

Maternal Depression Screening in Pediatric Primary Care Settings

Description

Maternal depression screening identifies mothers who are at risk for maternal depression. The process includes using a screening tool in pediatric primary care settings. A combination of care strategies, including counseling, social support, engagement and referrals, follows the screening. Pediatric offices or community-based organizations can offer this service.

Evidence

- Depression can affect mothers of children of all ages. Maternal depression encompasses perinatal depression – which includes antenatal depression (during pregnancy) and postpartum depression (immediately after delivery or several weeks or months later) – as well as depression experienced by mothers a year or more after giving birth.
- Twelve percent of women screened at a postpartum visit had depression symptoms, according to the New York Medicaid Perinatal Care Study. Additionally, New York City Pregnancy Risk Assessment Monitoring System (NYC PRAMS) data found an 11.1 percent prevalence of postpartum depression symptoms from 2012 to 2013.¹
- Perinatal depression diminishes a child’s cognitive development, as well as their social-emotional, physical and mental health.² It is also associated with poor bonding and attachment, higher rates of child injury and behavioral problems in children.³
- Maternal depression negatively affects a mother’s mental and physical health, heightens the child’s psychiatric illness risk, lowers the child’s development of emotional strength and resilience, and decreases the child’s likelihood of receiving optimal health care.⁴
- Although maternal depression is a serious mental health disorder, it is one of the most treatable mental health conditions. Early detection, referral and treatment of maternal depression can greatly reduce adverse consequences.⁵
- Screening mothers for maternal depression is a best practice for primary care pediatricians and can be integrated into the well-child care schedule.⁶
- Screenings benefit mothers’ well-being and could improve children’s outcomes.⁷

Implementation

The mother’s or infant’s health care provider can provide screening following the baby’s birth. This service can be integrated into the well-child care schedule.⁸

If the mother screens positive for depression, then she must be further evaluated for diagnosis and treatment. Medical practices that do not have the capacity to evaluate and treat mothers who screen positive for depression must have a referral process in place. Providers should closely monitor and evaluate women with current depression or a history of major depression. The current standard of care for pregnant women requires that all pregnant women receive depression screening as part of their routine antenatal and postpartum care.⁴

Billing and Reimbursement

In the pediatric setting, New York State Medicaid reimburses maternal depression screening, using a validated screening tool, up to three times within the first year of the infant's life.

- G8431 (with HD modifier) – Screening for clinical depression is documented as being positive and a follow-up plan is documented.
- G8510 (with HD modifier) – Screening for clinical depression is documented as negative, a follow-up plan is not required.

Resources

Selected Screening Tools⁹

- Beck Depression Inventory Fast Screen (BDI-FS)
- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)

Information and Referral Resources

- New York City Department of Health and Mental Hygiene: Go to nyc.gov/health and search for **postpartum depression**.
- NYC Well: Call 888-NYC-WELL (692-9355) or visit nycwell.cityofnewyork.us.
- New York State Department of Health: Go to health.ny.gov and search for **maternal depression resources**.
- Postpartum Resource Center of New York: Go to postpartumny.org and click on **Get Help – PRCNY Resource Directory**.
- The Motherhood Center of New York: Visit themothhoodcenter.com.
- Postpartum Support International: Visit postpartum.net.

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