

# CA-LEND Leadership Project Final Presentation

## A Call for Routine Screening for Maternal Depression and Anxiety for Part C Mothers

Project Team

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## ABSTRACT

Perinatal depression and anxiety have a significant impact on maternal well-being, and early childhood development, yet it is underdiagnosed and undertreated. For mothers of children who qualify for Part C services of the Individuals with Disabilities Education Act, this screening is of great importance due to their increased mental health burden. This white paper addresses the need for policy requiring screening of all part C mothers for anxiety and depression perinatally to improve outcomes for children, mothers, and the family unit. It includes recommended screening tools, and provides background needed for policy makers to make informed decisions. Intended for presentation to the Health and Human Services Agency, specifically the department of Public Health, and the department of Healthcare Services.

## Project Plain Language Summary

- Part C mothers are at higher risk of perinatal depression and anxiety due to the challenges of their child's condition and the isolation that may result from it.
- Screening occurs in about 40% of perinatal women, however screening is recommended for all by the American Psychiatric Association and American Academy of Pediatrics.
- Early screening and intervention improve long term health and wellness outcomes for both parent and child.

# Project Rationale

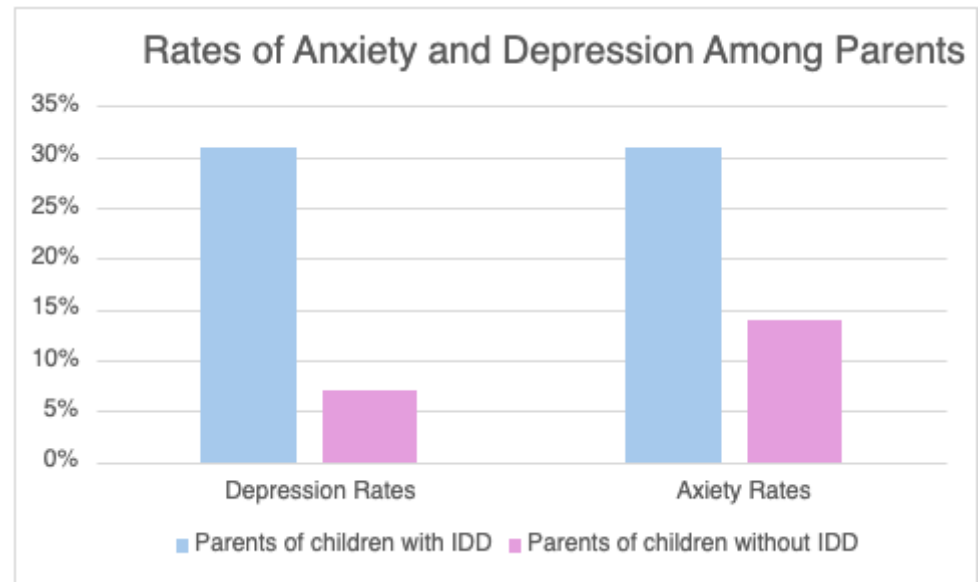
"In the **identification** of peripartum depression, identifying high risk dyadic relationships and offering targeted approaches to psychotherapy can help to abort intergenerational cycles related to depression, anxiety, and trauma" <sup>6</sup>

## Prenatal anxiety and depression increase the risk:

- delayed fetal development
- prematurity
- pre-eclampsia
- placental abnormalities
- spontaneous abortions

## Postnatal anxiety and depression impacts include:

- low birth weight
- lower rates of exclusive breastfeeding
- lower Apgar score
- infant sleep problems
- higher BMI of the child
- *developmental delays*
- *twofold increase in childhood mental disorders*<sup>2</sup>



Gopalan P, Spada ML, Shenai N, et al. Postpartum Depression-Identifying Risk and Access to Intervention. *Curr Psychiatry Rep.* 2022;24(12):889-896. doi:10.1007/s11920-022-01392-7

# Presentation of Project

Helseth

## A Call for Routine Screening for Maternal Depression and Anxiety for Part C Mothers

### Executive Summary

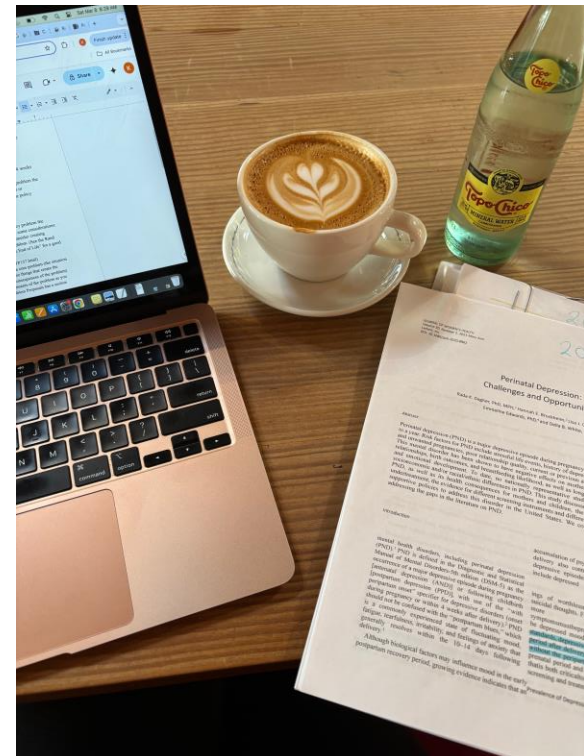
Whether diagnosed or undiagnosed, everyone knows someone who has struggled with peripartum depression or anxiety. Both are common, but often undiagnosed conditions. These common mental health conditions have long term health impacts on both the mother, the child, and the family unit as a whole. For infants and children with disabilities, the likelihood of anxiety and depression among mothers is greatly increased. These children and their families qualify for early intervention (EI) services under the Individuals with Disabilities Education Act (IDEA), also known as Part C. Part C is a federally funded program providing services for qualifying children and families, from birth to three years. Motherhood for children qualifying for part C comes with its own unique challenges increasing the likelihood of developing peripartum depression and anxiety. This is due to the potential complexity of their child's condition and the isolation that can result from it. To support these mothers, children, and the mother/child relationship, policy requiring screening for peripartum depression and anxiety needs to be implemented at all US medical facilities providing services to this population.

### Background

Mental health of mothers is a vital and often overlooked component in a child's first year of life. While the "baby blues" are a common occurrence for many who have just given birth, typically these resolve within the first few weeks postpartum. Perinatal depression (hereafter referred to as PND) can occur in mothers during pregnancy, and 4 weeks to a year after giving birth to a child. The DSM-5 defines PND as the occurrence of a major depressive episode during pregnancy or following childbirth. While postpartum anxiety is not a specific DSM-5 diagnosis, it is well documented as a common comorbidity alongside PND<sup>1</sup>.

There are a large variety of factors that can impact the development of PND or Perinatal Anxiety.

Common Factors Included but not limited to	
History of depression & anxiety	Low self esteem
Poor marital quality or single marital status	Limited social support
Low socioeconomic status	Obstetric stressors
NICU admission	Diagnosis of child



## Alignment with LEND Values

- Plan for Family- Person- Centered Perspective
  - Consult with a family support
- Plan for Interdisciplinary Perspective
  - Consult with family support
- Plan for Health Equity Perspective
  - Make sure research is inclusive
  - Supporting data in the white paper addresses equity and diversity

# Community (Title V) Agency Interface

- Health and Human Services Agency
  - Department of Public Health
    - Maternal Child Health Programs
  - Department of Healthcare Services

# Lessons Learned / Next Steps

## Lessons Learned

- Expect the unexpected
- Create space for yourself
- It's always going to take me longer than initially thought
  - First time attempting this type of project
    - How to review articles for inclusion
    - What is included in an IRB

## Next Steps

- Finished editing white paper
- Pass off final product



## Questions for Audience/ Invitation for Feedback

- Thoughts on best ways to disseminate this type of policy paper?

## Acknowledgments

- Thank you to Hope Wills for stepping in!
- Thank you to Marie Poulsen for the guidance and initial feedback and resources!
- Thank you to the Family Support scholars for their perspective and for feedback!

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