



# Child Health Note -- 2016 3<sup>rd</sup> Q

Washington State Medical Home Partnerships Project

Promoting partnerships between primary health care providers, families & the community.

Distributed by: CLARK COUNTY PUBLIC HEALTH – Children with Special Health Care Needs

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• *It was so debilitating. After my baby was born, I knew I was supposed to be happy, but I wasn't. I could not listen to music because I felt I didn't deserve to enjoy anything. I couldn't sleep, even when the baby was sleeping. What helped me most was being around other moms. I felt the most support in an exercise class for postpartum women and from my PEPS\* group. I ended up needing medication for about 6 weeks."*

---Health care professional who had anxiety/depression after the birth of her first child

\*PEPS: Program for Early Parent Support

## POSTPARTUM DEPRESSION —more common than you may think...and more significant for the child than you may be aware!

An infant's early development depends on the health and well-being of his/her primary caregivers. Maternal depression significantly impacts the maternal-infant relationship postpartum and adversely impacts the child's longer-term cognitive and emotional development. In 2013, less than half (44%) of practicing general pediatricians routinely screened for or asked about maternal depression. <sup>i</sup> Postpartum depression has a 60-90% response rate to treatment. Prompt detection and treatment can improve maternal /paternal well-being and decrease the risk of adverse infant developmental outcomes. Standardized, valid screening tools are available. The US Preventive Services Task Force (Jan 2016) and the AAP recommend screening for depression with systems in place to ensure diagnosis, treatment and follow-up.

- 50-80% of US mothers experience postpartum blues -- self-limited, mild depressive symptoms (such as trouble concentrating or sleeping, being moody or irritable and having crying spells) which often peak on the fifth postpartum day and usually resolve within 2 weeks.
- 13-20% of US women experience postpartum depression <sup>iii</sup> (onset within 4 weeks after delivery although may not be recognized until later) with more severe and lasting symptoms.
- Rates of depression are even higher for low-income mothers and pregnant/parenting teens.
- 80% of mothers with postpartum depression do not report depressive symptoms to a physician and only 1/3 believe they are suffering from postpartum depression. <sup>iv</sup> Peak incidence of postpartum depression is 6 weeks and 6 months after the child's birth. <sup>iii, v</sup>
- Postpartum depression is common in fathers, affecting 8-10% in the 6-12 months following birth.
- Treatment with cognitive behavioral therapy improves clinical outcomes in pregnant and postpartum women.

### Factors associated with increased risk for postpartum depression:

- |                            |  |
|----------------------------|--|
| • Poor self esteem         | • Single/un-partnered relationship status            |
| • Child care stress        | • History of depression /prior postpartum depression |
| • Prenatal anxiety         | • Difficult infant temperament                       |
| • Life stress              | • Lower SES  |
| • Decreased social support | • Unintended pregnancy                               |

### Signs of postpartum depression:

- Difficulties interacting with the newborn
- Tendency to label child behavior as problematic
- Negative parenting behaviors (withdrawn or intrusive)

### Symptoms in the parent:

- Changes in sleep, energy, appetite, weight and libido beyond expected for the postpartum period
- Irritability and anger
- Feelings of inadequacy, shame, guilt, being overwhelmed or having failed as a parent
- **Anxiety and panic attacks – co-morbid disorders, primarily anxiety, occur in over 60% of patients**

### Studies show that children of depressed mothers have....

- A “depressed” style of interaction in infancy, even as early as at 2 months
- Decreased scores on standardized developmental testing at 12 months
- Poor growth as shown by growth percentiles at 12 months
- An increased risk for insecure attachment patterns at 18 months
- Difficulty with emotional regulation and social behavior; more likelihood of social/emotional disturbance during the preschool years
- Higher rates of accidental injury in childhood

### **Possible warning signs of parental postpartum depression in the infant:**

- Decreased activity level
- Decreased responsiveness to others
- Increased gaze aversion and fussiness
- Decreased frequency of vocalization
- Poor weight gain

### **FOR CONSIDERATION IN YOUR PRIMARY HEALTH CARE PRACTICE:**

- Remember that **taking care of the parent means you are taking care of the child.**
- Carefully **follow growth and development**, including the infant’s interactive style.
- **Screen for maternal/paternal depression at well child visits:**
  - Screen for postpartum depression at 1, 2, 4 and 6 month well child visits with **the complete Edinburgh Postnatal Depression Scale** (a 10-question screen, available in English and Spanish).  
[http://www2.aap.org/sections/scan/practicingsafety/toolkit\\_resources/module2/epds.pdf](http://www2.aap.org/sections/scan/practicingsafety/toolkit_resources/module2/epds.pdf)
  - At other visits use a **2-question screen for depression:**
    - Over the past 2 weeks, have you felt down, depressed or hopeless?
    - Over the past 2 weeks, have you felt little interest or pleasure in doing things?
    - If yes to either, ask: ‘Have you felt this way for (several days, more than half the days, or nearly every day)?’
- **Help link families with services in the community.** Any parent who screens positively, either with a few clinical questions or a screening instrument, should be referred for a diagnostic evaluation.
  - Offer to initiate a referral to a mental health professional or to discuss it with their primary care provider.
  - Discuss parent support resources available in the community.
  - Post contact information for parenting support groups and local mental health resources in your waiting room.

Know how to access to emergency crisis services for mental health (indicated for Edinburgh score >20 or if suicidality or psychosis is a concern).

#### FOOTNOTES

- i. Identifying Maternal Depression in Pediatric Primary Care. Kerker BD et al. PAS Meeting presentation. 2015. <https://www.aap.org/en-us/professional-resources/Research/research-findings/Pages/Identifying-Maternal-Depression-in-Pediatric-Primary-Care.aspx>
  - ii. Screening for Depression in Adults: USPSTF Recommendations Statement. Siu AL and the USPSTF. *JAMA*. 1/26/16. 315(4):380-387.
  - iii. Clinical report: Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. Earls MF. The committee on psychosocial aspects of child and family health. *Pediatrics*. 2010;126 (5):1032-1039.
  - iv. The pathway to care in post-natal depression: Women’s attitudes to post-natal depression and its treatment. Whitton A et al. *Br J Gen Pract*. 1996;46(408):427.
- Perinatal depression: a systematic review of prevalence and incidence. Gavin NI et al. *Obstet Gynecol*. 2005;106 1071-83.

## National Resources

National Library of Medicine	<a href="http://www.nlm.nih.gov/medlineplus/postpartumdepression.html">www.nlm.nih.gov/medlineplus/postpartumdepression.html</a>
Postpartum Support International (PSI)	<a href="http://www.postpartum.net">www.postpartum.net</a>
<ul style="list-style-type: none"> <li>PSI Resources for Fathers</li> </ul>	<a href="http://www.postpartum.net/get-help/resources-for-fathers/">http://www.postpartum.net/get-help/resources-for-fathers/</a>
Healthychildren.org (AAP) (for Dads)	<a href="http://www.healthychildren.org/healthychildren/ages-pre/0-5/aap-get-help/Dads-Can-Get-Postpartum-Depression-Too.aspx">Dads-Can-Get-Postpartum-Depression-Too</a>

## Washington State Resources

### Perinatal Mood and Anxiety Disorders: Screening and Managing Resources and Referrals

Annually updated 1 page guide for **WA State medical professionals** with best practice actions for screening and intervening for depression in pregnant and postpartum women. It includes WA state-specific data, links to **clinical tools, resources, and local service referral information.** <http://here.doh.wa.gov/materials/perinatal-mood-disorders>

#### Perinatal Support Washington

<http://perinatalsupport.org/>

**Warm Line” 1-888-404-7763** (English and Spanish) (calls returned within 24 hours), Support Groups, Provider Referrals, Professional Training around Perinatal Mood and Anxiety Disorders (PMADS), Provider Guide [Referring to New Parent Support Groups](#), Free Patient Brochure “Wondering If It’s Supposed to Be This Hard?”

#### Parent Trust’s Family Help Line

1-800-932-HOPE (4673) statewide, toll free line and online searchable data base. Parent coaches available M-F, 9-5. [www.parenttrust.org/for-families/education-support/fhl/](http://www.parenttrust.org/for-families/education-support/fhl/)

#### Program for Early Parent Support (PEPS)

206-547-8570, [www.peps.org](http://www.peps.org) (Includes ‘PEPS for Dads’ events)

### LOCAL INFORMATION AND RESOURCES

<b>CSHCN PHN</b>	Connie Callahan # 360-397-8000 ex7400	<a href="http://www.clark.wa.gov/public-health/children-special-needs">www.clark.wa.gov/public-health/children-special-needs</a>
<b>WithinReach Family Health Hotline</b>	800-322-2588/800-833-6388TTD	<a href="http://www.parenthelp123.org">www.parenthelp123.org</a>
<b>For Children birth to age 18</b>	Medical Home Provider	
<b>Family Support</b>	Community Services NW 360-397-8484	<a href="http://www.communityservicesnw.org">www.communityservicesnw.org</a>
	Baby Blues Connection	<a href="http://www.babybluesconnection.org">www.babybluesconnection.org</a>
	MOMS Club Vancouver	<a href="http://www.momsclubvancouvernw.weebly.com">www.momsclubvancouvernw.weebly.com</a>
<b>Local Crisis Clinic</b>	800-626-8137	

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