

Caregiver Perinatal Depression Screening: A Quick Guide to Louisiana Providers for Caregiver Perinatal Depression Screening in Pediatric Practices

Screening for perinatal depression in the pediatric clinic is an important piece to ensuring a healthy parent/child dynamic. Pediatric providers have a unique opportunity to identify and coordinate access to care for further assessment and treatment. This quick guide serves as a support document to implementing caregiver depression screenings in a pediatric clinic setting.

Benefits of Screening

Research shows that screening for perinatal depression can be beneficial to a caregiver regardless of the score. Screening can prompt conversations about protective factors that exist for the family (social supports, stable housing, and employment) and proactive strategies to promote positive mental health.

Protective Strategies to Promote Positive Mental Health:

- Importance of a social circle (Who do you talk to when you are having a hard time? Who do you spend time with away from the baby?)
- Self-care (Have you found any time for exercise? Have you been able to make any time for yourself?)
- Sleep maintenance (Are you able to sleep when the baby sleeps?)
- Introduce support groups (PSI offers several: postpartum.net/get-help/psi-online-support-meetings/)

How to Present Screening

How the screening is presented can make a substantial impact on the comfort of the caregiver receiving the screen. Developing scripts for all points of interaction will ensure consistency among staff members (delivery of screening, positive/negative results, refusal, etc.). Sample scripts are provided throughout this guide.

The Screening Process

When to Screen for Perinatal Depression

According to the American Academy of Pediatrics and Bright Futures, perinatal depression screenings should be offered to all caregivers at the 1, 2, 4, and 6 month well child visits (and at other times if indicated).

Example Script: Initial Conversation

Initial conversation to create a warm and welcoming environment and gauge how a caregiver is doing.

- *I know a lot of caregivers (mothers, fathers, etc.) feel overwhelmed or even down with a new baby. Have you been feeling that way?*
- *Having a new baby is hard. How have you been holding up?*

Recommended Screening Tools

The tools listed below are validated screening tools for perinatal depression. These tools are all eligible for Louisiana Medicaid reimbursement - see more info in the Billing section of this document. Learn more about each tool at ldh.la.gov/page/PerinatalScreening.

- Edinburgh Postnatal Depression Screening (EPDS)
- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)

Other validated screening tools are available to screen pregnant and postpartum persons for depression, anxiety, substance use disorder, and social determinants of health. [Click here for more information on those tools.](#)

Example Script: Introducing the Screening Tool

Introduction to the screening should include respectful and inclusive language. If the screening is being given to the caregiver in the waiting room, this language should be included in writing at the introduction to the screening.

- *Having a baby is a big adjustment and we would like to check in and see how you are feeling. Please take a few minutes to complete this short survey and check the answer that comes closest to how you have been feeling in the past 7 days.*

Screening Scoring

The caregiver does not need to screen “positive” for the provider to determine if support or a follow-up is needed. In addition, a caregiver who screens positive does not indicate a diagnosis. A positive screen simply infers that a risk for depression is present and further evaluation is warranted. Staff should be adequately trained on the selected screening tool and the algorithm of response.

The cut off score varies depending on the screening tool being used. Consider a flowchart to guide next steps based on scoring results.

Example Script: Positive Screening Result/Concern Identified

It is important to speak with families about realistic next steps.

- *Would it be okay with you if I shared some resources that other caregivers have found helpful?*
- *I'm concerned about you feeling down, I would like to refer you to a provider that could help you feel a little more like yourself. Would it be okay if we help you make that appointment?*

Example Script: Negative Screening Result

Even when a caregiver doesn't screen positive for perinatal depression, it's good to check in on their well-being and what to do if they start experiencing symptoms.

- *Taking care of yourself with a new baby is really important. What types of things do you like to do to stay healthy?*
- *Have you been able to spend any time on yourself lately?*

Referring After a Positive Screen

Referrals should be made at any well child visit where a caregiver screens positive using evidence-based perinatal depression screening questionnaires (or a concern is noted). Referral to resources should include services that address the mental health of the caregiver. These are services that provide ongoing support versus a one-time touchpoint.

Referrals sources could include (but are not limited to):

- Mental Health Services
- Peer/Group Counseling
- Primary Care Physician/Perinatal Providers
- Telehealth mental health services

Louisiana Mental Health Perinatal Partnership (LAMHPP) provides a [searchable, statewide resource database](#) that contains mental health and other community resources for pregnant and postpartum persons.

Recommended Referral Method: A Warm Hand-Off

A warm hand-off is defined as a human to human connection and transfers care between two members of a healthcare team. Warm hand offs are recommended to help ensure that caregivers and patients receive the additional support needed.

Below are examples of actions that would be considered a warm hand off:

- Caregiver received a direct referral to a resource via phone call made by the pediatric site
- Caregiver referred to services inside the practice
- Caregiver is given a personal introduction to the services (handing off to another human)
- Documentation that a personal message was left with the referral service

After a Referral: Utilization Follow Up

When a caregiver is referred for services it is important to follow up to determine if the referral was utilized and if the caregiver needs any additional support. If the screening results were noted as high risk, follow up should be made within a couple of days. The clinic should identify a staff member responsible for follow ups and provide adequate training on scripting and resources. If the caregiver has not utilized the referral, you can problem solve to try to eliminate any barriers that may prevent them from seeking care.

In Case of an Emergency

Providers must be prepared for a crisis situation. If there is a safety concern or the caregiver reports a positive response on a question related to self-harm, the caregiver should be referred to a local emergency room, or, if available, local mental health crisis services. The caregiver should not be left alone and someone should escort the caregiver to the ER. The provider should ask the caregiver if there is someone who could care for the child while they seek services.

Other Considerations

Documentation

Documentation entered in the child's chart should include:

- Person screened
- Screener used
- Results
- Any actions taken
- Challenges or barriers that the family may be facing that could put the caregiver/child at risk

Billing/Reimbursement

Medicaid will reimburse at the rate of \$8.14 (rate and code subject to change) using the **code 96161** when using one of the screeners listed below. Medicaid will reimburse for the screening of a caregiver who is not the biological mother.

- Edinburgh Postnatal Depression Screening
- PHQ-2
- PHQ-9

Screening with Caregivers Other Than the Birthing Person

It is important to acknowledge that depression may present differently in other caregivers, especially birth fathers. One in three fathers in families challenged by postpartum depression also experience depression themselves. However, men are more likely to report substance abuse, as well as, disturbances in work and

social functioning. It is also documented that adoptive parents have similar rates of depression compared to birth parents. Screening for perinatal depression allows time to understand the family system, who may be at risk for depression, and to ensure each caregiver receives appropriate support in order to provide the best environment for the child.

Additional Resources

Resources for Providers

- Louisiana Developmental Screening Guidelines: ldh.la.gov/page/3979
- AAP Policy Statement: Incorporating Recognition and Management of Perinatal Depression in Pediatric Practice: publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management
- Mental health consultation services available through Louisiana Mental Health Perinatal Partnership (LAMHPP): medicine.tulane.edu/tulane-doctors/lamhpp
- Louisiana Crisis Response System for adults enrolled in Medicaid: ldh.la.gov/page/4190

Resources to Share with Families

- Maternal Mental Health Hotline: mchb.hrsa.gov/national-maternal-mental-health-hotline/materials
- AAP Handout (also available in Spanish): https://downloads.aap.org/AAP/PDF/Perinatal_Depression_Patient_Handout_Final_7.5.22.pdf
- Postpartum Support International (PSI): www.postpartum.net/