

PERINATAL DEPRESSION

SITUATION:

1. Depression and anxiety are common medical problems that pregnant women and new parents face. (1,2,3) Twenty percent of all pregnant and parenting women enrolled on the Contra Costa WIC Program screen positive for mild to severe depression. Ten percent screen positive for moderate to severe depression (Contra Costa County WIC Data, using the PHQ4 screening tool).
2. The risk for perinatal depression tends to be higher among women of color, immigrants, and lower economic status. Inequities in health, stressors of poverty, unequal access to health care, unequal access to health care, isolation, substance abuse, domestic violence, racism, scarcity of effective resources contribute to PD. 25 Additional risks of perinatal depression include financial hardship, stressful life events, relationship problems, a history of depression, negative birth experience, low self-esteem, and discrepancies between the expectations and realities of motherhood. (4)
3. WIC serves half the population of infants born in the US, and one quarter of all the children 1-5 living in the US. The WIC population is at high risk for perinatal depression. WIC is an ideal setting for screening, education and referrals for PD.
4. Depressed or anxious clients consistently under report their distress to their health care provider. Some women feel embarrassed of the stigma and/or are fearful of the consequences of admitting their depression or mental illness. (5)
5. Untreated depression can negatively affect not only the woman, but also the whole family. Pregnant women who have severe emotional problems and or mental illness may be at risk for increased/decreased weight gain, preterm labor, and trouble accessing health care. Women experiencing depression or anxiety may have difficulty bonding with and parenting their infants and breastfeeding. Babies and children of depressed or anxious parents are at risk of neglect and/or abuse and may have more problems in school. (6) Depressed parents are less likely to follow guidelines for routine health check-ups, nutrition and safety. (5)
6. Not all depressed or anxious clients look or act depressed. Routine screening significantly improves detection of perinatal depression. Low rates of recognizing and treating perinatal depression may be attributed to the failure of systemized screening of pregnant women and new parents for depression and anxiety. Barriers to systematic screening for depression and anxiety can include lack of time, inadequate training of health professionals for screening and education as well as inadequate resources for treatment. (7)
7. Depression is treatable, and may not get better without treatment. (5)

Organize and implement a Perinatal Depression Awareness, and Education Program

INPUTS	OUTPUTS			OUTCOMES-IMPACT		
	ACTIVITIES	PARTICIPATION	→	SHORT TERM	MEDIUM TERM	LONG TERM
WHAT WE INVEST	WHAT WE DO SPECIFICALLY	WHO WE REACH	→	WHAT THE SHORT TERM RESULTS ARE	WHAT THE MEDIUM TERM RESULTS ARE	WHAT THE ULTIMATE IMPACT(S) IS
WIC Staff WIC Special One Time Funds Grant \$\$ Coalition/partners Research/Best Practices Computer Healthy Start Primary Care Doctors (health professionals), pediatricians, psychiatrists, social workers Public Health Nursing	Contract with consultants to provide training and technical expertise for education material development and best practices and evaluation. Develop and implement WIC education classes and materials for Perinatal and Parenting depression. (PPD) Develop and /or purchase DVD and educational materials on PPD to show in waiting rooms of Healthy Start and other venues. Develop and display outreach posters for PPD at WIC health clinics Create County-wide, multi-lingual resources guides for support for Prenatal and parenting clients at risk of PPD. Build a comprehensive network of health and community service providers that are aware of the problem of perinatal depression in CCC.	WIC Participants, (low income, culturally diverse) prenatal women, postpartum women and parents of children under five years old. Health and community service professionals serving parenting age patients		Increase awareness of the prevalence, the symptoms and the resources for PD Increase dialogue about PD addressing cultural norms and racial disparities concerning depression Increase awareness of negative effects of PD on pregnant, postpartum women and men. Increase awareness of how PD affects children and families Reduce self-blame among PD clients and increase knowledge that PD is treatable. Increase awareness of 211, the crisis hotline, mental health access line and other programs as countywide, multilingual resources for support and referrals to prenatals and new parents.	Reduce stigma of depression and anxiety among WIC clients Increase the number of low income patients of all ethnicities seeking assessment and treatment for PD Reduce negative effects of stress, anxiety and depression of families.	Reduce racial disparities for access to health care Healthy intact families

Organize and Implement A Training, Screening and Treatment Program for Perinatal Depression

INPUTS	→	OUTPUTS	→	OUTCOMES-IMPACT		
		ACTIVITIES	PARTICIPATION	SHORT TERM	MEDIUM TERM	LONG TERM
WHAT WE INVEST		WHAT WE DO SPECIFICALLY	WHO WE REACH	WHAT THE SHORT TERM RESULTS ARE	WHAT THE MEDIUM TERM RESULTS ARE	WHAT THE ULTIMATE IMPACT(S) IS
<p>WIC Staff</p> <p>WIC Special One Time Funds Grant \$\$</p> <p>Coalition/partners</p> <p>Research/Best Practices</p> <p>Computer</p> <p>Mental Health Professionals</p> <p>Doctors,</p> <p>PH Nurses</p> <p>Social workers</p>		<p>Contract with outside consultant/experts in perinatal depression to train healthcare, social services, mental health providers as well as WIC staff.</p> <p>Distribute "Provider Kits" with screening tools, education materials, referrals and other websites for training on perinatal depression.</p> <p>Provide on-going perinatal depression trainings at noon conferences for doctor trainings, and staff trainings</p> <p>Develop local website to house educational materials, screening tools, references and links to other websites on perinatal depression for clients and health professionals on PPD.</p> <p>Record perinatal Depression Trainings on CD, DVD or MP3.</p> <p>Initiate perinatal depression screening at WIC, Healthy Start, family practice doctors.</p> <p>Develop protocols for identifying, educating, and referring and treating positively screened PD WIC clients</p> <p>Establish culturally sensitive (non-stigmatizing) support groups for women to reduce stress and build parenting skills</p>	<p>WIC Staff,</p> <p>Crisis Hotline Staff,</p> <p>Physicians,</p> <p>Nurses,</p> <p>Public Health Staff,</p> <p>Healthy Start, and</p> <p>Other Health Professionals,</p> <p>Social Service Professionals</p>	<p>Increase knowledge of WIC Staff, Health and Social Service providers on the symptoms, causes, and the effects of PPD on families.</p> <p>Increase knowledge among health, social service and WIC professionals on how to screen, refer and/or treat perinatal depression</p> <p>Increased knowledge of WIC Staff, Health and Social Service providers of resources and materials available to help patients with perinatal depression.</p> <p>Increased number and capacity of positively screened clients referred for PD assessment and treatment.</p> <p>Improved awareness of barriers to identification and treatment of perinatal depression by WIC staff, PHN, and Social Services Staff.</p> <p>Increase coordination of care for positively screened PPD patients between WIC, Healthy Start, Public Health Nursing, Mental Health and Clinical Services.</p> <p>Increase utilization of PH Nursing as case managers for positively screened patients</p> <p>Increased capacity for treatment of positively screened PPD patients (groups and individual therapy)</p>	<p>Increased competence on PD treatment with Providers in the community</p> <p>Decreased numbers of unscreened and untreated or referred patients with PD in the county</p> <p>Decreased barriers to access to appropriate PD care for undocumented and uninsured clients.</p> <p>Decreased attachment problems, accidental injuries, brain damage, developmental delay, depression, aggressiveness in children exposed to mother's who screen positive and seek treatment for PD</p> <p>Increase breastfeeding rates and duration among post- partum women</p> <p>Less drug abuse among depressed patients.</p> <p>Reduced emergency/urgent care utilization for preventable medical problems.</p> <p>Depressed clients get coordinated care</p>	<p>Competent care and treatment for perinatal depression.</p> <p>Improve birth outcome: Reduced preterm labor, stillbirth, and infant mortality.</p> <p>Improve school readiness and success of children.</p> <p>Reduce depression in children</p> <p>Improve mental and physical health for at risk families.</p> <p>More intact families</p>

Advocate for a comprehensive system of universal screening, education and community support and treatment for PPD.

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<p>WIC Staff</p> <p>WIC Special One Time Funds Grant \$\$</p> <p>Coalition/partners</p> <p>Research/Best Practices Computer</p> <p>Physicians</p> <p>Policy makers</p>		<p>Organize multidisciplinary-cross departmental Perinatal Depression to Wellness Coalition.</p> <p>Plan system for identification and treatment of perinatal depression</p> <p>Create a mission statement/vision statement and strategic plan</p> <p>Identify goals, objectives, strategies (best practices) to address racial disparities and facilitate continuity of services for the identification, prevention and treatment of PD countywide</p> <p>Collect and use WIC data for program planning and evaluation</p> <p>Investigate evidence-based interventions that improve parent-child relationships</p> <p>Develop/research / validate a quick screening tool for WIC Research a system for paying for treatment for the uninsured</p> <p>Identify grant funding source</p> <p>Identify gaps in screening and services for perinatal depression make plans to meet unmet needs</p>	<p>Policy makers CA State WIC Program</p> <p>Physicians,</p> <p>Coalition/partners</p> <p>Faith-based Organizations,</p> <p>Public Health Nursing,</p> <p>health clinics,</p> <p>Public Health Department, (Medi-Cal, Kaiser, other insurers)</p>		<p>Increase number of policy makers of PD in support of PPD screening county and treatment locally, regionally and state-wide.</p> <p>Improve the available knowledge on effectiveness and cost/benefits of a PD screening and referral program.</p> <p>Decrease the gaps in service for screening and treatment of PPD.</p> <p>Identify systems of support for young families</p> <p>Increase the number of CA WIC programs screening for PPD</p>	<p>Develop a County -wide system to identify and treat perinatal depression</p> <p>Adoption of Statewide WIC perinatal depression screening in new computer system</p> <p>Increase commitment among policy makers to address issues of racial disparities and PPD</p>	<p>Reduce untreated PD in the community.</p> <p>Systematic identification and treatment for PD</p> <p>Reduce discrimination for access to care based on immigration status</p> <p>Reduce system barriers to screening, referral and treatment of PPD</p> <p>Increase families connections to health care, community and social services for support in their community</p>

ASSUMPTIONS

%of clients who are likely mild depression
%of clients who are likely mod-severe depression
Adequate funding

EXTERNAL FACTORS

Funding for mental health services
Insurance coverage and availability to cover PD
Racism
Transportation
Child Care
Support services available to assist families in need (Food, Shelter, Safety)

EVALUATION

FOCUS-COLLECT DATA-ANALYZE AND INTERPRET-REPORT

Evaluation: Use WIC data for program planning and evaluation(31,000 WIC clients screened, duplicated)
Follow positively screened WIC clients to evaluate care and identify gaps

References

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