Postpartum Depression (PPD)

Massachusetts Department of Public Health (MDPH)
Mental Health Disorders

- An estimated 57.7 million adults (26.2% of adult population) suffer from a diagnosable mental health disorder in the US in any given year.

- The leading cause of disability for 15 – 44 year old population in US.

- Affects women twice as much as men.
Maternal Mental Health

- Incidence of Depression is greatest during the reproductive years

- Maternal Mental Health or Maternal Depression is a multifaceted illness that describes a range of physical and emotional changes that many mothers experience during pregnancy or post partum.

- Uncertainty as to the true prevalence of PPD due in part to:
  - How postpartum period is defined
  - How PPD is defined
  - Cultural Issues
Postpartum Depression in MA

- Clinical research indicates that 13% - 19% of all new mothers experience this significant, clinical condition.

- In 2014, there were 71,867 births in MA –
  - 13% = 9,343 mothers
  - 19% = 13,655 mothers
Postpartum Depression: MA-PRAMS 2009-11, by maternal age
Massachusetts PPD Legislation

- An Act Relative to Post Partum Depression (PPD): Chapter 313 of the Acts of 2010 was signed into law on August 19, 2010.

- Law authorizes the MDPH to develop a culture of awareness, de-stigmatization, and screening for perinatal depression.

- Regulations require health care providers and health plans to report their **PPD Screening Data** to MDPH on an annual basis.
PPD Legislation Implementation Working Group (2011-2012)

- American Academy of Pediatrics, MA Chapter
- American College of Nurse-Midwives, MA Chapter
- Association of Family Physicians, MA Chapter
- Beacon Health Strategies
- Boston Public Health Commission
- Boston University, School of Medicine
- Brigham & Women’s Hospital
- Cambridge Health Alliance
- Children’s Behavioral Health Initiative
- Children’s Hospital
- Department of Mental Health
- Health Care for All
- Jewish Family & Children’s Services
- March of Dimes, MA Chapter
- MA Association of Mental Health
- MA Association of Perinatal Social Workers
- MA Midwives Alliance
- MassHealth
- Mother who experienced PPD
- Neighborhood Health Plan
- Network Health
- North Shore PPD Task Force
- Representative Ellen Story’s Office
- United Way of Mass Bay & Merrimack Valley
- University of MA, Boston
- Visiting Nurses Association of Boston
- Winchester Hospital

Met regularly for two years; Conducted extensive literature review, electronic survey, & 10 Key Informant Interviews; Developed PPD resources and advised in drafting PPD regulations
PPD Resources Developed

- Standards for Effective PPD Screening
- Recommendations for health care providers and health plans for reporting PPD screening data
- PPD Screening Tool Grid
- PPD Resource List & Bibliography
- PPD Overview Power Point
Drafting PPD Regulations

- MDPH “shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression.”

  - An Act Relative to PPD

- The PPD Legislative Implementation Working Group sought to identify a mechanism that would:
  - Be least burdensome to providers & carriers
  - Provide useful data
Making Reporting Work Seamlessly

- Members of the PPD Legislation Implementation Working Group shared that many provider groups had already integrated PPD screening data collection into their EMRs

- MDPH agreed that one reporting mechanism will be paper reporting
Making Reporting Work Seamlessly

• The PPD Legislation Implementation Working Group agreed to the following code suggested by Massachusetts Association of Health Plans:
  • HCPCS code S3005 (Performance Measurement, Evaluation of Patient Self Assessment, Depression) with a diagnostic code range Z39.2 (Routine Postpartum follow up, formerly ICD9 V24 – Screening for Postpartum Depression) and modifiers of U1 for a positive screen and U2 for a negative screen

• During 2012-2013, MDPH met with representatives from health plans in MA and with representatives from the Center for Health Information and Analysis (CHIA)
Making Reporting Work Seamlessly

• Health plans agreed to reconfigure their systems to accept the claims code S3005 set to pay at zero or $.01

• Regulations were promulgated on 12/5/14 and OBGYN, APN, PA, Family Practitioners, and health plans are required to report their PPD Screening Data to MDPH on an annual basis through either claims or paper reporting

• Health plans are passing the claims data along to the All Payer Claims Database (APCD) at CHIA

• CHIA will begin sharing data with MDPH in 2016 through a data sharing agreement.
PPD Legislative Commission

• The PPD Commission, co-chaired by Representative Ellen Story and Senator Joan Lovely, is charged with the following tasks:
  • An assessment of current research on post partum depression;
  • Review of current PPD screening policies and practices
  • Assist MDPH in the development of educational materials, referral lists and designation of validated screening tools
  • Assist MDPH is applying for federal funding
  • File an annual report at the end of each state fiscal year
Influence of ACOG Committee Opinion: Screening for Perinatal Depression

• “Although definitive evidence of benefit is limited, the American College of Obstetricians and Gynecologists recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.”

-ACOG, May 2015
PPD Legislative Commission

- Thirty two members appointed by the Senate, House of Representatives or the Governor
- Diverse membership including legislators, physicians, women with lived experience and representatives from state agencies, health plans and advocacy groups
- Activities to date:
  - Collaborated with MDPH to promulgate PPD regulations
  - Funding for MCPAP for Moms
  - Funding four PPD Pilot programs at CHCs to establish lessons learned for a PPD screening and referral system in women’s and pediatric settings
  - Postpartum Depression Awareness Day at the State House in June 2015 where Lt. Governor Polito announced MassHealth will reimburse providers for PPD Screening
PPD Legislative Commission

- The PPD Commission is currently exploring four topic areas that include:
  - Public Awareness Campaign/Reducing Stigma
  - Outreach to special populations: PPD and teen mothers, recovering mothers, underrepresented minorities, fathers
  - Evaluating the impact of PPD initiatives: programmatic level, policy level, child outcomes, cost-savings
  - Developing centralized PPD resources

- Sub committees have been established to determine next steps
MCPAP for Moms

- Increased funding to MCPAP (Massachusetts Child Psychiatry Access Project) to expand consultation, case management and care coordination services to health care providers working with women experiencing PPD
  https://www.mcpapformoms.org

- Resource page with support groups and counselors
MCPAP for Moms - MotherWoman

- Funding MotherWoman to conduct training and provide TA to communities interested in developing PPD task forces and support groups

Welcome Family (WF)

- Universal one-time nurse visit for all mothers with newborns
- Universal PPD screen
- Free
- 90 minute visit
- WF Bag
- Currently in Fall River & Boston, Lawrence, & Lowell
Welcome Family - Preliminary Results

• 2,042 caregivers in Massachusetts have received a Welcome Family Visit.

• 10% of caregivers, who were not already receiving services, were referred to support services.
MHVI: Home Visiting Models by Community

- Pittsfield/North Adams
  - Healthy Families (all 1st time parents)
  - Parents as Teachers

- Holyoke
  - Early Head Start
  - Healthy Families

- Springfield
  - Early Head Start
  - Healthy Families (all 1st time parents)
  - Parents as Teachers

- Fitchburg
  - Healthy Families (all 1st time parents)

- Lowell
  - Healthy Families

- Lawrence
  - Healthy Families

- Lynn
  - Healthy Families

- Revere
  - Healthy Steps
  - Parents as Teachers

- Chelsea
  - Healthy Families America
  - Healthy Steps

- Boston
  - Healthy Families (24 years and younger)

- Brockton
  - Healthy Families

- New Bedford
  - Healthy Families
  - Parents as Teachers

- Fall River
  - Healthy Families (all 1st time parents)

- Southbridge
  - Healthy Families (all 1st time parents)

- Everett
  - Healthy Families (22 & under)

- Worcester
  - Healthy Families

- Southbridge
  - Healthy Families (all 1st time parents)

- Boston
  - Healthy Families (24 years and younger)

- Revere
  - Healthy Steps
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- Worcester
  - Healthy Families
MHVI Benchmark 1.5: Depression Screening

**Benchmark:** % of expected depression screenings completed within the appropriate timeframe (within 2 months of enrollment, within 2 months of delivery, and at 6 month intervals).

**Sample:** Enrolled participants who were expected to have received at least one depression screening during that FY.

![Bar chart showing percentage of expected depression screenings completed from FY12 to FY15.]

- **FY12:** 10%
- **FY13:** 68%
- **FY14:** 69%
- **FY15:** 79%
Early Intervention Partnerships Program (EIPP)

- Provides home visiting and group services to over 550 families annually by a maternal child health (MCH) team

- 6,290 Participants enrolled between state FY03 - FY14
Early Intervention Partnerships Program (EIPP)

• 46% of EIPP Participants report a history of depression including postpartum depression at enrollment

• In state FY15, 80.72% of Participants identified with depression and/or a mental health disorder received mental health services
Massachusetts Health Promotion Clearinghouse

- [http://maclearinghouse.com](http://maclearinghouse.com)
- or call 800-952-6637 for free brochures

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Maria's story

I began getting headaches and a nausea seemed to increase after going to bed at 6:00 a.m. I would become so sick and would sleep with my husband after a while. I began having thoughts of suicide. I felt like going to sleep and never waking up.

When the winter became too much, I told my husband who called an ARV clinic. I said the doctor at the clinic that I did not see the results of my pregnancy. He was in the hospital in the morning. This hospital is the only one that treated me. I walked in the hospital and was treated for the next day. I still feel sick and I was able to go to work the next day. The doctor said that I was going to have a miscarriage.

Remember

Depression is treatable.
If untreated, it can hurt you and your family.
If you are feeling depressed, there is help for you.
- Talk to your health care provider.
- Get counseling.
- Find a support group.

Call the Parental Stress Line
Available 24 hrs.
1-800-632-8188
The call is private and anonymous.

Being a mother is a hard job.
It's okay to ask for help.

CARE FOR YOURSELF: A HAPPy HEALTHY YOU IS WHAT YOUR BABY NEEDS MOST.
MA PPD Coalitions & Task Forces

- Cape & the Islands
  - [http://www.capecoalition.com/mdtf.html](http://www.capecoalition.com/mdtf.html)

- Western Mass (based in Amherst)
  - MotherWoman: [www.motherwoman.org](http://www.motherwoman.org)

- North Shore Postpartum Depression Task Force: [http://northshorepostpartumhelp.org](http://northshorepostpartumhelp.org)

- The South Shore Postpartum Support Network: [www.southshorepostpartum.org](http://www.southshorepostpartum.org)

- Postpartum Support International of MA:
  - [www.postpartumma.org](http://www.postpartumma.org)
Contact Information

Beth Buxton, LCSW
Program Director, Maternal Health Initiatives
Division of Pregnancy, Infancy & Early Childhood
Bureau of Family Health & Nutrition
250 Washington Street 5th Floor
Boston, MA 02108
617.624.5910
beth.buxton@state.ma.us

All citations for this presentation can be viewed at
http://www.mass.gov/eohhs/gov/departments/dph/programs/
family-health/postpartum-depression/literature-and-data.html