



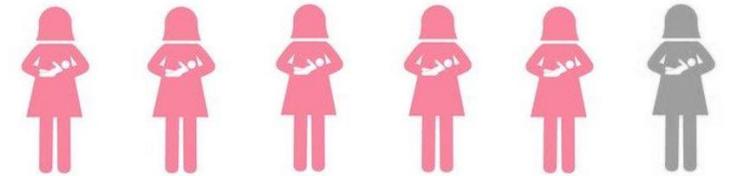
Improving Hospital Based Maternal Mental Health Screening

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March of Dimes California

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Background: Postpartum Depression (PPD)

- Includes major depressive episode occurring during first 12 months after delivery
- Most common perinatal complication affecting 1 in 6 women (10-20%) and 30-40% in Women of Color
- In setting of maternal (MFCU) and neonatal complications (NICU) rates as high as 40%
- Life threatening: maternal suicide exceeds hemorrhage and hypertensive disorders as leading cause of maternal mortality



The Voice of Postpartum Depression

“I want to cry all the time.”

“I feel like I’m on an emotional roller coaster.”

“I will never feel like myself again.”

“I don’t think my baby likes me.”

“Everything feels like an effort.”

“I think I made a big mistake. I’m not a good mom.”

“I hate the way I look now, its all the baby’s fault.”



Baby Blues VS. Postpartum Depression

- 50-80% of postpartum women get the “baby blues.”
- Onset usually between day 3 and day 14 postpartum
- Tearfulness, sadness, anxiety, irritability, mood swings, feeling overwhelmed, very emotional
- Symptoms persist no more than 14 days
- Symptoms usually diminish without intervention

- If it lasts more than 14 days or is more severe its more than just “the blues”

Symptoms of Postpartum Depression

- Disruptions in sleep and appetite
- Feels in a fog – disoriented, confused
- Emotionally detached, going through motions
- Feels inadequate, unable to cope
- Fear of caring for baby alone
- Hopelessness, guilt, shame
- Irritability
- Extreme anxiety (OCD-like symptoms)



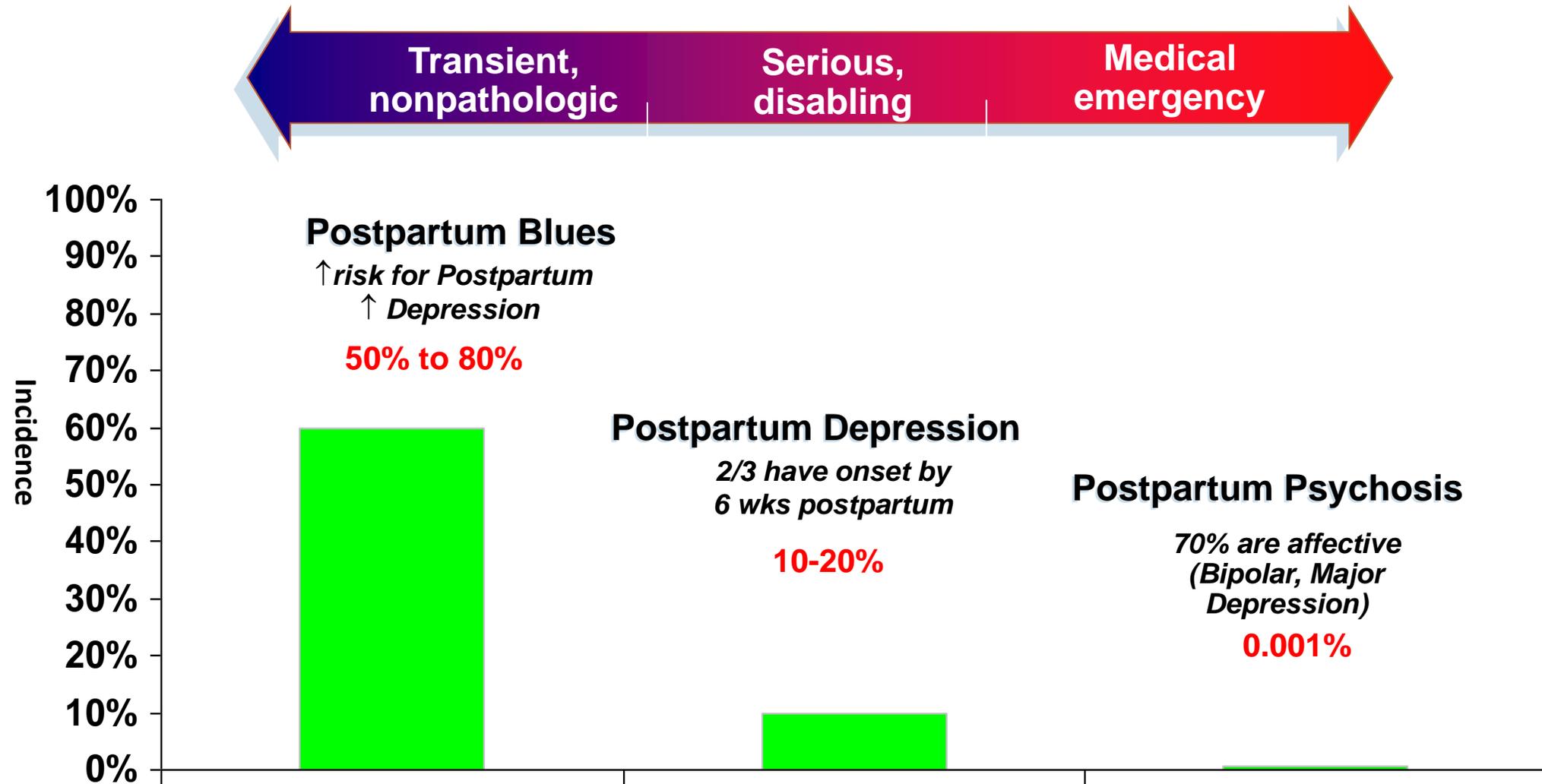
Postpartum Psychosis = EMERGENCY!

- RARE - Occurs in 1/1000 births
- Thoughts of harming baby that are NOT recognized as “foreign”
- Hearing voices or seeing visions
- Acting paranoid or notably frightened
- Profound agitation and lack of sleep

A true emergency: protocol necessary

Infanticide rates up to 4%

Spectrum of Postpartum Mood Changes



Vulnerable Populations at Greater Risk for PPD

- History of Depression/Anxiety
 - Especially in pregnancy!
- NICU moms
- Pregnancy Complications
- Low income families
- Teens
- Single moms
- Military women
- Recent immigrants



PPD Screening

- ACOG, USPSTF and AAP recommend screening patients at least once during perinatal period
- California signed 3 Maternal Mental Health bills into law- one that requires **screening!**
- Early detection → initiate treatment prior to disease worsening
- Patient Health Questionnaire-9 Cutoffs:
 - Low risk: ≤ 4
 - Mild to moderate risk: 5-12
 - High risk: ≥ 13

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PPD Education and Referral

- Screening alone is not sufficient
- Screening needs to be at the right time by trained staff
- Any screening program requires:
 1. Education
 2. Referrals
 3. Treatment
- Women and support persons should be educated on the differences between baby blues and PPD, warning signs

SPEAK UP WHEN YOU'RE DOWN

6 THINGS EVERY NEW MOM & MOM-TO-BE SHOULD KNOW ABOUT PERINATAL DEPRESSION

1 *Perinatal depression is common.*
It is, in fact, the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women each year experience perinatal mood and anxiety disorders, and some studies suggest that number may be even higher.

YOU ARE NOT ALONE.
Perinatal depression can affect any woman regardless of age, income, culture, or education.

2 *You may experience some of these symptoms*

- Feelings of sadness.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking: seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

*I want to cry all the time.
I feel like I'm on an emotional roller coaster.
I will never feel like myself again.
I don't think my baby likes me.
Everything feels like an effort.*

3 *Symptoms can appear any time during pregnancy, and up to the child's first year.*
Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms, they have stayed the same or gotten

4 *You did nothing to cause this.*
You are not a weak or bad person. You have a common, treatable illness. Research shows there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

5 *The sooner you get treatment, the better.*
Recent studies show that your baby's well-being and development are directly tied to your physical and emotional health. You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out for help. It is available.

6 *There is help for you.*
There comes a time in every woman's life when she needs help. Now is the time to reach out to a caring professional, who is knowledgeable about perinatal depression, and who can help you through this time of crisis. He or she can understand the pain you are experiencing and guide you on the road to recovery. Contact Postpartum Support International, 1.800.944.4773 or www.postpartum.net, for referrals and support near you.

LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE
For referrals and resources, call 211 or 1.800.944.4773 www.postpartum.net or contact your healthcare provider

LA County Perinatal Mental Health.org
Los Angeles County Perinatal Mental Health Task Force

Los Angeles County Child Abuse Council
www.lachildabusecouncil.org

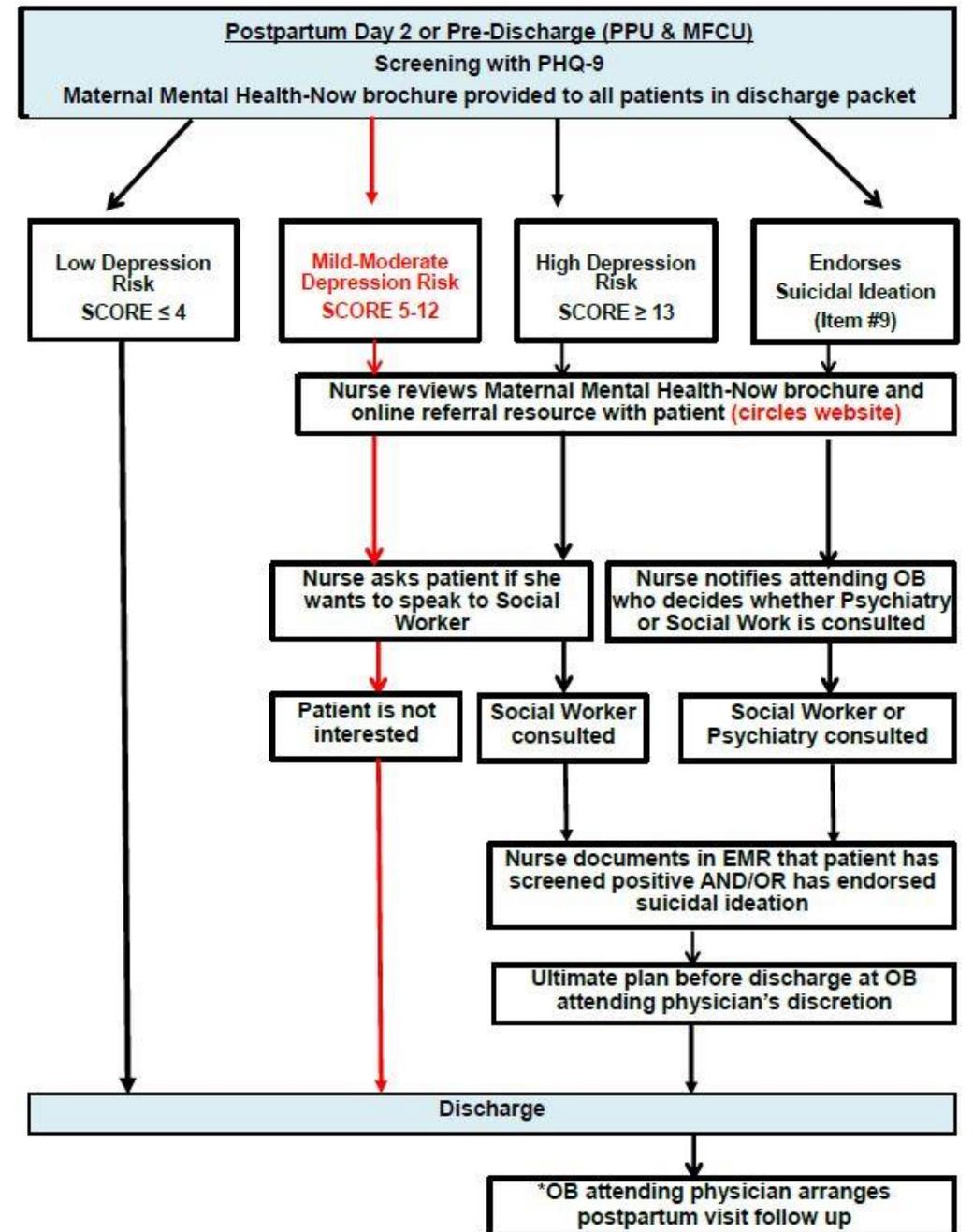
Adapted from: Postpartum Progress, www.postpartumprogress.com
Printing generously provided by the Los Angeles Community Child Abuse Council.

Depression Screening at Cedars-Sinai

- Depression screening with PHQ-2 on admission hospital-wide starting **April 2014**
- Very low rates of screening with PHQ-2 for OB patients
 - Only **10%** screened in L&D (triage not the best time)
 - Only **0.04%** screened positive for depression risk
- No formal nurse training – are nurses comfortable screening for PPD?
- No standardized education or referrals for patients
- Led to CHANGE in **April 2017** to New PPD Screening, Education and Referral Program

PPD Screening, Education and Referral Program

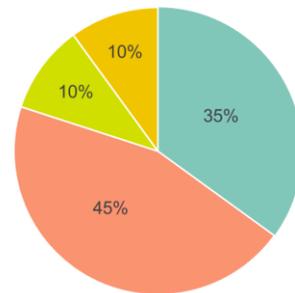
- In April 2015 a Working Group from OBGYN, Nursing, Psychiatry and Social Work met regularly for 2 years
- Prepared Protocol and Flowsheet (figure)
- Designed training for nurses specific to maternal mental health with community partner **Maternal Mental Health NOW**
- **January 2017** – 8 hour Maternal Mental Health Training for **20 Nurse Champions**



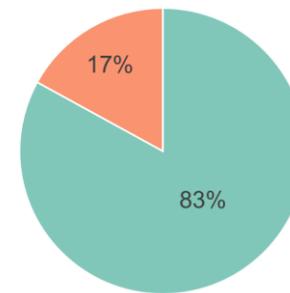
January 2017 Nurse Champion Training Results

- Gathered QI data from 20 nurses before and after the full day-training
- Before and after training by Maternal Mental Health Now in January 2017, the 20 nurse champions were asked: **How comfortable are you screening patients for maternal depression and anxiety?**

BEFORE:



AFTER:



Very comfortable (teal), Somewhat comfortable (coral), Not comfortable (lime), Not applicable to my job /role (gold)

- **CONCLUSION:** Maternal Mental Health NOW provided excellent 8 hour training that resulted in increase comfort to ask these questions! Screening can begin!

2017 Quality Improvement Project

OBJECTIVE: To improve postpartum depression screening rates and “accuracy” for all patients in Postpartum Unit (through nursing education and training)

QUESTIONS:

1. What is the new screening rate for Postpartum Unit and does nurse training improve rate?
2. Are the screen positive rates “accurate” and do rates differ by race/ethnicity
 - *Accuracy* = in line with national prevalence rates, 10-20% for White, higher in non-White women?

METHODS:

- IRB approval
- Track Nursing education/training
- Chart review
- Statistical analysis

QUESTION 1: What is the new **screening rate** for Postpartum Unit and does nurse training improve rate?

- Postpartum nurse trainings conducted by Dr. Eynav Accortt – Cedars-Sinai Clinical Psychologist
 - ADDED new component of modeling the PHQ-9 screening with a social worker who “acted” like a depressed mother
- Quality Improvement Data collected before and after these trainings
 - A total of **7,900 women** delivered their babies at Cedars-Sinai between April 2017 – June 2018

2017 Screening Rate Results

- Compared to the **~10%** L&D Screening Rate of 2014 we see a markedly improved Screening Rate:
 - April 2017 - October 2017: 66%** of (N=4884) women were screened in the PPU
AFTER Nurse Trainings...
 - November 2017 – June 2018: 99%** of (N=2979) women were screened in the PPU
- Nursing leadership embraces the protocol AND nurses are more knowledgeable and comfortable than before the 2017 trainings

QUESTION 2: Are screen positive rates “accurate?”

RESULTS: From April 2017 – June 2018 of the N=6216 women who HAVE PHQ-9 scores in the chart, how many scored above 10 (moderate depression)?

- Only 26 women had PHQ9 \geq 10 which is **0.4%** (improvement over L&D's **0.04%**)
- This is NOT in line with national prevalence rates of 10-20%

NEXT STEPS

- Nursing, Psychiatry, OBGYN and Social Work departments are working together to provide in-services and training to increase “accuracy” of screening efforts in the PPU

- **GOALS**

- Continue to have 98-100% screening rates in Year 2
- Investigate the unique mental health needs of Women of Color, Moms in the MFCU and those with babies in the NICU
- Improve “accuracy” (screen positive rates)

COLLABORATION IS KEY



Improving “Accuracy”

Need unique format for training nursing staff

- 100s of them, turnover, travelers
- SOLUTION = 10 minute Training Video
- Available from MMHN!

This postpartum depression screening training video was produced in collaboration with:
The Department of Obstetrics & Gynecology at Cedars Sinai, Los Angeles
Eynav Accortt, Ph.D. in Clinical Psychology, Assistant Professor



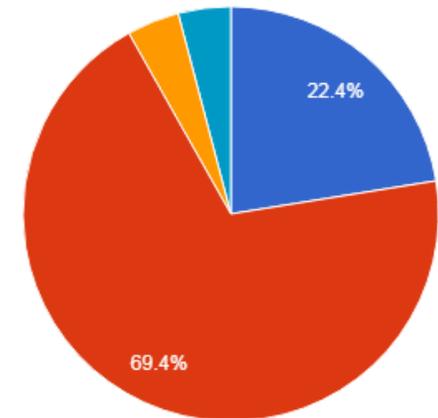
We would also like to thank REFLEKTOR FILMS
for dedicating their efforts to make this film possible



PPD Screening Training Video Pilot

- Twenty min trainings from 8/15/18 – 9/21/18 = 10 min video + 10 min post-video survey
- PPU and MFCU = **47 nurses** completed training (~1/3 of staff)
- Twenty nurses conducted **50-100+ PPD screens each** since April 2017!
- Nurses rated the video **9.2/10** (helpful and informative)

After the training, 22% felt VERY successful (69% felt successful) **connecting patients to mental health care!**



QI Study Continued: July – Oct 2018

- Continued data collection for N=1,617 women who delivered over the next ~3 months
- The screening rate was high = 98%
- Screen Positive rate (PHQ-9 total ≥ 10) was **2.5%**! Compare to the **0.4%** rate for the first year of the program!
- **Social work** consults increased slightly.



- These screen positive rates are still very low – we expect 10-15% (not 2.5%)!
 - Moving in the right direction with the use of this new training video!

Next questions:

1. Does screening link women with care, i.e. social work consults?
 - YES – we see that social work consults also increased, but only slightly.
 - Good news – women who screen high and endorse SI are getting the help they need
2. Are there patterns for those at highest risk? NICU, MFCU, WOC, LOS?
 - YES – but only slightly and **not** statistically significantly
 - MFCU + NICU = Higher Risk!
 - Non-White women = Higher Risk!
 - Longer length of stay (LOS) = Higher Risk = More social work consults!*

*Only result with $p < 0.05$

Mental Health Screening - Future Directions

- Training video has gone live for the nursing staff in the Prenatal Diagnostic Center!
- Training video will go live for the rest of our PPU/MFCU nurses THIS month!
- QI data collection will continue.
- EDUCATE every woman who comes through our doors and CONNECT to CARE every woman who screens high!
- Add the EPDS-3 to assess for anxiety which is even more prevalent than depression
- Continue our programmatic research on PMADs at Cedars and with our partners...

Improving Mental Health Outcomes Amongst Los Angeles' Pregnant & Postpartum African American Women project

BACKGROUND: Rates of depression are highest among African-American mothers at 33% and they are much less likely to receive mental health treatment

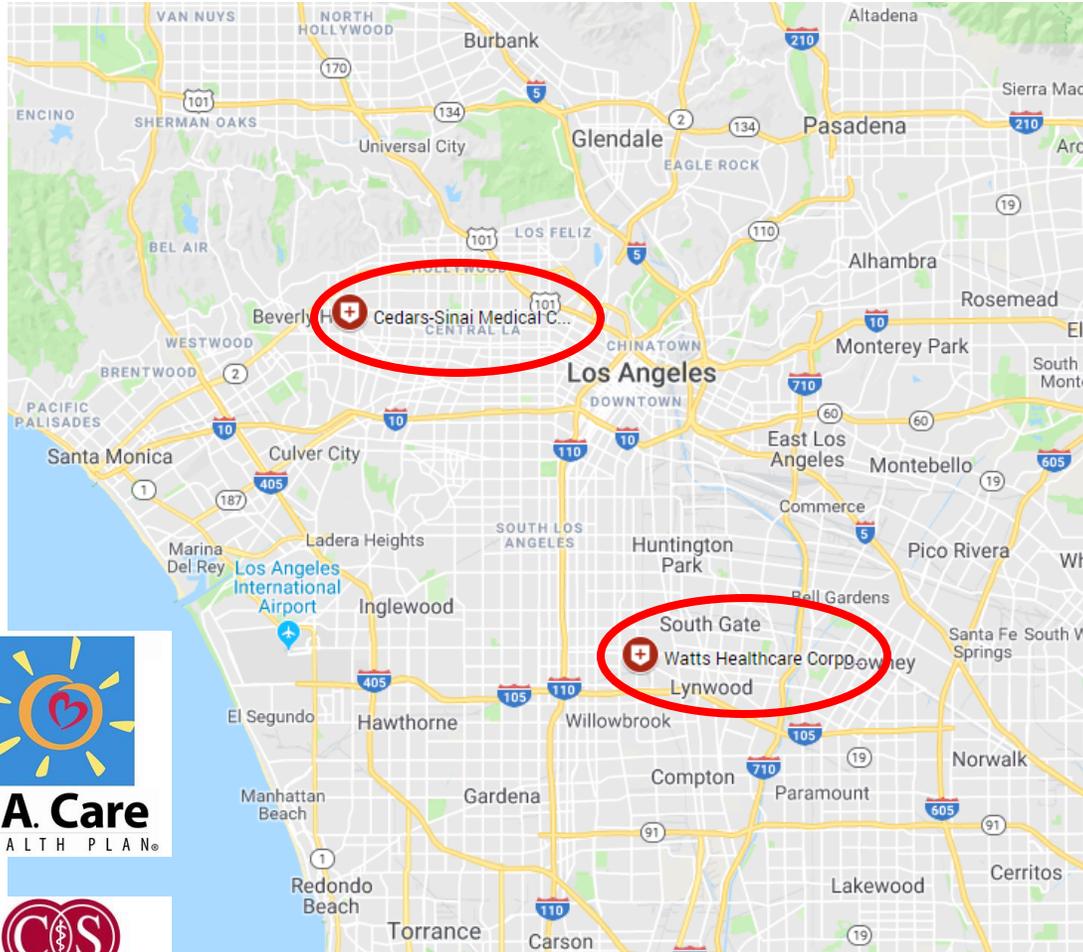
- African American women may not be forthcoming about their symptoms with their health care providers due to race bias:

“If they [African American women] experience discrimination or disrespect during pregnancy or childbirth, they may be more likely to skip postpartum visits to check on their own health.”

- As a result, perinatal mood and anxiety disorders often go unrecognized and untreated

GOALS: to improve the rates of detection, education, and referral to treatment for perinatal mood and anxiety disorders amongst African American women in Los Angeles

Improving Mental Health Outcomes Amongst Los Angeles' Pregnant & Postpartum African American Women



WHO: Maternal Mental Health NOW, Black Women for Wellness and iDream for Racial Health Equity

WHAT: Improve screening efforts by training hospital staff on culturally sensitive approaches AND provide support for moms

WHERE: At 2 sites: Cedars Sinai and Watts Behavioral Health

WHY: Reduce Stigma, Increase Knowledge, Ensure that African American women who screen at high risk receive culturally appropriate and informed referrals to treatment

WHEN: Now! Please contact me to refer pregnant women!

HOW: Funding from LA Care & Cedars Community Giving

Future Directions – What can YOU do?

Support Moms in your Agency/Hospital!

On July 1, 2019:

AB 2193 - requires health care providers to screen for PMADs

AB 3032 - requires hospitals and other facilities with perinatal units to develop PMAD education programs

Learn More:

In January 2019 Maternal Mental Health NOW will have their Implementation Guide up on their website!



MATERNAL MENTAL HEALTH NOW

"CALIFORNIA JUST SIGNED
ONE OF THE WORLD'S MOST
COMPREHENSIVE
MATERNAL MENTAL HEALTH
BILL PACKAGES INTO LAW."

-JOY BURKHARD
2020 MOM FOUNDER & DIRECTOR



#ITSTIMETOSUPPORTMOMS





CEDARS-SINAI

THANK YOU!

Sarah Smithson, DO, OBGYN Fellow
Siobhan Ford, LCSW, MFCU Social Worker
Adie Friedman, Research Informatics
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Questions?



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