



Maternal Depression Screening, Referrals, and Care

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This issue brief is the sixth in a series developed by Early Childhood Iowa (ECI) Quality Services and Programs Component Group. This issue brief is intended to help inform policy makers about the importance of maternal depression.

What is Maternal Depression?

Maternal depression is one of the most common, but unrecognized, undiagnosed, and untreated complications of pregnancy. Postpartum depression affects a substantial number of women during pregnancy and after childbirth. The most current research estimates that approximately 18.4% of pregnant women and as many as 19.2% of new mothers have clinically significant symptoms. (Segre & O’Hara, 2006) Women with untreated depression often feel unable to develop a natural healthy connection to their children and describe an all-encompassing fear that their lives will never return to normal. They experience anxiety attacks, guilt, and obsessive thinking. They may contemplate harming themselves and even their babies. Their lives are filled with loneliness, lack of emotions, and the inability to take interest in things they previously enjoyed. For new mothers depression can be catastrophic. (Beck, 1992)

Maternal Depression Risk Factors

Research studies show that women with specific demographic or social characteristics (known as risk factors) are more likely to become depressed. Studies of women with postpartum depression indicate the largest risk factors include past history of psychiatric illness, depression during a pregnancy, a poor marital relationship, few supportive relationships, the presence of stressful life events, African American ethnicity, and low social status. (O’Hara & Swain, 1996; Segre, Losch & O’Hara, 2006).

Why is Maternal Depression Screening Important?

Many women do not realize that they are depressed. Physicians may be focused on the woman’s or child’s physical health. The stigma associated with depression may prevent others from seeking treatment. You can’t tell by looking at someone if they are depressed. Without screening for depression it often goes unrecognized and untreated leaving the families to suffer in silence, fear, and confusion.

Impact of Untreated Maternal Depression on Parenting, Infant Development, and Infant Mental Health

Untreated maternal depression can have adverse effects on the newborn and other children. Depressed mothers have difficulty understanding and responding to their baby. They have difficulty establishing routines that promote predictability and security. Children may also suffer from indirect effects of maternal depression such as missing well-child visits, inattention to preventive actions such as immunizations or use of car seats, and reluctance to engage in and continue breastfeeding. (McLearn, 2006)

Children of depressed mothers are more likely to experience a range of problems including lower activity levels, fussiness, problems with social interactions, and difficulty meeting age-appropriate developmental and

cognitive milestones. Infants, whose mothers have depression, may be less active, fussier, less responsive to others, slower to walk, smaller in weight, and be less vocal. Toddlers of depressed mothers may exhibit behavior and attention problems, show poor self-control and have difficulty forming peer relationships, and may develop symptoms that mimic the depressed mother. Without treatment, at age three, these children often are less cooperative, more aggressive, show brain activity that suggests chronic depression, and demonstrate less verbal comprehension.

Iowa's Current Programs and Policies

The Health Resources and Services Administration (HRSA) recently granted the Iowa Department of Public Health (IDPH) funding for two years to address the issue of maternal and perinatal depression. Grant activities will increase screening, early identification, and referral of women at risk. Though some physicians and social services providers screen women, many more providers need to be trained on screening and referral procedures.

- **How to Improve Maternal Depression Identification:** Pregnant women and mothers of young children are seen in physician offices frequently, providing a perfect opportunity for screening to occur. Screening for maternal depression should be a required component of prenatal and well-child care.
- **Medicaid Opportunities:** Because Medicaid covers over one third of all U.S. births to low-income pregnant women, it is an important source of support for maternal depression screening, assessment, and treatment. When children who are on Medicaid receive their well-child exams, their mothers could be screened for maternal depression, with the provider reimbursed under the child's Medicaid number. Treatment for depressed mothers is also necessary under Medicaid.
- **Private Insurance Reimbursement:** Private insurance carriers should reimburse health care providers for maternal depression screening. Treatment for depressed mothers should be available and covered under their health insurance plans.

Maternal Depression Screening, Identification, and Referral System Building Activities:

Iowa needs a maternal depression system that women, their families, and their physicians can trust and that will work. To create this system, these activities are recommended:

1. Increase awareness of maternal depression, including the signs, symptoms, and risk factors. Increasing awareness will help reduce the social stigma associated with depression.
2. Promote and reimburse screening for maternal depression at prenatal and well-child visits.
3. Address work force issues related to the treatment of maternal depression. Counselors and other professionals must be trained to recognize and treat maternal depression.
4. Assure services are available to treat maternal depression and Medicaid and private insurers provide adequate reimbursement for treatment.
5. Facilitate effective collaboration between primary care providers and maternal and child mental health providers.
6. Remove the limits to number of visits for mental health services that currently exist in many private insurance and Medicaid policies.

The above information was adapted from the National Academy for State Health Policy news brief, and the Iowa EPSDT newsletter, winter 2006.