

# Wisconsin PRAMS

Pregnancy Risk Assessment Monitoring System



## Perinatal Depression

April 2019

Perinatal depression, defined as depression during pregnancy, around childbirth, or within the first year postpartum, is common.<sup>6</sup> At least 13% of women have major depressive symptoms while pregnant and about 14% of women experience postpartum depression in the 12 months after delivery.

However, there may be a significantly greater number of women experiencing perinatal depression both nationally and statewide. Researchers have noted that many cases of perinatal depression remain undiagnosed due to time constraints on the time mothers spend with providers and provider concerns about the social acceptability of screening.<sup>1</sup> Other cases are dismissed as normal mood shifts.



With my first daughter I experienced postpartum [depression] pretty severely. I thought it was the "baby blues" but soon discovered my depression. It lasted for about [one] year. I would like to see more opportunity to help first-time mothers since it can be such a hard, emotional time.

- PRAMS mom

The onset of perinatal depression can occur at any time during pregnancy or in the first 12 months following delivery. It can last for weeks or even months if left untreated by a medical professional.<sup>3</sup> Women with perinatal depression experience intense feelings of extreme sadness and anxiety which can interfere with the ability to care for herself, her newborn, and her family.<sup>3</sup> There is no single cause of perinatal depression and it can affect all mothers, whether it's their first time giving birth or not.<sup>5</sup>

## Depression Screening

A key component of successful and timely intervention is universal screening using a validated tool. At each visit, providers should engage patients in conversations to know how mom and baby are doing. These conversations help to normalize the screening process and will help foster an environment where the patient feels comfortable talking about her experience.

**44% of Wisconsin women are not screened for depression in the year prior to pregnancy.**



**20% of pregnant women are not screened for depression during their prenatal care visits.**



**12% of Wisconsin mothers are not screened for postpartum depression after they give birth.**





## Screening Recommendations

### Prenatal

Screen women **at least** once for depression and anxiety symptoms. Screening each trimester is ideal.<sup>7</sup>

### Postpartum

Screen women for depressive symptoms at the one-, two-, four-, and six-month visits. Screening is **not** recommended in the first two weeks after delivery because women may be experiencing baby blues during this time.<sup>3</sup>

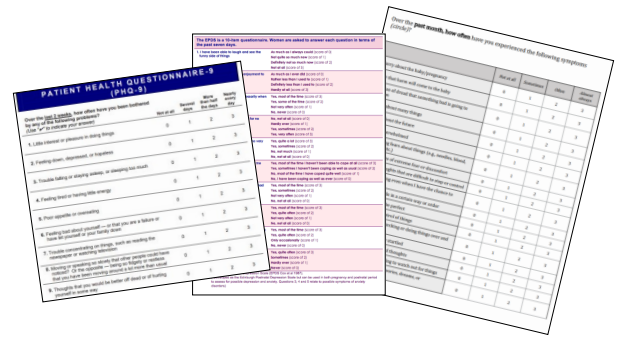
### Rescreen

Rescreen at **any** time when there is a concern about the woman's ability to function expressed by the patient or family.<sup>2</sup>

## Use validated, standardized tools

The following list includes validated tools to screen for maternal mental health issues:

- The Patient Health Questionnaire 9 (PHQ-9)
- Edinburg Postnatal Depression Scale (EPDS)
- Perinatal Anxiety Symptom Screen (PASS)



I do not believe [postpartum] depression is something that [is] openly discussed. For some people it is hard to admit that they are depressed after birth (especially if the pregnancy was planned).

- PRAMS mom

## Perinatal Depression Risk Factors

Pregnancy can be a very stressful time for moms and stress is a risk factor for perinatal depression. Wisconsin moms who indicated feeling symptoms of perinatal depression were 1.6 times more likely to have had three or more stressful life events in the 12 months before their baby was born compared to moms who did not experience symptoms of perinatal depression. While perinatal depression can happen to anyone, certain experiences can make a person more likely to develop depression.<sup>4</sup> These experiences include, but are not limited to:

### Personal or family history of depression



16% of Wisconsin moms indicated having a personal history of depression.

### Problems in relationship with spouse or partner



18% of Wisconsin moms indicated having problems in their relationship with their spouse or partner.

### Financial problems



16% of Wisconsin moms had trouble paying the rent, mortgage, and other bills.

6% of Wisconsin moms lost their job in the 12 months before their baby was born, and Wisconsin moms stated 7% of their husbands or partners lost their job in that timeframe.

### Unplanned or unwanted pregnancy



23% of Wisconsin moms indicated their pregnancy was unintended (either did not want to become pregnant at all or wanted to get pregnant later).



Creating a comfortable environment helps women feel less afraid or embarrassed to share their feelings. This is also an opportunity for health care providers to work with women experiencing multiple stressors by providing direct assistance, referring the mother to a specialist for care, and connecting her with community resources when appropriate.

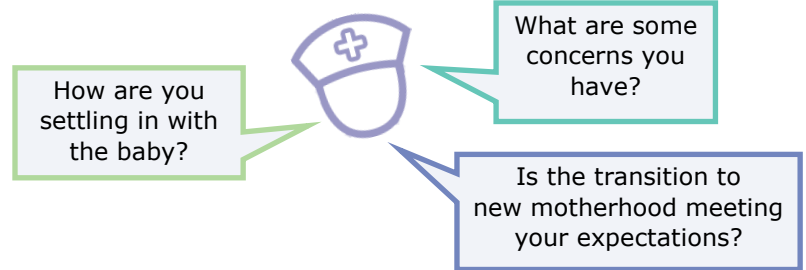
**1. Build a relationship**

- Sit down face to face.
- Inquire about their mental health at **each** visit.

**3. After screening patients**

- Review individual responses to the screening questionnaire
- Ask questions like: "Help me understand why you chose the answers that you did."

**2. Start a conversation**



**Online Training Modules**

Perinatal Mental Health Training Modules were developed in partnership with the Wisconsin Department of Health Services and state experts in the field. Topics include, but are not limited to, the following; 1) maternal depression, symptoms, impact and treatment, 2) skill development for discussing depression and screening, and 3) screening strategies and follow-up services for positive screens.

Access the modules at:  
<https://www.dhs.wisconsin.gov/mch/pncc.htm>

**Provider-to-Provider Support**

The Perinatal Specialty Consultation Extension Project (The Periscope Project) is a free resource for health care providers caring for perinatal women struggling with mental health and/or substance use disorders.

Provider-to-provider teleconsultation with a perinatal psychiatrist is available within 30 minutes on weekdays from 8 a.m. to 4 p.m. The Periscope Project also provides online education and tools regarding treatment and diagnosis of perinatal mental health disorders, and information on community resources that support moms.

*To consult with a perinatal psychiatrist, providers can call 877-296-9049 or, to find out more about The Periscope Project, visit [www.the-periscope-project.org](http://www.the-periscope-project.org).*

**For Medicaid Providers**

Medicaid reimbursement is available for depression screening for the mother as part of a Medicaid recipient's well-child visit. Since infants routinely have multiple well visits in the first year, this benefit provides an opportunity to assure women receive perinatal depression screening and follow-up services as needed. For HealthCheck providers, maternal depression screening can be billed to Medicaid as part of the child's HealthCheck visit using code 96161, *caregiver focused health risk assessment*, in addition to billing the child's HealthCheck exam (ForwardHealth Update [2018-04](#) adds HealthCheck providers as allowable providers for code 96161).

Another Medicaid benefit is Mental Health and Substance Abuse Screening for Pregnant Women. This includes screening for substance use, depression, and trauma using an evidence-based screening tool. This screening is billed using procedure code H0002 with modifier HE or HF. As of January 1, 2019, there is no limit to the number of screenings reimbursed per pregnancy. Brief, preventive mental health counseling and substance abuse intervention is billed using procedure code H0004 with modifier HE or HF. The intervention services reimbursement is limited to four hours per pregnancy (Topic #[4445](#) and Topic #[4446](#)). More information on Medicaid reimbursement can be found at [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov).

**ABOUT WISCONSIN PRAMS**

Prepared in the Division of Public Health, Wisconsin Department of Health Services, Wisconsin PRAMS is a statewide survey conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, women who delivered a live infant are randomly selected to participate. The 2016 data file had a weighted response rate of 59% with 1,232 mothers responding to the survey. Please contact [dhsdphprams@dhs.wi.gov](mailto:dhsdphprams@dhs.wi.gov) with questions or comments.

**REFERENCES**

1. Thurgood, S., Avery, D. M., Williamson, L. (2009). Postpartum Depression. *American Journal of Clinical Medicine* (6:2).
2. The Periscope Project, <https://the-periscope-project.org>
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6. Muzik, M., & Borovska, S. (2010). Perinatal depression: implications for child mental health. *Mental health in family medicine*, 7(4), 239-47.
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