

Addressing Perinatal Depression - Enhancing Maternal Health Outcomes Through Screening and Intervention

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Disclosures

None

A Quick Survey





Objectives

Understand Perinatal Depression

Participants will be able to describe the signs, symptoms, and risk factors associated with perinatal depression, particularly among underserved populations such as Black women

Identify Screening Tools and Guidelines

Participants will be able to identify appropriate screening tools, such as the EPDS and PHQ-9, and understand the guidelines for implementing perinatal depression screening during prenatal and postpartum care.

Evaluate Barriers and Interventions

Participants will evaluate the barriers healthcare providers face in screening for perinatal depression and explore both pharmacological and non-pharmacological interventions available for treatment.

Apply Knowledge to Practice

Participants will apply strategies to enhance interdisciplinary collaboration, improve cultural competency, and integrate screening and intervention practices into their respective healthcare fields to improve maternal health outcomes.

Perinatal Depression

Perinatal depression is a serious mood disorder that affects women during pregnancy and in the first year after childbirth

This includes prenatal depression and postpartum depression, and is characterized by persistent feelings of sadness, anxiety, fatigue, and difficulty bonding with the baby.



Perinatal Depression

Statistics

- Perinatal depression affects about 1 in 7 women during or after pregnancy.
- **Black women** are at an increased risk, with up to 28% affected
- Studies estimate the prevalence of perinatal depression among **Native American women ranges from 25% to 35%**
- Only around **50% of pregnant women are screened for depression during prenatal visits**, despite the importance of early detection and intervention.



Disparities and Risk Factors

1. Black Women and Perinatal Depression

- Black women are **twice as likely** as White women to experience perinatal depression but are **less likely** to be screened or receive treatment.

2. Socioeconomic Disparities

- Women in low-income households are at a **40-60% increased risk** of developing perinatal depression compared to higher-income households

Significance of Perinatal Depression Screening

The importance of screening lies in **early identification and intervention**

Early treatment can prevent negative maternal outcomes such as chronic depression, anxiety and adverse effects on the infant, such as preterm birth and developmental delays

Current screening rates remain low, primarily due to barriers faced by both healthcare providers and patients.

Understanding Perinatal Depression

Risk Factors

Perinatal depression is influenced by a combination of **biological** (hormonal changes), **psychological** (history of depression), and **social** (poor social support) factors

Research has shown that minority women, especially Black women, are at increased risk due to higher levels of *psychosocial stress* and *systemic barriers to care*

Signs and Symptoms

Symptoms of perinatal depression include persistent sadness, fatigue, anxiety, irritability, and changes in sleep and appetite

It is essential to differentiate these symptoms from normal pregnancy-related emotional fluctuations



Understanding Perinatal Depression

Complications of Untreated Perinatal Depression

Untreated perinatal depression can lead to complications such as **preterm birth, low birth weight, and developmental issues in infants.**

For mothers, untreated depression increases the risk of chronic mental health issues and affects the maternal-infant bond, impacting long-term outcomes



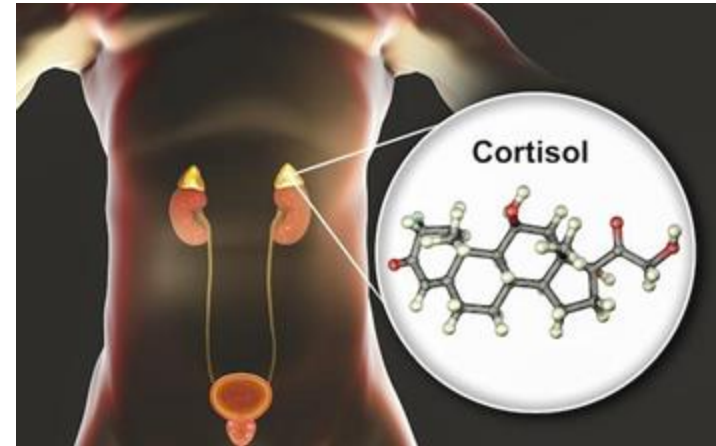
Understanding Perinatal Depression

Cortisol's Role in Perinatal Depression and Negative Pregnancy Outcomes

Cortisol, a stress hormone produced by the adrenal glands, plays a crucial role in the body's response to stress

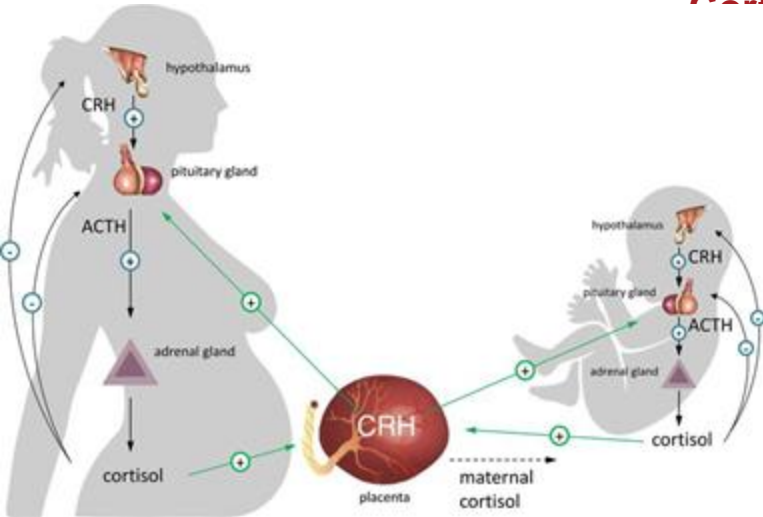
During pregnancy, elevated cortisol levels are often a sign of the body trying to adapt to increased physiological demands

Prolonged elevation of cortisol due to chronic stress or untreated perinatal depression can have significant negative effects on both maternal and fetal health



Understanding Perinatal Depression

Cortisol and Perinatal Depression



Chronic Stress and Depression

- Normally, *cortisol levels fluctuate* throughout the day and increase in response to stress
- *Those with depression*, cortisol levels may remain elevated for longer periods
- Individuals experiencing perinatal depression often **endure prolonged periods of stress**
- The hypothalamic-pituitary-adrenal (HPA) axis, which regulates stress responses, becomes dysregulated, leading to an **overproduction of cortisol**.

Understanding the Effects of Perinatal Depression

Elevated Cortisol

Gestational Diabetes

Cortisol raises blood glucose and promotes insulin resistance

Perinatal depression & stress increases cortisol secretion

Preterm Birth/LBW

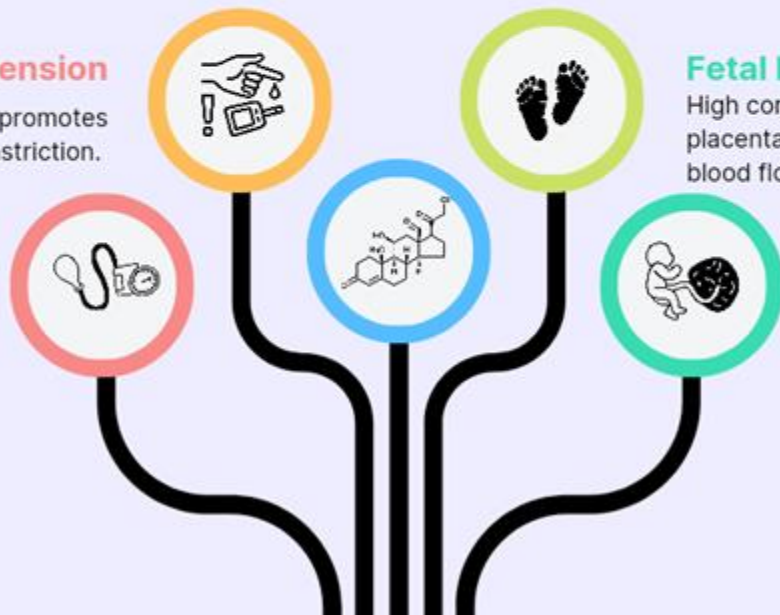
Cortisol triggers the production of prostaglandins

Hypertension

Cortisol promotes vasoconstriction.

Fetal Development

High cortisol levels affects placental function by altering blood flow



Understanding Perinatal Depression

Cortisol's Physiological Impact on Pregnancy

- **Placental Function**
 - The placenta regulates the transfer of nutrients and oxygen between the mother and fetus. High cortisol levels can affect placental function by **altering blood flow and reducing placental efficiency**.
 - This leads to **restricted fetal growth**, increasing the risk of low birth weight and preterm birth.
- **Increased Risk of Preterm Labor**
 - Cortisol triggers the production of **prostaglandins**, which are hormones that help prepare the body for labor. Elevated levels of cortisol can prematurely stimulate these prostaglandins, leading to **preterm labor** and **premature rupture of membranes**.
- **Fetal Brain Development**
 - Elevated cortisol levels during pregnancy **can cross the placental barrier and affect fetal brain development**, particularly the limbic system, which regulates emotional responses
 - This exposure can predispose the child to **anxiety, depression, or emotional dysregulation** later in life

Understanding Perinatal Depression

Linking Cortisol to Negative Pregnancy Outcomes

- **Cortisol and Blood Pressure Regulation**

- Cortisol promotes **vasoconstriction** (narrowing of blood vessels), which increases blood pressure.
- Chronic stress and elevated cortisol levels can heighten this vasoconstrictive effect, leading to **hypertension**, a key feature of preeclampsia.
- **Consequences of Preeclampsia**
 - **Maternal Risks:** Preeclampsia can lead to severe complications like seizures, stroke, or organ failure.
 - **Fetal Risks:** Reduced uterine blood flow increases the risk of **intrauterine growth restriction (IUGR)**, **preterm birth**, and **low birth weight**.

- **Cortisol and Gestational Diabetes**

- High cortisol increases blood glucose levels by promoting **gluconeogenesis** and **insulin resistance**, contributing to gestational diabetes
- Gestational diabetes **increases the risk of high birth weight, preterm delivery, and delivery complications**



Research Findings

Quantitative Correlation Cross-sectional research study

The target population for this study included clinicians who provide prenatal care, including obstetrician/gynecologists, midwives, physician assistants, and nurse practitioners in Long Island, New York.

The purpose was to understand the **relationship** between the health care providers' **likelihood of screening Black women for perinatal depression** and the constructs of the HBM - perceived susceptibility, perceived severity, perceived self-efficacy, and perceived benefits

Dependent Variable

Independent Variable



Research Findings

Perceived susceptibility: revealed a p value of 0.0133, which is below the threshold of 0.05, suggesting that the **relationship is statistically significant**.

Perceived severity: a p-value of 0.2504, $p < 0.05$, indicating that this weak positive relationship is **not statistically significant**.

Perceived self efficacy: p-value of 0.1896, $p < 0.05$, indicating that the relationship is **not statistically significant**

Perceived benefits: a p-value of 0.0654, $P < 0.05$, on the borderline of statistical significance. Indicating there was a correlation that health care providers who perceive there are benefits of screening for perinatal depression are somewhat more likely to screen for perinatal depression **does not reach the conventional level of statistical significance**.

Screening for Perinatal Depression

Screening Guidelines

The ACOG and USPSTF recommend routine screening for perinatal depression at least once during pregnancy and postpartum. Screening should be integrated into regular prenatal care to ensure early detection (Harris, 2017)

Screening Tools

- **Edinburgh Peri/Postnatal Depression Scale (EPDS)** Widely used, easy to administer, with a sensitivity and specificity tailored for perinatal depression.
- **Patient Health Questionnaire (PHQ-9)** Used for assessing the severity of depression

Barriers to Screening

- Barriers include healthcare providers lacking confidence in mental health assessment in patient
- Lack of perceived severity and lack of perceived benefits
- Systemic issues such as time constraints and poor referral systems

SCORING GUIDE

Edinburg Peri/Postnatal
Depression Scale

1. I have been able to laugh and see the funny side of things
 0 As much as I always could
 1 Not quite so much now
 2 Definitely not so much now
 3 Not at all
2. I have looked forward with enjoyment to things
 0 As much as I ever did
 1 Rather less than I used to
 2 Definitely less than I used to
 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 3 Yes, most of the time
 2 Yes, some of the time
 1 Not very often
 0 No, never
4. I have been anxious or worried for no good reason
 0 No, not at all
 1 Hardly ever
 2 Yes, sometimes
 3 Yes, very often
5. I have felt scared or panicky for no very good reason
 3 Yes, quite a lot
 2 Yes, sometimes
 1 No, not much
 0 No, not at all
6. Things have been getting on top of me
 3 Yes, most of the time I haven't been able to cope
 2 Yes, sometimes I haven't been coping as well as usual
 1 No, most of the time I have coped quite well
 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 3 Yes, most of the time
 2 Yes, sometimes
 1 Not very often
 0 No, not at all
8. I have felt sad or miserable
 3 Yes, most of the time
 2 Yes, quite often
 1 Not very often
 0 No, not at all
9. I have been so unhappy that I have been crying
 3 Yes, most of the time
 2 Yes, quite often
 1 Only occasionally
 0 No, never
10. The thought of harming myself has occurred to me
 3 Yes, quite often
 2 Sometimes
 1 Hardly ever
 0 Never



EPDS Score	Interpretation	Action
Less than 8	Depression not likely	Continue support
9–11	Depression possible	Support, re-screen in 2–4 weeks. Consider referral to primary care provider (PCP).
12–13	Fairly high possibility of depression	Monitor, support and offer education. Refer to PCP.
14 and higher (positive screen)	Probable depression	Diagnostic assessment and treatment by PCP and/or specialist.
Positive score (1, 2 or 3) on question 10 (suicidality risk)		Immediate discussion required. Refer to PCP ± mental health specialist or emergency resource for further assessment and intervention as appropriate. Urgency of referral will depend on several factors including: whether the suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts, whether symptoms of a psychotic disorder are present and/or there is concern about harm to the baby.

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Edinburgh Peri/Postnatal Depression Scale Scoring

- **Scores 0-8:** Scores in this range may indicate the presence of some symptoms of distress that may be short-lived and are **less likely to interfere with day-to-day ability to function** at home or at work. However, if these symptoms have persisted more than a week or two further enquiry is warranted.
- **9-11:** Scores within this range indicate the **presence of symptoms of distress** that may be discomfoting. **Repeat the EDS in 2 weeks'** time and continue monitoring progress regularly. If the scores increase to above 12 assess further and consider referral as needed.
- **12+:** Scores above 12 require further assessment and appropriate management as the likelihood of depression is high. **Referral to a psychiatrist/psychologist** may be necessary.
- **Item 10: Any woman who scores 1, 2 or 3 on item 10 requires further evaluation before leaving the office to ensure her own safety and that of her baby**



Interventions for Perinatal Depression

Pharmacological Interventions

Medications: primarily antidepressants, are often considered safe for use during pregnancy and breastfeeding

Providers must weigh the risks and benefits of pharmacological interventions

Non-Pharmacological Interventions

Psychotherapy, particularly **Cognitive-Behavioral Therapy (CBT)** and **Interpersonal Therapy (IPT)**, are highly effective in managing perinatal depression

Peer support programs can also provide significant relief

Cultural Competency and Perinatal Depression Screening

Several **cultural factors** influence **perinatal depression screening**, particularly among **minority populations** like Black women

These cultural factors can affect both the likelihood of **healthcare providers screening** for perinatal depression and the **willingness of patients** to disclose symptoms and seek help

Stigma Around Mental Health

- **Cultural beliefs about mental illness** can create barriers to seeking care or accepting a diagnosis of depression. In some cultures, mental health issues, including perinatal depression, are seen as a personal or moral failing, leading to **shame** or **guilt**.
- **Fear of judgment** or **stigma** from the community or family can cause women to withhold their symptoms, leading to **underreporting** of perinatal depression

Cultural Competency and Perinatal Depression Screening

Cultural Competency of Healthcare Providers

- **Lack of cultural competence** among healthcare providers can result in **missed opportunities** to screen for perinatal depression in minority women.
- Providers may not fully understand the cultural nuances of how depression manifests or how patients communicate emotional distress.
- *Providers who are not culturally aware may inadvertently overlook signs of perinatal depression or fail to ask the right questions to assess the patient's mental health effectively.*

Developing an awareness of these cultural differences providers can better tailor their approach using culturally appropriate language, showing empathy for specific concerns, and reducing fears related to stigma

This encourages more open communication, builds trust with diverse patient populations, and improves screening acceptance and effectiveness.

A Collaborative Approach to Perinatal Depression

Role of Healthcare Providers in Improving Maternal Health Outcomes

Medical Doctors (MDs), Physician Assistants (PAs), Nurse Practitioners (NPs), Registered Nurses (RNs)

Our providers are at the forefront of patient interactions during prenatal care visits

- a. They can play a crucial role by routinely screening pregnant women for perinatal depression, *using standardized tools like the Edinburgh Postnatal Depression Scale (EPDS)*
- b. By identifying signs of perinatal depression early, they can make **appropriate referrals for mental health support**, thereby facilitating timely intervention that can prevent severe maternal and infant health outcomes.
- c. Their communication skills are also vital in **ensuring that patients understand the importance of mental health care during pregnancy**

A Collaborative Approach to Perinatal Depression

Role of Healthcare Providers in Improving Maternal Health Outcomes

Physical Therapists (PTs), Occupational Therapists (OTs), and Respiratory Therapists (RTs)

- a. PTs, OTs, and RTs can help address the physical symptoms associated with perinatal depression, such as fatigue, sleep disturbances, and general physical discomfort.
- b. PTs can develop **exercise programs to reduce stress** and promote endorphin release, which benefits mental health
- c. OTs can work with women to **enhance their ability to perform daily activities** that may become challenging due to depression, such as caring for their infant
- d. RTs can support patients through **guided breathing exercises** that aid in anxiety management
- e. By focusing on physical rehabilitation, these therapists contribute to the emotional well-being and overall quality of life of expectant and new mothers



A Collaborative Approach to Perinatal Depression

Role of Healthcare Providers in Improving Maternal Health Outcomes

Students (Future Healthcare Providers)

- a. Medical, PA, nursing, and allied health students are the next generation of healthcare providers and should be trained to recognize and screen for perinatal depression
- b. By practicing these skills during clinical rotations, *they become well-prepared to integrate mental health assessments into their future practice*
- c. Exposure to perinatal mental health issues during training encourages a culture that values mental well-being as much as physical health, leading to a workforce equipped to enhance maternal health outcomes across various settings



Summary

- **Screening for Depression and Stress Exposure:** Healthcare providers should screen pregnant women, particularly those from minority groups, for chronic stress
 - This can be integrated into **prenatal care** and involve mental health screening for **stress, anxiety, and depression.**
- **Culturally Competent Care:** Providers must offer **culturally sensitive care** that acknowledges and addresses the stress.
 - HCP can create supportive environments that mitigate stress responses, potentially lowering cortisol levels and improving pregnancy outcomes.
- **Stress Management Interventions:** Interventions such as **counseling, mindfulness programs, and stress management techniques** can be implemented during prenatal visits.
 - Connecting patients with social support systems can help mitigate the physiological impact of chronic stress.



Final Thoughts





Thank you!

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