



Postpartum Depression Program: 2008 – 2009

	<i>All Members</i>	<i>All Postpartum Women</i>	<i>High Risk Postpartum Women</i>
<i>Definition</i>	All Community Health Group members.	Members with diagnosis of pregnancy identified through encounter and claims data and the following: <ul style="list-style-type: none"> • Primary care and OB/GYN practitioner ID & referral (CPSP) • Identification by Case Managers • Self-reported by member • Members identified by Member Services • Members identified by the Telephone Advice Nurse 	The following pregnant women are included in the “high-risk” category: <ul style="list-style-type: none"> • Members with a positive screen using a postnatal depression screening tool (e.g. Edinburg postnatal Depression Scale) • Patients who are at risk of developing postpartum depression: <ul style="list-style-type: none"> ○ History of general depression ○ Positive depression screen during pregnancy ○ Previous postpartum blues, depression, or psychosis ○ Bipolar disorder ○ Severe premenstrual syndrome ○ Difficult marriage/relationship ○ Poor family or support system ○ Stressful life events during pregnancy or after delivery
<i>Practitioner Interventions</i>	Increase awareness among practitioners of the risk and frequency of postpartum depression. <ul style="list-style-type: none"> • “Provider Alert” to introduce program to all practitioners; PCPs, OB/GYNs, and Pediatricians targeted. • Develop, review, approve, and distribute a postpartum clinical practice guideline with the input of Community Health Group’s QI, UM, and P&T Committees. • Screening tool reviewed, modified, and adopted with the input of behavioral health consultant, QI, UM, P&T, and Public Policy (members) Committee for clinical, cultural, language, and literacy level appropriateness. • Distribute educational piece with community resources (CHIP piece). • Distribute of program description. • Distribute of educational piece (English/Spanish) to be used as a teaching tool (“How Bad Are Your Blues?”) • Practitioners receive an introductory letter, program description, clinical practice guidelines, screening tool, and educational material & resources. • CME Program • Physicians (PCPs, OB/GYNs) are encouraged to screen all pregnant women for risk of developing postpartum 		

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<i>Member Interventions</i>	<p>The following interventions are geared towards raising the awareness of postpartum depression among all members:</p> <ul style="list-style-type: none"> • Staying Healthy Guide • Health Phone • CHG's Web site – My Health Zone • Women's Health Newsletter 	<p>All identified pregnant and postpartum women receive the following in addition to interventions geared towards all members</p> <ul style="list-style-type: none"> • Members receive a letter after delivery to remind them of postpartum visits. Mailing to include information on postpartum depression, self-screening tool, community reference, and information on accessing behavioral health services. • Establish a database of all postpartum women. 	<p>All "high-risk" postpartum women receive the following in addition to interventions geared towards all postpartum women:</p> <ul style="list-style-type: none"> • Treatment with antidepressants • Referral to appropriate behavioral health specialists
<i>Expected Outcomes</i>	<ul style="list-style-type: none"> • Increase screening for postpartum depression • Increase appropriate medical treatment of postpartum depression • Increase appropriate referral to behavioral health specialists 		
<i>Measures</i>	<ul style="list-style-type: none"> • Baseline and follow-up screening for postpartum depression • Baseline and follow-up measure of treatment among members identified with postpartum depression 		