

Postpartum Depression and House Bill 341

The “Andrea Yates Bill”

Postpartum depression (PPD) is a serious disorder, each year affecting 10% to 15% of women who have delivered children. This disorder, despite its high prevalence, often goes undetected and untreated. In an attempt to address this public health problem, the State of Texas has enacted legislation, House Bill 341 (also known as the “Andrea Yates Bill”), which went into effect on September 1, 2003. This law requires healthcare providers who treat pregnant women to provide them with resource information regarding counseling for postpartum depression and other emotional traumas associated with pregnancy and parenting.

The purpose of this report is to assist HMO Blue Texas network physicians in meeting the intent of this new legislation by providing resource information on PPD. Additional information is provided on symptoms, assessment, risk factors, and treatment for PPD as well as information on the joint HMO Blue Texas and Magellan Behavioral Health Postpartum Prevention Program.

Some Facts about Postpartum Depression

- There is a seven-fold increase in the risk of psychiatric hospitalization for women following childbirth.
- The majority of new mothers with PPD suffer with this illness for more than six months.
- Serious consequences can occur as a result of postpartum depression, including, in the worst cases, suicide, infanticide and non-accidental injury to the child.
- Postpartum depression negatively impacts the cognitive and emotional development of children up to age five.
- Children of depressed mothers see their primary care physicians more often and have higher rates of prescription medications and hospitalizations than children of non-depressed mothers.
- Postpartum depression can present with or without psychotic features.
- Postpartum psychosis affects about 1 out of a 1,000 women who have given birth.

Symptoms of Postpartum Depression

The American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders-IV (DSM IV) defines postpartum depression as a sub-category of major depression which is marked by a sad mood lasting at least two weeks accompanied by at least four other symptoms (see symptom list below) and onset within four weeks of delivery. However, it is important to be on the alert for symptoms of PPD in women as much as three to six months following delivery. When diagnosing PPD, the symptoms of depression can easily be remembered through the acronym SIGECAPS:

- **S**leep- insomnia or hypersomnia
- **I**nterest- loss of interest or pleasure
- **G**uilt- feelings of worthlessness

- Energy- fatigue
- Concentration- diminished ability to think or make decisions
- Appetite- eating too much or too little
- Psychemotor- generalized slowing of movements
- Suicidality- preoccupation with death or hopelessness

When interviewing new mothers, diagnostic questions may need to be modified to get a clear picture of the depression as the natural physical and lifestyle changes that accompany delivering and caring for a newborn causes changes in sleep, appetite and other usual activities.

- Is being a new mother (or caring for a new baby) everything you expected it to be?
- Do you enjoy playing with your baby?
- Are you able to sleep when the baby is sleeping?
- Do you have enough energy to take care of yourself and your baby?
- How does food taste?
- Have you been crying for no reason?
- Have you had thoughts of wanting to hurt yourself or anyone else?

Risk factors for PPD include, family or personal history of depression, lack of social support, poor marital relations, pre-term or multiple births, single marital status, and unwanted/unplanned pregnancy.

What can you do?

Postpartum Depression is very treatable. The most common treatments are antidepressant medication, psychotherapy or a combination of the two. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences. Consider adopting the following measures:

- For women at-risk for PPD, discuss the risk, provide education, and share informational resources on PPD, such as those listed below.
- Routinely screen for depression in women at their six week post-birth check-up.
- For women showing signs of depression, conduct a thorough evaluation, including a mental status examination, and assess risk of self-harm.
- Make note of the symptoms of depression, including length, severity, and duration.
- Make the diagnosis, as indicated.
- Develop a treatment plan and discuss with the patient and family members, as appropriate.
- Consult a psychiatrist or other mental health professional as necessary.
- Keep up-to-date on depression research and treatment.

HMO Blue Texas and Magellan Behavioral Health Can Help

HMO Blue, and its behavioral health partner Magellan Behavioral Health, have teamed up to offer a Postpartum Depression Preventive Health Program. This program helps new mothers learn more about postpartum depression by sending a packet of information about PPD to new mothers four to six weeks following delivery. The program also assists in the identification of PPD in new mothers and with referrals to appropriate

behavioral health professionals, when necessary. The intent of the program is to decrease the severity, length of illness, and associated morbidity by increasing the rate of depression screening during the early postpartum period.

Our program is also designed to help you. A packet of information is available to HMO Blue Texas network physicians from Magellan that includes a PPD Fact Sheet for women as well as a brief depression-screening tool. If your practice includes treating pregnant women, in addition to providing resource information now required by Texas law, we strongly recommend the use of a depression-screening tool. You can obtain the Fact Sheet (and make unlimited copies) and the screening tool by contacting Magellan Behavioral Health at 1-800-430-0535 ext. 3889, or by e-mail at djtodora@magellanhealth.com

You may also contact Magellan at any time by calling the phone number on the HMO Blue Texas member card. Our Care Managers and Physician Advisors can consult regarding the appropriate course of action for HMO Blue Texas members.

If your patient does not have the Magellan program, tell them to check their employee benefits or with their local human services agency to see what services are available.

Additional Resources

Web sites:

www.depressionafterdelivery.com
www.4woman.gov/faq/postpartum.htm
www.texaspostpartum.org
www.postpartumstress.com

Books:

“Behind the Smile: My Journey Out of Postpartum Depression”
by Marie Osmond, Marcia Wilkie (Contributor), Judith Moore (Contributor)
Warner Books (2001)

“Beyond The Blues: Prenatal and Postpartum Depression”
by Shoshana Bennett and Pec Indman; Moodswings Press (2002)

“Overcoming Postpartum Depression & Anxiety”
by Linda Sebastian LPC (1998)

“Postpartum Depression: Every Woman's Guide to Diagnosis, Treatment, and Prevention”
by Sharon L. Roan; Adams Media Corp. (1998)

“This Isn't What I Expected: Overcoming Postpartum Depression”
by Karen Kleiman and Valerie Davis Raskin; Bantam Books (1994)