

Indiana Perinatal Depression

CONSENSUS

EXECUTIVE SUMMARY

APRIL 2005

POSITION

The purpose of this statement is to alert and inform all healthcare providers and consumers about the incidence and significance of depression and other mood disorders that women can experience during and after pregnancy which affect the newborn, the immediate family, and the community. Therefore, when women experience depression and other mood disorders during pregnancy or in the postpartum period, healthcare providers can be offered resources for the identification of presenting signs and symptoms, screening, referrals, and interventions.

MISSION

Every woman who becomes pregnant needs the support of her family and community during and after pregnancy to assure that her baby is born healthy and into a safe and nurturing home. The Indiana Perinatal Network's goal is to alert and inform all health care providers and consumers about the significance of depression during and after pregnancy, and to the effect of depression and other mood disorders on the mother, the newborn, the family, and community.

SUMMARY

Women need to be screened for signs and symptoms of depression during and after pregnancy so early identification and prompt intervention can be offered. Postpartum depression can occur within days to one year after giving birth—but usually occurs within the first three months. Women with a previous history of depression have up to a 50 percent risk of developing postpartum depression and should be counseled before conception that they are at risk for recurrent depression during pregnancy and the postpartum period. Health care professionals, including obstetricians, family physicians, pediatricians, nurse midwives, nurses, home visitors and others need to be educated on the risk factors for developing depression, the signs and symptoms of depression, how to screen for depression, the need for early intervention, and treatment. Once the woman is screened for PPD and identified as having a mood disorder, treatment can begin. Research indicates that some women need only counseling, others medication, and still others a combination of medication and counseling.

RECOMMENDATIONS

The following recommendations for preventing Postpartum Depression during the antenatal/postnatal period were developed initially from the many meetings of the Indiana Perinatal Network's Postpartum Depression Committee and were recently updated by the Indiana Perinatal Depression Project Committee.

- **Facilitate** integration of postpartum depression training into the curriculum at health-related professional schools throughout Indiana to ensure that health professionals are competent in the identification of PPD risk factors, interventions, treatments, and resources.
- **Request** that health care providers send a letter of congratulations and informational PPD materials to patients who are new mothers.

RECOMMENDATIONS (CON'T)

- Create an ongoing interdisciplinary task force to monitor and to define PPD awareness, education, diagnosis, and treatment problems specific to Indiana.
- Disseminate via the web and at conferences the newly developed IPN comprehensive informational pamphlet related to all aspects (symptoms, diagnoses, and treatment) of postpartum depression.
- Recommend current educational materials on PPD (symptoms, identification, and treatment) and distribute the materials statewide to all instructors of prenatal classes.
- Encourage pediatricians, family physicians, pediatric nurse practitioners, and family practice nurse practitioners to screen new mothers during the well newborn visits in the first year of life.
- Collaborate with hospital emergency department directors and staffs, through the Indiana Hospital and Health Association, to sensitize attending medical and nursing personnel to the symptoms and behaviors associated with perinatal mood disorders.
- Collaborate with law enforcement personnel to establish standard evaluation procedures with regard to women who attempt to harm themselves or to commit suicide but who do not require immediate medical care.
- Develop a centralized referral list of Indiana's mental health professionals, PPD support groups and websites.
- Develop basic PPD training sessions for personnel involved in home-based visits.
- Update regularly the IPN website specific to PPD.
- Continue to apply for available grants.
- Develop a multimedia approach to promote early identification of women at risk for PPD and the need for prompt intervention and treatment.
- Develop an Indiana Perinatal Network ad hoc committee to actively pursue Medicaid coverage of PPD screening prenatally and postnatally through the Indiana state legislature.

RESOURCES/ WEBSITES

AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS (ACOG)

409 12th Street, SW
Washington, D.C. 20024-2188
Phone: 202.484.3321; Fax: 202.479.6826; Website: www.acog.com

AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 913.906.6000; Website: www.aafp.org

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

750 First Street, N.E.
Washington, D.C. 20002-4242
Phone: 202.336.5500; 800.374.2721; Website: www.apa.org

OFFICE ON WOMEN'S HEALTH (OWH)

200 Independence Avenue, S.W. 730B
Washington, D.C. 20201
Website: www.4woman.gov

ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC, AND NEONATAL NURSES (AWHONN)

2000 L Street, N.W., Suite 740
Washington, D.C., 20036
Phone: 202.261.2400; Fax: 202.728.0575; Website: www.awhonn.org

DEPRESSION AFTER DELIVERY (DAD)

Website: www.depressionafterdelivery.com

PACIFIC POSTPARTUM SUPPORT SOCIETY

104-1416 Commercial Drive; Vancouver, BC V5L 3X9 CANADA
Phone: 604.255.7999; Fax: 604.255.7588; Website: www.postpartum.org;
E-Mail: pppss@postpartum.org

POSTPARTUM SUPPORT INTERNATIONAL (PSI)

927 North Kellogg Avenue
Santa Barbara, CA 93111
Phone: 805.967.9367; Fax: 805.967.0608; Website: www.postpartum.net
Founder: Jane Honikman

POSTPARTUM EDUCATION FOR PARENTS (PEP)

P.O. Box 6154
Santa Barbara, CA 93160
Phone: 805.564.3888; Website: www.sbpep.org

POSTPARTUM DEPRESSION SCREENING SCALE (PDSS)

Beck, C.T. & Gable, R.K. (2002)
USA: Western Psychological Services
12031 Wilshire Blvd; Los Angeles, CA 90025-1251
Phone: 800.648.8857

ADDITIONAL WEBSITES:

Online PPD Support Group: www.ppdsupportpage.com
Online Family Network: www.storknetfamily.com
iVillage: Pregnancy & Parenting: www.parentsplace.com
BabyCenter: www.babycenter.com
The Postpartum Stress Center: www.postpartumstress.com
Postpartum Dads: www.postpartumdads.com

This document reflects the consensus of the Indiana Perinatal Network (IPN) State Perinatal Advisory Board—a constituency of professional organizations (i.e. ACOG, AAP) and individuals (i.e. CNMs, MDs, consumers) committed to the belief that every baby in Indiana deserves to be born healthy and into a safe and nurturing home.

IPN documents such as this are intended to serve as recommendations—not as established standards or rigid rules. Healthcare providers must make the best decisions possible within the limitations of the particular situation. All are invited to make suggestions for improving this document.