

ACTION BRIEF

Employer Strategies that Drive Value



Postpartum Depression

Removing Barriers to Postpartum Depression Care

ACTION STEPS FOR EMPLOYERS:

1. Ensure that benefits include comprehensive maternity care:

Preconception, prenatal and postpartum services.

2. Set expectations with health plans

about PPD education, screening and treatment initiatives and options for employees and providers.

3. Check to be sure EAP vendors are equipped

to screen for PPD and to make needed referrals.

4. Promote screening recommendations

and treatment options to employees, including education about the emotional and social factors of PPD.

5. Educate employees about maternity leave,

their EEOC rights, parental leave, and other available support policies

Raising awareness and overcoming PPD stigma and treatment barriers is essential to opening doors to early and effective treatment. PPD is a treatable medical condition requiring medical care.

With the majority of US women of childbearing age employed outside the home, it's important for employers to be aware of the impact of underdiagnosed postpartum depression (PPD)¹. PPD affects about one in nine new mothers and, ultimately, entire families, making it one of the most common medical complications of pregnancy and childbirth² associated with significant total wellbeing effects³ and higher healthcare costs. In fact, all-cause medical and pharmaceutical costs were 22% higher in the year after delivery in households with a mother with PPD compared with matched control households.⁴



UNDERSTANDING PPD

PPD is distinct from the “baby blues,” due to the timing, duration and/or severity of depressive symptoms such as frequent crying, worrying, irritability, fatigue, sadness and mood swings⁵. The baby blues typically peak at five days postdelivery and resolve within 10 days⁶. But PPD can be debilitating, sharing symptoms similar to those of a major depressive disorder including, but not limited to:

- ▶ Trouble bonding with the baby
- ▶ Difficulty caring for the baby
- ▶ Thoughts of self-harm or harm to the baby
- ▶ Experiencing anger or rage
- ▶ Withdrawal from friends and family⁷

Mothers at greatest risk include those with a history of depression, substance



PROFESSIONAL SOCIETIES RECOMMEND PPD SCREENING

- The American Congress of Obstetricians and Gynecologists: Recommends that providers screen for depressive symptoms at least once during the perinatal period using a standardized, validated screening tool.
- American Academy of Pediatrics: Recommends integrating PPD surveillance and screening at 1-, 2-, 4-, and 6-month visits.
- U.S. Preventive Services Task Force: Recommends screening in the general adult population, including pregnant and postpartum women.

use disorders, increased life stress, low socioeconomic status, lack of social support, single status, and older age (over 40).⁸ A difficult pregnancy or birth, giving birth to twins or other multiples, marital/relationship problems, and unplanned pregnancy are also known to increase the risk of PPD⁹.

WHAT EMPLOYERS CAN DO TO ENSURE ACCESS TO MEDICAL CARE THROUGHOUT THE PREGNANCY JOURNEY

Adding PPD to the mental health agenda will help employers influence change that leads to reducing stigma, broadening networks, improving access, addressing lower reimbursement schedules, and rewarding for certain performance levels in the ongoing journey toward achieving true mental health parity in the US. Here's how employers can take action.

1. Ensure that benefits include comprehensive maternity care: Preconception, prenatal and postpartum services.

- ▶ **Review your benefits:** Does your current pregnancy benefit

include coverage for preconception, prenatal and postpartum services? Discuss current coverage and utilization management with health plans and benefit consultants to ensure the full spectrum of maternity care is covered. In addition, a comprehensive maternity leave package eases confusion and stress for expectant parents, making it easier for them if complications such as PPD arise.

- ▶ **Know your data.** Review the pregnancy data to see if claims reflect expected use of healthcare services for the number of covered women in their childbearing years. Are women seeking help for PPD seen in a timely manner and receiving ongoing treatment? Early identification of PPD can lead to better outcomes. Disability claims can also offer insight into employees who may be extending disability leave due to perinatal mood disorders.
- ▶ **Remove barriers to care.** Include high-touch (e.g., home nursing visits) and low-touch (e.g.,

pregnancy apps) in maternity benefits to ensure new mothers are educated about and screened for PPD. Remove or reduce out-of-pocket expenses like copayments and coinsurance for PPD patients.

2. Set expectations with health plans and consultants about PPD education, screening and treatment initiatives and options.

- ▶ **For employees:** Review and assess health plan communications for every phase of maternity planning and care, checking for inclusion of PPD education and support. Promote credible patient resources such as postpartumdepression.com.
- ▶ **For providers:** Review and assess health plan communications for PPD screening promotion and standards for treating patients. Recommend provider resources such as knowppd.com, which offers patient screening tools, American College of Obstetricians and Gynecologists (ACOG) care recommendations, and more.

Local and regional healthcare coalitions and their members have a unique opportunity to collaborate, using their collective voice to drive health care policy that leads to state-mandated PPD screening.

3. Be sure EAP vendors are equipped to screen for PPD and to make needed referrals.

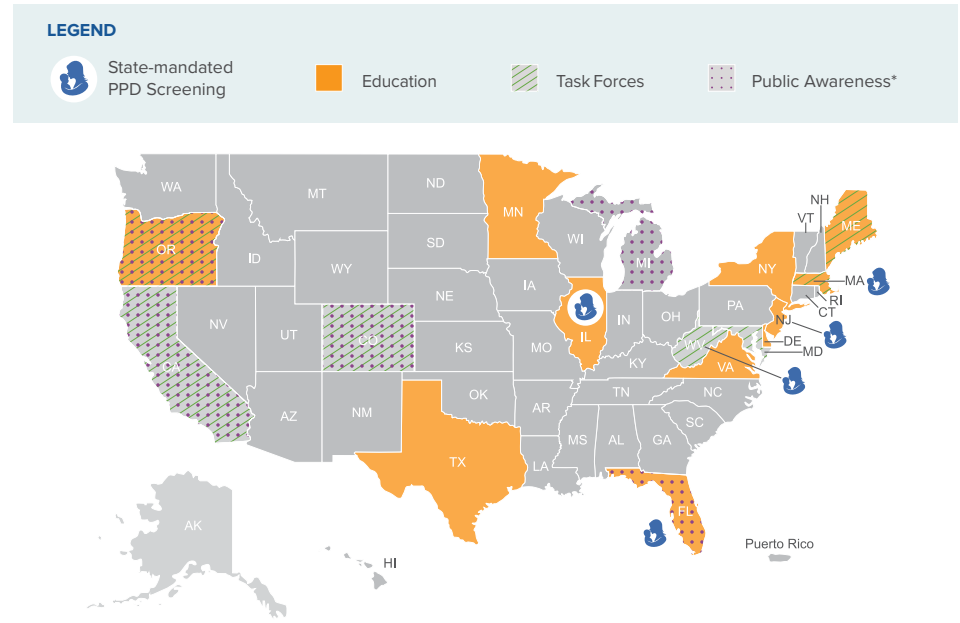
- ▶ Conduct a simple assessment with EAP vendors to ensure consistent promotion of all support services related to maternal health, including PPD. Do they have a database of PPD signs and symptoms? Do they have resources to help patients talk to their caregivers? Are they actively engaging callers to ensure appropriate follow-up care?

4. Promote screening and treatment options to employees:

- ▶ **Screening:** Screening for PPD plays a critical role in early diagnosis which, in turn, leads to earlier treatment and better outcomes for new mothers and their families. In addition to nationally recognized organizations involved with the development of PPD screening and recommendations, a growing number of states have enacted policies aimed at addressing the challenges associated with maternal behavioral health needs. Inform employees of readily available screening options.

State-Mandated PPD Screening and Educational Initiatives for Perinatal Mothers

In addition to nationally recognized organizations involved with the development of PPD screening recommendations, a growing number of states—including Florida, Illinois, Massachusetts, New Jersey, and West Virginia—have enacted policies aimed at addressing many challenges associated with perinatal behavioral health needs, while also encouraging routine PPD screening by HCPs.



*The public awareness initiatives include declaring a yearly PPD awareness month; establishing toll-free hotlines for patients and providers for mental health services; and making public service announcements (PSAs) on perinatal mental healthcare via flyers, posters, and press releases.

Sources: CA Legislative Information 2014, CCHAP 2014, CDPHE 2018, CMDPH 2010, DE General Assembly, FL Senate 2018, IL General Assembly 2008, LegiScan 2017, MA Legislature 2010, ME State Legislature, ME State Legislature WG, MHAMD Senate Bill 2016, MI Newsroom 2017, MN DOH, NJ PRAMS 2014, NY State Legislation 2014, OHA, Rowan 2015, TX DSHS 2016, VA General Assembly, WV Perinatal.

- ▶ **Treatment:** The good news is there are effective medical treatments for PPD, including the first FDA-approved approved drug designed to treat women with PPD. Remind employees of the importance of working with their health care providers to choose the best course to wellness. Whether through counseling/talk therapy, appropriate medication, or a combination of both, PPD is a treatable medical condition.
- ▶ **Multiple communication channels:** Use opportunities such as group and individual employee meetings, company intranet, information in lactation rooms, and EAP promotions to provide PPD education.

5. Educate employees about their rights and available support policies.

- ▶ Many expectant parents are not aware of the rights afforded them by the U.S. Equal Employment Opportunity Commission (EEOC). Companies with more than 15 employees are required to comply with the 1998 Pregnancy Discrimination Act and the Americans with Disabilities Act (ADA). Under these, employers must make the same allowances such as extended unpaid leave or workplace accommodations to women with pregnancy-related disabilities as they do to employees with ADA-covered disabilities. Reassure working mothers



that they cannot be terminated, demoted or denied promotion for experiencing a postpartum mental illness¹⁰. As stated above, a comprehensive maternity leave package offers peace of mind to expectant parents and protects employers.

- ▶ Even with state-mandated screening and concerted educational initiatives, PPD remains underdiagnosed¹¹ and under-recognized as a serious medical condition. Continued communication, education and awareness of PPD contributes to improving outcomes for patients as they navigate their postpartum journeys. Employers play an important role in closing PPD screening and treatment gaps so families have the healthiest possible beginnings. In turn, with a shrinking talent pool and competition for “employer-of-

choice” status, addressing the needs of families is healthy for employees and employers alike.

ENDNOTES

- 1 Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. *J Clin Psychiatry*. 2016;77(9):1189-1200.
- 2 Centers of Disease Control and Prevention. Depression among women. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Accessed July 26, 2018.
- 3 Vliegen N, Casalin S, Luyten P. The course of postpartum depression: a review of longitudinal studies. *Harv Rev Psychiatry*. 2014;22(1):1-22.
- 4 Huang et al. AMCP Annual Meeting 2019.
- 5 Earls MF et al. *Pediatrics*. 2010;126(5):1032-1039
- 6 Kendell RE et al. *J Affect Disord*. Brochure_146657.pdf. Accessed February 12, 2019.
- 7 NIMH. https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/postpartum-depression-brochure_146657.pdf. Accessed February 12, 2019.
- 8 Goyal D, Gay C, Lee KA. How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers? 2010 Mar-Apr;20(2):96-104.
- 9 <https://www1.nichd.nih.gov/ncmh/initialives/moms-mental-health-matters/Documents/PreparedForAnything.pdf#search=PPD>
- 10 EEOC v. The Lash Group, 2014.
- 11 Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. *J Clin Psychiatry*. 2016;77(9):1189-1200.

RESOURCES FOR EMPLOYERS:

- National Alliance *Action Brief: Mental Health: Accelerating Action for Parity and Peak Performance*
- National Alliance *Action Brief: Hope and Healing for Mental Illness is Possible*
- American Psychiatric Association Foundation Center for Workplace Mental Health: *Postpartum Depression and Anxiety*
- National Institutes of Health: *Treatment of Postpartum Depression: Clinical, Psychological and Pharmacological Options*
- Mental Health Parity and Addiction Equity Act of 2008

RESOURCES FOR EMPLOYEES:

- [Postpartum Support International](#)
- [Thebluedotproject.org](#)
- [PsychCentral.com Postpartum Depression](#)
- [Postpartumdepression.com](#)

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