



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Postpartum Depression (PPD) Regulations

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Definition of PPD

- **The term postpartum depression describes the range of physical, emotional, and behavioral changes** that many new mothers experience following the birth of their babies with symptoms most commonly starting 1-3 weeks after delivery.
- Women with PPD have such **strong feelings of sadness, anxiety and despair that they have trouble coping with their daily tasks.** Symptoms of this condition can range from mild to severe. About 80% of new mothers have depressed mood known as the ‘baby blues’ that resolve within 2 weeks without treatment.
- PPD is a much more **serious condition which can impact the health of the infant and the mother and requires treatment.** In some cases, new mothers may have postpartum psychosis, a relatively rare psychiatric emergency.

Prevalence of PPD

- 13% -19% of all new mothers experience this significant, clinical condition
- Mother experiences major depressive episodes
- Lasting two weeks to two years after birth



Births in MA in 2010: 72,835 13% = 9,469 mothers to 19% = 13,839 mothers

Impact on Maternal Parenting



- Reduced attachment
- Unresponsive during mother-infant interactions
- Dampened coordination with infant gaze and touch
- Less likely to:
 - Attend well-child visits
 - Complete immunizations
 - Use home safety devices
 - Place infant in recommended sleeping position
- Sustained Breastfeeding (mixed results)

Impact on Newborns & Children

- **Behavioral Impacts**
 - Higher prevalence of behavior disorders in older children
 - Severity and chronicity of PPD predict future child behavioral problems
- **Cognitive Impacts**
 - Poor language and IQ development
 - Effects brain development
 - Severity and chronicity of PPD predict future child cognitive problems
- **Health-Related Impacts**
 - Associated with poorer cardiovascular functioning
 - High rates of gastrointestinal infections
 - Child growth

Massachusetts PPD Legislation (2010)



- An Act Relative to Post Partum Depression (PPD): Chapter 313 of the Acts of 2010 was signed into law by Governor Deval Patrick on August 19, 2010.
- Law established a PPD Legislative Commission led by Representative Ellen Story
- Law authorizes DPH to:
 - develop a culture of awareness, de-stigmatization, and screening for perinatal depression,
 - draft standards for effective PPD screen and recommendations for data reporting, and
 - issue regulations requiring reporting of PPD₆ screening data

PPD Legislation Implementation Working Group (2011-2012)

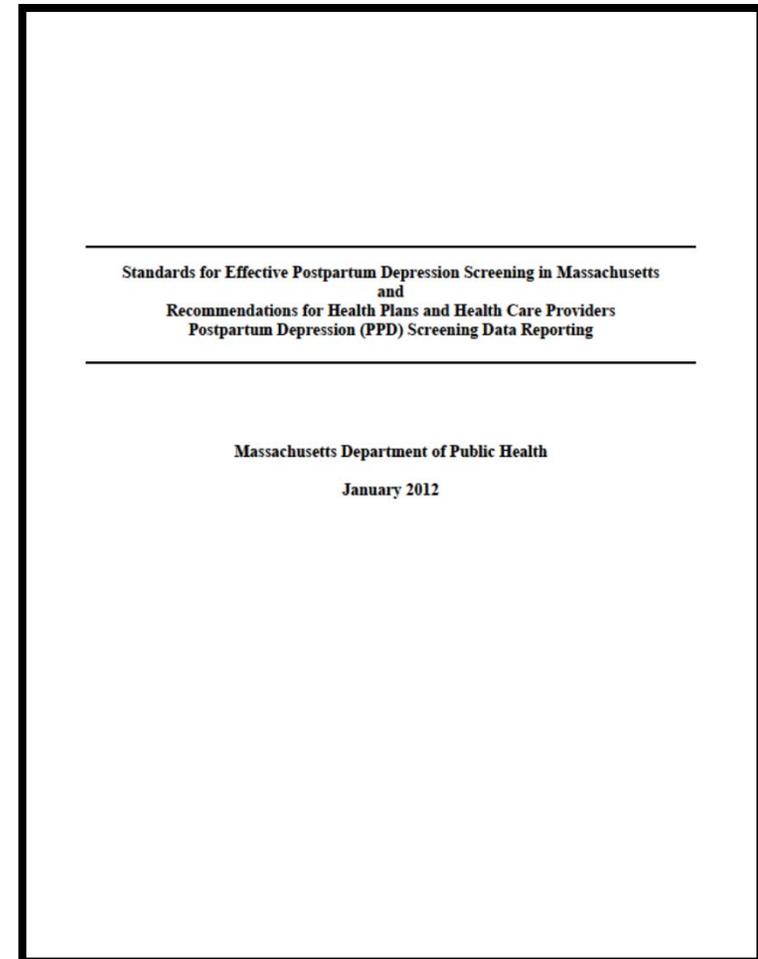
- AAP, MA Chapter
- ACNM, MA Chapter
- AFP, MA Chapter
- Beacon Health Strategies
- BPHC
- Boston University, School of Medicine
- Brigham & Women's Hospital
- Cambridge Health Alliance
- CBHI
- Children's Hospital
- DMH
- Health Care for All
- Jewish Family & Children's Services
- March of Dimes, MA Chapter
- MA Association of Mental Health
- MA Association of Perinatal Social Workers
- MA Midwives Alliance
- MassHealth
- Mother who experienced PPD
- Neighborhood Health Plan
- Network Health
- North Shore PPD Task Force
- Representative Ellen Story's Office
- United Way of Mass Bay & Merrimack Valley
- University of MA, Boston
- VNA of Boston
- Winchester Hospital

Met regularly for two years; Conducted extensive literature review, electronic survey, & 10 Key Informant Interviews; Developed PPD resources and advised in drafting PPD regulations

PPD Resources Developed

- Standards for Effective PPD Screening
- Recommendations for health care providers and health plans for reporting PPD screening data
- PPD Screening Tool Grid
- PPD Resource List & Bibliography
- PPD Overview Power Point
- PPD Web Page on MDPH Web Site:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression>



Drafting PPD Regulations

- DPH “shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression.”
 - An Act Relative to PPD
- The PPD Legislative Implementation Working Group sought to identify a mechanism that would be:
 - Least burdensome to providers & carriers
 - Provide useful data

Proposed PPD Regulations

- Regulations require reporting of screening that is conducted of women within 6 months of giving birth (Section 271.002: Scope)
- Regulations define “screening tool” functionally as a series of questions and observation protocols that comprise a formal instrument that has been validated & accepted clinically including e.g. Edinburgh Postnatal Depression Scale (Section 271.003)
- Definition is flexible and allows for new tools that may be developed.



Which health professionals must report?

Only professionals specified in the definition of “health care professional”:

1. Family Practitioners
2. Nurse Midwives
3. OBGYNs

Section 271.004 (A) allows for these professionals to arrange for screening to be conducted by a medical assistant or other member of their team.

Mechanisms for Reporting



- Sections 271.004(B) & (C) offer two easy mechanisms for reporting:
 1. Paper or electronic forms to DPH or
 2. Indirectly by submitting claims to health insurance carriers.

Making Reporting Work Seamlessly

- The PPD Legislation Implementation Working Group agreed to the following code suggested by MAHP:
 - S3005 “Performance Measurement, Self Assessment, Depression” with the V24 diagnostic code range: “Screening for Postpartum Depression” and modifiers of U1 for a positive screen and U2 for a negative screen
- During 2012-2013, DPH met with representatives from all health plans in MA and with representatives from CHIA
- All health plans agreed to reconfigure their systems to accept claims code S3005 set to pay at zero or \$.01
- Health plans will pass this claims data along to All Payer Claims Database (APCD) at the Center for Health Information & Analysis (CHIA)
- CHIA will share data with DPH.

Next Steps

- Following preliminary approval, DPH will schedule a public hearing in the summer.
- DPH will analyze comments and return to PHC for a vote in the fall.

