New Recommendations for Depression Screening During and After Pregnancy

Behavioral Health

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Earlier this week, the United States Preventive Services Task Force (USPSTF), a government-appointed health panel, recommended that women should be screened for depression during pregnancy and after giving birth.

PolicyLab's Jim Guevara, who has researched parenting interventions for women with postpartum depression, answered questions about the new screening guidelines and explained how they can positively impact children and families.

Q: What is the significance of the new screening guidelines, issued by the United States Preventive Services Task Force, that women should be screened for depression during pregnancy and after giving birth?

The new screening guidelines highlight the importance of screening and intervening with women who are pregnant or who have recently given birth as there is new evidence supporting the benefit of screening and treatment in this group of adults.

Q: Why is it important for women to be screened for depression during pregnancy and after giving birth? How does this affect children's health?

About 10% to 12% of women are depressed during pregnancy and after birth. Depression at this time not only can affect a mother's health but also is associated with adverse consequences for infants and young children. For example, young children of depressed mothers are more likely to exhibit developmental delays and behavioral problems like anxiety or acting out as compared to children of non-depressed mothers.

Q: The task force's recommendation doesn't specify which clinicians should screen women. How can pediatricians play a role?

Pediatric clinicians can play an important role in screening women for depression, as they often have frequent contact with women in the postpartum period when they bring their infants in for well-child examinations. Although pediatric clinicians won't generally treat women who screen positive for depressive symptoms, they

can provide referrals and encouragement for these women to seek help.

Q: What has CHOP already been doing around this issue?

Currently, CHOP screens women for postpartum depression at a child's two-month well-child visit using the Edinburgh Postnatal Depression Scale, a validated screen for depressive symptoms that was endorsed by the recent USPSTF report. Women who screen positive for depressive symptoms are referred to behavioral health services. In addition, CHOP is conducting an ongoing clinical trial on the effectiveness of a parent-coaching program for women with postpartum depressive symptoms that can complement behavioral health services.

Q: The task force also recommended that after conducting a screening, clinicians should treat women or refer them elsewhere. What are some of the challenges that exist in trying to make this happen?

This is a huge challenge, especially for pediatric clinicians. Many women who are identified with postpartum depression fail to follow up with behavioral health referrals. This has often been due to issues surrounding stigma, lack of insurance or mental health access, limited time and lack of child care. In addition, most health insurers don't cover the cost of screening parents in pediatric practices so clinicians have to "eat" the cost of the screens. Busy clinicians may also lack the time and training necessary to implement screening in their practices.

Q: What can state policymakers do to ensure clinicians can adequately carry out the task force's recommendation?

State policymakers can do several things to encourage screening for postpartum depression. First, state policymakers can require insurance companies to cover the cost of screening conducted in pediatric offices. Second, they can develop and publicize resources and tools to assist clinicians with screening such as training opportunities in implementing screens. Third, they can develop initiatives to encourage training and equitable distribution of mental health providers to meet the growing demand that screening will require.

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