

# Primary care as a first-line defense for treating and identifying postpartum depression

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Pregnancy and the time after giving birth can be particularly emotional for many women. In fact, when screened in their doctor's office, approximately 13 percent of women respond that they experience depression during those times. Low-income women are particularly vulnerable. A study in 2010 showed that more than half of urban, low-income women would meet the criteria for a depression diagnosis when screened between two weeks to 14 months postpartum.

In 2016, the United States Preventive Services Task Force concluded that screening certain patients for depression, including pregnant and postpartum [women](#), in their [primary care](#) physician office could improve their health outcomes. However, while these women are being screened, many do not receive appropriate follow up care or a referral for treatment when they screen positive.

Boston Medical Center (BMC) researchers are working to address the gap in treatment for these women and improve their health outcomes by comparing two interventions that take place in the patient's primary care physician offices. The study, funded by the Patient-Centered Outcomes Research Institute (PCORI), will evaluate whether providing initial depression treatment in a primary care setting will result in fewer disparities for low-income women, as well as when during the pregnancy and postpartum period is the most accurate time to screen for depression.

For women who screen positive, one group will meet with peer (non-MD) providers for one or two sessions to help engage them and process the results of their screen to determine appropriate next steps. This approach, called Engagement-Focused Care Coordination, helps providers motivate these women to explore treatment options and connect them with mental health services outside of their primary care office when necessary. The second group of women will meet with a peer provider, again in their primary care physician's office, for six sessions. This approach, called Problem Solving Education, provides immediate cognitive-[behavioral health](#) services, as well as a referral to additional treatment if their symptoms persist.

"This study will allow us to better understand the when and the how of getting these women access to critical behavioral health services," said Michael Silverstein, MD, MPH, a pediatrician at BMC.

In order to increase access to behavioral health services, many health practices and systems are integrating these services into primary care practices, creating a more holistic approach to patient care. However, this is not yet widespread, leaving many barriers to accessing behavioral health services for many patients.

"Depression is a serious health issue and we need to do a better job getting these women access to treatment for the health and safety of these patients and their families," added Silverstein, who also is associate professor of pediatrics at Boston University School of Medicine. "We will work to identify best practices and guidelines that can be replicated in practices across the country to greatly benefit patients' mental health outcomes."

Provided by Boston University Medical Center

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