

**ACTION 2.3**

*Continue to track North Carolina's rates of maternal postpartum depression screening at well-baby visits and the amount and effectiveness of maternal depression and evidence-based two generation (mother and child) treatment services. Determine the extent of racial, ethnic, and geographic disparities in screening and service delivery to mothers with depression. Expand access to screening and treatment services based on the results.*

# EXPAND MATERNAL DEPRESSION SCREENING and TREATMENT

Prenatal and postpartum depression are risks to healthy parent-child interactions. A [comprehensive review of the research](#) finds that maternal depression endangers young children's cognitive, socio-emotional and behavioral development, as well as their learning, and physical and mental health over the long term. These risks occur through many channels, including the ways that untreated depression increases the risk of child maltreatment as well as children's own risk of depression, anxiety, and difficult behavior. The good news is that [if the parent's depression can be successfully treated, the child's mental health is markedly improved too.](#)

## WHAT WE KNOW

The [prevalence of maternal depression](#) ranges over the course of pregnancy and the postpartum period: as many as 20% of pregnant women experience depression, up to 80% experience the "baby blues" during the first two-weeks after delivery, and as many as 20% experience postpartum depression lasting longer than two-weeks after delivery. Low socioeconomic status and associated economic distress increases the risk for postpartum depression, Specifically, women with four SES risk factors (low monthly income, less than a college education, unmarried, unemployed) were [11 times more likely than women with no SES risk factors to have clinically elevated depression scores.](#)

Currently,  
**ONLY 68%**  
**OF PREGNANT**  
**WOMEN IN NORTH**  
**CAROLINA RECEIVE**  
**THE NECESSARY**  
**PRENATAL CARE;**  
far behind the national  
average of 77%.

It is important that we extend our understanding of postpartum depression to fathers and other caregivers involved with infant care. Our understanding of postpartum depression among fathers is new and we don't yet have established diagnostic criteria, but the risk factors include a history of depression in either parent, poverty, and hormonal changes. It is estimated that one in ten fathers experience postpartum depression and anxiety. Similar to supporting mothers experiencing postpartum depression, fathers need support from their partner, educational programs, paid parental leave, and professional mental health care.

### Dive Into the Data

In North Carolina, approximately, 92% of mothers receiving Medicaid are screened for postpartum depression during well-baby checkups. New parents develop trusting relationships with their child's pediatrician and these relationships can be leveraged to improve the health of parents and children. Explore other North Carolina early childhood data indicators on the Pathways Data Dashboard.

## WHAT WE NEED

Routine postpartum pediatric, obstetric, and gynecological visits are the healthcare system contacts that are most likely to catch early stages of postpartum depression. There are well-established two question screening assessments that can be followed by a more extensive diagnostic assessment for those who screen positive for being at-risk. However, many primary care providers need support to take the next steps in care after a patient screens positive.

Mental health consultation services like NC MATTERS are key to ensuring that primary care providers can access specialized mental health knowledge needed to appropriately screen and refer to more intensive care. NC MATTERS provides physicians with no-charge, real-time psychiatric consultation, resource and referral services, and training opportunities.

## HOW TO SUPPORT

Just like it takes a village to raise a child, it takes a collaborative of service providers to provide a safety-net for at-risk families. North Carolina has a strong history of maternal depression screening to build on and NC MATTERS works closely with state programs such as Perinatal Quality Collaborative of North Carolina and Attachment Network of North Carolina, and other organizations. All of these programs need philanthropic and government support to ensure that cost is not a barrier to physicians and patient access. For example, NC MATTERS relies on funding from the Health Resources and Services Administration, Maternal and Child Health Bureau.

Over the past several decades, in much of the world, the maternal mortality rate has declined. But in the U.S. the problem has only worsened.

Investing in home visiting is one way of attending to the mental health of new parents. A recent assessment found that there are high costs to untreated perinatal mood and anxiety disorders (PMADs) among birthing parents. PMADs are mental health conditions that develop during pregnancy and the year after delivery. They are the most common complication of pregnancy and childbirth and include diagnoses such as depression and obsessive-compulsive disorder.

## INITIATIVES WORKING IN THIS AREA



Family Connects universal newborn nurse home visiting program is an evidence-based model that combines engagement and alignment of community service providers with short-term nurse home visiting. It is a voluntary program and is provided at no cost to families. A registered nurse connects with a family in their home shortly after birth to: share the joy of the birth; assess the child's and birthing person's physical health status (as applicable); assess unique family strengths and challenges; and respond to immediate family needs. Working together with the family and building on identified strengths, the nurse connects the family with local community resources based on individually identified needs, priorities and preferences.



### The Maternal, Infant, and Early Childhood Home Visiting Program

(MIECHV) gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. By electing to participate in local home visiting programs, families receive help from health, social service, and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children. Two of the home visiting programs supported by MIECHV in North Carolina include Healthy Families America (HFA) and Nurse-Family Partnership (NFP). Both models are evidence-based, which is a requirement to receive MIECHV funding.

**Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.**