

Treating Mental Health Needs in an Ob-Gyn setting

Lucy J. Puryear, MD
Baylor College of Medicine
Houston, Texas

ACOG Recommendations

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Although definitive evidence of benefit is limited, the American College of Obstetricians and Gynecologists (the College) recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.

Women with current depression or anxiety, a history of perinatal mood disorders, or risk factors for perinatal mood disorders warrant particularly close monitoring, evaluation, and assessment.

Although *screening is important* for detecting perinatal depression, screening *by itself is insufficient* to improve clinical outcomes and must be coupled with appropriate follow-up and treatment when indicated; clinical staff in obstetrics and gynecology practices should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both.

Systems should be in place to *ensure follow-up* for diagnosis and treatment.

U.S. Preventative Services Task Force Recommendations

- 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.



JAMA 2016

Health Care Professionals Screening for PPD

- The woman's or family's health care professional is a **key player** in screening for postpartum depression
 - “The primary care provider has a particularly important role in the early identification of maternal depression and facilitation of intervention to prevent adverse outcomes for the infant, the mother, and the family.”¹
- American Academy of Pediatrics endorses pediatricians screening for PPD
“Surveillance and screening for perinatal/postpartum depression is part of family-centered well-child care.”¹

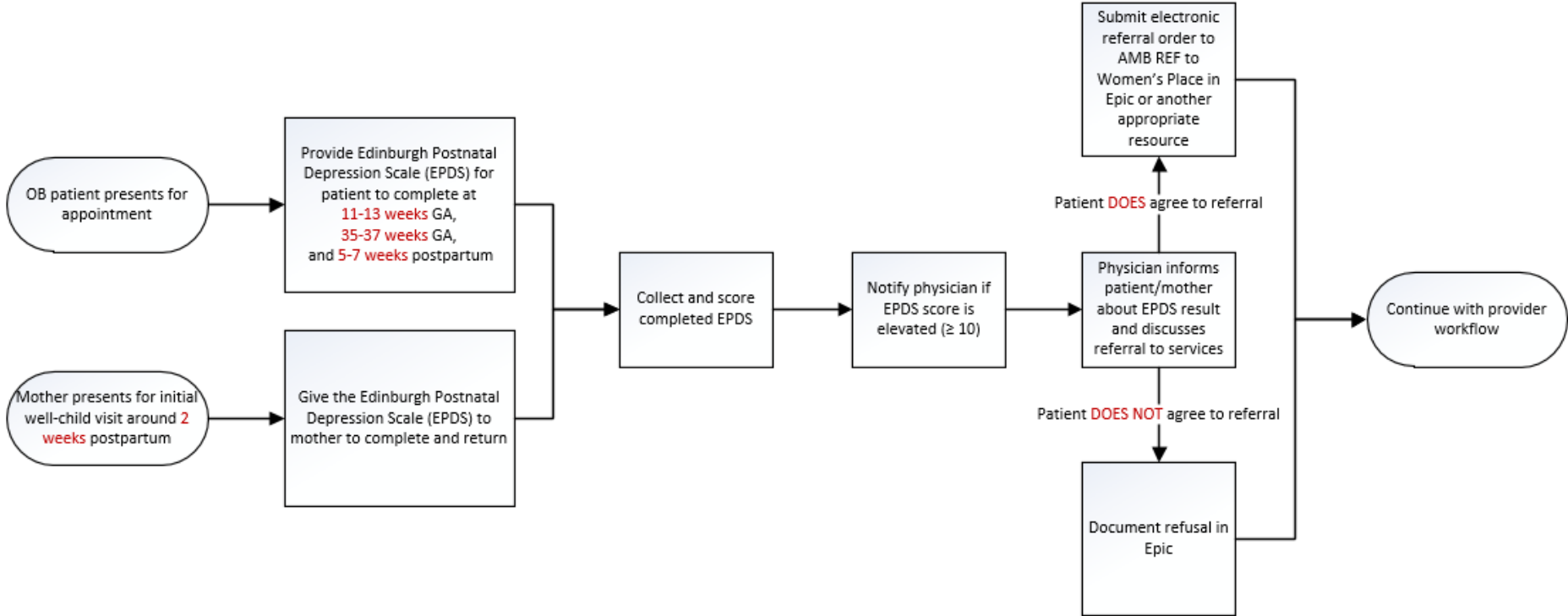


¹Earls, Marian F. and The Committee on Psychosocial Aspects of Child and Family Health. “Clinical Report Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice.” *Pediatrics*. Volume 126, Number 5. November 2010. Page 1035.

Screening in Obstetrics and Pediatrics at TCH

- First prenatal visit
- Between 34 and 36 weeks gestation
- 2 weeks newborn visit
- 6 weeks postpartum
- Two, four, and six months postpartum

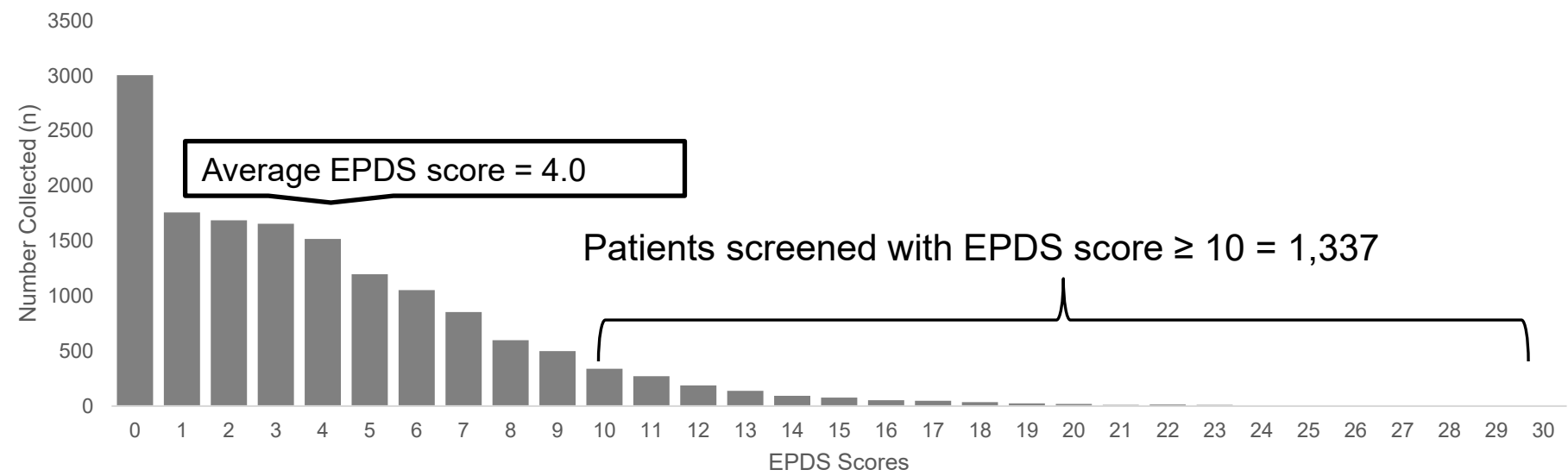
High-level process map



Distribution of EPDS Scores, Obstetric and Pediatric practices

May 2014 – February 2017

N = 15,165

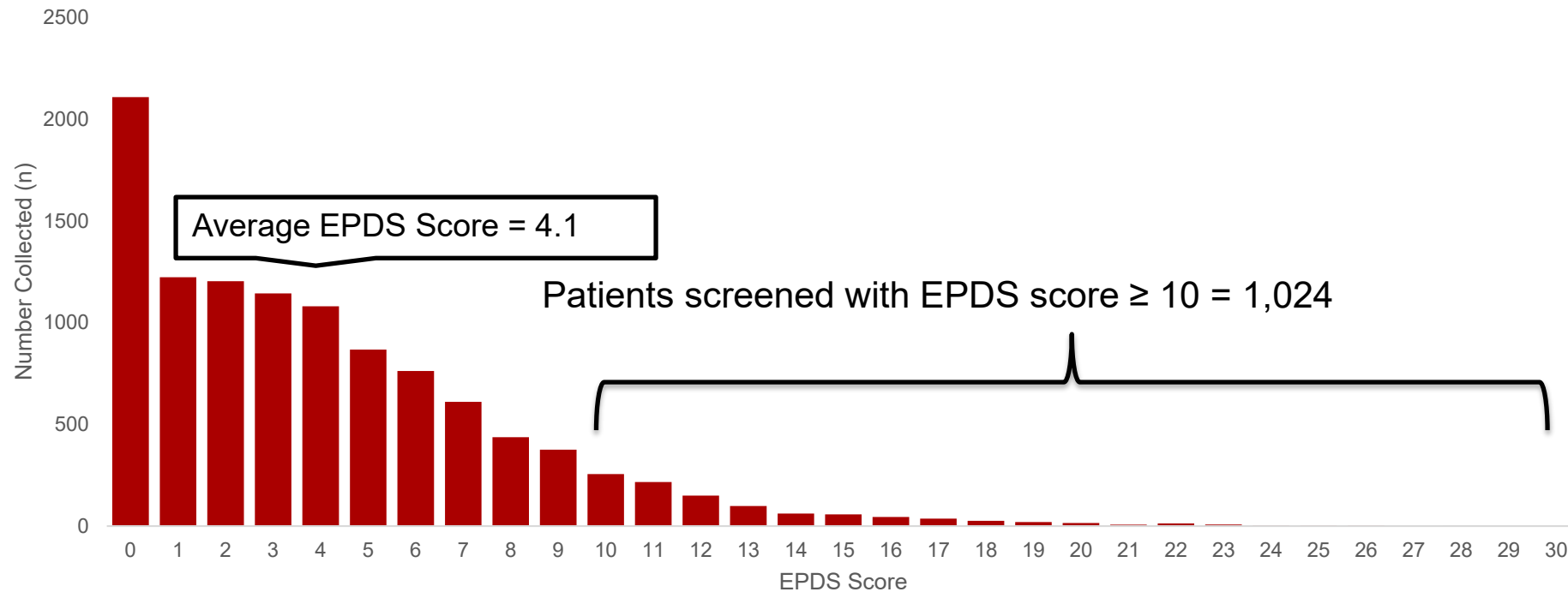


*Includes 3 obstetric and 19 pediatric practices

Distribution of EPDS Scores, Obstetric Practices

October 2014 – February 2017 (28 months)

N = 10,841



*Includes 3 obstetric practices

Screening, Prevalence and Referral to Treatment

<i>Clinic Type</i>	Patients Screened	EPDS Score ≥ 10	Referrals Received	
	(n)	(n)	(n)	(%)
Obstetric	18,395	1,619	2,317	143.1
Pediatric	77,351	4,498	1,386	30.8
Total	95,746	6,117	3,703	60.5

Obstetric: October 2014 – June 2018
Pediatric: May 2014 – June 2018

Referral and Treatment Outcomes

<i>Clinic Type</i>	Referrals Received	Completed Appointments*	
	(n)	(n)	(%)
Obstetric	2,317	1,796	77.5
Pediatric	1,386	308	22.2
Total	3,703	2,104	56.8

* Completed appointments is defined as patients completing an appointment with a mental health provider within 60 days of referral.

Obstetric: October 2014 – June 2018

Pediatric: May 2014 – June 2018

Referral Follow-through by Level of Integration

May 2014 – June 2018

Level of Integration	Referrals Received	Completed Appointments	
	n	n	%
Coordinated	1,285	268	20.9
Co-located	2,238	1,687	75.4
Integrated	180	149	82.8
All Levels	3,703	2,104	56.8

Demographics of Patients Referred

May 2014 – June 2018

Characteristic	Referrals Received	
	n	%
<i>Ethnicity</i>		
Hispanic	910	25
Non-Hispanic	2,384	64
Unable to obtain	409	11
<i>Age</i>		
15-24	683	18.4
25-34	2,194	59.3
35-44	786	21.2
45-54	5	0.2
>54	1	0.0
Unable to obtain	34	0.9
<i>Marital Status</i>		
Married	1,910	51.6
Single	1,453	39.2
Divorced	26	0.7
Separated	18	0.5
Significant other	28	0.8
Unable to obtain	268	7.2

N = 3,703 referrals received

Take Home Points

- ❖ Screening is an important part of perinatal care
- ❖ Early identification of women at risk decreases morbidity
- ❖ Women with peripartum mental health needs can not wait 3 months to see a provider
- ❖ Integrating a mental health provider into the clinic increases referral follow through and enhances patient satisfaction
- ❖ Does not need to be a psychiatrist: Master's therapist, LCSW, PhD
- ❖ Establish relationship with psychiatrist for warm hand off
- ❖ Telehealth, Consultation lines