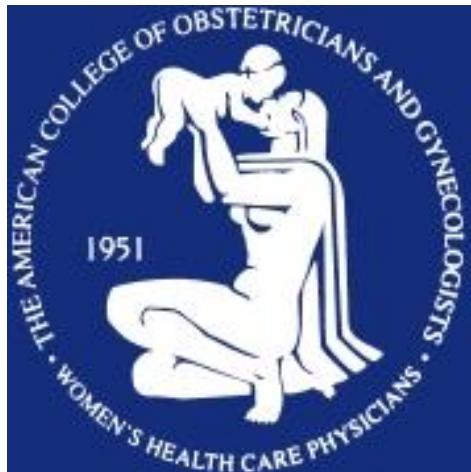




Developing Competencies in Assessment and Treatment of Behavioral Health Conditions in Ob/Gyn Practice

ACOG Maternal Mental Health Expert Work Group:



Nancy Byatt, DO, MSCI, MBA

John P. Keats, MD, CPE

Tiffany A. Moore Simas, MD, MPH, MEd

Disclosure Statement: John P. Keats, MD, CPE



National Medical Director,
Cigna Healthcare

Disclosure Statement: Nancy Byatt, DO, MSCI, MBA



- Medical Director, MCPAP for Moms, MA Department of Mental Health
- Advisory Boards and speaker honoraria, Sage Therapeutics
- Council Member, Gerson Lehman Group
- Perinatal Depression Advisory Board, Janssen / Johnson and Johnson
- Steering Committee on Clinical Advances in Postpartum Depression, Medscape

Disclosure Statement:

Tiffany A. Moore Simas, MD, MPH, MEd, FACOG



- Lead Obstetric Liaison, MCPAP for Moms, MA Department of Mental Health



- Participant Ad Hoc Advisory Boards, Research Consultant and Speaker Honoraria, Sage Therapeutics



- Author, Perinatal Depression Chapter, Scientific American Ob/Gyn, Decker Intellectual Properties



- McGraw Hill, Reviewer, Perinatal Depression Case Chapter

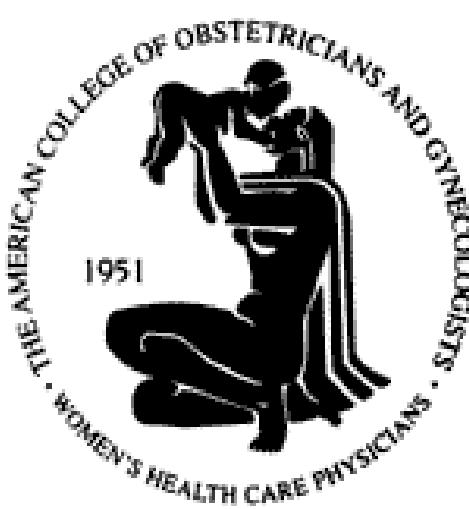
Objectives

- Provide a hands-on opportunity to review and utilize evidence-based screening instruments designed to identify a variety of behavioral health conditions including mood and substance use disorders
- Practice discussing positive screens to facilitate collaborative decision making including discussing the risk/benefits and alternatives to various treatment options that are accessed both within and outside the OB/GYN practice setting, including information release and sharing with mental health professionals when indicated.

Women need to be screed for perinatal mood and anxiety disorders



Women need to be screened for perinatal Mood and Anxiety Disorders



Depression & Anxiety

At least once
during the
perinatal
period



U.S. Preventive Services Task Force

Depression

At least once
during
pregnancy
and again
postpartum

Many validated screening tools are available

Table 1. Depression Screening Tools

Screening Tool	Number of Items	Time to Complete (Minutes)	Sensitivity and Specificity		Spanish Available
Edinburgh Postnatal Depression Scale	10	Less than 5	Sensitivity Specificity	59–100% 49–100%	Yes
Postpartum Depression Screening Scale	35	5–10	Sensitivity Specificity	91–94% 72–98%	Yes
Patient Health Questionnaire 9	9	Less than 5	Sensitivity Specificity	75% 90%	Yes
Beck Depression Inventory	21	5–10	Sensitivity Specificity	47.6–82 % 85.9–89%	Yes
Beck Depression Inventory-II	21	5–10	Sensitivity Specificity	56–57% 97–100%	Yes
Center for Epidemiologic Studies Depression Scale	20	5–10	Sensitivity Specificity	60% 92%	Yes
Zung Self-rating Depression Scale	20	5–10	Sensitivity Specificity	45–89% 77–88%	No



Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all
2. I have looked forward with enjoyment to things As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all
3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never
4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often
- *5 I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all
- *6 Things have been getting on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, I have been coping as well as ever
- *7 I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Not very often No, not at all
- *8 I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all
- *9 I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never
- *10 The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never

- Depression & Anxiety
- Well-studied
- >40 languages
- Free
- Perinatal populations only

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

- **Pre-screener available**
- **Depression only**
- **General Population**

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total _____ = Add Columns _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

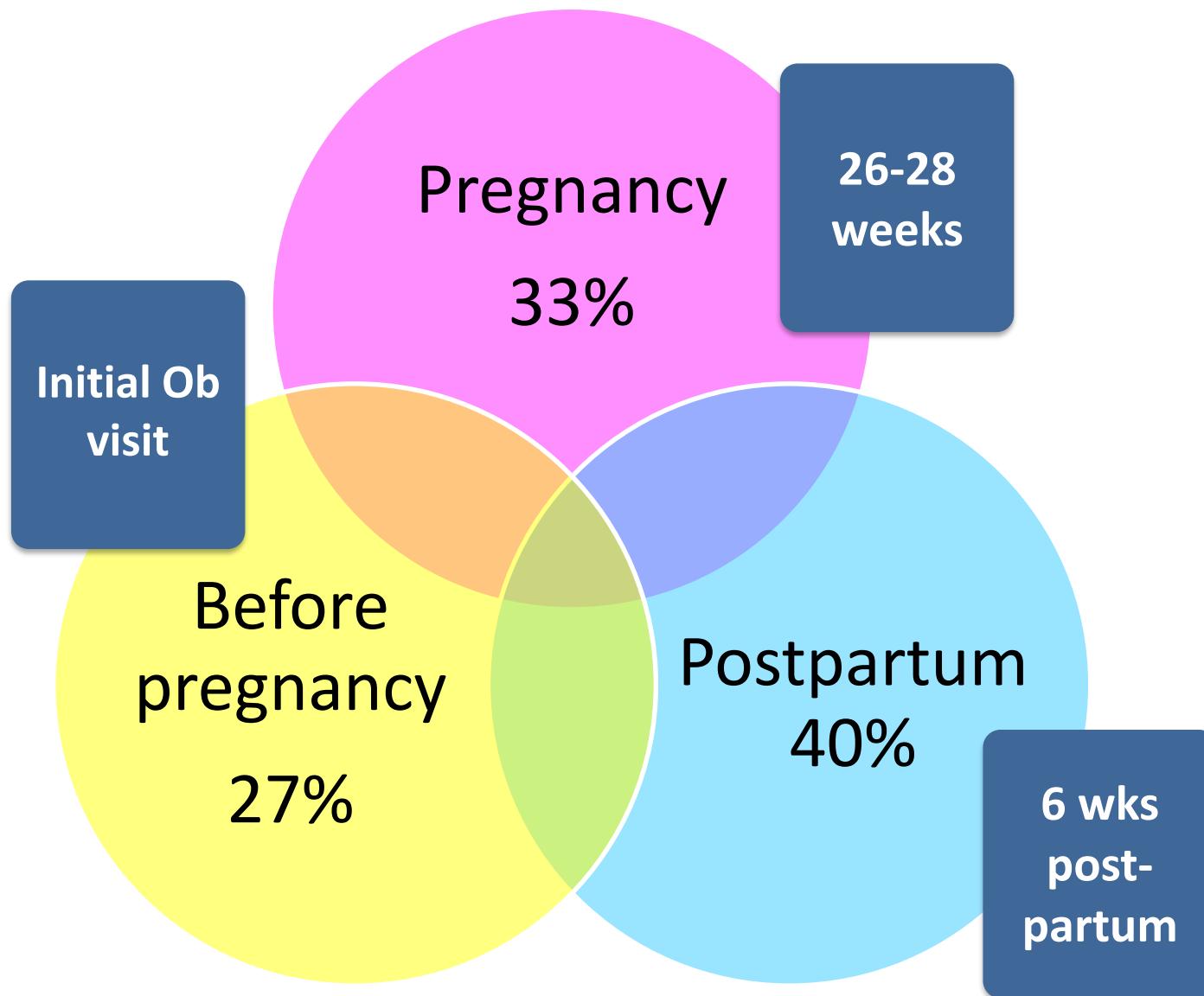
Somewhat
difficult

Very
difficult

Extremely
difficult

- **Pre-screener available**
- **Anxiety only**
- **General Population**

Screen twice during pregnancy and once postpartum



Screening needs to be followed by assessment

Baby Blues



\leq 2 weeks after delivery

Mood lability

High emotionality

Depression



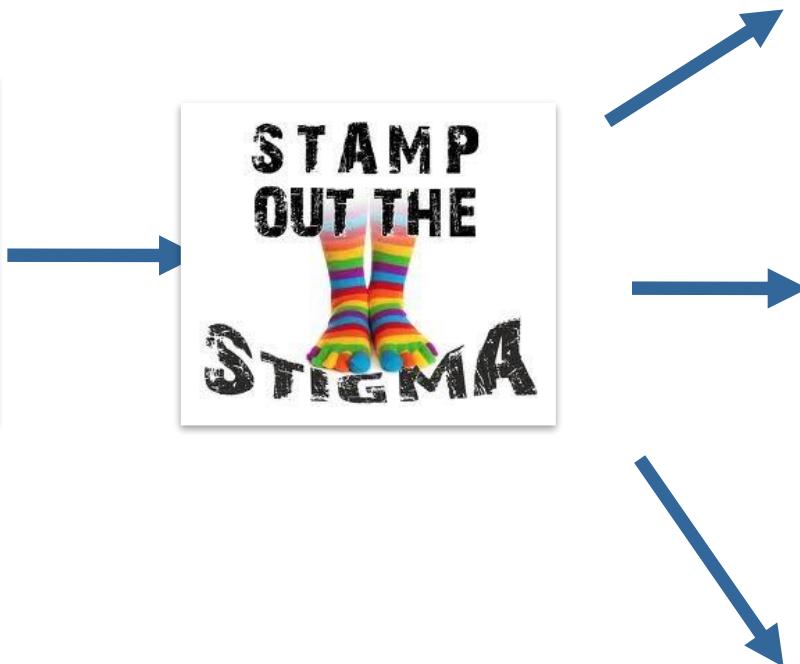
\geq 2 weeks after delivery

Guilt, feeling worthless

Suicidal thoughts

Impacts functioning

Education about various treatment and support options is imperative



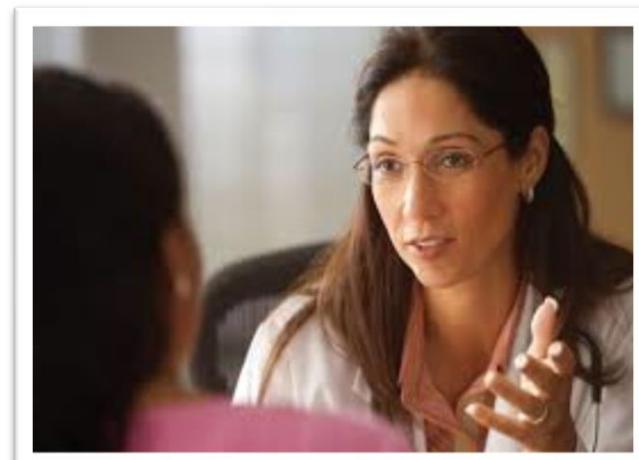
Ask women what type of treatment they prefer

There are effective options for treatment during pregnancy and breastfeeding.

Depression is very common during pregnancy and the postpartum period.

There is no risk free decision.

Women need to take medication during pregnancy for all sort of things.



No decision is risk free

There is no such thing as no exposure



Vs.



SSRIs are among the best studied classes of medications used in pregnancy

Case of Ms. Y - Anxiety scenario

During Ms. Y's first pregnancy with Jack, her 18-month-old toddler, Jane attended four sessions of cognitive behavioral therapy (CBT) for worries with regard to Jack's welfare. She was diagnosed with Generalized Anxiety Disorder. She found the therapy to be helpful and her anxiety symptoms improved.

After birth, her anxiety increased again. Treatment with an SSRI resulted in remission of her symptoms.

She now presents for initial OB appt at 9 weeks GA reporting that she discontinued the SSRI after conceiving.



Questions for Discussion

As part of a routine history, what questions should be included in terms of history of mental health and substance use disorders?

Questions for Discussion

What screening tool(s) could you use to screen for depression and anxiety symptoms?

Questions for Discussion

How would you discuss a negative screen given the risk factors?

Questions for Discussion

How would you discuss a positive screen?

If she screened positive, how would you assess her further and assess for what treatment(s) may be indicated?

Questions for Discussion

What are the treatment options for Ms. Y?

What steps would you take in future OB visits?

In between visits?

Case of Ms. S - Depression scenario

Ms. S is 27 years old and having her first baby. Sarah was not screened for any behavioral health issues on entry to the practice. She keeps her prenatal appointments initially, but then misses several in a row.

When she returns to the practice after several phone calls she initially reports that, “everything is fine.” On further questioning, she reveals that she and the father of the baby have argued and are no longer sharing a home. She is administered a PHQ-9 with a result of 18, including thoughts of self-harm.



Questions for Discussion

How might a practice prepare for this scenario?

Questions for Discussion

What are some techniques for discussing your concerns with Sarah?

Questions for Discussion

How would you address Sarah's immediate situation?

How could you continue to monitor Sarah during pregnancy and the post-partum?

Questions for Discussion

How would you follow-up to ensure engagement with the treatment plan?

Resources

Patient Safety Bundle: Maternal Mental Health

MCPAP for Moms toolkit (www.mcpapformoms.org)

Bringing PPD Out of the Shadows – opportunities for other states to have MCPAP for Moms-types of program

Lifeline4Moms Perinatal Depression app – available in app store

Lifeline4Moms (www.Lifeline4Moms.org) 

Appendix

Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.

RECOGNITION & PREVENTION

Every Woman

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.

Every Case

- Initiate a stage-based response protocol for a positive mental health screen.
- Activate an emergency referral protocol for women with suicidal/homicidal ideation or psychosis.
- Provide appropriate and timely support for women, as well as family members and staff, as needed.
- Obtain follow-up from mental health providers on women referred for treatment. This should include the necessary release of information forms.



REPORTING/SYSTEMS LEARNING

Every Clinical Care Setting

- Establish a non-judgmental culture of safety through multidisciplinary mental health rounds.
- Perform a multidisciplinary review of adverse mental health outcomes.
- Establish local standards for recognition and response in order to measure compliance, understand individual performance, and track outcomes.

Consensus Statement

Consensus Bundle on Maternal Mental Health

Perinatal Depression and Anxiety

Susan Kendig, JD, MSN, John P. Keats, MD, CPE, M. Camille Hoffman, MD, MSCS, Lisa B. Kay, MSW, MBA, Emily S. Miller, MD, MPH, Tiffany A. Moore Simas, MD, MPH, Ariela Frieder, MD, Barbara Hackley, PhD, CNM, Pec Indman, EdD, MFT, Christena Raines, MSN, RN, Kisha Semenuk, MSN, RN, Katherine L. Wisner, MD, MS, and Lauren A. Lemieux, BS

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Maternal Mental Health: Perinatal Depression and Anxiety Complete Resource Listing

