

**Women's Behavioral Health Initiative
Standard of Care for Detection of Perinatal Depression
Northwestern University Feinberg School of Medicine**

**Department of Psychiatry and Behavioral Sciences
Stone Institute of Psychiatry**

**Department of Obstetrics and Gynecology
Prentice Women's Hospital**

**Developed by Northwestern University School of Medicine
Department of Psychiatry and Behavioral Science
Department of Obstetrics and Gynecology, and Prentice Women's Hospital**

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Summary: This document outlines the main elements of the Illinois State Mandate for Detection of Perinatal Mental Health Disorders. To comply with this mandate, the Prentice Leadership committee, as well as the Departments of Obstetrics and Gynecology and Psychiatry and Behavioral Sciences, recommend that all OB MD Offices, NMFF OB offices, and NMPG OB offices including PAC operations, screen patients for depression at the first prenatal visit, in the third trimester (28-32 weeks prenatally) and again postnatally (6-8 week visit) using the 9-item Patient Health Questionnaire (PHQ-9 is attached). Diagnostic follow-up and treatment for women scoring 15 points or higher on the PHQ-9 is recommended. Referrals can be made to clinics in the community and to the Women's Behavioral Health Services in the Department of Psychiatry and Behavioral Sciences at Northwestern Medical Faculty Foundation at 312-695-8249.

I. ILLINOIS STATE MANDATE: PERINATAL MENTAL HEALTH DISORDERS

Effective January 2008, the Perinatal Mental Health Disorders Prevention and Treatment Act (405 ILCS 95/1) mandates education about perinatal mental health disorders for pregnant women and newly delivered mothers before hospital discharge. The statute also requires screening of women for perinatal mental health disorders during prenatal and postnatal care by physicians. <http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=34>.

1. Licensed health care professionals providing prenatal care to women shall provide education to women, and if possible and with permission, to their families about perinatal mental health disorders in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists.
2. All hospitals that provide labor and delivery services shall provide new mothers, prior to discharge following childbirth, and if possible, shall provide fathers and other family members with complete information about perinatal mental health disorders, including its symptoms, methods of coping with the illness, and treatment resources. The Department of Human Services shall provide written information that hospitals may use to satisfy this subsection.
3. Licensed health care professionals providing prenatal care at a prenatal visit shall invite each pregnancy patient to complete a questionnaire and shall review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists. Assessment for perinatal mental health disorders must be repeated when, in the professional judgment of the licensed health care professional, a reasonable possibility exists that the woman suffers from perinatal mental health disorders.
4. Licensed health care professionals providing postnatal care to women shall invite each patient to complete a questionnaire and shall review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists.
5. Licensed health care professionals providing pediatric care to an infant shall invite the infant's mother to complete a questionnaire at any well-baby check-up at which the mother is present prior to the infant's first

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birthday, and shall review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists, in order to ensure that the health and well-being of the infant are not compromised by an undiagnosed perinatal mental health disorder in the mother. In order to share results from an assessment with the mother's primary licensed health care professional, consent should be obtained from the mother in accordance with the Illinois Health Insurance Portability and Accountability Act. If the mother is determined to present an acute danger to herself or someone else, consent is not required.

II. IMPLEMENTING THE MANDATE: MINIMUM REQUIREMENTS FOR COMPLIANCE

1. **Educate Patient:** Review list of symptoms, methods of coping, and treatment resources. See attached list for educational resources.
2. **Screen Patient:** Screen for depressive symptoms at the first prenatal visit, again in the third trimester (28-32 weeks), and again at the postnatal visit (6-8 weeks after childbirth) using the Patient Health Questionnaire (PHQ-9; Spitzer et al., 1999). The PHQ-9 permits diagnosis, planning, and monitoring of treatment, is well-validated, and takes 3 minutes to complete. PHQ-9 can be retrieved from websites: <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/> or <http://www.phqscreeners.com/>.

Table 1. Interpretation of Patient Health Questionnaire (PHQ-9) Scores

PHQ-9 Severity Score	DSM-IV Depression Symptoms and Impairment	Provisional Diagnosis	Recommended Action Plan	Treatment Recommendations
<10	1 to 4 symptoms and functional impairment	Mild or minimal depressive symptoms, [e.g., Depressive Disorder Not Otherwise Specified]	Give patient health information resources Issue PHQ-9 at next visit if score 5+.	Patient education Self management or supportive counseling
10-14	2 to 4 symptoms, Question #1 or #2, and functional impairment	Moderate depressive symptoms [e.g., Minor Depression]	Educate about signs of depression, treatment options, and its benefits. Flag, rescreen next visit, make clinical decision. Patient should call if score is 15+.	Patient Education Physician uses clinical judgment about treatment, based on patient's impairment and distress.
15-19	≥ 5 symptoms, Question #1 or #2, and functional impairment	Moderately severe depressive symptoms [e.g., Major Depressive Disorder, Moderate Severity]	Conduct diagnostic evaluation and initiate treatment. Refer to NMFF Women's Behavioral Health Service Intake at (312) 695-8249. Check PHQ-9 Item 9 for suicidality and implement practice guidelines.	Patient Education Warrants treatment for depression, using antidepressant, psychotherapy, or combination.
≥ 20	≥ 5 symptoms, Question #1 or #2, and functional impairment	Severe Major Depression [e.g., Major Depressive Disorder, Severe]	Conduct diagnostic evaluation and initiate treatment. Refer to NMFF Women's Behavioral Health Service Intake at (312) 695-8249. Check PHQ-9 Item 9 for suicidality and use practice guidelines. National Suicide Prevention Lifeline: 1-800-273-8255; Crisis Services at NMH 312-926-8100.	Patient Education Warrants treatment for depression, using antidepressant, psychotherapy, or combination.

Reference: Kroenke K, Spitzer R L, Williams J B. The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine* 2001; 16(9): 606-613.

III. TREATMENT OPTIONS: NMFF WOMEN'S BEHAVIORAL HEALTH SERVICES

The Women's Behavioral Health Services program, in the Northwestern Medical Faculty Foundation in the Department of Psychiatry and Behavioral Sciences, offers choice, convenience, and experience for women with

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confidential behavioral health needs. The Women's Program offers an array of services including a comprehensive behavioral evaluation to identify health conditions, pre-pregnancy counseling for women on psychotropic medications, pharmacotherapy for women who are pregnant or in postpartum and evidence-based psychosocial therapy, including Cognitive Behavior Therapy.

Individuals may call NMFF Women's Behavioral Health Services, Intake at (312) 695-8249 for information. Website address: <http://psychiatry.northwestern.edu/index.php/asher-mood-disorders-program/>

Health Information Education Materials

Perinatal Depression Booklet. A free educational brochure provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services can be downloaded at: <http://mchb.hrsa.gov/pregnancyandbeyond/depression/>. Booklets are also available by phone at 1-888-Ask-HRSA (1-888-275-4772).

Post Partum Depression Brochure. Developed with the support of NIMH, this brochure is a free resource to download, print, and distribute for noncommercial use. It is available in PDF format in both English and Spanish, has helpful information about the signs and symptoms of postpartum depression, and what mothers can do if they need help. http://www.mededppd.org/tool_box.asp
<http://www.nmh.org/nmh/pdf/pated/postpartmoodchange07.pdf>

Informational Websites and Hotlines

www.MedEdPPD.org: A professional education, peer-reviewed Web site developed with the support of the National Institute of Mental Health (NIMH). <http://www.mededppd.org>

UIC Perinatal Mental Health Consultation Service: For professionals seeking consultation regarding diagnosis and treatment of perinatal mood disorders: 1-800-573-6121.

Illinois Department of Health and Family Resources (HFS): Resources for parents about perinatal depression, hotlines, and outpatient and inpatient clinics services for women. <http://www.hfs.illinois.gov/mch/>

Illinois Department of Human Services (DHS): Information about child and parent health and the Perinatal Depression Program at Healthcare Alternative Systems (HAS) in Chicago, a program for screening, assessment, and treatment perinatal depression. www.dhs.state.il.us/page.aspx

The National Women's Health Information Center: <http://www.4woman.gov/>

Postpartum Support International: <http://postpartum.net/>

Depression After Delivery, Inc.: <http://www.depressionafterdelivery.com/>

Postpartum Progress: <http://postpartumprogress.typepad.com/>

Phone Hotline: National Suicide Prevention Lifeline: 1-800-273-8255.

Northwestern Memorial Hospital Postpartum Depression Resources

Patient Education Handout: <http://www.nmh.org/nmh/pdf/pated/postpartmoodchange07.pdf>

Alberto-Culver Women's Health Learning Center: <http://www.nmh.org/nmh/prentice/acwhc.htm>

Prenatal classes: NMH offers classes for education on pregnancy and childbirth, health and nutrition, and exercise. <http://www.nmh.org/nmh/events/calendar.htm>

Support groups: NMH offers free intake assessment by a women's mental health expert for all consumers accessing the call center as well as two formal psychosocial programs including 'Transitions to Motherhood' and 'New Mom's Group.' http://www.nmh.org/nmh/events/dsc_supportg.htm

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Parent Review E-mail Service: Parents receive a guide for pregnancy, delivery and the first year of the baby's life through weekly e-mails. <http://www.nmh.org/nmh/prentice/pregnancyguide/parentreview.htm>

Northwestern Medical Faculty Foundation Women's Behavioral Health Service: Clinic services including pre-pregnancy counseling for women on antidepressant medications, pharmacotherapy for women who are pregnant or in postpartum, and psychosocial therapy, including Cognitive Behavior Therapy.

NMFF Women's Behavioral Health Service Intake Phone Number: (312) 695-8249.

Website: <http://psychiatry.northwestern.edu/index.php/asher-mood-disorders-program/>