Children's Hospital of Philadelphia
PolicyLab

New Guidelines Green Light Maternal Depression Prevention Programs

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Moms want what's best for their kids, but we often fail to recognize that doing the best for kids means taking care of parents' needs, too. This holds especially true for the 10 to 15% of mothers who report depression during or after pregnancy, many of whom don't end up receiving services they desperately need. Now, a new guideline from the United States Preventive Services Task Force (USPSTF) lays the foundation for more women to access services that help *prevent* perinatal depression before it even starts.

The Importance of Prevention

What happens if we don't take advantage of opportunities to prevent caregiver depression? Well, about 80% of adults with depression report that their condition negatively affects some aspect of their life, such as their work, home life and social activities, which can trickle down to affect their children as well. PolicyLab research shows that children whose parents reported depressive symptoms had an 18% increased risk of an emergency department visit and 36% greater risk of a school absence than children of parents without these conditions. For new mothers, depression only further exacerbates the overwhelming demands of caring for a newborn and, despite the mother's best intentions, can lead to poor developmental outcomes for their children.

After reviewing a wealth of research, the USPSTF recently concluded that certain interventions are effective at preventing perinatal depression—or depression during or after pregnancy—and are therefore considered preventive services that should be covered at little-to-no cost to families on public and private insurance under the Affordable Care Act. Specifically, they determined that two interventions were shown to reduce risk of

depression by 39%, presenting an extremely promising opportunity to support new and expecting mothers particularly because they focus on prevention rather than just treatment.

While there are several treatment options that are proven effective to curbing depression, we shouldn't rely on these services as our main tool to promote maternal mental health. My (Stacey's) own research has shown that only about one in ten mothers who screen positive for depressive symptoms in pediatric settings actually attend a follow-up visit sometime in the six months following a referral. Preventing these conditions in the first place is a much more logical and cost-effective approach to addressing maternal mental health rather than relying on a backstop of treatment that we know many mothers don't access anyway.

Which Interventions Work?

USPSTF reviewed many studies that examined various perinatal depression prevention methods, including through exercise, education and medication. The interventions that rose to the top as the most effective involved prevention programs based on two evidence-based therapies for depression: cognitive behavioral therapy (CBT), a therapy that challenges negative thoughts and patterns to improve mood and behaviors, and interpersonal psychotherapy (IPT), a therapy that targets interpersonal problems—such as conflicts with a significant other or recent life changes like becoming a new mother—to improve mood. I (Jami) have developed a depression prevention program for adolescents that is also based on IPT, and I have trained and supervised clinicians to provide IPT with adolescents and adult patients. One of the things I particularly appreciate about IPT is the recognition that even positive life events can have a negative impact on mood and can precipitate depression. This seems particularly relevant for perinatal depression as it can normalize mothers' experiences and help reduce stigma.

Why Reimbursement Matters

One of the reasons providers have historically avoided delivering these preventive services is that there wasn't a guarantee that they would be paid for them. The USPSTF's new guidelines now pave the way for insurers to reimburse providers when they deliver these evidence-based preventive services, incentivizing providers and health administrators to offer them in their hospitals and clinics. Under the Affordable Care Act (ACA), public and private insurance plans must cover preventive services determined by several different medical and scientific groups, including the USPSTF. Practically, implementing this reimbursement across all plans is difficult and will take some time, as laid out in a recent piece in JAMA Pediatrics, however this is an important and promising first step.

While it may seem technical, the USPSTF's new guideline is a big win for mothers and their children. It could also signal a broader recognition of the value of prevention programs and interventions for mental health conditions in other populations, such as adolescents. Considering that an estimated 13% of youth ages 12-17 have at least one major depressive episode and the condition often starts in adolescence, targeting evidence-based depression prevention programs for this highly vulnerable age group could have an extremely broad, positive impact on the health of our young people both during and after their teen years. We will continue to be at the vanguard developing and evaluating depression prevention interventions, and look forward to the USPSTF's continued recognition of the evidence surrounding these initiatives for other vulnerable populations.

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