

Pregnancy-Related Depression

MCH Statewide Conference
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Colorado Department
of Public Health
and Environment





Special Thanks To...

- * Pregnancy-Related Depression Advisory Committee
- * Vicki Swarr, Tri-County Health Department
- * Don Horton, Boulder County Health Department
- * EPE Portfolio Project Team at CDPHE
 - * Barb Gabella, Kristin McDermott, Kerry Thomson, Colleen Kapsimalis, Renee Calanan, Ashley Juhl, Indira Gujral, Julie Graves
- * Maternal Wellness Team Members at CDPHE
 - * Linda Archer, Esperanza Ybarra, Mary Martin, Flora Martinez, Kent O'Connor, Sara Wargo, Kristina Green
- * MCH Steering Committee & Generalist Consultants
 - * Karen Trierweiler, Gina Febbraro, Rachel Hutson, Esperanza Ybarra, Julie Davis, Cathy White, Rebecca Heck



Objectives

- * Aware of background information and Colorado-specific data related to pregnancy-related depression
- * Understand process for developing state & local plans
- * Review local action plan in detail
- * Participate in discussion about how to bring action plan document to life in your community
- * Leave this session feeling equipped to consider this priority for your agency's MCH work plan



By promoting optimal maternal wellness today, we have the potential to impact the health of tomorrow's generations





Background



The Priority and Measure

Promote screening, referral and support for pregnancy-related depression.



Percent of mothers reporting that a doctor, nurse or other health care provider talked with them about what to do if they felt depressed during pregnancy or after delivery.



Definition & Impact

- * Pregnancy-related depression is depression that occurs during pregnancy or up to one year after giving birth, including after a pregnancy loss.
- * Can disrupt normal maternal-child bonding
- * Children of depressed mothers are more likely to exhibit:
 - * social and emotional problems;
 - * delays or impairments in cognitive, linguistic, and social interactions;
 - * poor self-control;
 - * aggression;
 - * poor peer relationships; and
 - * difficulty in school



Risk Factors

- * Factors associated with increased risk of PRD
 - * depression before or during pregnancy
 - * low self-esteem
 - * high life stress
 - * low socioeconomic status
 - * inadequate social support
 - * poor marital relationship
 - * unplanned or unwanted pregnancy
 - * history of physical abuse before or during pregnancy
 - * difficulties with child care
 - * difficult infant temperament
 - * smoking
 - * giving birth to a preterm or low birth weight infant



Prevalence of Depressive Sx

- * Nearly one in every nine Colorado women (11 percent) who gave birth during 2009 & 2010 experienced signs and symptoms of depression
 - * This is an estimated 7500 women each year
- * Disparate impact on certain populations:
 - * Age 20 – 24: 13.9%
 - * African-American: 20.7%
 - * Unmarried: 15.3%
 - * HS diploma: 12.8%
 - * <185% FPL: 13.1%
 - * Medicaid: 14.3%



Health Provider Data

- * **86 percent** of mothers report that a health care provider talked with them about “baby blues” or postpartum depression.
- * **74 percent** of mothers report that a health care provider talked about ***what to do*** when feeling depressed during pregnancy or after delivery.
- * **11 percent** of mothers report that they asked a health care provider for help for depression.



A Look at the Counties

Prevalence of Postpartum Depressive Symptoms (PRAMS, 2009 – 2010)

Chaffee County
(Region 13)
13.2 %

Denver County
10.8%

Jefferson County
7.7%

Tri-County
Adams: 9.1%
Arapahoe: 16.4%
Douglas: 8.5%

Weld County
11.4%



A Look at the Counties

Providers talk about *What To Do* when feeling depressed (PRAMS, 2009 – 2010)

Chaffee County
(Region 13)
80%

Denver County
74%

Jefferson County
76%

Tri-County
Adams: 75%
Arapahoe: 74%
Douglas: 66%

Weld County
73%



How We Got Here...

Brownson Model Step 1: Community Assessment



- * 2010 MCH Needs Assessment
- * MCH Stakeholder Meeting in Sept 2010
 - * Identified concerns re: provider capacity, referral capacity, family capacity (the “HOW”)
 - * Feedback on state versus local role
- * Developed PRD Advisory Committee in Spring 2011
- * Maternal Wellness Summit in August 2011

Brownson Model Step 2: Quantify the Issue



- * Reviewed available PRAMS data related to PRD for 2009 – 2010
- * Two years were combined to improve sample size and to be able to report on more variables such as African-American ethnicity
- * Looked at data by:
 - * Demographics -- age, race/ethnicity, education, marital status, income, insurance status, WIC participation
 - * Birth outcomes -- low birth weight and infant death
 - * Risk and protective factors -- breastfeeding, exercise, pregnancy intendedness, smoking, alcohol, physical abuse

Brownson Model Step 2.5: Quantify the Issue



- * Limited data on medical provider behaviors other than what women say on PRAMS
- * Survey sent statewide by Dr. Brian Stafford and colleagues to explore medical provider capacity for screening and use/availability of referral resources
- * Tri-County is conducting a similar survey among their non-medical provider community

Brownson Model Step 3: Concise Statement of the Issue



- * Combined information from Steps 1 and 2 to define the public health issue and programmatic issue
- * Later inserted information from Step 6 to outline proposed strategies

Brownson Model Step 4: Literature Review



- * 3-pronged approach:
 - * Universal assessment and screening
 - * Training providers
 - * Identifying pathways to care or Public Awareness
- * Media campaign and legislated policy for universal screening for Medicaid recipients did not work in New Jersey
- * Illinois – Medicaid reimbursement for maternal depression and social and emotional health for kids 0 through age 3.
- * Coordinating with health plans, including Medicaid, for identifying, treating and referring patients
- * Building community linkages for families to increase education & awareness

Brownson Model Step 5: Prioritization of Strategies



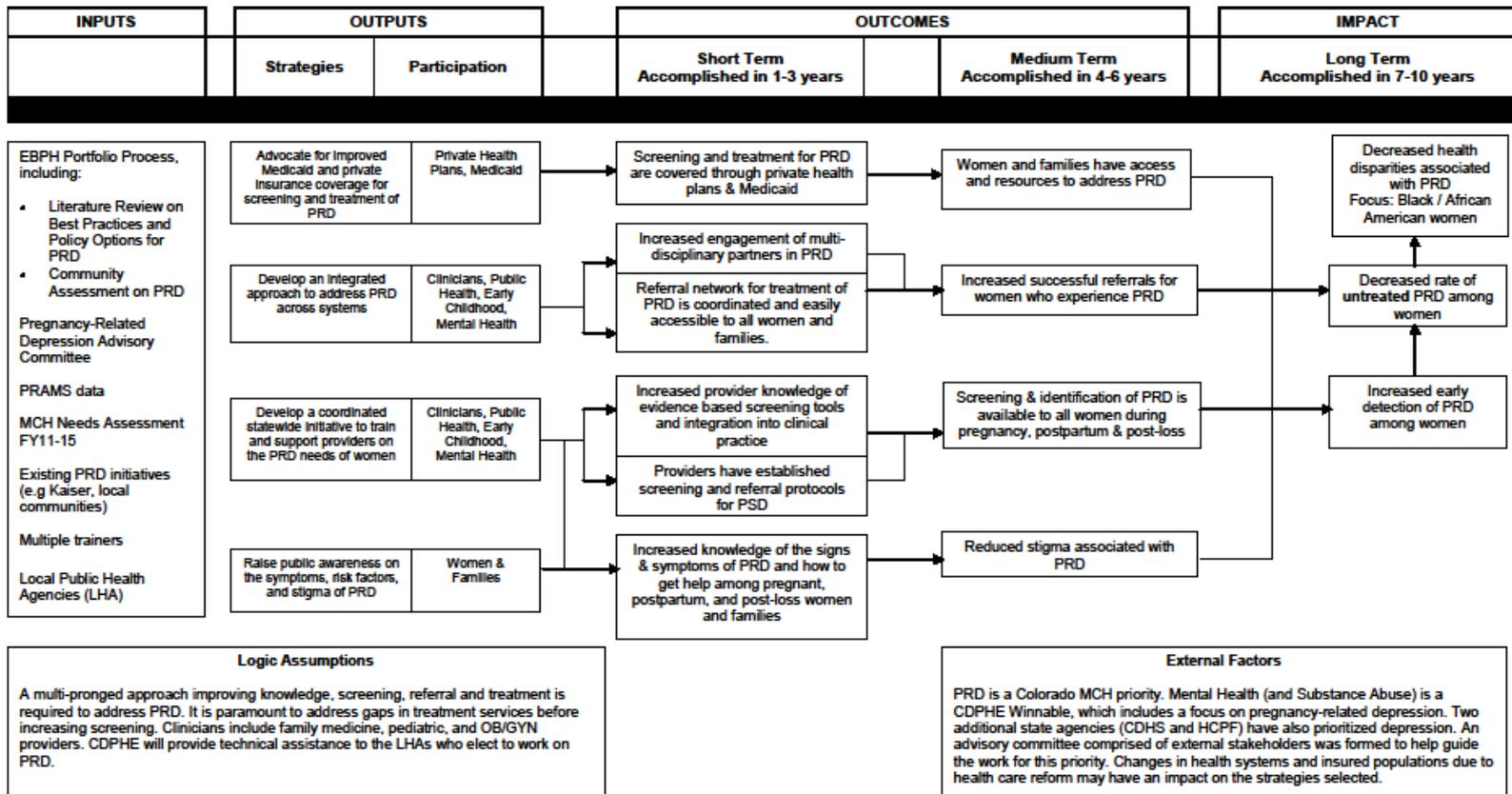
- * For state strategies, a survey with proposed strategies was sent to PRD Advisory Committee members at the end of November
- * Rated 6 criteria from “little” to “great” for each strategy:
 - * Promise (likelihood to lower rates), capacity to implement, lasting impact, political feasibility, return on investment, appropriateness for state public health
- * For local strategies, similar criteria guided the input provided by 2 local health agencies (Tri-County and Boulder)

Brownson Model Step 6: Developing a State Logic Model



Colorado Maternal & Child Health Priority on Pregnancy Related Depression (PRD) State Logic Model

Overarching Goal: Optimal health and well-being for the Maternal & Child Health (MCH) population in Colorado



Brownson Model Step 6: Developing a State Action Plan



ADVOCATE FOR IMPROVED MEDICAID AND PRIVATE INSURANCE COVERAGE FOR SCREENING AND TREATMENT OF PRD

* Objective A:

- * By July 1, 2013 the costs and benefits of expanding Colorado Medicaid reimbursement code 99420 (currently used for standard depression screening among youth ages 11-20) to also include pregnant and postpartum women will be documented and shared with key decision makers at the Department of Health Care Policy and Financing.

* Objective B:

- * By September 30, 2015 work with the Medicaid program to improve the diagnosis, treatment and referral of pregnancy-related depression among Medicaid clients.

* Objective C:

- * By September 30, 2015 at least 3 major health plans in Colorado will cover screening, assessment and treatment for PRD for at least one year postpartum or post-loss under both mother's and children's plans.

Brownson Model Step 6: Developing a State Action Plan (cont.)



DEVELOP A COORDINATED APPROACH TO ADDRESS PRD ACROSS SYSTEMS

* Objective D:

- * By April 15, 2015 the proportion of linkages between state-level referral systems for treatment of PRD that receive a 3-star rating will increase 90% from baseline.

* Objective E:

- * By September 30, 2013 an online statewide information and referral resource system will be developed to link providers and consumers to available resources for PRD.

Brownson Model Step 6: Developing a State Action Plan (cont.)



DEVELOP A COORDINATED STATEWIDE INITIATIVE TO TRAIN AND SUPPORT PROVIDERS ON THE PRD NEEDS OF WOMEN

* Objective F:

- * By July 1, 2013 a standard clinical-based practice guideline addressing screening and referral protocols for PRD will be developed and disseminated statewide.

* Objective G:

- * By June 30, 2014 standard PRD training modules and materials are developed, distributed and integrated into standard trainings for staffs at a minimum of 8 Colorado programs that serve women and families during pregnancy, postpartum and post-loss.

Brownson Model Step 6: Developing a State Action Plan (cont.)



RAISE PUBLIC AWARENESS ON THE SYMPTOMS, RISK FACTORS
AND STIGMA OF PRD

* Objective H:

- * By June 30, 2014 develop consistent educational messages and increase awareness of PRD among pregnant, postpartum and post-loss women and their families.

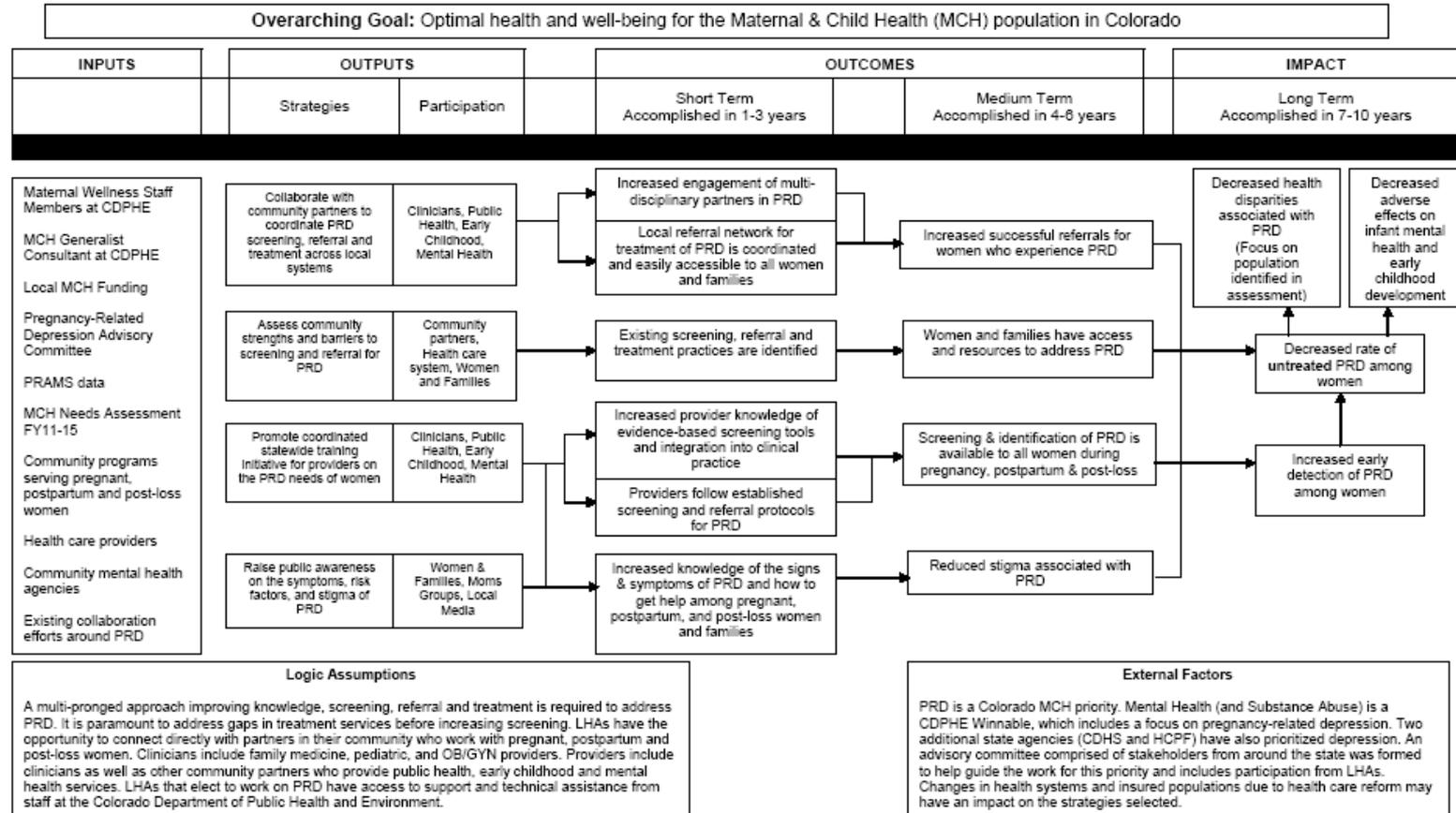


Local Logic Model & Action Plan

Brownson Model Step 6: Developing a Local Logic Model



Colorado Maternal & Child Health Priority on Pregnancy Related Depression (PRD) Local Logic Model – 2.28.12





Local Action Planning

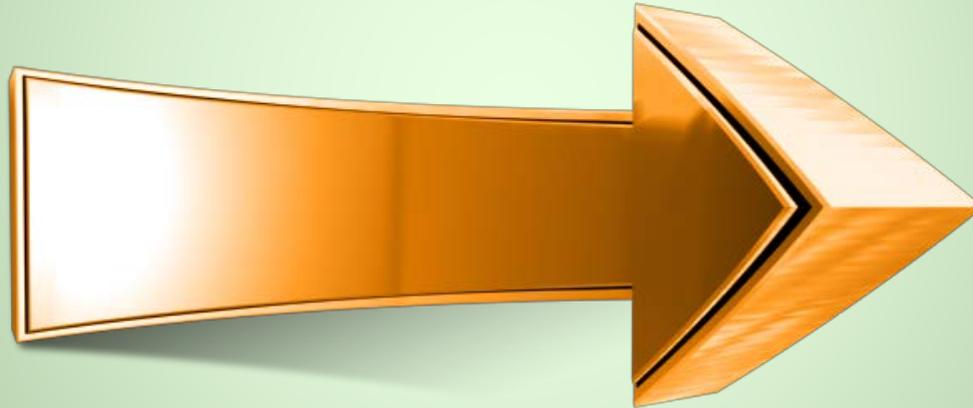
- * Objectives developed to align with short term goals on logic model
- * This plan is customizable to fit your agency
- * Objectives identified as “Core” are key to effectively addressing the issue and must be included
- * Objectives identified as “Complementary” offer additional ideas for expanding the activities in your community and you may chose whether or not to include



Action Plan Components

- * Background/Context
- * Goals
- * State Performance Measures
- * Objectives
- * Target Population
- * Criteria for Success
- * As Measured By*
- * Strategy
- * Milestones/Key Activities
- * Target Completion Date
- * Responsible Persons/Group
- * Monitoring Plan

Review of the Action Plan





Additional Considerations

- * Combining PRD priority with Developmental and Social Emotional Screening priority
 - * Partner with Early Childhood Councils/ABCD Communities around screening efforts
- * Maternal, Infant and Early Childhood Home Visitation grantees have a component focused on systems-building around pregnancy-related depression
- * Dr. Brian Stafford has begun work in a number of communities around the state



Looking Forward

- ✦ Potential future learning opportunities
 - ✦ Maternal Wellness Summit – Fall 2012???
 - ✦ National Webinars & Resources – as available
 - ✦ PRD “Collaboratory” – local MCH learning collaborative
- ✦ On-going assistance
 - ✦ State Maternal Wellness & Evaluation Staff
 - ✦ MCH Generalist Consultant



Questions?

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<http://www.cdphe.state.co.us/pp/womens/ppd/index.html>



Discussion

FOUNDATIONAL VALUES



PARTICIPATION



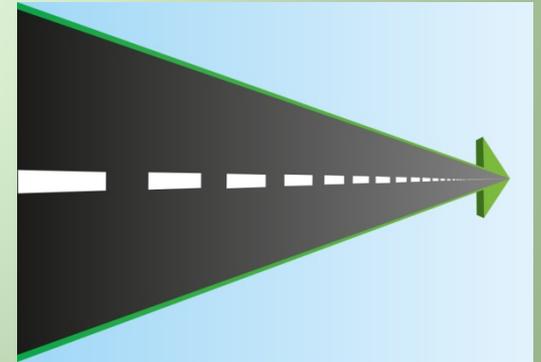
COLLABORATION



CREATIVITY



LEARNING



ACTION-ORIENTED



THANK YOU!