Janice Goodman
Testimony regarding House Bill 3897
An Act Relative to Postpartum Depression

My name is Janice Goodman. I'm an advanced practice psychiatric/mental health nurse, an associate professor at the MGH Institute of Health Professions School of Nursing, and a Robert Wood Johnson Foundation scholar with a program of research focused on postpartum depression. Most importantly, however, I'm a clinician who specializes in providing mental health treatment for pregnant and postpartum women.

I thank you for this opportunity to testify. I want to make a few brief points.

My first point, and perhaps the strongest argument for routine depression screening of all pregnant and postpartum women, is that fact that <u>you can't tell who's depressed just by looking.</u>

Research consistently shows that the majority of women suffering from postpartum depression are never diagnosed. Massachusetts has an exemplary standard of care, with some of the best doctors, nurses, and hospitals in the world, but often, the best we offer is a quick 'how are you feeling'. With postpartum depression, I have found time and again that this isn't enough.

In a recent study which I conducted here in Boston and which will be published next month in the Journal of Women's Health, fewer than half of the pregnant women who screened as depressed on a short 10-item questionnaire during pregnancy, and only 25% who screened as depressed at 6 weeks postpartum, were identified by their provider as having symptoms of depression. This is not because these women didn't have great doctors and nurses. It is because, without a structured screening program which uses a reliable standardized questionnaire, depression is missed and women fall through the cracks. Even the best provider will miss most of the patients who suffer from postpartum depression.

The good news is, however, that a simple 10-item questionnaire that women can fill out in the waiting room before a visit, can substantially improve depression detection rates. It is quick, easy to administer, easy to score, and the health care provider need only follow up with women who score above a certain point.

My second point is that: If postpartum depression isn't detected, women aren't going to get help.
In our research, only 25% of the women who were depressed were referred for help by their health care provider. Mainly this is because providers hadn't detected depression and therefore no referral was made. There is a silver lining here, however. When providers <u>did</u> identify women who were struggling with symptoms, they did a really good job of referring them for help. It's identifying women who need help that is key.

What are some of the reasons why it's so hard to for providers to identify women who are depressed? I conducted interviews with a subsample of women in our study which gave some insight into this. Women told me that the pace of their medical visits makes it hard for them to trust and open up to their care provider about emotional or mental health concerns. And then, of course, there's stigma. It doesn't feel okay to talk about depression, especially when you're pregnant or you've just had a baby. These are supposed to be happy times. Women fear that they are bad mothers because of the way they feel. Also, many women don't recognize it themselves when they're depressed. They assume that feeling bad, or tired, or overwhelmed, or whatever, is par for the course. They don't realize that it's not normal and that they don't have to feel this way. Routine screening of all pregnant and postpartum women would overcome all of these particular barriers. It would be a standard part of a visit, the permission to talk about it would be explicit, stigma would be reduced because no woman would be singled out, and women who assumed this was normal, would find out differently.

My third point is that postpartum depression can occur at any time – it can start in pregnancy, in the first few weeks or months postpartum, or even several months after a baby is born. My own research as well as that of others shows that depression rates are equally high during pregnancy as they are at 6 weeks postpartum and as they are even at 6 months postpartum. Therefore, screening can't be a one-time deal. It needs to begin in pregnancy and then be repeated at various times throughout the postpartum period.

My fourth point is that women desperately want help
I served as the Massachusetts coordinator for Postpartum Support International from 2002-2006. During that time I established a state-wide, toll-free "Warmline" where women and families could call and receive information about postpartum depression and a list of resources in their area where they could get help. Answering those phone calls, I heard many stories of families trying for days, weeks, sometimes months, to find appropriate help. Many times their requests for help had been ignored, or minimized, or they had been sent to places that were not appropriate. I have heard the same kinds of stories from patients who I see in my private practice – Sometimes it takes a long time before they get to me, or to someone else who can provide them with the help they need. We need to do better than this.

My final point is that postpartum depression is very treatable.
There really is good news here. We can do a lot to prevent and treat this problem. Once depression is identified, there are a number of effective treatments. Sometimes a support group with other women coping with postpartum depression is all a woman needs to get back on track. Sometimes, therapy, medication, or a specialized home visiting program is needed.

Of course, prevention and early intervention is best. The earlier a woman receives help, the greater the chance for a speedy positive outcome. Without treatment, postpartum depression can severely impair a woman's/a mother's well-being and functioning. Untreated depression can persist and become chronic. Worst case scenario, it can lead to suicide and/or infanticide. Intervening early is also critical for the baby because of the

negative effects that postpartum depression has on mother-infant relationships and on infant development. Time really is of the essence, because the longer a mother is depressed, the more negative the effects for the child.

So what do we need?

- We need to increase public awareness and education about perinatal depression, and we need to reduce the stigma around it
- We need mental health screening to be a routine part of care for pregnant and postpartum women and we need to use standardized tools to screen
- We need health care professionals who have contact with pregnant women and mothers of young children to be well educated about perinatal depression and competent to screen, refer, and, in some cases, treat it
- We need to increase the cadre of mental health providers who can provide specialized care to these women and families – including treatment for mothers and babies together, which is so important.
- We need to improve the availability and access to mental health care for perinatal women. If a woman screens positive, she needs further assessment and timely treatment. It is not a problem that can wait. As a woman in one of my studies so pointedly stated (and I quote):

  "For some people it's really hard to get to that point where they're like, 'I need help.' And then they call and they're like, 'Well, we can't see you for 3 months.' You know well like, what the hell am I supposed to do for 3 months?? It's like calling the suicide hotline and getting put on hold."

Thank you for your consideration of this very important bill.

Pellegrino, Lisa (HOU)

From: Koutoujian, Peter - Rep. (HOU) [Peter.Koutoujian@state.ma.us]
Sent: Thursday, January 28, 2010 3:13 PM
To: Pellegrino, Lisa (HOU)
Subject: FW: Testimony in Support of H. 3897 An Act Relative to Postpartum Depression

Importance: High

From: Sharon Reynolds [mailto:sreyn-jwil@comcast.net]
Sent: Sunday, January 24, 2010 10:26 PM
To: Koutoujian, Peter (HOU); Buoniconti, Stephen (SEN)
Subject: Testimony in Support of H. 3897 An Act Relative to Postpartum Depression
Importance: High

Honorable Stephen J. Buoniconti, Senate Chair
Honorable Senate Members
Joint Committee on Financial Services
State House, Room 309, Boston, MA 02133
Stephen.Buoniconti@state.ma.us

Honorable J. Koutoujian, House Chair
Honorable House Members
State House, Room 254, Boston, MA 02133
Rep.PeterKoutoujian@hou.state.ma.us

Dear Chairmen Buoniconti and Koutoujian and Honorable Committee Members:

As an advanced practice psychiatric nurse, I appreciate the opportunity to offer written testimony in support of House Bill 3897, *An Act Relative to Postpartum Depression*. Postpartum depression affects about 15% of new mothers in Massachusetts. For these women, the birth of a baby is not a joyous time, but is characterized by despair, guilt, anxiety and fears of hurting themselves or their babies. If untreated, postpartum depression can have devastating consequences for mothers, babies and families.

Fortunately, postpartum depression is treatable. But to be treated, it must first be identified. The legislation calls on doctors and other health care professionals who treat women during and after pregnancy, to screen them for depression; it requires the Department of Public Health (DPH) to educate health care professionals and the public about this issue. The bill asks DPH to compile comprehensive referral information for doctors and mothers and compels insurers to cover the minimal cost associated with screening and referral. These steps will go a long way in improving our ability to detect and treat postpartum depression in Massachusetts. *Please* vote favorably on House Bill 3897 and in so doing, significantly decrease the risk of untreated postpartum depression.

Thank you for your consideration of this important behavioral health issue.

Sincerely,
Sharon Reynolds
Sharon Reynolds, PMHCNS-BC

633 Grove Street
Newton, MA 02462
617 332-8754

MASSACHUSETTS ASSOCIATION of HEALTH PLANS

FOR THE RECORD

COMMITTEE:	**Joint Committee on Financial Services**
ISSUE:	**House Bill 3897: An Act Relative to Post-Partum Depression**
DATE:	**January 27, 2010**
POSITION:	**Oppose**

The Massachusetts Association of Health Plans (MAHP), on behalf of our 11 member health plans, which provide health care coverage to approximately 2.2 million Massachusetts residents, opposes House Bill 3897 in its current form, because it would increase health care costs by increasing the number of mandated health benefits.

MAHP member health plans already cover screening for post-partum depression, performed either at postpartum or well-child visits. One of the measures of clinical quality, or HEDIS measures, voluntarily reported to National Committee for Quality Assurance's (NCQA) by nearly 1,000 health plans is the percentage of women who had a post-partum visit on or between 21 and 56 days after delivery. According to the NCQA's *State of Health Care Quality* 2009 report, 83 percent of women covered by commercial health plans had a post-partum visit between 21 and 56 days after delivery.[1] In addition, according to guidelines issued by the American Academy of Pediatrics (AAP), screening for post-partum depression should begin at two to four weeks after the birth of a baby, with subsequent screenings taking place at each visit.[2]

House Bill 3897 calls for at least seven separate screenings for post-partum depression, including three screenings in an obstetrical setting, two of those pre-delivery, and four screenings in a pediatric setting, above and beyond what is called for by NCQA and the AAP. A study in the *Journal of the American Board of Family Medicine* states, "There are 2 convenient venues for routine depression screening in postpartum populations: mothers' postpartum office visits and their infants' well-child visits.[3]" MAHP member health plans already cover screenings in these settings. There are no clinical guidelines that suggest screening for post-partum depression pre-delivery, as the bill would mandate. Moreover, screening for post-partum depression is the accepted standard of care in obstetrics and pediatrics, making this legislation unnecessary.

Requiring providers to use specific methods or instruments of screening, as determined by the Department of Public Health, could have the unintended consequence of frightening off mothers by creating a cumbersome and intimidating post-partum screening process. This in turn will likely interfere with the provider's ability to deliver medically necessary care to the newborn baby and/or mother. Pediatricians and obstetricians are in the best position to follow the standard of care. Legislation is not the proper forum to be instituting new and burdensome standards that lack medical necessity and are not supported by demonstrated clinical effectiveness or clinical best practices.

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[1] National Committee for Quality Assurance, *The State of Health Care Quality*, 2009

[2] American Academy of Pediatrics, http://www.aap.org/sections/scan/practicingsafety/Modules/Parenting/Parenting.pdf

[3] Journal of the American Board of Family Medicine, *Postpartum Depression Screening: Importance, Methods, Barriers, and Recommendations for Practice*, 20 (3): 280-288 (2007)

The bill also calls for additional reimbursement for screenings. At present, MAHP member health plans already cover post-partum depression screenings as part of the routine examination during the postpartum or well-child visits given that post-partum depression screening is the standard of care provided by pediatricians and obstetricians.

Mandated benefits are one reason the cost of coverage in Massachusetts is so high. A July 2008 Division of Health Care Finance and Policy (DHCFP) report examining the cost of state mandated benefits estimated that mandated benefits account for $1.3 billion or 12 cents of every dollar paid for health insurance.[4] In the midst of the global economic downturn and with employers and consumers struggling with the rising cost of health care now is not the time to be imposing additional requirements that will add to their costs and will only exacerbate the challenges they face. Further, imposing new costs would run counter to the goals of last session's Cost Containment Law, which was intended to drive down escalating health care costs.

In general MAHP opposes mandating health care benefits because it limits employers' and consumers' ability to manage their health care costs and can lead to significant increases in the cost of coverage. State and federal mandates account for 15 cents of every new health care dollar.[5]

In August 2002, the Massachusetts Legislature adopted a measure that requires an independent analysis examining the cost and efficacy of all proposed mandated health benefits (M.G.L. Chapter 3, §38c). The analysis, conducted by DHCFP, has been working well, providing legislators with a more complete picture of the financial impact and clinical appropriateness of new mandates.

We are willing to work with the sponsor on this legislation. However, in its current form, we cannot not support this bill and recommend that it be sent to DHCFP for mandate review.

[4] The Division of Health Care Finance and Policy, *Comprehensive Review of Mandated Benefits in Massachusetts*, July 2008.

[5] PricewaterhouseCoopers, *The Factors Fueling Rising Health Care Costs*, April 2002.

BOSTON PUBLIC HEALTH COMMISSION

January 29, 2010

Chairman Peter Koutoujian
State House Room 254
Boston, MA 02133

Chairman Stephen Buoniconti
State House Room 309
Boston, MA 02133

Dear Chairman Koutoujian and Chairman Buoniconti,

I am writing today to express support for **HB3897: An Act Relative to Postpartum Depression,** sponsored by Representative Ellen Story. As Director of the Healthy Start Initiative at the Boston Public Health Commission (BPHC), I recognize the importance of routine screening and treatment for post-partum depression, particularly for low-income women and women of color. I thank you for the opportunity to especially highlight this disparity; unfortunately experiences of women of color were not included at the hearing on January 27, 2010.

Maternal depression is a significant issue that affects the well-being of women, the development of their infants and young children, and the health of all family members. Although studies suggest that as many as 14-23% of pregnant women report a depression during pregnancy, and 5-25% experience post-partum depression , the problem often goes undiagnosed by prenatal and postpartum providers. Left untreated, depression during and after pregnancy can have devastating consequences a woman, her new baby, and the entire family. In addition to the significant impact of depression on maternal mental health, functional status and ability to obtain prenatal care, untreated depression is associated with higher rates of spontaneous abortion, preeclampsia, preterm delivery, low APGAR scores and other risks to the mother and infant. Yet, with appropriate identification and treatment, most people will recover.

Women of color and low-income women experience particularly high levels of depression, often associated and in combination with other social risk factors. Depression in low-income women is frequently a response to, and exacerbated by, multiple adversities to include, poverty and the associated disadvantages of poverty, lack of social support and networks, social isolation, substance abuse, the experience of racism , intimate partner violence, childhood

abuse, and life stress. The ramification of these issues extends beyond the mother to her children, familial relationships, and ultimately the community. The Boston Healthy Start Initiative, a federally funded program of the BPHC, has worked since 1991 to address the disparity in infant and maternal outcomes through case management, health education, interconceptional care, and maternal depression services, including screening during pregnancy and postpartum.

In Boston, 27.8% of Boston Healthy Start clients surveyed showed signs of depression and 15% had moderate-to-severe depression. Of the latter group, only 54% reported receiving referrals for treatment. Nationally, the rate of depression for Healthy Start clients is almost twice that of the general population. In a 2006 national study conducted by Abt Associates, 26.3 percent of the women in the Healthy Start Program screened positive for depression that required medical treatment. Because Healthy Start clients have much higher rates of depression compared to the general population, Healthy Start began mandatory routine screenings for perinatal depression in 2001. The same evaluation of the Healthy Start screening process indicated that programs like Healthy Start, which screen at more points in time are more likely to achieve success in identifying and treating perinatal depression by addressing barriers and resistance to screening.

H3897 addresses several of the systemic barriers to reducing maternal depression. To address the lack of coverage for perinatal depression screening, the bill would require insurance coverage and reimbursement for at least three routine depression screenings by an obstetrician or midwife during the first trimester, third trimester and at 6-week postpartum visit, in addition to at least four depression screenings in a pediatric setting during the first month of life and at routine well-child visits during the child's first year of life. In addition, the bill requires the Department of Public Health to develop and distribute a culturally-sensitive, multi-lingual public awareness campaign on maternal depression, which will help to address the stigma associated with seeking mental health services. Finally, the bill expands the Early Intervention Partnership Program and establishes a multidisciplinary taskforce to promote collaboration and continuity of care and compile several referral lists for providers.

BPHC is proud to endorse H3897, which would create resources for addressing post-partum depression, greatly increase awareness of depression during pregnancy and postpartum and provide access to care for women across the Commonwealth through their routing obstetric and pediatric visits. We urge you to report this bill favorably from your Committee quickly.

Thank you for your prompt attention to this urgent issue. Please contact me at 617-534-4669 with any questions.

Sincerely,
Rosie Muñoz-López, MPH
Director, Healthy Start Initiative

Pellegrino, Lisa (HOU)

From: Koutoujian, Peter - Rep. (HOU) [Peter.Koutoujian@state.ma.us]
Sent: Thursday, January 28, 2010 3:32 PM
To: Pellegrino, Lisa (HOU)
Subject: FW: Appreciation

From: Kitt Cox [mailto:kcox@ipswichschools.org]
Sent: Thursday, January 28, 2010 11:24 AM
To: Koutoujian, Peter (HOU)
Subject: Appreciation

Good Morning Rep. Koutoujian,
Just wanted to thank you again on behalf of our North Shore Postpartum Depression Task Force, as well as all those who gathered yesterday to consider ways legislation can help better identify and treat families suffering postpartum depression. As a longtime family and early childhood educator, I believe our efforts to treat this as a community health issue and an educational readiness issue is critical to raising healthy, happy children ready to learn.

thanks again for doing a great job running that meeting - it's a skill more people should have.

Kitt

Mr. Kitt Cox
Program Coordinator
Birth to Three Family Center
Massachusetts Family Network (MFN)
15 Market Street
Ipswich, MA 01938
www.birthtothreeipswich.org
www.northshorepostpartumhelp.org

Pellegrino, Lisa (HOU)

From: Koutoujian, Peter - Rep. (HOU) [Peter.Koutoujian@state.ma.us]
Sent: Monday, January 25, 2010 5:00 PM
To: Pellegrino, Lisa (HOU)
Subject: FW: In Support of Postpartum Depression Bill H. 3897

From: Scerbo, Alex [mailto:Alex.Scerbo@va.gov]
Sent: Monday, January 25, 2010 11:21 AM
To: Buoniconti, Stephen (SEN); Koutoujian, Peter (HOU)
Subject: In Support of Postpartum Depression Bill H. 3897

Honorable Stephen J. Buoniconti, Senate Chair
Honorable Senate Members
Joint Committee on Financial Services
State House, Room 309, Boston, MA 02133
Stephen.Buoniconti@state.ma.us

Honorable J. Koutoujian, House Chair
Honorable House Members
State House, Room 254, Boston, MA 02133
Rep.PeterKoutoujian@hou.state.ma.us

Dear Chairmen Buoniconti and Koutoujian and Honorable Committee Members:

As an advanced practice psychiatric nurse, I appreciate the opportunity to offer written testimony in support of House Bill 3897, An Act Relative to Postpartum Depression. Postpartum depression affects about 15% of new mothers in Massachusetts. For these women, the birth of a baby is not a joyous time, but is characterized by despair, guilt, anxiety and fears of hurting themselves or their babies. If untreated, postpartum depression can have devastating consequences for mothers, babies and families.

Fortunately, postpartum depression is treatable. But to be treated, it must first be identified. The legislation calls on doctors and other health care professionals who treat women during and after pregnancy, to screen them for depression; it requires the Department of Public Health (DPH) to educate health care professionals and the public about this issue. The bill asks DPH to compile comprehensive referral information for doctors and mothers and compels insurers to cover the minimal cost associated with screening and referral. These steps will go a long way in improving our ability to detect and treat postpartum depression in Massachusetts. Please vote favorably on House Bill 3897 and in so doing, significantly decrease the risk of untreated postpartum depression.

Thank you for your consideration of this important behavioral health issue.

Regards,
Alex Scerbo Psych CNS
Boston VA Health Care System – Lowell CBOC
130 Marshall Rd
Lowell MA 01852
978-671-9000

Pellegrino, Lisa (HOU)

From: Koutoujian, Peter - Rep. (HOU) [Peter.Koutoujian@state.ma.us]
Sent: Monday, January 25, 2010 4:53 PM
To: Pellegrino, Lisa (HOU)
Subject: FW: Postpartum Bill

From: Adoc417@aol.com [mailto:Adoc417@aol.com]
Sent: Monday, January 25, 2010 3:51 PM
To: Koutoujian, Peter (HOU); Buoniconti, Stephen (SEN)
Subject: Postpartum Bill

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> Honorable Stephen J. Buoniconti, Senate Chair
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> Honorable Senate Members
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> Joint Committee on Financial Services
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> State House, Room 309, Boston, MA 02133
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> State House, Room 254, Boston, MA 02133
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> Rep.PeterKoutoujian@hou.state.ma.us
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> Dear Chairmen Buoniconti and Koutoujian and Honorable Committee Members:
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> These steps will go a long way in improving our ability to detect and treat
> postpartum depression in Massachusetts. Please vote favorably on House Bill
> 3897 and in so doing, significantly decrease the risk of untreated postpartum
> depression.
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> Thank you for your consideration of this important behavioral health
> issue. It is most certainly in the best interest of the mothers, children, and families of Massachusetts.

Sincerely,

Aimee Doctoroff, A.P.R.N., M.A.,
Clinical Nurse Specialist in Adult Psychiatry and Mental Health

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Pellegrino, Lisa (HOU)

From: Koutoujian, Peter - Rep. (HOU) [Peter.Koutoujian@state.ma.us]
Sent: Monday, January 25, 2010 5:00 PM
To: Pellegrino, Lisa (HOU)
Subject: FW:

From: Marti Huff [mailto:marti.huff@comcast.net]
Sent: Monday, January 25, 2010 11:01 AM
To: Buoniconti, Stephen (SEN); Koutoujian, Peter (HOU)
Subject:

Honorable Stephen J. Buoniconti, Senate Chair
Honorable Senate Members
Joint Committee on Financial Services
State House, Room 309, Boston, MA 02133

Honorable J. Koutoujian, House Chair
Honorable House Members
State House, Room 254, Boston, MA 02133

Dear Chairmen Buoniconti and Koutoujian and Honorable Committee Members:
As an Adult Psychiatric Nurse Practitioner, I appreciate the opportunity to offer written testimony in support of House Bill 3897, *An Act Relative to Postpartum Depression*. Postpartum depression affects about 15% of new mothers in Massachusetts. For these women, the birth of a baby is not a joyous time, but is characterized by despair, guilt, anxiety and fears of hurting themselves or their babies. If untreated, postpartum depression can have devastating consequences for mothers, babies and families. I have witnessed this in my practice and it has usually been because identification of the postpartum depression was delayed.

Fortunately, postpartum depression is treatable. House Bill 3897 calls on doctors and other health care professionals who treat women during and after pregnancy, to screen them for depression; it requires the Department of Public Health (DPH) to educate health care professionals and the public about this issue. Educating the public is vital; with knowledge, a family member or friend might recognize postpartum depression and guide the mother to appropriate treatment. Educating the public will also help to remove the stigma associated with this condition.

The bill asks DPH to compile comprehensive referral information for doctors and mothers and compels insurers to cover the minimal cost associated with screening and referral. These steps will go a long way in improving our ability to detect and treat postpartum depression in Massachusetts. *Please* vote favorably on House Bill 3897 and in so doing, significantly decrease the risk of untreated postpartum depression.

Thank you for your consideration of this important behavioral health issue.
Sincerely,
Martha Huff PMHNP-BC
31 Robinhood Ln.
Billerica MA 01821
978-667-3892