May 22nd, 1:15 PM - 2:45 PM

Addressing Perinatal Depression in the Outpatient Obstetric Setting

Nancy Byatt
University of Massachusetts Medical School

Et al.

Addressing Perinatal Depression in the Outpatient Obstetric Setting

Nancy Byatt, DO, MBA
Assistant Professor of Psychiatry

Tiffany A. Moore Simas, MD, MPH, MEd
Associate Professor of Ob/Gyn & Pediatrics

University of Massachusetts Medical School

Disclosures/Conflict of Interest

Dr. Byatt has received funding for this study from the Meyers Primary Care Institute/Rosalie Wolf Interdisciplinary Geriatric Healthcare Research Center Small Grants Initiative.

Dr. Moore Simas is on the MA Governor-appointed commission on PPD screening.

Prevalence - Perinatal depression is common

Perinatal depression affects:

- **Up to 20% of women during pregnancy**
- **10-15% of women the postpartum period**
- **25% of women pregnant in the past year meet criteria for a psychiatric diagnosis**

Gavin et al.. Obstet Gynecol 2005;106:1071-1083, Vesga-Lopez et al. Arch Gen Psychiatry 2006 (7):805-815.

Perinatal depression has deleterious effects and causes suffering for mother, child and family

Maternal depression

Poor maternal health behaviors
Maternal substance abuse
Maternal suicide

Low birth weight

Preterm delivery

Cognitive delays

Behavioral problems

Wisner et al. A J Psychiatry 2009;166 (5):557-566. Cripe et al. Paediatr Perinat Epidemiol 2001;25 (2):116-123, Grote et al. Arch Gen Psychiatry 2010;67 (10):1012-1024, Sohr-Preston et al. Clin Child Fam Psychol Rev 2006;9 (1):65-83, Forman et al, Dev Psychopathol 2007;19 (2):585-602 Bodnar et al. J Clin Psychiatry 2009;70 (9):1290-1296, Flynn et al. J Stud Alcohol Drugs 2008; 69 (4):500-509,

Perinatal time period is ideal for the detection and treatment of depression

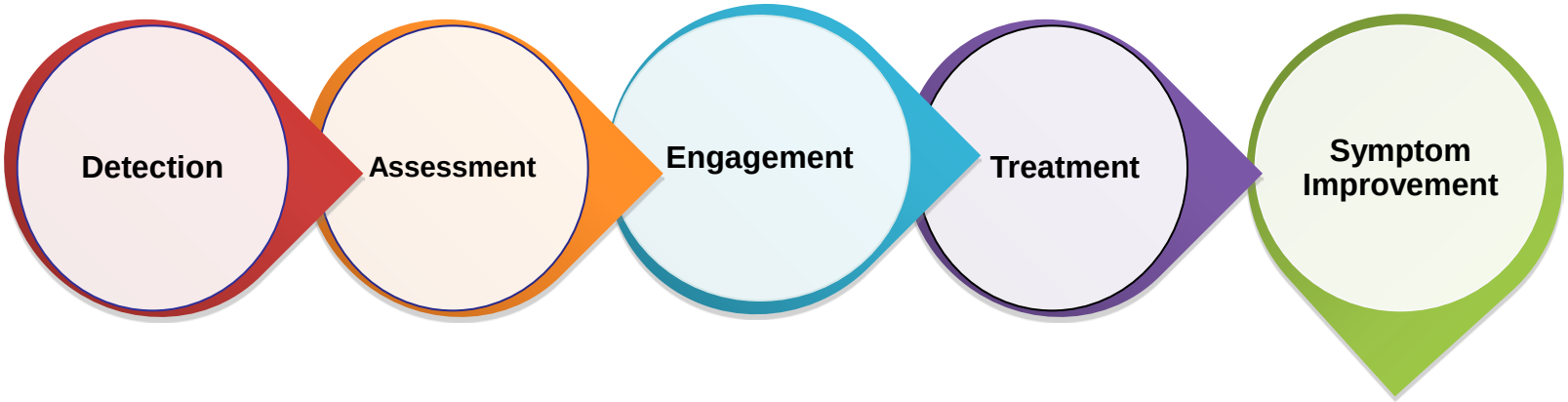
Regular contact with health providers

Regular opportunities to screen and engage women in treatment

Perinatal depression is under-diagnosed and under-treated

Carter et al. Aust New Zeal J of Psych 2009; 31 (2): 155-62. Smith et al. Gen Hosp Psych 2009; 31(2): 155-62. Marcus J Women Health 2003; 12 ($): 373-80.

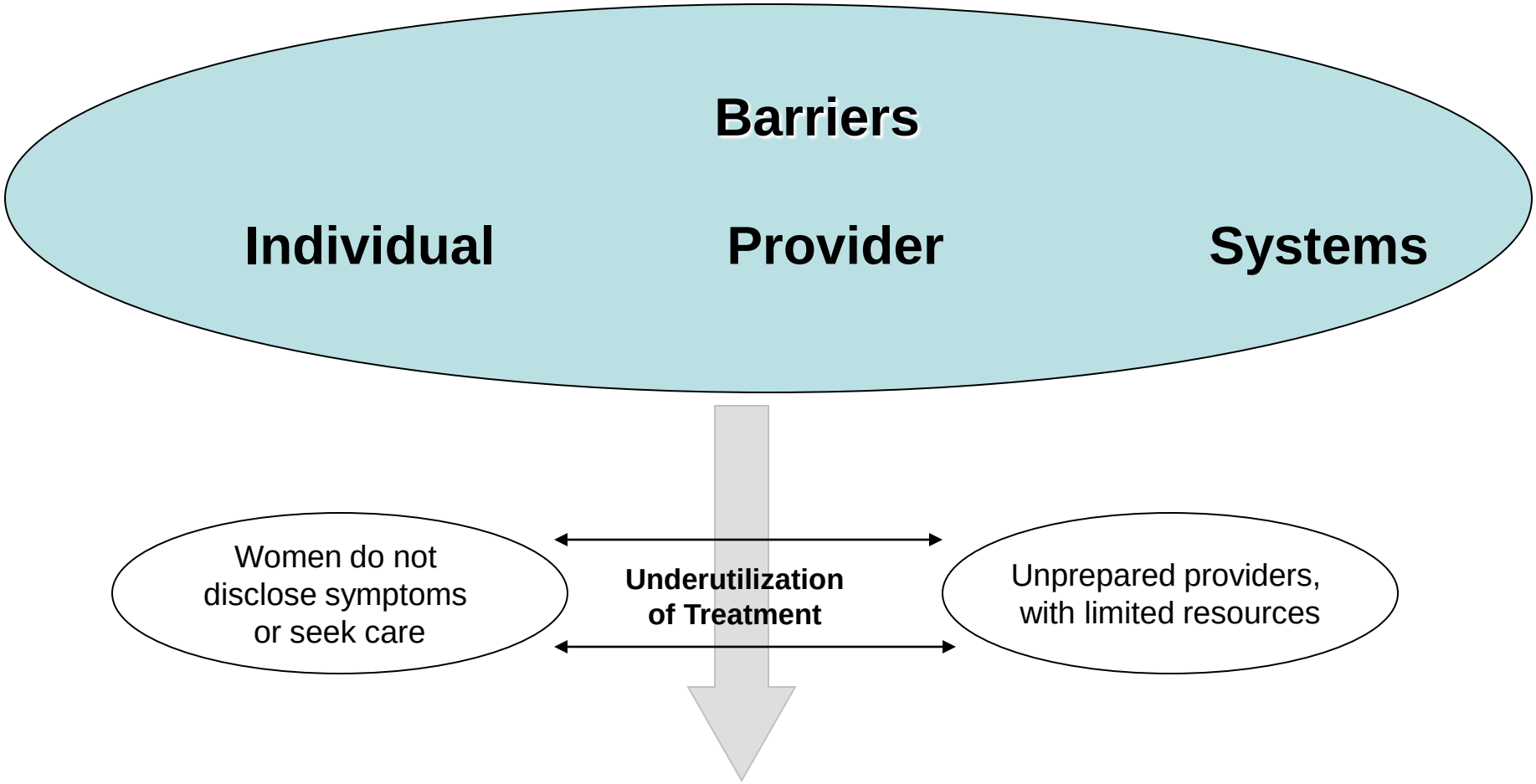
Screening alone does not improve treatment



Improved Outcomes

(daily functioning, parenting, well-being, quality of life, health, offspring health, relationships, family, prognosis)

Gilbody et al. CMAJ 2008; 178 (8): 997-1003. Yonkers et al. Psych Serv 2009; 60(3): 322-8.


Barriers
Individual
Provider
Systems
Women do not disclose symptoms or seek care
Underutilization of Treatment
Unprepared providers, with limited resources
Poor Outcomes

Perspective of Women

Study and purpose

- Study of women with lived experience of depression during and after pregnancy
  - Interested in experiences with providers
    - What is helpful?
    - What are barriers?
    - What can we do to affect change?

- Use findings to develop preliminary guidelines to engage women in depression treatment

- Inform development of interventions to integrate depression treatment into primary care settings

Byatt et al. 2012 (in preparation).

Methods

Four focus groups with mothers (n=27) in Western Mass

Self -identified as having experienced perinatal depression or emotional crisis

Probes targeted to identify barriers and facilitators to accessing care, and potential strategies for change

Byatt et al. 2012 (in preparation).

Characteristics of mothers

Mean age: 32

80% had 1 or 2 children

Income variability

- **22% - less than 20K/year**
- **11% - more than 100K/year**

All parenting with a partner

Mental health treatment

- **Pre-pregnancy – 70%**
- **During pregnancy – 22%**
- **After pregnancy – 67%**

Byatt et al. 2012 (in preparation).

General findings

Barriers to care

- Fear, Stigma and Shame
- Lack of resources and supports
- Negative interactions with providers
- Providers lack of knowledge re: mental health care

What would facilitate care

- Flexible care options
- Recognition of importance of perinatal mental health
- Integrate prevention, detection, and management of depression into perinatal care

Byatt et al. 2012 (in preparation).

Barriers to Care

Fear, Stigma and Shame

“You’re scared to say to somebody, ‘I need help and I need it now’ cause you’re scared someone’s gonna take your kid.”

Byatt et al. 2012 (in preparation).

Lack of resources and supports

“Nobody took the time to really find out what was going on. Basically they wrote me a prescription and put me back on what I was on before and said, ‘Go find a therapist.’ ”

Byatt et al. 2012 (in preparation).

Negative interactions with providers

“I’m telling you the god’s honest truth, the person who screened me said, ‘Well, you have a happy, healthy baby. What else do you want?’ ”

Byatt et al. 2012 (in preparation).

Lack of training among providers

“I think part of the reason why OBs and even midwives aren't asking is, they’re not really prepared to deal with the answers.”

Byatt et al. 2012 (in preparation).

Facilitators to Care

What mothers' said about facilitators to care

Relationships critical to wellness for mother, child and family

How a "good" or "bad" relationships can influence if and how care is received by mothers

Positive feedback from provider

Destigmatize

Psychoeducation about resources and supports

Byatt et al. 2012 (in preparation).

Positive feedback from provider

“Not, you know, joking and saying ‘Oh-no, all babies do that.’ ‘No, actually can we just talk about what my baby’s doing right now and the fact that it’s upsetting me’… people just take your stories as anecdotal…and just brush it off.”

Destigmatize mental health treatment

"Address everything that's not depression. You know, there's exercise…nutrition, sleep, friendships. Everything changes when you have a baby, and if there was some sort of way to encompass the whole self, that would be really cool."

Byatt et al. 2012 (in preparation).

Have a conversation about resources and supports

"When I delivered at UMass Memorial you have a nurse and you get these two booklets – one is on shaken baby and on one postpartum depression and psychosis. And the nurse goes through each with you… so you can kind of recognize…when you're angry and have to put the baby down…. That was really helpful, and I was surprised and happy they did that."

Byatt et al. 2012 (in preparation).

Summary of individual-level facilitators

Focus on mothers and babies

Recognize the transition to parenthood

Acknowledge the whole person

Learn through authentic communication

Have a conversation about supports

Validate experiences

Byatt et al. 2012 (in preparation).

Perspective of OB/Gyns

Study and purpose

Focus groups with OB/Gyn providers and staff

Discussion probes informed by literature review

- **What are barriers?**
- **What can we do to affect change?**

Groups electronically recorded. Immediate impressions and emerged themes identified.

Grounded theory approach utilized to analyze quantitative data.

- data reviewed, segmented, and coded using iterative, constant-comparative process to identify emerging themes and recurrent patterns

Byatt et al. 2012 (under review).

Methods – 4 two hour focus groups

Focus Group	Participants	N	Years of clinical experience
1*	OB/Gyn resident physicians (n=6)	6	PGY 1 to 4
2*	OB/Gyn attending physicians (n=8) advance practice nurses (n=4)	12	1 to 23 years
3*	Nursing staff (n=4) PCAs (n=2) Support staff (n=3) Licensed clinical social worker (n=1)	10	4 to 27 years
4	Resident physician (n=1) Attending physician (n=1) Advance practice nurses (n=2) Nursing staff (n=3) PCAs (n=2) Support staff (n=3)	*12	1 to 27 years

*** Convenience sample of stakeholders**

Byatt et al. 2012 (under review).

Barriers to Addressing Perinatal Depression

Provider Barriers

Limited Resources

- Time constraints
- Lack of training and skills

Limited Motivation

- Feeling beleaguered
- Feeling overwhelmed

Discomfort with mental health treatment

- Lack of comfort with depression dx & tx
- Depression is beyond the scope of practice

Limited Resources – Time constraints

“We don’t have enough time in our appointments… we can take the time, but then it backs our whole schedule up… I don’t think we have the time to have a mental health style appointment … We don’t have the luxury of doing that. We can’t. We are just like, are you suicidal, homicidal? That’s the only thing.”

Limited Resources (Time) & Discomfort

"I tend to ask, Are you going to your appointments? Do you like who you're seeing? …and do you feel like it's helping? And I hope they say Yes to all of them. And as soon as they say No, I say, Now why did I open up that can of worms?"

Byatt et al. 2012 (under review).

Discomfort with Mental Health Treatment

"There [are] patients that come in and say, 'I'm depressed. I have PTSD. I've been raped.' And you know, just like basics of how to kind of approach that, how to respond…. I would like to talk about it more, but I do not know where to start. Like, oh crap, that really sucks, I don't know."

Byatt et al. 2012 (under review).

Providers

Facilitators to Addressing Perinatal Depression

Provider Facilitators

Targeted provider training

Depression dx & tx, Medication use in the perinatal period, Triage & referral, Available resources

Learning counseling techniques

Resident training, Motivational enhancement techniques, Screening

Enhanced support and guidance from mental health providers

Easier access to mental health appointments, Easier referral process, Enhanced social work involvement, Urgent care appointments, Postpartum follow-up visit

Targeted provider training – Medication use

"...to know what's good in what trimester and how to feel comfortable prescribing a mild antidepressant or something."

Learning counseling techniques

"It would be interesting to spend a week with the psychiatrists.... …likewise if we were to sit in with a mental health counselor and they were screening for depression and the depression screen was positive, they could say, okay, these are the steps that you can take to work with it… getting those basic steps, like sort a feeling comfortable having those conversations would be useful… that's how we are used to learning."

Byatt et al. 2012 (in preparation).

Providers May Make a Difference with Increased Training and Support

Structured screening and referral

Training

Improved provider confidence

Integrated depression and ob care

Immediate back up from mental health providers

Byatt et al. 2012 (in preparation).

System-level Barriers

Limited training among mental health providers

Limited mental health resources

OB and mental health care not integrated

Lack of collaboration with mental health providers

Byatt et al. 2012 (under review).

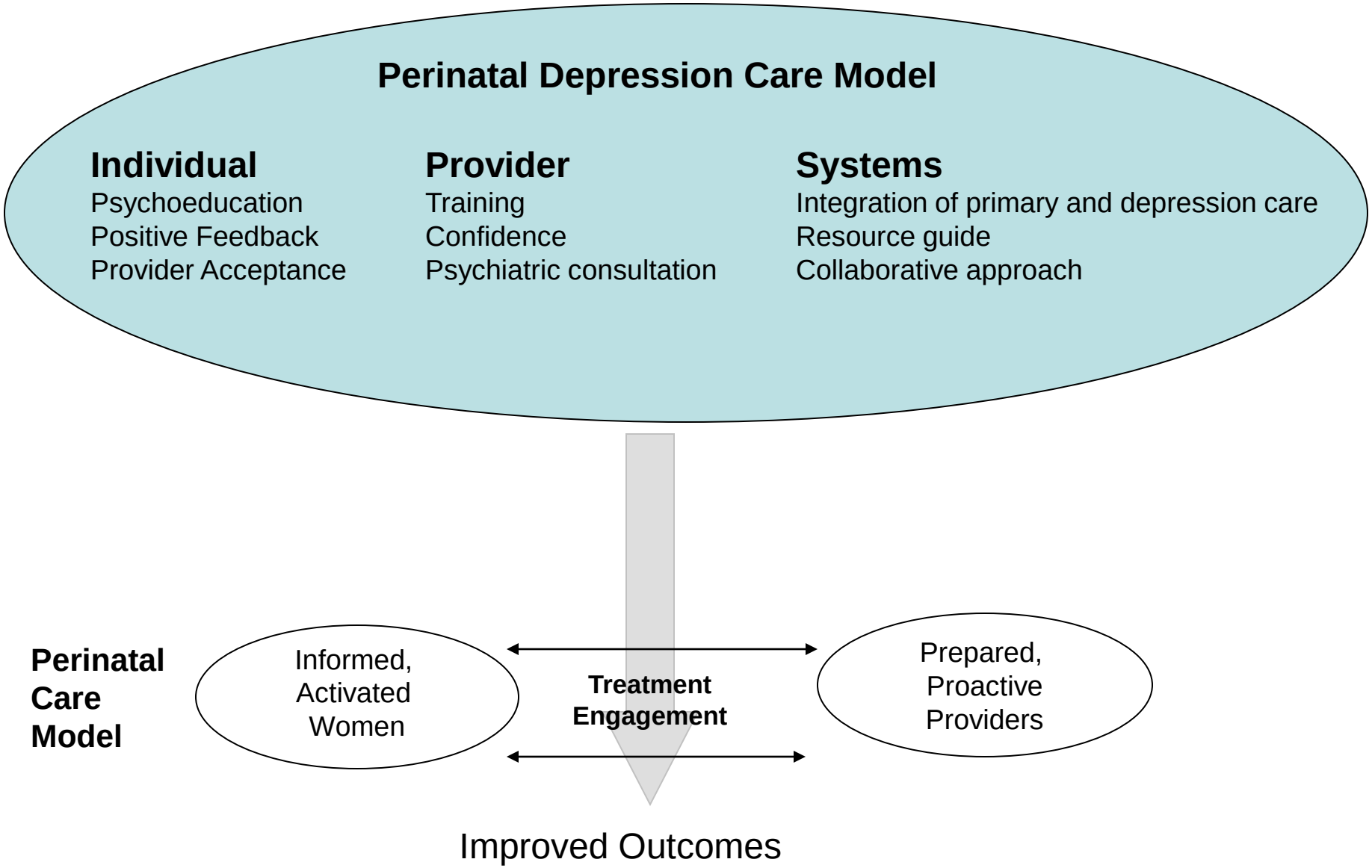
Strategies for Improvement

A system change could improve engagement in mental health treatment

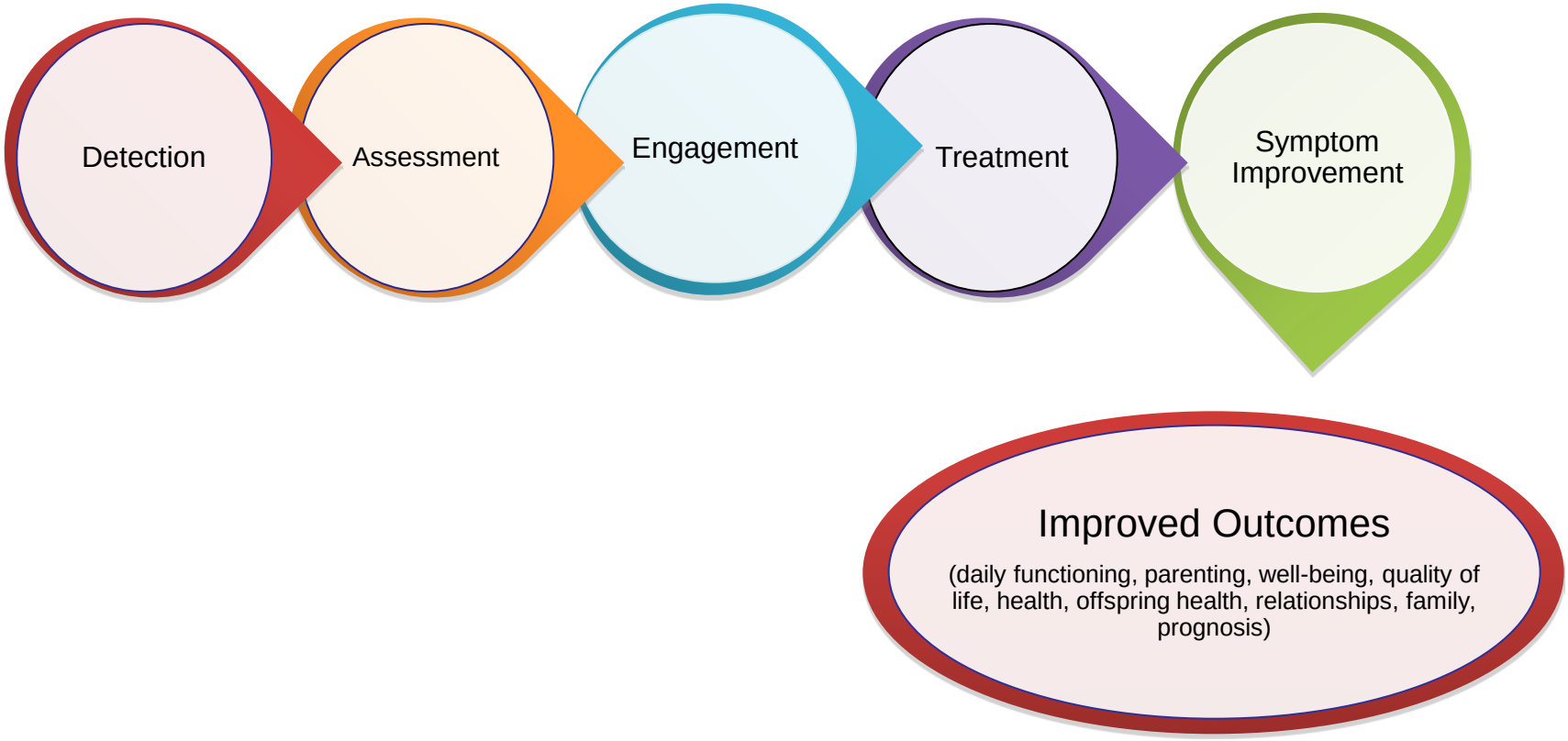
Integration of care

- Facilitate access to care
- Provide a comprehensive, integrated approach
- Engage women in mental health treatment

Perinatal Depression Care Model Adapted from Chronic Care Model



Why it is important to address perinatal depession in OB settings



In summary, future efforts should involve interventions address individual, provider and system-level barriers

Acknowledgements

UMass Medical School Faculty Scholar Award

MotherWoman, Inc.

Liz Friedman, MFA	**MotherWoman**
Doug Ziedonis, MD, MPH	**UMMS**
Jeroan Allison, MD	**UMMS**
Kate Biebel, PhD	**UMMS**
Gifty Debourdes-Jackson, MA	**UMMS**

QUESTIONS?

Feel free to contact us

Nancy.Byatt@umassmemorial.org

TiffanyA.MooreSimas@umassmemorial.org