Maternal Depression

Everyone Can Play a Role to Help Families Thrive
Welcome!

Objectives

• Learn about the prevalence of maternal depression, and its effect on early childhood outcomes and health disparities

• Share the latest recommendations for maternal depression screening from the U.S. Preventive Services Task Force

• Explore strategies for improving access to screenings and interventions

• Define actions you can take at the community, state, and federal level to help more mothers and families get the support they deserve
Panelists

Elaine DeaKyne
Executive Director, Postpartum Support Charleston

Richard Reeves, PhD
Director of the Future of Middle Class Initiative and Co-Director of the Center on Children and Families, Brookings Institution

Karina W. Davidson, PhD, MASc,
Senior Vice President of Research, U.S. Preventive Services Task Force

Constance Guille, MD
Associate Professor and Director of the Women’s Reproductive Behavioral Health Program, The Medical University of South Carolina
Meet NICHQ

NICHQ is a mission-driven nonprofit dedicated to driving dramatic and sustainable improvements in the complex issues facing children’s health.
What Motivates Us

Mission
Driving change to improve children’s health

Vision
Every child achieves optimal health
Current Initiatives

• **Early Childhood**
  - Early Childhood Comprehensive Systems CoIIN
  - Environmental Influences on Child Health Outcomes: Developmental Impact of NICU Exposures
  - Pediatrics Supporting Parents
  - Partnering for Impact and Improvement Network
  - Strengthening Early Childhood Comprehensive Systems through Policy and Cross-State Learning Efforts
  - Early Childhood Health Equity Landscape: Learning from Existing and Emerging Initiatives

• **Children with Special Healthcare Needs / Chronic Diseases**
  - Sickle Cell Disease Treatment Demonstration Regional Collaborative Program

• **Perinatal and Infant Health**
  - Maternal and Child Environmental Health CoIIN
  - National Action Partnership to Promote Safe Sleep Improvement and Innovation Network
  - National Network of Perinatal Quality Collaboratives
  - NYS Maternal and Child Health Collaboratives
  - Safe Sleep CoIIN to Reduce Infant Mortality
  - Exploring State-Level Strategies to Improve Maternal Health and Birth Outcomes
  - Content Development for Newborn Screening Clearinghouse
  - Ohio Infant Mortality Focused Home Visiting Model

- American Academy of Pediatrics-Children and Youth with Epilepsy Evaluation
- Florida State Network for Access and Quality
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Elaine DeaKyne
Executive Director
Postpartum Support Charleston
My Pregnancy and Birth Story

• Became pregnant in November 2011
• No screenings and no education on PPD
• Did experience anxiety in my 3rd trimester
• Delivered 10 days past my due date and was induced
• Daughter born with minor health complications
My Postpartum Experience

- Anxiety became elevated with repeated pediatric visits, weight loss with baby and trouble breastfeeding.
- After 1 month I switched to formula and OCD habits began to form
- 6 week checkup
- Shortly after intrusive thoughts began and I started to isolate myself
- That sent me looking for help and I went back to my OB at 2 months postpartum
My Diagnosis and Treatment

• Before calling my OB I looked up PPD online, and thought that might be what I was experiencing

• I was screened at my appointment by a nurse

• My experience with the nurse was not good, but when I saw my doctor she quickly got me the help I needed

• My counselor diagnosed me with PPD and I began medication and appointment for the next 6 months.

• Eventually switched mental health provider and also found a community of moms
Coming Full Circle

• I had received help from local organization Postpartum Support Charleston as part of my recovery and followed them online
• Began working for their annual fundraiser, joined the board and am now Executive Director
• What I have seen of moms in the community
• What I have seen of medical providers in the community
• There is a great support network in Charleston once the mom realizes she needs help
Richard Reeves, PhD

Director of the Future of Middle Class Initiative and Co-Director of the Center on Children and Families
Brookings Institution
Everything is connected
Everything is connected

Diagram showing the cycle of:
- Poverty
- Weaker attachment
- Slower child development
- Worse outcomes
- Maternal depression
Poverty increases risk of depression

Maternal Depression Affects Children in Low-Income Families Disproportionately

Percent of mothers with a 9-month old infant who are moderately or severely depressed

Figure 1. Source: Center on the Developing Child at Harvard University (2009).
Poverty increases risk of depression

Source: Isaacs (2012)
Everything is connected
Everything is connected

- Poverty
  - Worsening outcomes
  - Slower child development
  - Weaker attachment
  - Maternal depression
Poverty, attachment & engagement

• An estimated one in ten children experience a depressed mother in a given year (Ertel et al, 2011)

• Between 10 and 20 percent of new mothers experience lasting depression after delivery. (Kessler et al, 2003)

• Depression makes it more difficult for parents to be sensitive and responsive to their young children’s signals, and can deprive them of the energy, focus, and patience necessary to having quality interactions and relationships with their children. (Field et al, 2000).

• “Depressive symptoms further impair mothering by slowing the mother’s response or by provoking intrusive responses that do not match the infant’s or toddler’s cues.” (Beeber et al, 2008)
Poverty, attachment & engagement

Poor Families Differ from Moderate/High Income Families on Many Characteristics that May Affect School Readiness

- Low on Cognitive Stimulation
  - Moderate or High Income: 12
  - Poor: 30

- Low Maternal Supportiveness
  - Moderate or High Income: 8
  - Poor: 27

- Mother Depressed
  - Moderate or High Income: 28
  - Poor: 55

Percentage with characteristic
Poverty, attachment & engagement

“Chronic depression can manifest itself in two types of problematic parenting patterns that disrupt the “serve and return” interaction that is essential for healthy brain development: hostile or intrusive, and disengaged or withdrawn. When parents are hostile and/or intrusive, it is as if the parent is “serving” the ball in ways that make it difficult for the child to “return.” Conversely, if a parent is withdrawn or disengaged, the child may serve the ball, but the parent doesn’t return it. In both cases, depressed mothers are less likely to respond to their infants’ cues (i.e., vocalizations and actions) or to engage with their infants and young children in positive, harmonious interactions.”

*Center on the Developing Child, 2009.*
Poverty, attachment & engagement

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*Center on the Developing Child, 2009.*
Everything is connected

Diagram:
- Poverty
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- Slower child development
- Worse outcomes
- Maternal depression
Everything is connected
Depression & school readiness

Source: Isaacs (2012)
“Relation between child attachment security and growth in performance on the Flanker task. Figure illustrates the estimates derived from Tobit growth models for a child having an attachment security score one standard deviation below the mean (low), and within one standard deviation of the mean (average). K = kindergarten; G1 = Grade 1; G2 = Grade 2.”

Source: Matte-Gagne, Celia; Bernier, Annie; Sirois, Marie-Soleil; Lalonde, Gabrielle; Hertz, Sarah, *Child Development*, 2018.
Weaker attachment > child development

“The significant relation between attachment and child initial performance on three tasks measuring different EF skills appears to suggest that secure attachment relationships may promote young children’s global executive competence (and/or the skills or structures that subsume all EF skills), rather than have specific effects on particular EFs.” (Matte-Gagne, et al, 2018)
Depression & adolescent stress

Exposure to Maternal Depression in Infancy Causes Stress Hormone Levels to Become More Extreme in Adolescence

Percentage of Adolescents with Extremely High Cortisol Levels (Above 90th percentile for gender) on 1 or more days out of 10 measured

Figure 5. Source: Center on the Developing Child at Harvard University (2009), based on Halligan, Herbert, Goodyer, and Murray (2004).
Everything is connected

Diagram:
- Poverty
- Maternal depression
- Weaker attachment
- Slower child development
- Worse outcomes
Everything is connected

- Poverty
- Weaker attachment
- Slower child development
- Worse outcomes
- Maternal depression
Early outcomes, later outcomes

- Children with higher levels of school readiness at age five are more likely to succeed in grade school, are less likely to drop out of high school, and earn more as adults, even after adjusting for differences in family background (Duncan et al. 2010).

- Most (55%) of students from the lowest income brackets graduating from a high school with a GPA of 3.5+ complete a BA (Baum & Holzer, 2017). By contrast, just 19% of those with a GPA of between 3.00 and 3.5 complete a four-year degree.

- Measures of cognitive ability in adolescence strongly predict rates of both upward and downward intergenerational income mobility (Mazumder, 2014).
Everything is connected

Diagram showing the cycle of poverty:
- Poverty leads to:
  - Worse outcomes
  - Slower child development
  - Weaker attachment
  - Maternal depression
Everything is connected
Education and economic outcomes

Unemployment rates and earnings by educational attainment, 2018

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Unemployment Rate (%)</th>
<th>Median Usual Weekly Earnings ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral degree</td>
<td>1.6</td>
<td>1,825</td>
</tr>
<tr>
<td>Professional degree</td>
<td>1.5</td>
<td>1,884</td>
</tr>
<tr>
<td>Master's degree</td>
<td>2.1</td>
<td>1,434</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>2.2</td>
<td>1,198</td>
</tr>
<tr>
<td>Associate's degree</td>
<td>2.8</td>
<td>862</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>3.7</td>
<td>802</td>
</tr>
<tr>
<td>High school diploma</td>
<td>4.1</td>
<td>730</td>
</tr>
<tr>
<td>Less than a high school diploma</td>
<td>5.6</td>
<td>553</td>
</tr>
<tr>
<td>Total: 3.2%</td>
<td></td>
<td></td>
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<tr>
<td>All workers: $932</td>
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</tr>
</tbody>
</table>

Solutions: Big Picture

1) Reduce poverty
2) Reduce impact of poverty on depression
3) Reduce impact of depression on early child development
4) Reduce impact of early child development on later outcomes
Solutions: Big Picture

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Reducing poverty

- Universal monthly child allowance of $250 per month would reduce poverty by about 6 percentage points, at a net cost of $93bn.
- Expanding CTC could lift 1.5m people out of poverty: cost $209 billion over ten years.
- The poverty rate could be c. 20 percent lower if all families with children had participated in the programs for which they were eligible.
- Participants in registered apprenticeships earn almost $6,000 more than nonparticipants in the ninth year after enrollment.
- A 10% reduction in the price of child care could increase the employment of single mothers by 3 to 4 percent.
Solutions: Big Picture

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Reduce impact of poverty on depression

• Mandatory universal screening and education for postpartum depression (variation across states)

• Postpartum care from obstetrician-gynecologists for 12 weeks, as suggested by American College of Obstetricians and Gynecologists

• Improving provider training on postpartum depression screening and support resources (Liberto, 2010)
Solutions: Big Picture

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Solutions: Big Picture

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2) Reduce impact of poverty on depression
3) **Reduce impact of depression on early child development**
4) Reduce impact of early child development on later outcomes
Reduce impact of depression on early child development

- Legacy for Children (Legacy), a group-based intervention that seeks to improve mothers’ sensitive and responsive parenting. Evaluation of behavioral outcomes at 48 month and 60 months showed positive effects.

- Attachment and Biobehavioral Catch-Up, designed to help parents be more nurturing toward children at high risk of neglect. Children in recipient families showed more typical cortisol production, according to an RCT study, suggesting that the intervention improved children’s biological regulation in response to stress.

- Toddler-Parent Psychotherapy…
Reduce impact of depression on early child development

Mothers with a major depressive disorder were randomly selected to participate in Toddler-Parent Psychotherapy as a preventive intervention for their children, age 20 months at entry to program. Children’s scores on Bayley Mental Development index did not differ at age of entry, but significant differences appeared in IQ tests given at age 3.

Figure 6. Source: Center on the Developing Child at Harvard University (2009), based on Cicchetti, Rogosch, and Toth (2000)
Solutions: Big Picture

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Reduce impact of early child development on later outcomes

• Tutoring
• Mentoring eg. Becoming a Man (BAM)
• Simplifying college admissions and financing.
• More support in college. Eg. CUNY's Accelerated Study in Associate Programs
Conclusions

• Maternal depression is an intergenerational economic mobility issue

• Everything is connected

• Break the cycle at each and every stage

• But put mental health esp. maternal depression at the center of mobility debate
Karina W. Davidson, PhD, MASc
Vice-Chairperson
U.S. Preventive Services Task Force
PREVENTIVE INTERVENTIONS FOR PERINATAL DEPRESSION

Karina W. Davidson, Ph.D., M.A.Sc.
Vice-Chairperson, US Preventive Services Task Force
Perinatal Depression

• Depression that develops during pregnancy or up to 1 year after childbirth

• Affects as many as 1 in 7 women, or more than 180,000 mothers annually in the US
  • One of the most common complications of pregnancy/postpartum period

• Can result in adverse short- and long-term effects on both the mother and child

  • Why intervene? Convincing evidence that effective counseling interventions can help prevent perinatal depression before it develops
**Prevention of Perinatal Depression (2019)**

<table>
<thead>
<tr>
<th>Population</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant and postpartum persons - provide or refer those at increased risk of perinatal depression to counseling interventions</td>
<td>B</td>
</tr>
</tbody>
</table>

Summary of Review Findings

• Interventions Reviewed by the USPSTF:
  • Physical activity
  • Infant Sleep Training
  • Patient Education
  • Pharmacotherapy/Dietary supplements
  • Health system interventions/ BH integration
  • Counselling
2 Effective Counseling Interventions

• Cognitive behavioral therapy:
  • Addresses negative thoughts and increases positive activities & actions

• Interpersonal therapy:
  • Focuses on an individual’s relationships with other people to improve communication and address problems that contribute to depression
Guidance on Implementation

Clinicians should provide counseling interventions to women with 1 or more of the following risk factors:

- History of depression
- Current depressive symptoms (that do not reach a diagnostic threshold)
- Certain SES risk factors such as low income or adolescent or single parenthood
- Recent intimate partner violence
- Mental health-related factors such as elevated anxiety symptoms or a history of significant negative life events
Guidance on Implementation

Carefully review past medical history and risk factors

Timing of referral?

- No data, however, most were initiated during the second trimester of pregnancy
### Related USPSTF Recommendations:
**Screening for Depression**

<table>
<thead>
<tr>
<th>General adult population, including pregnant and postpartum women</th>
<th>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</th>
</tr>
</thead>
</table>
## Related USPSTF Recommendations:
### Intimate Partner Violence & Abuse of Elderly & Vulnerable Adults

| Women of Childbearing Age | The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. Go to Clinical Considerations or more information on effective interventions. |  |
Constance Guille, MD

Associate Professor and Director of the Women’s Reproductive Behavioral Health Program
The Medical University of South Carolina
Screen All Pregnant & Postpartum Women for Mental Health and Substance Use
Screening

Risks of Untreated Illness

• Women
  – Poor health habits
  – Relationships
  – Severity of illness/Suicide

• Child Development
  – Less likely to breastfeed
  – Child Development:
    • Sleep, mother-infant bonding, communication, cognition, fine motor, behavioral, academics, psychiatric
Peripartum Treatment
“Cascade”

Cox et al., 2016; J Clin Psych
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Absence of screening
Absence of training in assessment and diagnosis
Lack of access to treatment providers
Poor access to treatment; long wait times

Cox et al., 2016; *J Clin Psych*
Peripartum Treatment “Cascade”

Cox et al., 2016; J Clin Psych

Absence of screening
Absence of training in assessment and diagnosis
Lack of access to treatment providers
Poor access to treatment; long wait times
Women do not want to go to treatment
Edinburgh Postnatal Depression Scale

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
Edinburgh Postnatal Depression Scale

- Review Item 10
- Total Score w/ Reverse Scoring
- High Probability of Peripartum Depression Diagnosis
  - EDPS score of $\geq 13$
    - Sensitivity: 0.80
    - Specificity: 0.90
  - If borderline, repeat in 2 weeks
- EDPS score of $\geq 10$
  - 20% will have suicidal ideation
Patient Health Questionnaire (PHQ-9)

For each statement, please mark the response which best represents how often have you been bothered by any of the following problems over the PAST 2 WEEKS?

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<th>Not at all</th>
<th>Less than half the days</th>
<th>More than half the days</th>
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<td>Feeling down depressed or hopeless.</td>
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If you have experienced any of these problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

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If you have comments or questions regarding this survey please email us at intern.health@yale.edu
### General Health

For each statement, please mark the response which best represents how often have you been bothered by any of the following problems over the **PAST 2 WEEKS**?

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If you have experienced any of these problems, how difficult have they 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
Patient Health Questionnaire (PHQ-9)

• High probability DSM-5 Depression Diagnosis:
  • Add up all items
    • Cut off score: PHQ ≥ 10
      88% sensitivity and 88% specificity

• Severity of Symptoms:
  • Add up all items (including outside shaded area)
    5-9 = Mild Depression
    10-14 = Moderate Depression
    15-19 = Moderate Severe Depression
    20 + = Severe Depression

(Kroenke et al., 2001)
Peripartum Depression

• Completed Screen
  – EDPS: review item 10; Score 10/13 +
  – PHQ-9: review item 9; Score 10 +
Referral to Treatment & Motivation

Risks of Untreated Illness

• Women
  – Poor health habits
  – Relationships
  – Severity of illness/Suicide

• Child Development
  – Less likely to breastfeed
  – Child Development:
    • Sleep, mother-infant bonding, communication, cognition, fine motor, behavioral, academics, psychiatric
Referral to Treatment

• Build Referral List
  • Local Mental Health Providers
  • Postpartum Support International (PSI)
  • County Dept. of Mental Health
  • Psychology Today (psychologytoday.com)

• Integrated Treatment Model
  • Mental health provider in obstetric & pediatric practice
    • MSW, LISW
    • APP
    • Psychiatrist
Women’s Reproductive Behavioral Health Program

- Provides mental health services to pregnant and postpartum women [2 years after birth]
  - Services located in:
    - Obstetric Practices
      - Women’s Health Services at MUSC
    - Telemedicine
    - Pediatric Practices
      - Telemedicine
Women’s Reproductive Behavioral Health Program

- MUSC Women’s Services-135 Cannon St.

No Appointment Necessary
- Walk In Clinic for New Patients
  - Mon. & Wed. Mornings: 8:00am-10:30am
  - Mon-Thurs: Staffed: Psychiatrists
    - Supervised Psychiatry Residents & Fellow
  - Comprehensive Psychiatric Evaluation
  - Follow-Up Care
    - Therapy
    - Medication Management
Women’s Reproductive Behavioral TeleHealth Program
MCPAP for Moms

- Massachusetts Child Psychiatry Access Project (MCPAP) for Moms
  - Network of Obstetric, Pediatric, Family Medicine practices
  - Provider to Perinatal Psychiatry Provider
    - Consultation
    - Continuum of care
      » Specialty
      » Community Providers
      » Community Resources
US State Legislation

• **States requiring screening**
  • New Jersey (2006)
  • Illinois (2008)
  • West Virginia (2009)

• **States requiring education**
  • Texas (2005)
  • Virginia (2003)
  • Minnesota (2015)
  • Oregon (2011)

• **States with awareness campaigns**
  • Washington, California, Michigan, & Oregon

• **States with perinatal depression tasks forces**
  • Maine, Maryland, Massachusetts, and Oregon

Federal 21st Century Cures Act

• Bringing Postpartum Depression Out of the Shadows Act of 2015
  – Authorized DHHS to provide funding to states to improve efforts to screen women for ppd and treat at the local level
  – First federal program that provides funding for screening and treatment of ppd
Questions?