and support, such as taking advantage of family assistance, recognizing the need to take time for herself, and getting the sleep necessary to recharge.

With maternal depression, symptoms are more pronounced and may persist for several months. Symptoms occur most often in the first four weeks after delivery. A severe, yet uncommon, form of maternal depression, postpartum psychosis, is characterized by paranoia, mood shifts, hallucinations, delusions, and suicidal and homicidal thoughts. This is a serious condition that requires immediate medical attention and usually hospitalization.

Impact of Maternal Depression

In addition to its effects on maternal health and wellbeing, maternal depression can significantly impact the child. If untreated, maternal depression can alter the mother-child relationship, contribute to family dysfunction, and potentially adversely affect early brain development. Early identification and treatment is critical to reduce the likelihood of negative outcomes for both the mother and her child.





What Pediatricians Can Do

Pediatric practices, as medical homes, can establish a system to identify postpartum depression early, offer support and empathy, and recommend community resources for prompt treatment and referral. Pediatricians can also help to reduce the stigma associated with depression by educating families and caregivers about the need for family support and treatment when maternal depression occurs.

A mnemonic that pediatricians might use to support moms with depression is ABCDEF:

- 1) Mothers are not **Alone** – maternal depression is very common
- 2) They are not to **Blame** – complications like procedural pain, postpartum hormonal changes, changing family dynamics and sleep deprivation are often overwhelming for a while
- 3) This is not necessarily a **Chronic** condition – although moms often fear that they are “broken” or “crazy,” most mothers will improve with treatment
- 4) **Deprivation** from sleep, exercise or social supports tend to make it worse; many moms recover when they are able to restart their exercise routines or re-engage their social supports
- 5) **Effective** treatments are available, including support groups, individualized counseling, and even pharmacotherapy, so referrals are important
- 6) The pediatrician will **Follow-up** on her well-being at the next visit

How to Screen for Maternal Depression

The American Academy of Pediatrics (AAP) recommends routine screening for maternal depression at the 1 month, 2 month, 4 month and 6 month well child visit, as well as when a clinical concern arises. Standardized tools include the Edinburgh Postnatal Depression Scale, the Patient Health Questionnaire (PHQ)-2 or the PHQ-9. Screening tools help to identify concerning symptoms, promote conversations about how the family is doing, and can be used to follow symptoms over time.

What to Do with a Positive Screen

Pediatricians should refer the mother for an appropriate intervention. Options include the mother's primary care provider or OB/GYN, a mental health provider, or a support group. A follow up visit or phone call can be helpful to offer support. During subsequent well child visits, pediatricians should continue to screen for postpartum depression as per AAP recommendations.

How to Get Reimbursed

Given that maternal depression is an important environmental risk for the child, pediatricians can be reimbursed for maternal depression screening using code 96161 (new code as of January 1, 2017). While the baby's mother is not the patient, she plays a key role in her child's development. Early identification and treatment of maternal depression is essential in promoting child health.

Note: When using 96161 with 90460 (vaccine administration) on the same claim, 99420 must be used with a -25 modifier