

ACOG Encourages Screening for Depression During and After Pregnancy

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Last month, The American College of Obstetricians and Gynecologists (ACOG) issued a *Committee Opinion*¹ regarding the need for healthcare professionals to screen patients for depression during and after pregnancy. Although the organization noted that currently “there is insufficient evidence to support a firm recommendation for universal antepartum or postpartum screening,” evaluating patients for, diagnosing, and treating depression has the “potential to benefit a woman and her family and should be strongly considered.”² Taking a more aggressive approach to screening patients for depression is a central goal of ACOG’s current president, Dr. Gerald F. Joseph, Jr.³ In his inaugural speech given last year, Dr. Joseph highlighted three areas that need to be addressed regarding screening and identifying patients suffering from postpartum depression. He said:

First, we need to determine the true prevalence and incidence of postpartum depression...Because definitions of depression vary among different studies, postpartum depression is estimated to range anywhere from five percent to more than 25 percent, depending on these changing definitions and the diversity of populations studied. Second, the available screening tools to assess potentially at-risk pregnant women often are imprecise and leave much to be desired. And, finally, we need to develop evidence-based guidelines for ACOG members to screen for postpartum depression.⁴

As a result of the varying definitions and unknown incidence rates of depression during and after pregnancy, Dr. Joseph notes there is not enough data to formulate a hard and fast recommendation guideline for healthcare practitioners. One thing is known for sure, however, depression adversely affects thousands of pregnant women annually and accounts for billions in direct medical costs.

Background

Depression during pregnancy, or antepartum depression, is less widely known than postpartum depression, but it is very common and a mood disorder just like clinical depression; however, it is not always diagnosed properly during pregnancy because it is

¹ The American College of Obstetricians and Gynecologists, Committee Opinion No. 453, *Screening for Depression During and After Pregnancy* (Feb. 2010) (on file with author).

² *Id.*

³ Medial News Today, *Postpartum Depression Is Top Priority For New ACOG President*, (May 7, 2009), <http://www.medicalnewstoday.com/articles/149221.php>.

⁴ *Id.* See also The American College of Obstetricians and Gynecologists, Press Release, *Postpartum Depression is Top Priority for New ACOG President*, (May 6, 2009), http://www.acog.org/from_home/publications/press_releases/nr05-06-09-1.cfm.

often taken as another type of hormonal imbalance.⁵ The illness often also mimics other symptoms associated with pregnancy such as changes in energy level, appetite, and cognition.⁶ Depressed women are more likely to have poor prenatal care and pregnancy complications such as nausea, vomiting, and preeclampsia, as well as abuse drugs, alcohol and nicotine.⁷ There can be dangerous consequences as a result. Both symptoms of depression as well as antidepressant medications taken during pregnancy have been associated with negative infant attributes such as decreased birth weight, increased irritability, less attentiveness, and fewer facial expressions than those children born to mothers without depression.⁸

Although clinical depression is very common among reproductive-aged women, public health experts, psychiatrists, and obstetricians agree that many cases of the illness during pregnancy go undiagnosed and untreated.⁹ It is estimated between 14 percent to 23 percent of women giving birth in the United States each year experience a depressive disorder during pregnancy and, as Dr. Joseph mentioned, between 5 percent and 25 percent of women will experience a form of postpartum depression.¹⁰ Depression is the leading cause of disability in the United States for people ages 15-44 and it affects women to a greater extent than men across different countries and different settings.¹¹ A 2007 study published in the *American Journal of Psychiatry* found that approximately one in seven women was treated for depression between the year prior to pregnancy and the year after pregnancy.¹² The World Health Organization estimates that, on average, depression accounts for \$30 billion to \$50 billion in lost productivity and direct medical costs in the United States each year.¹³

⁵ Am. Pregnancy Ass'n, *Depression During Pregnancy*, <http://www.americanpregnancy.org/pregnancyhealth/depressionduringpregnancy.html> (last accessed Feb. 16, 2010); March of Dimes, *Depression During Pregnancy*, (Sept. 2009), http://www.marchofdimes.com/pnhec/188_15663.asp.

⁶ *Id.* Organization of Teratology Information Specialists, *Depression and Pregnancy*, <http://www.otispregnancy.org/pdf/depression>; Medical News Today, *Depression During Pregnancy: Treatment Recommendations*, (Aug. 23, 2009), <http://www.medicalnewstoday.com/articles/161524.php>.

⁷ *Id.*

⁸ *Id.* See also Committee Opinion No. 453, *supra* note 1.

⁹ See Adi Narayan, *Postpartum Depression: Signaled During Pregnancy?*, TIME, (Feb. 11, 2010), available at <http://www.time.com/time/health/article/0,8599,1962031,00.html>.

¹⁰ *Id.* See also The American College of Obstetricians and Gynecologists, Press Release, *Ob-Gyns Encouraged to Screen Women for Depression During and After Pregnancy*, (Jan. 21, 2010), http://www.acog.org/from_home/publications/press_releases/nr01-21-10.cfm.

¹¹ *Id.* See also Nat. Inst. of Mental Health, *The Numbers Count: Mental Health in America*, <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml> (last updated Aug. 10, 2009); World Health Org., *Gender and Women's Mental Health*, http://www.who.int/mental_health/prevention/genderwomen/en/ (last accessed Feb. 19, 2010).

¹² Patricia M. Dietz, Dr.P.H., M.P.H., Selvi B. Williams, M.D., M.P.H., *et al.*, *Clinically Identified Maternal Depression Before, During, and After Pregnancies Ending in Live Births*, 164 AM. J. PSYCHIATRY 1515 (2007), available at <http://ajp.psychiatryonline.org/cgi/reprint/164/10/1515>.

¹³ See Committee Opinion No. 453, *supra* note 1; Dwenda K. Gjerdingen, M.D., M.S. and Barbara P. Yawn, M.D., M.S.c., *Postpartum Depression Screening: Importance, Methods, Barriers, and Recommendations for Practice*, 20:3 J. AM. BD. OF FAM. MED. 280 (2007), available at <http://jabfm.org/cgi/reprint/20/3/280>.

Screening and Treating Tools

According to ACOG's *Committee Opinion*, there are many depression screening tools available for use by healthcare providers.¹⁴ Most have a specificity ranging from 77 percent to 100 percent and include the Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, and Patient Health Questionnaire-9.¹⁵

Once depression is diagnosed during pregnancy, treatment options vary and can include support groups, private or group psychotherapy, and/or medication. In 2003, approximately 13 percent of women took an antidepressant at some point during their pregnancy.¹⁶ However, as previously mentioned, there may be some risks associated with taking such medications. There is very little safety data on the use of antidepressants taken during pregnancy – in large part because pregnant women are not often recruited to participate in clinical trials and research on drug effects. Much of the information comes from large epidemiological studies conducted in Europe.¹⁷ However, in 2005 the U.S. Food and Drug Administration did classify Paxil as a drug to be avoided during pregnancy after studies linked its use to an increased risk of heart defects in newborns.¹⁸

There are some alternative forms of treatment as well. At the Touch Institute in Miami, Florida, for example, massage therapists and psychologists working together found that women who received a 20-minute back massage twice a week had lower levels of stress hormones and depressive thoughts than women who did not get the massages.¹⁹ The incidence of premature birth and low birth weight in infants was also lower in the massage group than in the control group.²⁰

Conclusion

According to ACOG, women with a positive depression assessment require follow-up evaluation and treatment if indicated.²¹ Traditionally, Ob-Gyns will be the healthcare providers on the front lines for most pregnant women and likely to be the first to make such a diagnosis. Hopefully, with the push by ACOG and similar organizations to create awareness and formulate screening and treatment guidance, women suffering from depression during and after pregnancy will have more tools and resources to seek help and treatment.

¹⁴ See Committee Opinion No. 453, *supra* note 1.

¹⁵ *Id.*

¹⁶ Medical News Today, *Depression During Pregnancy: Treatment Recommendations*, (Aug. 23, 2009), <http://www.medicalnewstoday.com/articles/161524.php>; see also Kimberly A. Yonkers, M.D., Katherine L. Wisner, et al., *The Management of Depression During Pregnancy: A Report From The American Psychiatric Association and The American College of Obstetricians and Gynecologists*, 114:3 *OBSTETRICS & GYNECOLOGY* 703 (Sept. 2009).

¹⁷ Roni Caryn Rabin, *Depression Is a Dilemma for Women in Pregnancy*, N.Y. TIMES, (Oct. 5, 2009), available at <http://www.nytimes.com/2009/10/06/health/06depr.html>.

¹⁸ *Id.*

¹⁹ Adi Narayan, *supra* note 9.

²⁰ *Id.*

²¹ Committee Opinion No. 453, *supra* note 1.

Health Law Perspectives (February 2010)

Health Law & Policy Institute

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