Perinatal/postpartum depression

The American College of Obstetricians and Gynecologists (ACOG) estimates that 14% to 23% of pregnant women experience depression during pregnancy and 5% to 25% experience postpartum depression.[1]

Anthem Blue Cross (Anthem) providers recognize that perinatal and postpartum depression often go undiagnosed because changes in appetite, sleeping patterns, fatigue and libido may be related to normal pregnancy and postpartum changes. In addition to health care providers not identifying symptoms, women may be disinclined to report changes in their mood. In one small study, less than 20% of women who were diagnosed with postpartum depression had reported their symptoms to a health care provider.[1]

In accordance with California state law, beginning July 1, 2019, obstetric providers are required to offer screening to women for perinatal mood disorders.

ACOG has outlined depression screening instruments to be used during the pregnancy and postpartum periods including:

- *The Edinburgh Postnatal Depression Scale (EPDS).*
- *Patient Health Questionnaire 9.*

A complete list of screening instruments can be found at: **https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression.**

Endnotes

1 American College of Obstetricians and Gynecologists. (2018, November, 5). Screening for perinatal depression. Retrieved at https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co757.pdf?dmc=1&ts=20190308T1341091585.

Successful best practices:

- Screen patients at least once during the perinatal period for depression and anxiety symptoms.
- Complete a full assessment of mood and emotional well-being during the comprehensive postpartum visit.
- If a patient is screened for depression and anxiety during pregnancy, additional screening should occur during the comprehensive postpartum visit.
- Women with depression or anxiety, a history of perinatal mood disorders, risk factors for perinatal mood disorders, or suicidal thoughts warrant close monitoring, evaluation and assessment (Box 1).
- Refer members to mental health care providers, if needed, to offer the maximum support.
- Reference and use appropriate community behavioral health resources such as Postpartum Support International (PSI). Members can call PSI at **1-800-944-4773** to speak with a volunteer who can provide support and resources in their area.
- Ensure systems are in place for follow-up diagnosis and treatment.

Box 1. Risk factors for perinatal depression[2]

Depression during pregnancy:	Postpartum depression:
• Maternal anxiety • Life stress • History of depression • Lack of social support • Unintended pregnancy • Medicaid insurance • Domestic violence • Lower income • Lower education • Smoking • Single status • Poor relationship quality	• Depression during pregnancy • Anxiety during pregnancy • Experiencing stressful life events during pregnancy or the early postpartum period • Traumatic birth experience • Preterm birth/infant admission to neonatal intensive care unit • Low levels of social support • Previous history of depression • Breastfeeding challenges

If you would like more information on Maternal Child programs offered by Anthem, call Provider Services at **1-800-407-4627** (outside L.A. County) or **1-888-285-7801** (inside L.A. County).

2 Data from Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM. Risk factors for depressive symptoms during pregnancy: a systemic review. *Am J Obstet Gynecol* 2010; 202; 5-14 and Robertson E, Grace S, Wallington T, Stewart DE. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *Gen Hosp Psychiatry* 2004; 26; 289-95.