

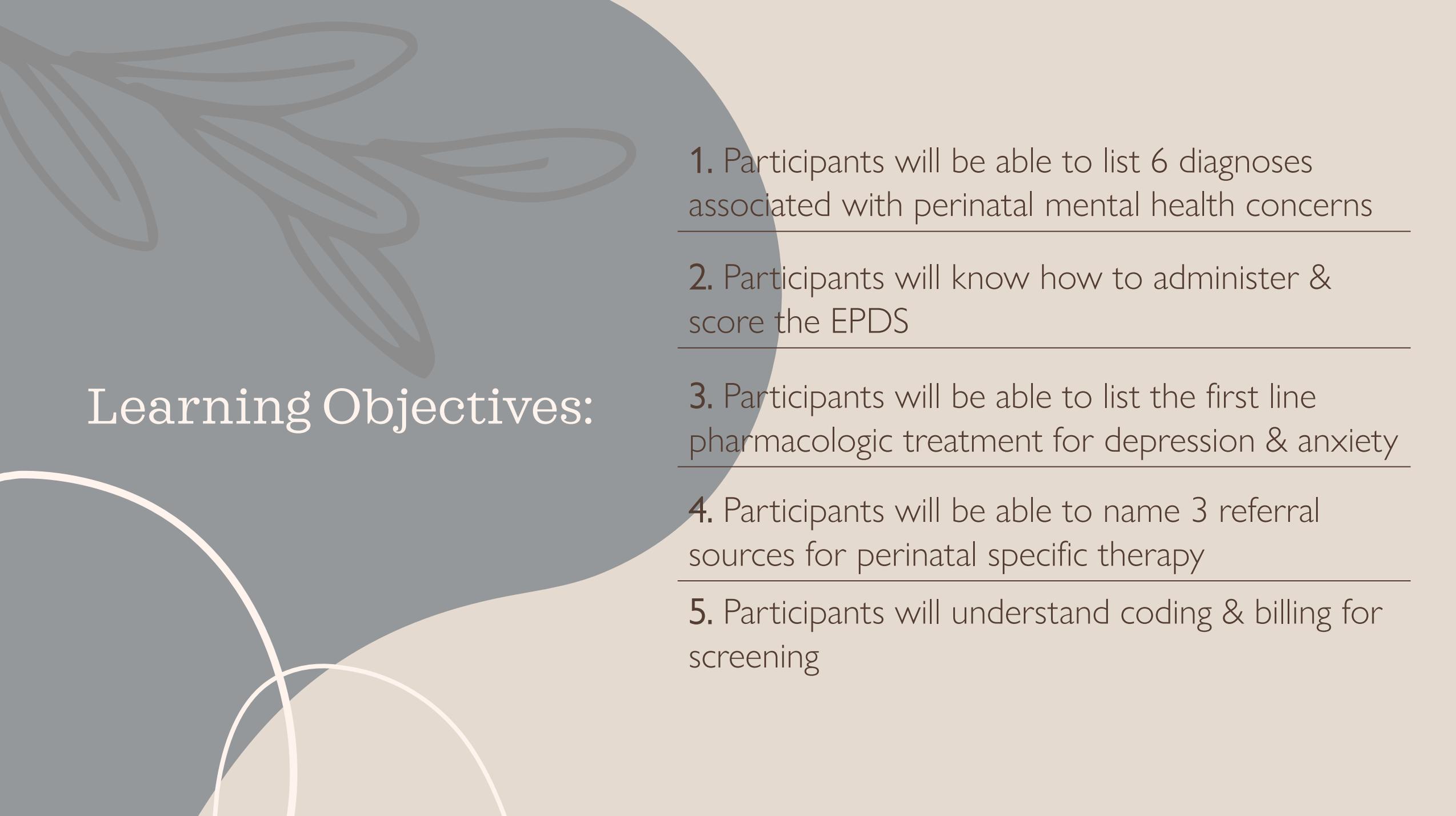


# Let's Simplify: Screening, Treating, and Therapy Referrals for Perinatal Mental Health

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(And very soon-to-be PMHNP!) 

**I have no financial interests or relationships to disclose.**



## Learning Objectives:

1. Participants will be able to list 6 diagnoses associated with perinatal mental health concerns

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2. Participants will know how to administer & score the EPDS

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3. Participants will be able to list the first line pharmacologic treatment for depression & anxiety

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4. Participants will be able to name 3 referral sources for perinatal specific therapy

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5. Participants will understand coding & billing for screening

# Rates of complication in pregnancy

- SHOULDER DYSTOCIA 1% (5-9%, 10%)
- POSTPARTUM HEMORRHAGE 4-10%
- GESTATIONAL DIABETES  
8-10%
- HYPERTENSIVE DISORDERS OF  
PREGNANCY 5-10%

#1 KILLER OF PREGNANT AND  
POSTPARTUM PEOPLE?

\*\*\*

- MENTAL HEALTH AND SUICIDE
- ABOUT 20% OF BIRTHING AND  
PREGNANT PEOPLE





# Most common psychiatric diagnoses in perinatal period:

Anxiety – 20%

Depression – 20%

OCD – 2-3%

Bipolar – 3%

- ~50% of women with bipolar receive their diagnosis for the first time in pregnancy

Postpartum psychosis – 1-2/1,000

- **EMERGENCY!**

# Perinatal mental health disorders:

**Who:** Pregnant, up to 1 year postpartum, adopting, or experiencing pregnancy/infant loss

**What:** A mental health disorder experienced during the abovementioned times

- Not the same as the Baby Blues
- Baby Blues typically come on sooner (2-3d), lasts less than 2 weeks.
- Differentiating factors: Severity, onset, duration



# Screening for perinatal mental health concerns

- First prenatal visit
- At least once in second trimester
- At least once in third trimester
- Six-week postpartum obstetrical visit (or at first postpartum visit)
- Repeated screening at 6 and/or 12 months postpartum in OB and primary care settings
- 3, 9, and 12 month pediatric visits



## Validated screening tools:

- EPDS, EPDS-US
  - Advantages – Specific to pregnancy and postpartum, has depression and anxiety questions, has a self-harm/suicide question, validated for birthing people and their partners
- PHQ-9, PHQ-2 – Depression
- GAD-7 – Anxiety
- MDQ – Bipolar
- “City Birth” Trauma Scale – Traumatic birth & general PTSD
- CAPS-5 or PC-PTSD-5 (Have to request CAPS-5 access) - PTSD
- SAFE-T – Suicidal thoughts

# EPDS-US

Name: \_\_\_\_\_  
Contact Info: \_\_\_\_\_

We recognize that there are many different feelings and experiences during pregnancy, birth, postpartum, and beyond. We care about you, and we use this form to check-in and as a starting point for conversations.

Please select (  ) the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today:

**1. I have been able to laugh and see the funny side of things**

- As much as I always could (0)
- Not quite as much now (1)
- Definitely not as much now (2)
- Not at all (3)

**2. I have looked forward to things**

- As much as I ever did (0)
- Somewhat less than I used to (1)
- Definitely less than I used to (2)
- Hardly at all (3)

**\*3. I have blamed myself when things went wrong**

- Yes, most of the time (3)
- Yes, some of the time (2)
- Not very often (1)
- No, never (0)

**4. I have felt anxious or worried**

- No, not at all (0)
- Hardly ever (1)
- Yes, sometimes (2)
- Yes, very often (3)

**\*5 I have felt scared or panicky**

- Yes, quite a lot (3)
- Yes, sometimes (2)
- No, not much (1)
- No, not at all (0)

**\*6 I have felt overwhelmed**

- Yes, most of the time I haven't been able to cope at all (3)
- Yes, sometimes I haven't been coping as well as usual (2)
- No, most of the time I have coped quite well (1)
- No, I have been coping as well as ever (0)

**\*7. I have had difficulty sleeping even when I have the opportunity to sleep**

- Yes, most of the time (3)
- Yes, quite often (2)
- Not very often (1)
- No, not at all (0)

**\*8. I have felt sad or miserable**

- Yes, most of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

**\*9. I have felt so unhappy that I have been crying**

- Yes, most of the time (3)
- Yes, quite often (2)
- Only occasionally (1)
- No, never (0)

**10. The thought of harming myself has occurred to me**

- Yes, quite often (3)
- Sometimes (2)
- Hardly ever (1)
- Never (0)

Total: \_\_\_\_\_

**Additional Experiences Checklist**

Here are some other ways people describe symptoms or experiences that may relate to emotional health and well-being. Please let us know any of these you have been experiencing:

- Scary, intrusive, or repetitive thoughts
- Feeling irritable, agitated, or overstimulated
- Headaches
- Feelings of anger or rage
- Heart racing
- Feeling stressed
- Feeling 'off' or not like yourself
- Feeling like you are failing
- Difficulty concentrating or making decisions
- Changes in appetite
- Incontinence- leaking urine or stool
- Numbness or tingling
- Pain
- Fatigue
- Personal or family mental health history

**Other stressors/pressures/concerns:**

□ \_\_\_\_\_  
□ \_\_\_\_\_

Clinicians/Screeners- add the total for items 1-10, see EPDS-US Scoring Considerations

\*Reverse scoring already included for these items Note: The Additional Experiences Checklist is not included in scoring.

\*\*Anyone who endorses symptoms in the "Additional Experiences Checklist", especially headaches, heart racing, numbness or tingling, etc. Should follow up with their medical provider right away.

- to download copies of the EPDS-US, go to [www.EPDS-US.vcu.edu](http://www.EPDS-US.vcu.edu)
- for additional resources, go to [www.PMHConnect.org](http://www.PMHConnect.org)

Developed at Virginia Commonwealth University School of Nursing, the EPDS-US was adapted/translated for US populations from the original Edinburgh Postnatal Depression Scale. Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150: 782-786.

The EPDS-US should be cited as: Moyer, S., Kinser, P., Nunziato, J., Holmes, C., Salisbury, A., (2023). Development of the EPDS-US: An updated perinatal mental health screening tool using a respectful care and trauma-informed approach. Journal of Women's Health. [www.epds-us.vcu.edu](http://www.epds-us.vcu.edu)

# Scoring: Greater than 10, what then?

\*Yes on Q10  
is a hard stop  
for self-harm



A CONNECTION TOOL TO NURTURE CONVERSATIONS AND CARE FOR EMOTIONAL HEALTH AND WELLBEING

Let's talk about it. Your experiences are important. The goal of screenings are to connect with validation, support, and care.

Not ready to talk right now? The resources and connections below are available anytime.

## Perinatal Mental Health (PMH):

emotional health & wellbeing during pre-conception/planning, pregnancy, postpartum, and parenting.



More info and resources

[PMHconnect.org](http://PMHconnect.org)

Connect with online content, podcasts, websites and more: available on your terms, anytime.

• Not just **depression**, perinatal mental health (PMH) symptoms can include a range of feelings and emotions related to **stress, mood, anxiety, depression, rage, scary or intrusive thoughts, overwhelm, irritability, and more**

• **1 in 5** people experience these symptoms, you are not alone

• Not just **postpartum**, these symptoms can appear any time during pregnancy and the first year after your birth and beyond

• **Experiences** such as loss, birth experiences, experiences of disrespect/discrimination/racism, or neonatal intensive care (NICU) may increase the likelihood of experiencing symptoms

• **You don't need a diagnosis or a certain score for care and support-** see the links below to connect with someone

• Sometimes symptoms can be hard to recognize in ourselves, if you are **feeling "off" or "differently than your normal"** please discuss with someone

## FREE, CONFIDENTIAL SUPPORT & RESOURCES

### National Maternal Mental Health Hotline\*

- Call or text: **1-833-TLC-MAMA**
- (1-833-852-6262)**

Connect with a professional counselor for support and understanding *right away, available 24/7*

\*available for you or your loved ones

### Postpartum Support International Helpline

- Call or text: **1-800-944-4773**
- Trained volunteers will listen, answer questions, offer encouragement and connect you with local resources.
- [www.postpartum.net](http://www.postpartum.net)**  
Connect with information, online groups, and more.

### National Domestic Violence Hotline

Call: **1-800-799-SAFE (7233)** TTY **1-800-797-3224**  
Text: **START to 88788**

Please reach out right away for the support and information you need to be safe.

## GET CARE - find a trained *perinatal mental health provider* near you



Postpartum Support International (PSI) directory of providers

Scan code or go to: [psidirectory.com](http://psidirectory.com)



Care within your community, connect with providers of color

Scan code or go to: [psidirectory.com/provider-of-color-poc](http://psidirectory.com/provider-of-color-poc)

Don't wait, if you are experiencing symptoms or would like to talk to someone about how you are feeling connect with care right away.

Ask about options, phone or video chat visits may be available!

If you are in crisis:

Suicide & Crisis Lifeline  
Call or text: 988

YOU MATTER. HOW YOU ARE FEELING MATTERS. YOUR MENTAL HEALTH MATTERS.

# Scoring the EPDS-US

- Filled out by patient or in conversation with provider
- If time, I like to ask the questions
- Not a tool to determine quality of parenting nor to shame anyone
- Make sure to scan into EHR
- Utilize at follow up appointments to assess treatment efficacy
- There are apps and services clinics can use that will score the screening for you and even refer to an online therapy &/or psychiatric prescriber
- *Easy ways to remember what a positive score is:*
  - “If 10, what then?”
  - “13 needs to be seen.”
- *Tips for positive score:*
  - Warm handoff with therapist
  - Ensure time for thorough risk/benefit and informed consent discussion if prescribing
  - Make sure to have time for questions
  - Schedule a follow up at – Do not leave open-ended, especially if prescribing

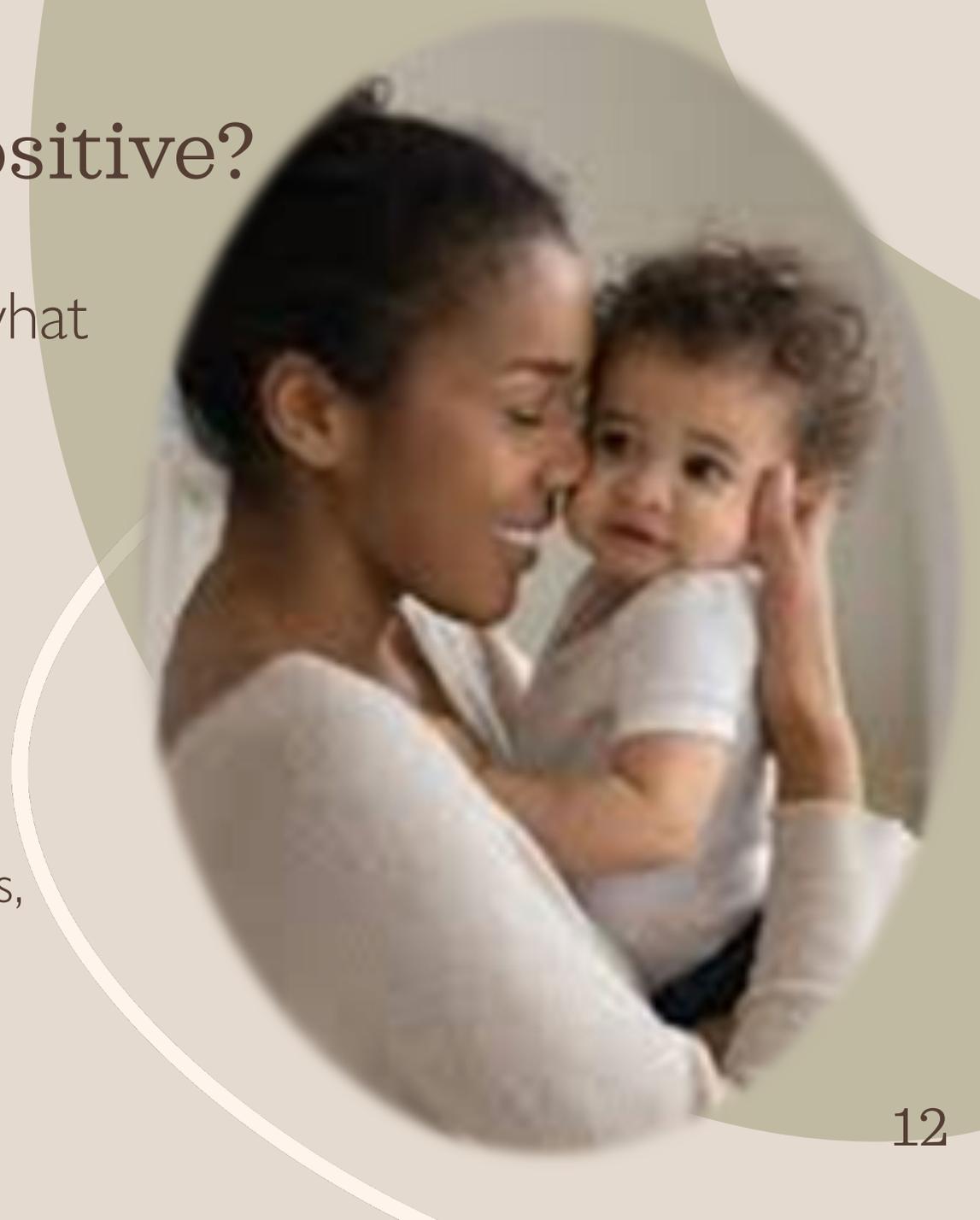
# Movie break...

<https://youtu.be/0xLjtEOhLMQ>



# What's next if that screen is positive?

- It's time to talk with your patient about what resources are available:
  - Therapy – See patient resources slide
  - Medications – Coming up next
  - Support Groups – See patient resources slide
  - Community resources – Moms/parenting groups, coffee shops with play areas, park meet ups, rec center play times, babywearing groups...



# First line pharmacotherapy: Sertraline (Zoloft)

Psychiatric meds in pregnancy & lactation:

- There are no “perfectly safe” medications in pregnancy and lactation
- Honor your patient by explaining the risks and benefits and trusting they can make the right decision for themselves and their family
- Assess for personal or family hx of bipolar and/or MDQ prior to initiation of SSRI

Side effects discussion highlights:

- GI symptoms – Diarrhea/constipation, changes in appetite, nausea/emesis, dry mouth
- Sexual dysfunction – Decreased/absent libido, anorgasmia
- CNS – HA, insomnia, activation, agitation



# First line pharmacotherapy: Sertraline (Zoloft)

## Dosing:

Start at 25-50mg

If highly sensitive of HG, consider anti-nausea medication

## Follow up:

Make this appt at the initial appt – DO NOT leave psychiatric medication follow up open-ended. Telehealth is fine.

Go up by 25-50mg, depending on SE, sensitivity to med changes, and severity of disorder

Typically, we give the med 4-6 weeks to see how it goes, but if needing accelerated support, can increase Zoloft weekly

Max dose is 200mg

## Discontinuation:

Important not to stop abruptly – this is why close follow up can be so helpful

If med is working and client feels ready to stop, recommend waiting 6-12 months after they stop having symptoms

Taper dose down



# Billing & coding for screening

- Start with whatever your regular E/M code would be
- Add modifier 25
- Add 96160 or 96161
  - 96160 = Obstetric appt.
  - 96161 = Pediatric appt. with parental screen
- Add Z13.32 to indicate screening for maternal depression
  
- **E.g.** Initial prenatal visit with first EPDS:
  - O500F + E/M code + mod25 + 96160 + Z13.32
- **E.g.** 3 month well-child with EPDS:
  - Z00.111 + E/M code + mod25 + 96161 + Z13.32



# Provider Resource List

Postpartum Support International	<a href="http://www.postpartum.net">www.postpartum.net</a> <a href="https://psidirectory.com">https://psidirectory.com</a>
PSI Perinatal Psychiatric Consult Program	<a href="https://postpartum.net/professionals/perinatal-psychiatric-consult-line/">https://postpartum.net/professionals/perinatal-psychiatric-consult-line/</a> 1-877-499-4773
MGH CWMH Virtual Rounds	<a href="https://womensmentalhealth.org/educational-program/">https://womensmentalhealth.org/educational-program/</a>
PSI Provider Trainings	<a href="https://postpartum.net/training/">https://postpartum.net/training/</a>
MGH Educational Programs	<a href="https://womensmentalhealth.org/educational-program/">https://womensmentalhealth.org/educational-program/</a>
Lifeline for Moms – Treatment Guide	<a href="https://www.acog.org/-/media/project/acog/acogorg/files/forms/perinatal-mental-health-toolkit/starting-treatment-for-perinatal-mental-health-conditions-2022.pdf?rev=b1331955dfd24e59b4a9e206fc4b1add">https://www.acog.org/-/media/project/acog/acogorg/files/forms/perinatal-mental-health-toolkit/starting-treatment-for-perinatal-mental-health-conditions-2022.pdf?rev=b1331955dfd24e59b4a9e206fc4b1add</a>
Lifeline for Moms – Screening Tool	<a href="https://policycentermmh.org/app/uploads/2024/05/LifelineforMomsPerinatalMentalHealthToolkit2-22-22FINALprintversion.pdf">https://policycentermmh.org/app/uploads/2024/05/LifelineforMomsPerinatalMentalHealthToolkit2-22-22FINALprintversion.pdf</a>

# Patient Resource List

Maternal Mental Health Hotline	1-833-TLC-MAMA
Postpartum Support International	<a href="http://www.postpartum.net">www.postpartum.net</a> <a href="https://psidirectory.com">https://psidirectory.com</a>
PSI – Alaska Chapter	<a href="http://www.psichapters.com/ak">www.psichapters.com/ak</a> psiak@postpartum.net
PSI Online Support Meetings	<a href="https://postpartum.net/get-help/psi-online-support-meetings/">https://postpartum.net/get-help/psi-online-support-meetings/</a>
Providence Perinatal Support	<a href="https://www.providence.org/locations/ak/alaska-childrens-hospital/family-support-counseling">https://www.providence.org/locations/ak/alaska-childrens-hospital/family-support-counseling</a>
Maternal Childhood Health - SCF	907-729-2689

# References

- \* American College of Obstetricians and Gynecologists. (2023). *Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum*. ACOG Clinical. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/treatment-and-management-of-mental-health-conditions-during-pregnancy-and-postpartum>
- \* Davis, D. D., Roshan, A., & Varacallo, M. (2023, December 20). *Shoulder Dystocia*. StatPearls [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK470427/#:~:text=Epidemiology,Go%20to:>
- \* Law, A., Landsburg-Blumberg, P., Juneau, P., Gatwood, J., Curkendall, S. M., Lynen, R., & McCoy, M. (n.d.). *The Prevalence of Complications and Healthcare Costs During Pregnancy*. Journal of Medical Economics. <https://pubmed.ncbi.nlm.nih.gov/25714263/>
- \* Moyer, S., Kinser, P., Nunziato, J., Holmes, C., Salisbury, A.. (2023). Development of the EPDS-US: An updated perinatal mental health screening tool using a respectful care and trauma-informed approach. Journal of Women's Health. [www.epds-us.vcu.edu](http://www.epds-us.vcu.edu)
- \* Sciences, N. A. of, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, & Families; Committee on Assessing Health Outcomes by Birth Settings. (2020, February 6). *Epidemiology of Clinical Risks in Pregnancy and Childbirth*. Birth Settings in America: Outcomes, Quality, Access, and Choice. [https://www.ncbi.nlm.nih.gov/books/NBK555485/#:~:text=The%20prevalence%20of%20hypertensive%20disorders,Risk%E2%80%9D%20in%20Chapter%204\).](https://www.ncbi.nlm.nih.gov/books/NBK555485/#:~:text=The%20prevalence%20of%20hypertensive%20disorders,Risk%E2%80%9D%20in%20Chapter%204).)

thank you.

(Please reach out with any questions)



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