

Peds Should Screen New Moms for Depression

By Nancy Walsh, Staff Writer, MedPage Today
October 25, 2010

MedPage Today Action Points

- Explain that pediatricians who screen new mothers for depression can help prevent a host of problems in childhood.
- Note that one potential screening strategy is to arrange for a prenatal visit, when the pediatrician can meet the parents and possibly identify warning signs and risk factors for depression, then plan for necessary services.

Review

Pediatricians who screen new mothers for depression can help prevent a host of problems in their children, according to a new clinical report from the American Academy of Pediatrics (AAP).

Simply asking the mother if she has been feeling down, depressed, or hopeless, and if she has little interest or pleasure in activities -- well-recognized as symptoms of depression -- can be a tipoff that intervention may be needed, explained Marian F. Earls, MD, of Guilford Child Health in Greensboro, N.C., and colleagues from the AAP Committee on Psychosocial Aspects of Child and Family Health.

Rates of depression among pregnant and postpartum women have been estimated to range from 5% to 25% -- and for major depression in the first year after the birth the rate of depression ranges from 1% to 6.8%.

This means that more than 400,000 infants are born annually to depressed mothers, resulting in "increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction," the committee report stated in the November issue of *Pediatrics*.

Depression in new mothers ranges from fleeting "maternity blues," which typically consist of crying, anxiety, and mood swings that can afflict up to 80% of women shortly after giving birth, to postpartum psychosis, which requires urgent attention and often hospitalization.

Of critical importance, according to the committee report, is the interference maternal depression can have on mother-child attachment and bonding.

"The processes for early brain development -- neuronal migration, synapse formation, and pruning -- are responsive to and directed by environment as well as genetics," they wrote.

And if that environment lacks sufficient mother-child bonding and attachment, cognitive, and social development can be affected negatively, beginning as early as two months.

Furthermore, "insecure attachment" resulting from untreated maternal depression can later lead to the development of behavior problems, anxiety, and mood disorders through childhood and adolescence.

Maternal depression also can impair parental attention to health and safety concerns for the child. If compounded by other parental risk factors such as substance abuse and violence, the negative effects on the child can be cumulative.

Paternal depression -- estimated at 6% -- can further worsen the situation, whereas the presence of a nondepressed father can be protective, even when the mother is depressed.

Most pediatricians feel that screening their patients' mothers for depression is feasible -- and during the past decade many screening programs, including ones for mental health, have successfully been implemented into primary care.

Although there are potential barriers to screening -- such as time pressure, inadequate reimbursement, and lack of training in postpartum depression screening tools -- the pediatrician who screens for perinatal depression does not necessarily need to provide treatment.

Rather, the focus should be on providing guidance, referrals to specialists and community services, and follow-up, according to the AAP report.

One potential strategy is to arrange for a prenatal visit, when the pediatrician can meet the parents and possibly identify warning signs and risk factors and plan for necessary services.

Screening for postpartum depression can then be done during the routine infancy visits, using a tool such as the Edinburgh Postpartum Depression Scale.

If screening is positive, symptom severity should dictate the course of action.

For maternity blues or minor depression, support and patient education, particularly through "demystification," may suffice.

The process known as demystification seeks to help the mother understand:

- She is far from alone. Her symptoms are shared by many other women.
- She is not at fault. Hormonal factors play a large role in postpartum depression.
- She will improve.

If the depression is more severe, referral for treatment may be needed. Various resources are available, including mental health providers integrated into the pediatric practice, outside clinicians experienced in caring for the maternal-child dyad, and research-based programs such as the video-based Circle of Security intervention.

"The primary care pediatrician, by virtue of 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," the AAP report concluded.

All authors declared no conflicts of interest.

Primary source: Pediatrics

Source reference:

Earls M, et al "Clinical report -- incorporating recognition and management of perinatal and postpartum depression into pediatric practice" *Pediatrics* 2010; 126: 1032-1039.

Disclaimer

The information presented in this activity is that of the authors and does not necessarily represent the views of the University of Pennsylvania School of Medicine, MedPage Today, and the commercial supporter. Specific medicines discussed in this activity may not yet be approved by the FDA for the use as indicated by the writer or reviewer. Before prescribing any medication, we advise you to review the complete prescribing information, including indications, contraindications, warnings, precautions, and adverse effects. Specific patient care decisions are the responsibility of the healthcare professional caring for the patient. Please review our Terms of Use.