

National Clinical Recommendations for Maternal Depression Screening

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| <p>U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF)⁹⁵</p> | <p>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.</p> <p>The USPSTF acknowledges that there is little evidence regarding the optimal timing for screening or intervals and states that more evidence for all populations is needed to identify ideal screening intervals. The USPSTF notes that a pragmatic approach in the absence of data might include screening all adults who have not been previously screened, and using clinical judgment in consideration of risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted.</p> |
| <p>AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS, COMMITTEE ON OBSTETRIC PRACTICE (ACOG)⁴</p> | <p>Recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Screening should be coupled with appropriate follow-up and treatment when indicated.</p> |
| <p>COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE⁹⁶</p> | <p>Health care providers should (1) obtain from every woman an individual and family mental health history (including past and current medications) at intake, with review and update as needed; (2) conduct validated mental health screening during appropriately timed patient encounters to include both during pregnancy and in the postpartum period; and (3) provide appropriately timed awareness education to women and family members or other support persons.</p> |
| <p>AMERICAN ACADEMY OF PEDIATRICS (AAP), BRIGHT FUTURES AND MENTAL HEALTH TASK FORCE³²</p> | <p>The primary care pediatrician, having a longitudinal relationship with families, has a unique opportunity to identify maternal depression and help prevent untoward developmental and mental health outcomes for the infant and family. Screening can be integrated into the well-child care schedule and included in the prenatal visit. This screening has proven successful in practice in several initiatives and locations and is a best practice for primary care providers caring for infants and their families. Intervention and referral are optimized by collaborative relationships with community resources and/or by co-located/integrated primary care and mental health practices.</p> <p>The Bright Futures Periodicity table suggest screening should occur by 1 month, and at 2 months, 4 months, and 6 months postpartum.</p> |
| <p>AAP/ACOG GUIDELINES FOR PERINATAL CARE³²</p> | <p>Prior to delivery, patients should be informed about psychosocial issues that may occur during pregnancy and in the postpartum period. A woman experiencing negative feelings about her pregnancy should receive additional support from the health care team. All patients should be monitored for symptoms of severe postpartum depression and offered culturally appropriate treatment or referral to community resources. Specifically, the psychosocial status of the mother and newborn should be subject to ongoing assessment after hospital discharge. Women with postpartum blues should be monitored for the onset of continuing or worsening symptoms because these women are at high risk for the onset of a more serious condition. The postpartum visit approximately 4-6 weeks after delivery should include a review of symptoms for clinically significant depression to determine if intervention is needed.</p> |
| <p>CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)⁹⁷</p> | <p>Maternal depression screening during the well-child visit is considered a pediatric best practice and is a simple way to identify mothers who may be suffering from depression and may lead to treatment for the child or referral for mothers to other appropriate treatment.</p> |

Table 3. Excerpted from A Report from the California Task Force on the Status of Maternal Mental Health Care, 4/2017
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