The State of Pregnancy-Related Depression Efforts in Colorado

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Contents

Executive Summary

Pregnancy-related depression, occurring during pregnancy or for as long as a year postpartum, is the most common complication of pregnancy in Colorado. Over 10 percent of women giving birth in Colorado will experience signs and symptoms of depression (PRAMS, 2009-2011). Identifying, referring and treating depression during the prenatal and postpartum periods is complex, requiring the commitment and coordination of diverse partners. The Colorado Department of Public Health and Environment (CDPHE) recognized the need to understand how systems in Colorado currently address both prenatal and postpartum depression. The team sought to identify how this issue is being addressed statewide along with resources for treatment or support.

The best efforts and resources could be in vain, however, if women continue to "fall through the cracks" when it comes to appropriately identifying their depressive symptoms and effectively referring them to resources. Improvement in identifying pregnant and postpartum women in Colorado suffering from depression can best be achieved by first focusing on strengthening the screening and referral systems throughout the state, and then ensuring all Colorado providers use validated screening tools. Improvement to these systems must include a variety of community-based and clinical providers who interact with pregnant and postpartum women to ensure a wide safety net of support.

Colorado has both significant strengths and opportunities for improvement in address pregnancy-related depression. To begin with, there is a strong awareness about pregnancy-related depression across the state, as witnessed by the response level to the survey. This awareness is also evident by the reporting of survey respondents that they are already screening for depression even with a lack of reimbursement for their time and effort. Colorado also has a strong early childhood system that is ready to address maternal mental health as part of the effort to improve a child's health and wellbeing.

However, the state still experiences many challenges in improving care for women with pregnancy-related depression. For example, while the majority of the survey respondents noted that they use a screening tool validated for the pregnant and postpartum populations, 14 percent of respondents noted they did not use any sort of screening tool. And, when asked about screening practices, many noted that while they did use a screening tool, they did not use it consistently with all women. The survey results demonstrated a number of resources available for women experiencing pregnancy-related depression, however Colorado remains challenged in equitable resource access and services specifically tailored to the needs of pregnant and postpartum women.

By engaging the whole community around screening and referral systems for pregnancy-related depression, those who serve pregnant and postpartum women can be accountable for their role in mental health awareness and follow-up, and feel prepared to incorporate this into their services. Women suffering from pregnancy-related depression need their health care providers and others they interact with in the community to be their advocates and let them know that they are not alone.

Introduction

In 2011, Colorado registered 65,052 live births, with less than 8 percent of these births occurring among women age 20 and under.[1] Among all births, 16.4 percent were to women with less than a high school education, 24.0 percent were to unmarried women, and 7.4 percent were to women who reported smoking during their pregnancy.[1] Additionally, 20.6 percent of live births were to women who received prenatal care after the first trimester or who received no prenatal care, resulting in missed or delayed opportunities to address, reduce and prevent the development of pregnancy-associated morbidities.[1] According to the Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2009-11, the prevalence of postpartum depressive symptoms was higher among women who were unmarried, lacked resources or support (such as a stable income or health insurance) and/or had their prenatal care paid for by Medicaid.[2] Risk of depression during the postpartum period is significantly increased if the woman has a history of depression prior to becoming pregnant, has experienced postpartum depression with a previous pregnancy or has a family history of major depression.[3] Both health history and situational factors should be considered when assessing a woman's risk for pregnancy-related depression.

Colorado's 2011-15 Maternal and Child Health Block Grant needs assessment identified pregnancy-related depression as one of nine priorities for Colorado's Maternal and Child Health program. This priority focuses on timely screening, referral and support for women with pregnancy-related depression through improvements to the health care system. It also aligns with Colorado's mental health and substance abuse "winnable battle," one of 10 identified public health and environmental priorities in Colorado. The Maternal Wellness staffs at the Colorado Department of Public Health and Environment (CDPHE) are responsible for carrying out the state's pregnancy-related depression work. Early on, staff recognized the need to understand how pregnancy-related depression is currently being addressed within communities. In the winter of 2013, Maternal Wellness staff implemented a survey across the state to further understand what screening efforts, referral processes and resources were being used by partners in the field. Further information on the survey methodology, distribution and analysis can be found in Appendix A.

[1] 2011 Birth Certificate Data, Health Statistics Section, Colorado Department of Public Health and Environment

[2] 2009-2010 Pregnancy Risk Assessment Monitoring System Data, Health Statistics Section, Colorado Department of Public Health and Environment

[3] Miller, L., & LaRusso, E. (2011). Preventing postpartum depression. *Psychiatric Clinics of North America, 34(1), 53-65.* doi:10.1016/j.psc.2010.11.010

Survey Respondents

A total of 580 unique responses were included in the data analysis. Approximately 86 percent completed the full survey, with the remaining respondents exiting part way through. All survey responses were included in the data analysis regardless of survey completion. As illustrated in Figure 1, responses were received from nearly every county across the state.

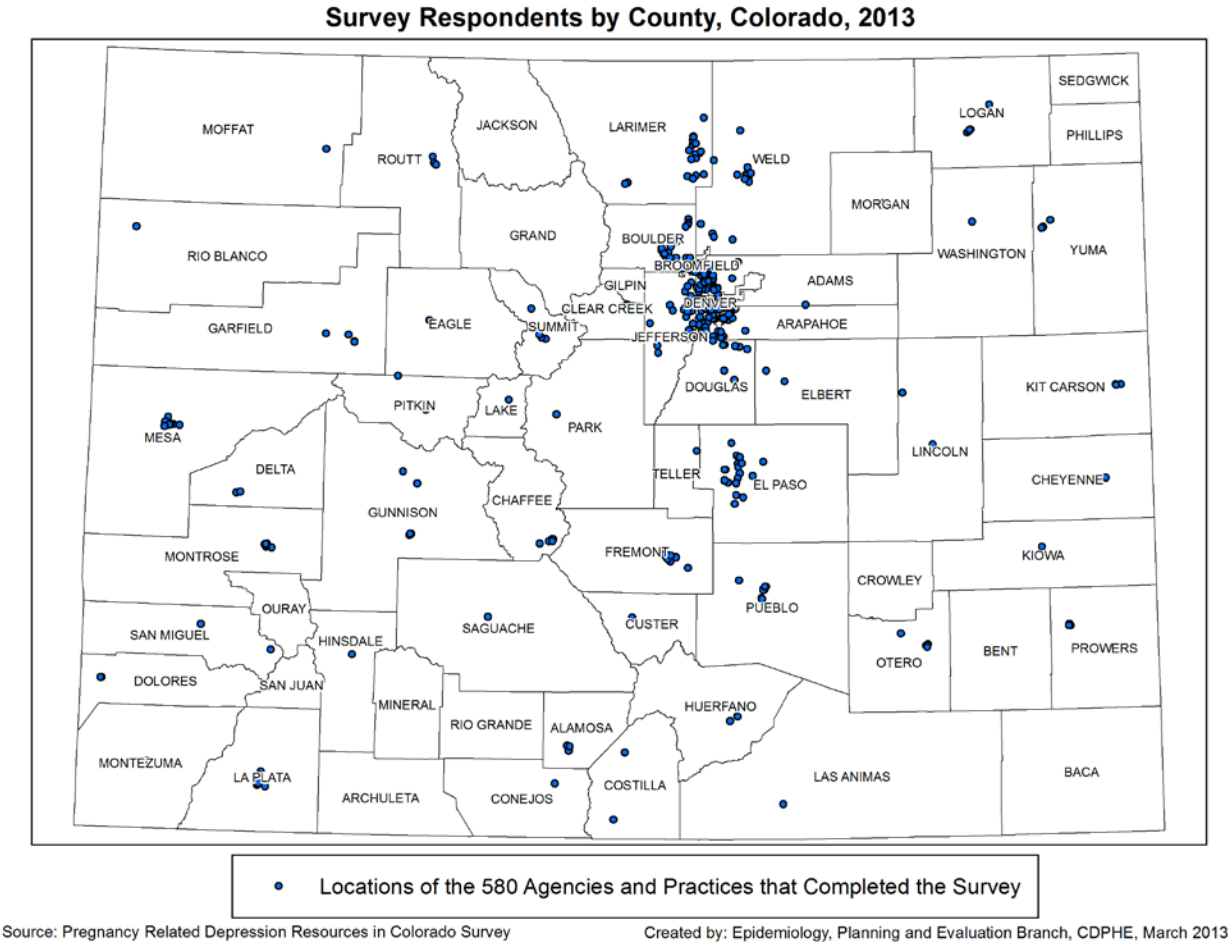
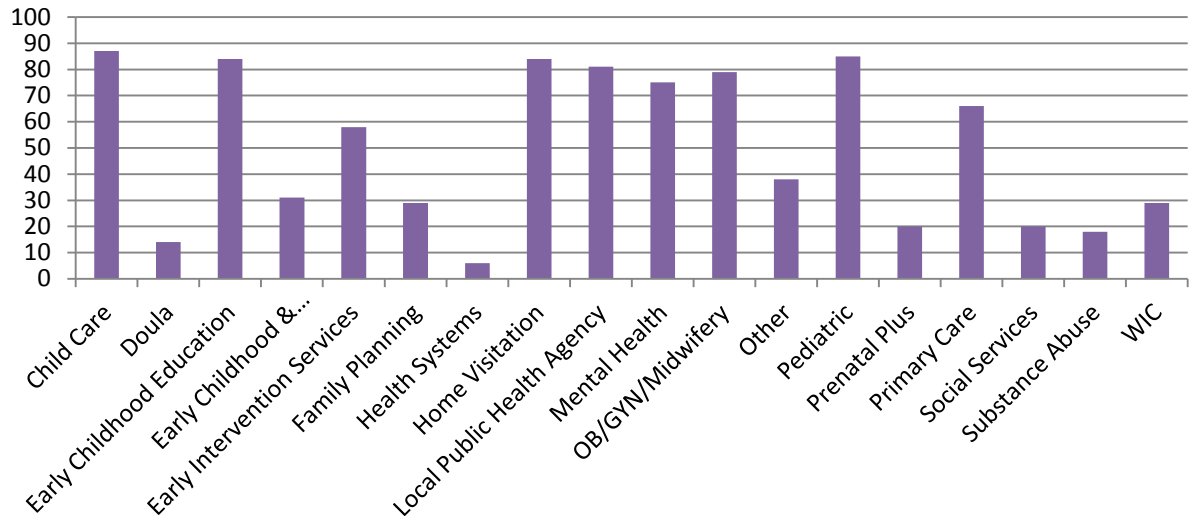


Figure 1. Survey Respondents by County

Respondents included a diverse representation of agencies, programs and health care practices, as noted in Figure 2. A majority of respondents stated they screened or talked with women about pregnancy-related depression, with a significant proportion also providing some sort of treatment or support once depressive symptoms were identified. Approximately 25 percent of respondents did not screen for or treat pregnancy-related depression, but did provide services focused on young children or women's health.

Figure 2. Types of Agencies, Programs and Practices Responding to the Pregnancy-Related Depression Survey



Note: Respondents could choose up to 3 descriptors to identify their work.

Current State of Pregnancy-Related Depression Efforts in Colorado

Screening for Pregnancy-Related Depression

There were 352 respondents who said they discuss and/or screen for pregnancy-related depression. The screening process for each agency was assigned numerical values and categorized according to strength. These strength levels are represented by the following symbols on the map illustrated in Figure 3.

- ● A red dot represents a weak screening system. That means the agency or program talks with some women about how they are feeling, but may not converse with all women. A formal screening tool may or may not be used or may be used inconsistently.
- ♦ A yellow diamond represents a moderate screening system. That means the agency or program does consistently use a formal screening tool, but may only discuss results with women who they feel need it. An example of this may include only discussing screening results with a woman who screens at high risk for depression.
- ★ A green star represents a strong screening system. The agency or program uses a formal screening tool with women and discusses all screening results.

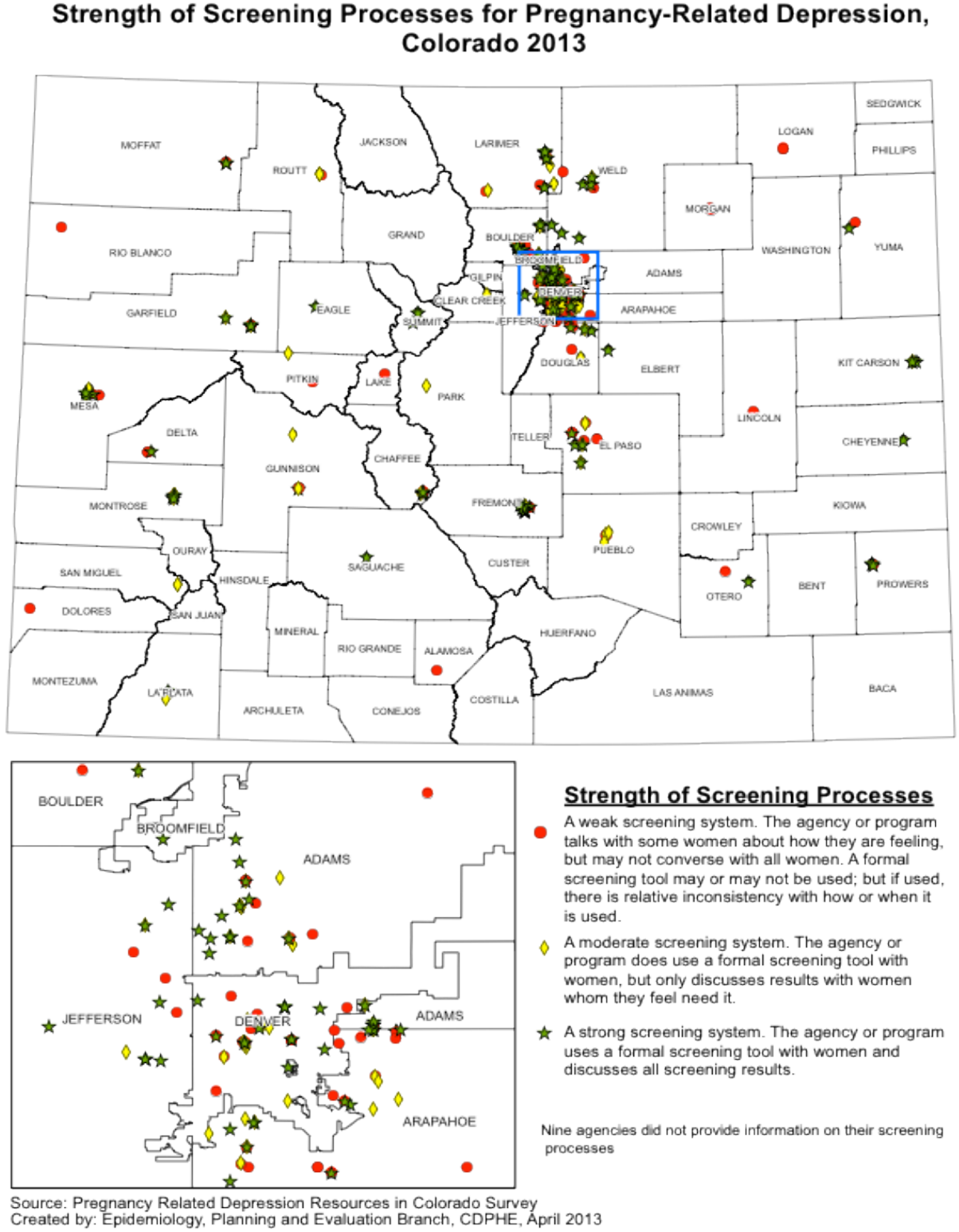
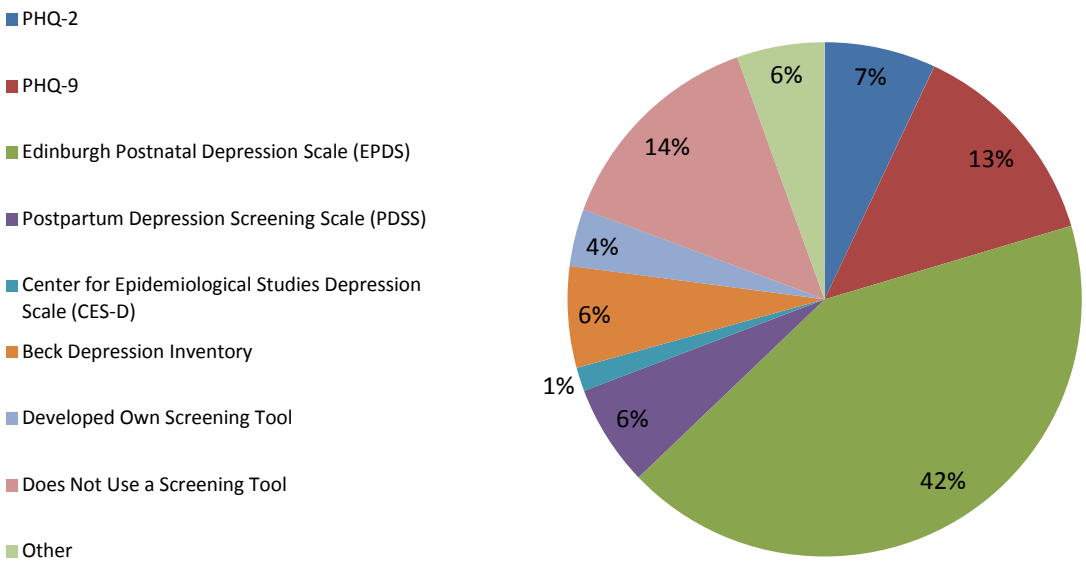


Figure 3. Screening Processes for Pregnancy-Related Depression

For the purpose of this survey, a "formal" screening tool most commonly indicated the use of a validated tool, though a few agencies created a combined assessment where questions about depression were mixed in with other risk factor questions, such as with substance abuse, anxiety or intimate partner violence. An agency could improve the strength of its screening system by using a formal screening tool, improving standardized use and sharing results with all women regardless of score.

Among agencies that reported they discuss or screen for pregnancy-related depression, 42 percent used the Edinburgh Postnatal Depression Scale (Figure 4), a screening tool designed specifically for the prenatal and postpartum population. A smaller number of respondents reported use of the Personal Health Questionnaire-2 (PHQ-2) and Personal Health Questionnaire-9 (PHQ-9). While neither the PHQ-2 nor the PHQ-9 are specifically designed for the prenatal or postpartum population, both of these screening tools are commonly used to screen for depression in the non-pregnant adult population. The PHQ-9 also is commonly used as a diagnostic tool. These results align with national trends on the types of screening tools used and speak to the awareness many Colorado agencies and programs have of using screening tools designed for the pregnant and postpartum population.

Figure 4: Screening Tools Used by Survey Respondents for Pregnant/Postpartum Women



However, while there is a high level of awareness regarding depression screens designed for the prenatal and postpartum population, 14 percent of respondents reported not using a screening tool (Figure 4). Use of a validated screening tool can appropriately and consistently identify depressive symptoms within the prenatal and postpartum population. Efforts to educate those who conduct depression screening about available tools should continue and should highlight those tools validated for the pregnant and postpartum population.

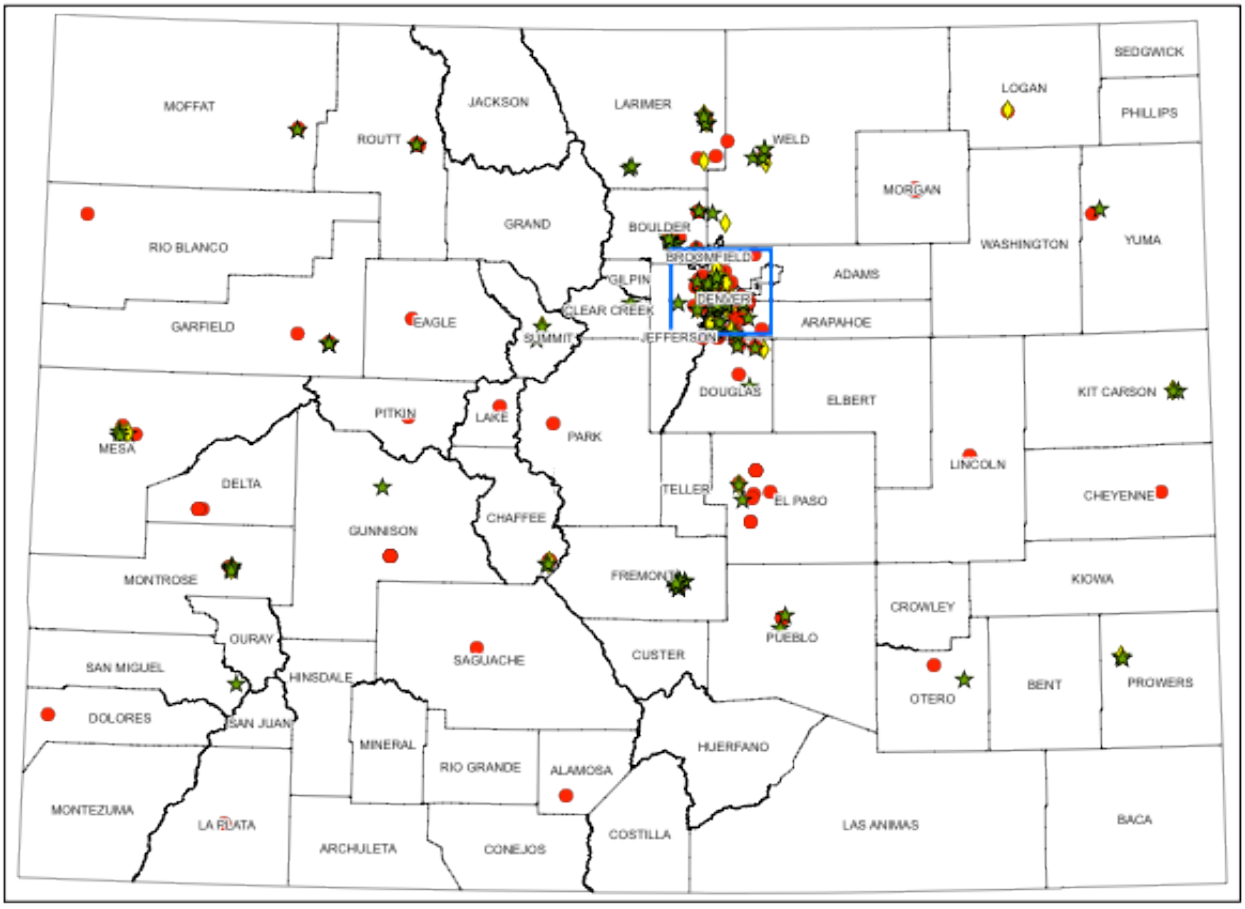
The majority of respondents reported they screen or talk to women about pregnancy-related depression more than once and as many as five times during pregnancy or the postpartum period. Additionally, respondents were asked whether they integrated the topic of depression with other relevant topics. This question was intentionally asked to identify the percentage of agencies that recognize the common risk factors among various health problems, as well as the co-occurrence. With regards to mental health during the pregnant and postpartum periods, tobacco use, substance use and anxiety commonly co-occur. Among agencies that integrate depression with other relevant topics, either in conversation or through a combined screening tool, almost half noted integration of depression with anxiety. Over one-third of respondents also integrate depression with intimate partner violence and/or substance use.

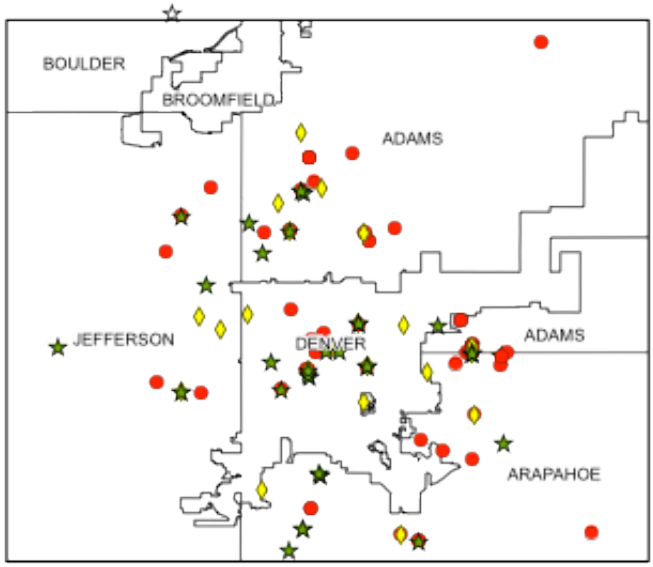
Referring for Pregnancy-Related Depression Treatment

There were 315 respondents who referred patients to external agencies for treatment or support of pregnancy-related depression. The referral processes for each agency were assigned numerical values and categorized according to strength. These strength levels are represented by the following symbols on the map in Figure 5.

- A red dot represents a weak referral system. The agency or program provides basic referral information, such as information on a local mental health agency, but not as a standard process. As a result, each woman may receive varying levels of referral information.
- A yellow diamond represents a moderate referral system. The agency or program provides basic referral information as well as a specific name to contact and/or instructions on how to set up an appointment. This is a standard process for at least all women who identify as high risk.
- A green star represents a strong referral system. The agency or program initiates all activities outlined for a moderate referral system and completes an active referral by calling on behalf of a woman and setting up an initial appointment. These activities are a standard practice for all women who identify as high risk.

Strength of Referral Processes to External Agencies for Pregnancy-Related Depression, Colorado 2013





Strength of Referral Processes

- A weak referral system. The agency or program provides basic referral information, such as information on a local mental health agency, but may not do this as a standard process. As a result, individual women may receive varying levels of referral information.
- A moderate referral system. The agency or program provides both basic referral information as well as a specific name to contact and/or instructions on how to set up an appointment. This is a standard process for at least all women who identify as high risk.
- A strong referral system. The agency or program does all activities outlined for a moderate referral system, and also completes an active referral by calling on behalf of a woman and setting up an initial appointment. These activities are a standard process for all women who identify as high risk.

Source: Pregnancy - Related Depression Resources in Colorado Survey
Created by: Epidemiology, Planning and Evaluation Branch, CDPHE, April 2013

Figure 5. Referral Processes for Pregnancy-Related Depression

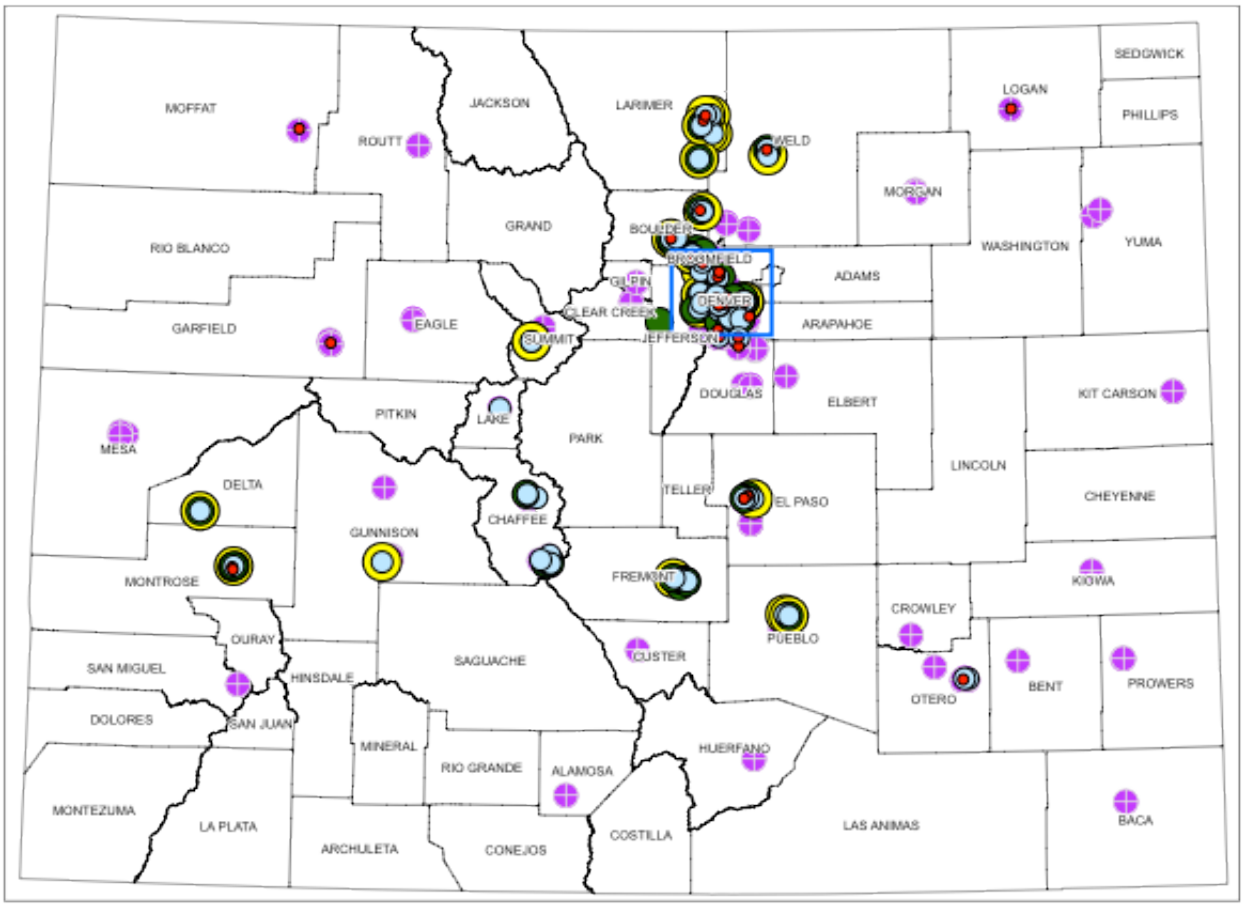
Identifying and Cultivating Resources

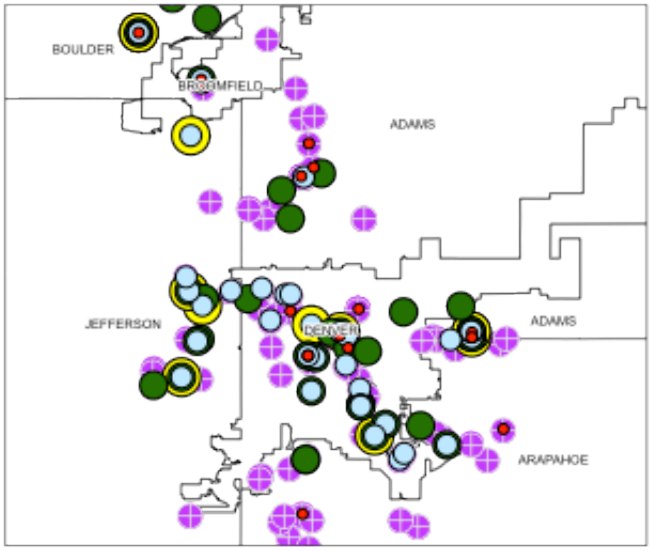
Survey respondents who identify women with depressive symptoms through screening or conversation were asked to describe the referral resources within their communities, including mental health services, medication consultations, support groups, community education classes or other forms of support. Respondents were asked to provide both the address and services offered for the referral resource. As illustrated in Figure 6, 404 sites across Colorado were identified as referral resources.

Individual or group counseling services were the most common types of referrals. Resources were grouped into four different categories to reflect the general "type" of support they provided, including hotlines, counseling, education/support and medication consultation/management. Many sites offer all four types of services and have potential as regional resource "hubs" where women can travel to receive multiple, diverse services. Hotlines were included for those sites that self-reported this resource or clearly advertised a hotline number on their agency website.

While Figure 6 reflects a significant number of resources available for women experiencing pregnancy-related depression, Colorado remains challenged in equitable resource access and services specifically tailored to the needs of pregnant and postpartum women. Women living in rural and frontier communities have limited access to resources due to geographic barriers. Even when a resource is located within the community, access may not always be readily available, an observation not made as part of the survey but anecdotally noted by partners in the field. Pregnant and postpartum women continue to face delayed entry into mental health programs due to long wait lists, limited pro-bono or affordable sliding scale services for the uninsured, and loss of Medicaid coverage at six weeks postpartum.

Referral Resources for Pregnancy-Related Depression, Colorado 2013





Types of Services Provided

(An agency can provide multiple services)

- Hotline
- Counseling (Individual and/or Group)
- Education and Support (Support Groups and/or Group Education)
- Medication Consultation and Management (Psychiatric Medication Consultation and/or Prescriptions)
- All Four Types within one agency

Source: Pregnancy-Related Depression Resources in Colorado Survey

Created by: Epidemiology, Planning and Evaluation Branch, CDPHE, April 2013

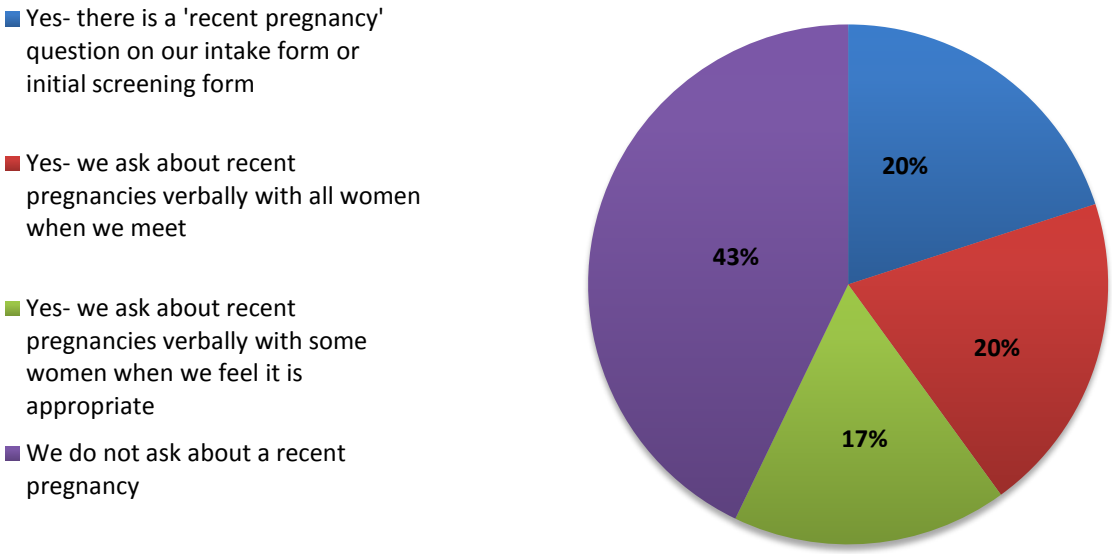
Figure 6. Referral Resources for Pregnancy-Related Depression

Providing Pregnancy-Related Depression Treatment or Support

As part of the survey, agencies that stated they provide treatment or support for pregnancy-related depression were asked about the source of referrals received. Of the 35 agencies that identified solely as treatment or support sites, self-referrals were most frequently noted as the referral source (74.3 percent).

As noted in Figure 7, when treatment and support providers were asked whether they inquired about recent pregnancies during the intake process, 60 percent of respondents did not ask all women about recent pregnancies. Identifying whether a woman referred for mental health services has been pregnant in the past year may help assess pregnancy-related depression or another prenatal or postpartum mood disorder.

Figure 7. Identification of a Recent Pregnancy Among Respondents Who Provide Treatment or Support for Pregnancy-Related Depression



Professionals Who Do Not Directly Serve Pregnant or Postpartum Women

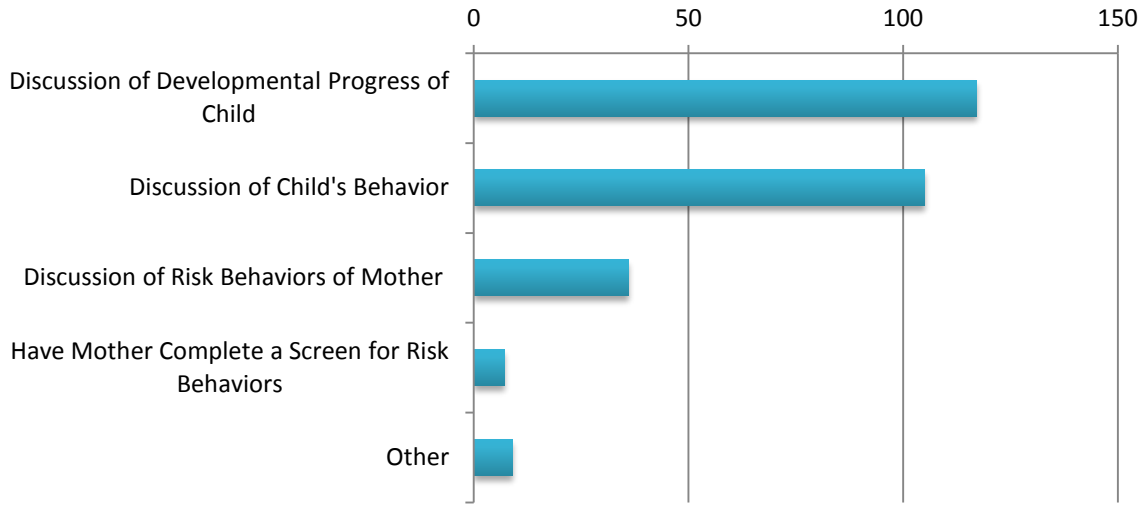
Part of the survey's intention was to reach those professionals who also may interact with pregnant or postpartum women, but not necessarily in connection with their pregnancy, such as those focused on early childhood services and women's health. The goal of reaching these professionals was to gain information about the type of work and services they provide to understand how pregnancy-related depression awareness could be effectively integrated and enhanced in their setting.

Early Childhood Professionals

Early childhood professionals, such as pediatric health care providers, childcare providers, early childhood educators and early childhood council representatives were included in the survey with 125 individual responses recorded.

As noted by Figure 8, most early childhood professionals predominantly interact with the mother about the child's progress or behavior, with fewer respondents interacting with the mother about her own risks. Additionally, early childhood professionals were asked to reflect on why their program or agency may not discuss pregnancy-related depression. More than 60 percent said they did not speak with mothers about this topic because they focus services on children.

Figure 8. Types of Interaction with Mothers by Early Childhood Professionals



Women's Health Providers

Those providing general women's health services, such as family planning, were included in the survey due to their interaction with women during the first 12 months postpartum. Family planning providers are in a unique position to check in with postpartum women during that first year, as these providers are likely one of the only non-urgent health services a new mother will seek out for herself.

Yet, this sector represented the lowest percentage of survey respondents (4.1 percent). A low level of response by these providers may be due to not recognizing that they can support the follow-up care needed by postpartum women. The health sector commonly identifies "postpartum follow-up care" as ending at the six-week postpartum follow-up visit, and most family planning providers do not have contact with a new

mother until after that first six weeks. Yet, women's mental and behavioral health needs post-pregnancy extend beyond the first six weeks, putting family planning providers in a key position to follow up on their needs as new mothers.

Observations from the Data

Colorado has both significant strengths and opportunities for improvement in address pregnancy-related depression. To begin with, there is a strong awareness about pregnancy-related depression across the state, as witnessed by the response level to the survey. This awareness is also evident by the reporting of survey respondents that they are already screening for depression even with a lack of reimbursement for their time and effort. Colorado also has a strong early childhood system that is ready to address maternal mental health as part of the effort to improve a child's health and wellbeing.

However, the state still experiences many challenges in improving care for women with pregnancy-related depression. For example, while the majority of the survey respondents noted that they use a screening tool validated for the pregnant and postpartum populations, almost 14 percent of respondents noted they did not use any sort of screening tool. And, when asked about screening practices, many noted that while they did use a screening tool, they did not use it consistently with all women. Thus, a gap exists in Colorado where not all providers are using a standard screening tool or using it consistently with all clients.

The state also remains extremely limited in its ability to provide treatment for pregnancy-related depression. The state's mental health workforce cannot adequately meet the growing need for services, both in the general adult population and the sub-group of pregnant and postpartum women. There is limited access to mental health services in the rural and frontier regions of the state. And while a variety of resources were identified throughout the state, there is no method besides self-reporting that ensures those providing treatment for pregnancy-related depression or other perinatal mood disorders are adequately trained.

Conclusion

Health care and community partners working with pregnant and postpartum women cannot overlook asking a woman how she is dealing with her pregnancy and new motherhood, despite less than ideal referral resources. Not asking will not minimize the impact this debilitating health issue has on women, their families and the community. Use of a validated screening tool can appropriately and consistently identify depressive symptoms within the prenatal and postpartum population.

Community-based and tele-health resources can be cultivated as appropriate referral options for those identified with mild depressive symptoms. Parenting classes, home visitation programs, infant groups and other community-based services are opportunities for education about pregnancy-related depression. They can act as a "stepping stone" for women in need of mental health services, but not ready or unable to access them right away. Colorado can develop ways to equip primary care providers with a level of knowledge and confidence to address the mental health needs of those who are not suffering severe diagnoses. Childcare and

family planning providers can be brought into community-level conversations on pregnancy-related depression, as their interactions with women during the first year postpartum can provide a key entry point for educating women.

By engaging the whole community around screening and referral systems for pregnancy-related depression, those who serve pregnant and postpartum women can be accountable for their role in mental health awareness and follow-up, and feel prepared to incorporate this into their services. Women suffering from pregnancy-related depression need their health care providers and others they interact with in the community to be their advocates and let them know that they are not alone.

Appendix A: Survey Methodology

Survey Development

In Winter 2013, Maternal Wellness staff surveyed partners statewide to gather information on screening and referral behaviors, as well as referral resources used for pregnancy-related depression support. The survey required respondents to enter the address of the responding agency as well as the address of referral resources in order to link geographic coordinates to street addresses, a process known as geo-coding, to later create a visual representation of results. A copy of the survey can be found in Appendix B.

Survey Dissemination

To capture efforts across Colorado that address pregnancy-related depression, the survey was disseminated to a broad spectrum of medical and community partners. The survey focused on asking individuals to reflect on their program or agency's practices and procedures. Traditional prenatal and postpartum medical providers were included as well as professional medical associations, community-based programs, local public health agencies and mental health centers. Support services used during the prenatal and postpartum period were included, such as lactation consultants, social services, case management programs and substance use providers who serve pregnant women. Staff also identified and included those resources that pregnant or postpartum women access. As a result, the distribution included childcare centers, Head Start programs, certified childcare providers and family planning clinics. Approximately 5,000 individual email addresses were obtained along with 27 distribution lists.

In January 2013, the survey link was sent out via email invitation with an introductory message describing the project's intention and a staff contact for follow-up questions or concerns. The survey remained open for two weeks, with as many as three reminder emails sent to respondents. Respondents could answer the survey and then send the link to others whom they thought should answer. This sampling method gave multiple individuals within one agency the opportunity to give their input, allowing responses to reflect the diversity in policies and procedures that may exist between multiple programs housed within one agency.

Survey Question Analysis

Staff constructed the survey questions on screening and referral processes to allow for the identification of a system's strength in screening and referring pregnant or postpartum women for depressive symptoms. Screening and referral questions were developed as matrices, where respondents were asked to reflect on a group of activities and determine if they had done each activity with all women, some women or no women. Staff then assigned numerical values to each possible response/activity. Two total scores representing screening and referral strength were calculated based on the sums of the corresponding activities' numerical values. Cut-off values were defined, which allowed each agency to be categorized based on the strength of its

screening and referral systems (weak, moderate or strong). These strength levels were then tied to specific symbols and mapped to give a visual representation of the strength of systems around the state. Staff could then use the data to describe how an agency could improve the strength of their system.

Known Limitations

While considerable effort was put forth by staff to reach as many respondents as possible across the state, the survey was not able to reach the entire population of agencies and practices that treat or provide support for pregnancy-related depression. Therefore, gaps in information and understanding still exist. Also, since those who received the survey were encouraged to forward it on to others, it is unknown how many individuals actually received an invite to complete the survey questions.

Additionally, as with any questionnaire, using an individual's knowledge and opinion to collect information, individual interpretation may vary across respondents. This individual interpretation should be considered when making generalized statements about the results, as each respondent may have answered a question from a slightly varying viewpoint. This became evident when respondents were asked about referrals made within their own agencies, and resulted in this data not being included as part of the report. Furthermore, the survey required respondents to answer each question prior to moving on to the next, therefore not allowing them to skip questions. As a result, there were respondents who did not complete the entire survey, creating limitations in comparing individual responses.

Beginning of survey

Thank you for filling out this brief survey on behalf of the Maternal Wellness Team at the Colorado Department of Public Health and Environment.

The Maternal Wellness Team is surveying organizations, programs and providers around the state to identify what screening and referral efforts are available for pregnancy-related depression. This includes looking at programs and services not focused on depression that may be appropriate linkages for future work.

Pregnancy-related depression is defined as depression that occurs during pregnancy or up to one year after birth, including after a pregnancy loss/miscarriage. It is also commonly known as perinatal depression, postpartum depression and maternal depression.

Information collected from this survey will be used in program planning. Survey findings will be made available; however individual-level responses will remain anonymous. Please note that the publication of these findings are not intended to promote the use of, or referral to, specific services or agencies.

Upon completion of this survey, your email address will be entered into a drawing to win a $50 gift card to the restaurant of your choice.

More information on the state's work with pregnancy-related depression may be found at:
http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251617572212

The survey should take between 10-15 minutes to complete.

Please note that the survey may prompt you to give address information both for yourself and those agencies you refer women to. Only your city and zip code is required. Additional information is optional.

This information will not be made public, but will be used to create a visual map of the survey results.

Questions may be referred to:

Krista M. Beckwith, MSPH
Maternal Wellness Program
Colorado Department of Public Health and Environment
303.692.6275 I Krista.Beckwith@state.co.us

***1. What is your email address?**

(Email addresses are requested to help identify unique responses, but will not be used in survey results.)

***2. What is the name of your agency or practice?**

***3. What type of agency, program or practice *most closely* reflects where you work?**

(Please select no more than 3 options.)

- [ ] Child Care
- [ ] Doula
- [ ] Early Childhood Education
- [ ] Early Intervention Services
- [ ] Family Planning
- [ ] Home Visitation
- [ ] Local Public Health Agency
- [ ] Mental Health
- [ ] OB/GYN
- [ ] Pediatric
- [ ] Prenatal Plus
- [ ] Primary Care
- [ ] Social Services
- [ ] Substance Abuse
- [ ] WIC
- [ ] Other

Other (please specify)

***4. Where is your agency or practice located?**

If your agency has multiple locations, please put the location where you work.

(If you are unable to provide your full address, please provide just city and zip. This information will be used to map survey results.)

Address:	
Address 2:	
City/Town:	
ZIP:	

5. What is your current level of knowledge on Colorado House Bill 12-1100: Pregnancy and Evidence of Substance Use?

This bill was passed during the 2012 legislature and prohibits the use of information about illegal drug use obtained through a pregnancy test or prenatal care in criminal court.

	I am not familiar with this	I am vaguely familiar with this	I am adequately familiar with this	I could educate a peer about this
The target population prioritized by HB12-1100.	◯	◯	◯	◯
The changes made to the use information on substance use obtained during pregnancy.	◯	◯	◯	◯
How this legislation may impact my work with pregnant women.	◯	◯	◯	◯

*6. Does your agency or practice interact with any of the following?

(Please select all that apply)

- ☐ Pregnant women
- ☐ New mothers up to 1 year postpartum
- ☐ Women who have recently experienced a pregnancy loss/miscarriage
- ☐ Children (ages birth up to at least age 1)
- ☐ Women seeking reproductive health or other women's health services
- ☐ My agency does not provide services or resources to any of the above

*7. Which description most appropriately reflects your agency or practice?

- ◯ We screen for or talk about pregnancy-related depression, but do not provide treatment or support once it has been identified.
- ◯ We screen for or talk about pregnancy-related depression and provide treatment or support once it has been identified.
- ◯ We provide treatment or support for pregnancy-related depression when a woman is referred to us.
- ◯ We do not screen, treat or provide support for pregnancy-related depression, but we do provide other women's health services.
- ◯ We do not screen, treat or provide treatment for pregnancy-related depression but we do provide other children's services, such as daycare, health or other early childhood services.

Section 1

*8. Does your agency or practice use any of the following formal screening tools for pregnant/postpartum women? (either verbally or in paper form)

(Please select all that apply)

- [ ] PHQ-2 (often referred to as the "2 question screen")
- [ ] PHQ-9
- [ ] Edinburgh Postnatal Depression Scale (EPDS)
- [ ] Postpartum Depression Screening Scale (PDSS)
- [ ] Center for Epidemiological Studies Depression Scale (CES-D)
- [ ] Beck Depression Inventory
- [ ] We have developed our own screening tool
- [ ] We do not utilize a screening tool
- [ ] Other

Other (please describe in the comment box below)

*9. Please identify the extent of your agency's or practice's screening process.

If you do not partake in an activity, please select "We do not do this".

	Done with all women	Done only with women we think need it	We do not do this
We ask a woman how she is feeling.	◯	◯	◯
We use a formal screening tool and have a short conversation when there is a positive screen.	◯	◯	◯
We use a formal screening tool and have a short conversation regardless of the screening results.	◯	◯	◯

Section 1

***10. How often does your agency or practice screen or talk to women about pregnancy-related depression?**

- ◯ 1 time – during pregnancy
- ◯ 1 time – during postpartum check-up
- ◯ Up to 3 times – either during pregnancy or postpartum
- ◯ Up to 5 times – either during pregnancy or postpartum
- ◯ Other

Other (please specify)

***11. Do you currently integrate the topic of pregnancy-related depression with other topics?**

This may be through combining screening tools or combining topics in a conversation.

(Select all that apply)

- ☐ Yes, with substance use
- ☐ Yes, with domestic violence
- ☐ Yes, with anxiety
- ☐ Yes, with a brief intervention tool that covers numerous topics
- ☐ No
- ☐ Other

Other (please specify)

Section 1

***12. Please identify the degree to which your organization/practice completes the following processes with women who need referrals to external agencies for pregnancy-related depression treatment or support.**

If your agency or practice does not do a particular activity, please select "We do not do this" for that activity.

Additional activities can be described in the "Other" box.

	Standard process with ALL women	Standard process for women who identify as high-risk	Not a standard process, but done on occasion (or when a woman asks).	We do not do this
Provide information to take home, such as a flier or pamphlet	◯	◯	◯	◯
Provide a list of local mental health services.	◯	◯	◯	◯
Provide a specific name, contact information and instructions on how to schedule a visit at the referral agency	◯	◯	◯	◯
Call and set up an initial intake visit at a referral agency	◯	◯	◯	◯
Complete formal referral documents that are then sent to the referral agency	◯	◯	◯	◯
Participate in a formal communication loop that allows referral follow up information to be shared back with our agency/practice	◯	◯	◯	◯

Other (please specify)

Section 1

***13. If able, please provide us with information about what organizations you *most frequently* refer women to who need support for pregnancy-related depression. This may be done by selecting one of the options below.**

If you are unable to provide this information at this time please select "I am unable to provide this information at this time".

This information is critical and will be utilized to help plan future programming and address resource gaps around the state.

- ◯ I will submit a referral contact list to the following email address: COprdsurvey@gmail.com
- ◯ I will provide up to 4 referral resources as part of this survey
- ◯ I am unable to provide this information at this time
- ◯ I do not have referral resources available for women with pregnancy-related depression

Four Referral Resources

Please provide as much information as is readily available to you. You may skip over items you do not know. Please note, this information will be utilized to map the findings.

(If there is no physical location for your referral, please enter "none" into the address, city and zip lines).

Once finished, please press "Continue" at the bottom of the page.

14. Enter information about the first organization

Name of Organization

Address:

Address 2:

City/Town:

ZIP:

Website:

Email Address:

Phone Number:

15. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

16. Enter information about the second organization

Name of Organization

Address:

Address 2:

City/Town:

ZIP:

Website:

Email Address:

Phone Number:

17. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

18. Enter information about the third organization

Name of Organization	
Address:	
Address 2:	
City/Town:	
ZIP:	
Website:	
Email Address:	
Phone Number:	

19. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

20. Enter information about the fourth organization

Name of Organization

Address:

Address 2:

City/Town:

ZIP:

Website:

Email Address:

Phone Number:

21. For the above organization, please select the type of service(s) you commonly refer for, if known.
(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

*22. Please select "Continue"

- ◯ Continue

Unable to provide this information at this time

23. What types of organizations do you most frequently refer women to who need support for pregnancy-related depression?

(Please select all that apply)

- [ ] Support groups
- [ ] Mental/behavioral health center(s)
- [ ] Private counselor/psychotherapist
- [ ] Community-based organization(s)
- [ ] Hotlines (local or national)
- [ ] Church(es)
- [ ] Blogs and/or websites
- [ ] Group counseling
- [ ] Other

Other (please specify)

Section 2

*24. Does your agency or practice use any of the following formal screening tools for pregnant/postpartum women? (either verbally or in paper form)

(Please select all that apply)

- [ ] PHQ-2 (often referred to as the "2 question screen")
- [ ] PHQ-9
- [ ] Edinburgh Postnatal Depression Scale (EPDS)
- [ ] Postpartum Depression Screening Scale (PDSS)
- [ ] Center for Epidemiological Studies Depression Scale (CES-D)
- [ ] Beck Depression Inventory
- [ ] We have developed our own screening tool
- [ ] We do not utilize a screening tool
- [ ] Other

Other (please describe in the comment box below)

*25. Please identify the extent of your agency's or practice's screening process.

If you do not partake in an activity, please select "We do not do this".

	Done with all women	Done only with women we think need it	We do not do this
We ask a woman how she is feeling.	◯	◯	◯
We use a formal screening tool and have a short conversation when there is a positive screen.	◯	◯	◯
We use a formal screening tool and have a short conversation regardless of the screening results.	◯	◯	◯

Section 2

*26. How often does your agency or practice screen or talk to women about pregnancy-related depression?

- ◯ 1 time – during pregnancy
- ◯ 1 time – during postpartum check-up
- ◯ Up to 3 times – either during pregnancy or postpartum
- ◯ Up to 5 times – either during pregnancy or postpartum
- ◯ Other

Other (please specify)

*27. Do you currently integrate the topic of pregnancy-related depression with other topics?

This may be through combining screening tools or combining topics in a conversation.

(Select all that apply)

- ☐ Yes, with substance use
- ☐ Yes, with domestic violence
- ☐ Yes, with anxiety
- ☐ Yes, with a brief intervention tool that covers numerous topics
- ☐ No
- ☐ Other

Other (please specify)

Section 2

28. If you make <u>REFERRALS WITHIN YOUR OWN AGENCY</u> please identify to what degree your agency or practice completes the following processes with women who need pregnancy-related depression treatment or support.

If your agency or practice does not do a particular activity, please select "We do not do this" for that activity.

Additional activities can be described in the "Other" box.

	Standard process with ALL women	Standard process for women who identify as high-risk	Not standard process, but done on occasion (or when a woman asks)	We do not do this
Provide information to take home, such as a flier or pamphlet	◯	◯	◯	◯
Provide a specific name, contact information and instructions on how to schedule a visit	◯	◯	◯	◯
Schedule up an appointment right then and there	◯	◯	◯	◯
Complete formal referral documents that are then given to the staff member providing treatment services	◯	◯	◯	◯

Other (please specify)

29. If you make <u>REFERRALS TO EXTERNAL AGENCIES</u> please identify to what degree your agency or practice completes the following processes with women who need pregnancy-related depression treatment or support.

If your agency or practice does not do a particular activity, please select "We do not do this" for that activity.

Additional activities can be described in the "Other" box.

	Standard process with ALL women	Standard process for women who identify as high-risk	Not standard process, but done on occasion (or when a woman asks)	We do not do this
Provide information to take home, such as a flier or pamphlet	◯	◯	◯	◯
Provide a list of local mental health services	◯	◯	◯	◯
Provide a specific name, contact information and instructions on how to schedule a visit at the referral agency	◯	◯	◯	◯
Call and set up an initial intake visit at a referral agency	◯	◯	◯	◯
Complete formal referral documents that are then sent to the referral agency	◯	◯	◯	◯
Participate in a formal communication loop that allows referral follow up information to be shared back with our agency/practice	◯	◯	◯	◯

Other (please specify)

Section 2

*30. What forms of treatment or support does your agency or practice provide?

(Please select all that apply)

- [ ] Information or resources to take home
- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultations and/or prescriptions
- [ ] Support groups
- [ ] Hotline
- [ ] Group education classes
- [ ] Other

Other (please specify)

Section 2

***31. If able, please provide us with information about what organizations you *most frequently* refer women to who need support for pregnancy-related depression. This may be done by selecting one of the options below.**

If you are unable to provide this information at this time please select "I am unable to provide this information at this time".

This information is critical and will be utilized to help plan future programming and address resource gaps around the state.

- ◯ I will submit a referral contact list to the following email address: COprdsurvey@gmail.com
- ◯ I will provide up to 4 referral resources as part of this survey
- ◯ I am unable to provide this information at this time
- ◯ I do not have referral resources available for women with pregnancy-related depression
- ◯ My agency does not refer women externally for treatment services

Four Referral Resources

Please provide as much information as is readily available to you. You may skip over items you do not know. Please note, this information will be utilized to map the findings.

(If there is no physical location for your referral, please enter “none” into the address, city and zip lines).

Once finished, please press "Continue" at the bottom of the page.

32. Enter information about the first organization

Name of Organization

Address:

Address 2:

City/Town:

State:

ZIP:

Website:

Email Address:

Phone Number:

33. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

34. Enter information about the second organization

Name of Organization

Address:

Address 2:

City/Town:

State:

ZIP:

Website:

Email Address:

Phone Number:

35. For the above organization, please select the type of service(s) you commonly refer for, if known.
(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

36. Enter information about the third organization

Name of Organization

Address:

Address 2:

City/Town:

State:

ZIP:

Website:

Email Address:

Phone Number:

37. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

38. Enter information about the fourth organization

Name of Organization

Address:

Address 2:

City/Town:

State:

ZIP:

Website:

Email Address:

Phone Number:

39. For the above organization, please select the type of service(s) you commonly refer for, if known.

(please select all that apply)

- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultation and/or prescriptions
- [ ] Support group
- [ ] Hotline (referral or information)
- [ ] Group education classes
- [ ] Other

Other (please specify)

***40. Please select "Continue"**

◯ Continue

Unable to provide this information at this time

41. What types of organizations do you most frequently refer women to who need services or support for pregnancy-related depression? (Please select all that apply)

- [ ] Support groups
- [ ] Mental/behavioral health center(s)
- [ ] Private counselor/psychotherapist
- [ ] Community-based organization(s)
- [ ] Hotlines (local or national)
- [ ] Church(es)
- [ ] Blogs and/or websites
- [ ] Group counseling
- [ ] Other

Other (please specify)

Section 3

*42. What types of agencies or individuals most frequently provide you with referrals? (Please select all that apply)

- [ ] Doulas
- [ ] Early Childhood Councils
- [ ] Early Intervention Services
- [ ] Family Planning Clinics
- [ ] Child care providers
- [ ] Child protective services
- [ ] Home visitation programs
- [ ] Hospital Staff
- [ ] Housing/TANF services
- [ ] Local public health departments
- [ ] Midwives
- [ ] NICU staff
- [ ] OB/GYNs
- [ ] Patient navigators/care coordinators
- [ ] Pediatricians
- [ ] Prenatal Plus
- [ ] Primary care providers
- [ ] Self-Referral
- [ ] Special Connections
- [ ] Women, Infants and Children (WIC)
- [ ] Other

Other (please specify)

*43. What forms of treatment or support does your agency or practice provide?

(Please select all that apply)

- [ ] Information or resources to take home
- [ ] Individual counseling
- [ ] Group counseling
- [ ] Psychiatric medication consultations and/or prescriptions
- [ ] Support groups
- [ ] Hotline
- [ ] Group education classes
- [ ] Other

Other (please specify)

Section 3

***44. During a visit, do you identify whether a woman has been pregnant in the last year if she does not come to your agency via a referral for pregnancy-related depression (or is a self referral)?**

- ◯ Yes – there is a 'recent pregnancy' question on our intake form or initial screening form
- ◯ Yes – we ask about recent pregnancies verbally with ALL women when we meet
- ◯ Yes – we ask about recent pregnancies verbally with some women when we feel it is appropriate
- ◯ No – not at this time
- ◯ Other

Other (please describe in the comments box)

Section 4

*45. What type of services do you provide? (Please select all that apply)

- [ ] Women’s reproductive or other health services
- [ ] Children’s health services
- [ ] Children’s daycare and/or other early childhood education services
- [ ] Both women's and children's services
- [ ] Other

Other (please specify)

*46. Do you currently talk with women about, or provide a screening tool for, any of the following topics?

(Please select all that apply)

- [ ] Yes, general depression screening
- [ ] Yes, anxiety level screening
- [ ] Yes, substance use screening
- [ ] Yes, domestic violence screening
- [ ] Yes, a brief intervention screening that covers numerous topics
- [ ] No
- [ ] Other

Other (please specify)

Section 4

***47. If you provide *women's reproductive or other health services* , do you currently ask whether the woman has had a baby in the past year?**

If you do not provide services to women, please only select "I do not provide women's reproductive or other health services".

- ◯ Yes – there is a 'recent pregnancy' question on our intake or initial screening form
- ◯ Yes – we ask about recent pregnancies verbally with ALL women
- ◯ Yes – we ask about recent pregnancies verbally with some women when we feel it is appropriate
- ◯ No – not at this time
- ◯ I do not provide women's reproductive or other health services
- ◯ Other

Other (please specify)

***48. If you provide *children's daycare, health or other early childhood education services*, do you currently do any of the following?**

(Please select all that apply)

If you do not provide services to children, please only select "I do not provide children's health, daycare or other early childhood education services".

- ☐ Talk with the child's mother about the developmental progress of the child (physical, social, emotional, etc.)
- ☐ Talk with the child's mother about the child's behavior and/or attitude
- ☐ Talk with the child's mother about their substance use, general depression or other risk behaviors
- ☐ Screen the mother for substance use, depression or other risk behaviors using some sort of screening tool
- ☐ I do not provide children's health, daycare or other early childhood education services.
- ☐ None of the above
- ☐ Other

Other (please specify)

Section 4

***49. In your opinion, why do you think your program/agency does not screen or converse with women about pregnancy-related depression? (Please select all that apply)**

- [ ] We do not serve pregnant women
- [ ] We do not serve new mothers up to 1 year postpartum
- [ ] We focus our services on children
- [ ] We do not have enough staff to conduct this type of conversation or screening
- [ ] We do not have adequate knowledge to provide this type of conversation or screening
- [ ] We do not have time to provide this type of service or conversation.
- [ ] We do not get reimbursed for this type of service, and therefore cannot provide it.
- [ ] Other

Other (please specify)

50. What factors in the community do you feel pose the greatest barrier to women receiving effective pregnancy-related depression screening, referral and treatment services?

(Please select all that apply)

	Not a barrier	Somewhat a barrier	A major barrier
Women are not being appropriately screened and identified	◯	◯	◯
Women are being identified, but they are not being effectively linked with support	◯	◯	◯
Women are being identified, but there are inadequate (or no) treatment or support services available	◯	◯	◯
Treatment and support resources exist, but they are not focused on pregnant or postpartum women's needs.	◯	◯	◯
There is a lack of reimbursement for screening, referral and treatment	◯	◯	◯

51. How confident do you feel about your agency's or practice's capacity, knowledge and skills to serve women with pregnancy-related depression?

	Not Confident	Somewhat confident	Very confident
Rating	◯	◯	◯

52. Please rate the training/technical assistance needs of your agency or practice, as applicable.

	Not needed	Somewhat need	Needed right now
Conducting pregnancy-related depression screening	◯	◯	◯
Appropriately referring women to other agencies for further evaluation or treatment.	◯	◯	◯
Prescribing psychiatric medication(s) to women diagnosed with pregnancy-related depression.	◯	◯	◯
Monitoring pregnant or postpartum women on psychiatric medication(s).	◯	◯	◯
Treating women with pregnancy-related depression with appropriate (evidence-based) psycho therapeutic or other interventions.	◯	◯	◯

53. Would you like to be contacted about future efforts?

◯ Yes

◯ No

End of Survey

Again, thank you for your time and assistance with this survey. We value your input and expertise and look forward to future collaborative work.

Please click "Done" to complete your survey.

As a reminder, if you previously responded that you would provide us with your referral list, please send it to this email: COprdsurvey@gmail.com

If you are interested in sharing the survey with others, please copy and paste the link below into an email. Or, please forward the original survey email sent to you.

https://www.surveymonkey.com/s/PRD_Questionnaire

Questions may be referred to:

Krista M. Beckwith, MSPH
Maternal Wellness Program
Colorado Department of Public Health and Environment
303.692.6275 I Krista.Beckwith@state.co.us