C·B·H

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CBH SCREENING PROGRAMS

Postpartum Depression Screening Program

Updated September 2025

Community Behavioral Health

1. PURPOSE

Community Behavioral Health (CBH) is implementing a postpartum depression screening program as part of the **OMHSAS** *Performance Improvement Project to Improve Suicide Prevention and Community Resilience* for individuals who are postpartum. Establishing a formal process of early identification and referral to treatment is essential to promoting optimal health for members included in the HealthChoices Medicaid program. This document outlines information required for all CBH-contracted providers to implement the program, including information about the screening tool, recommendations for follow-up, and submission of screening results to CBH.

2. SCIENTIFIC EVIDENCE FOR SCREENING PROGRAM

In 2018, the CDC found that an average of 13.2% of individuals experienced postpartum depressive symptoms after a recent pregnancy (Bauman et al., 2020). However, at least 1 in 8 individuals reported that their post-partum care did not include a depression screening (Kuehn, 2020) and in some states in the same study, at least 20% of women reported not being asked. The inconsistency in postpartum screening means that individuals who were recently pregnant may not receive appropriate treatment when needed. Studies have shown that socioeconomic factors (specifically low income, low education, unmarried, unemployed) increase the risk of postpartum depression (Goyal et al., 2011). Left undiagnosed and untreated, postpartum depression can severely impact the health and well-being of the individual and their children. Mental health conditions are one of the leading underlying causes of pregnancy-related deaths and about 12% of these deaths occur 43 days to one year postpartum (Petersen et al., 2019). Consistent and timely screening for depression in this population is vital to improve the mental and physical well-being of these individuals (ASTHO, 2020).

Although OB/GYNs are the primary access point for pregnant and postpartum individuals, expanding screening across specialties is necessary for the early identification and treatment of postpartum depression (ASTHO, 2020). The U.S. Preventive Services Task Force (USPSTF) and The American College of Obstetricians and Gynecologists (ACOG) recommend screening for depression among individuals who are pregnant and postpartum. ACOG recommends that screening for postpartum depression should occur as part of the comprehensive visit no later than 12 weeks after birth using a standardized, validated instrument, such as the Edinburgh Postnatal Depression Scale (EPDS) (ACOG Clinical Practice Guideline No. 4, 2023).

3. SCREENING TOOL

CBH has identified the Edinburgh Postnatal Depression Scale (EPDS) as the validated instrument for its Postpartum Depression Screening Program (Levis et al., 2020; Smith-Nielsen et al., 2018). The EPDS was designed for use in outpatient, home visit settings, or at the 6–8-week postpartum examination. The screening tool consists of 10 questions and can usually be completed in 5 minutes (ACOG Clinical Practice Guideline No. 4, 2023).

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- ***Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150: 782-786.***

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A **template** and supporting information can be found at the **Stanford Medicine Division of Neonatal and Developmental Medicine**.

3.1. Scoring

- The EPDS score can range from 0 to 30.
- Questions 1, 2, and 4 are scored 0, 1, 2, or 3 with top box scored as a 0 and the bottom box scored as a 3.
- Questions 3, 5-10 are reverse-scored. This means the top box is scored as a 3 and the bottom box scored as a 0.
- The clinician should always review the response to item 10. Positive answers to item 10 on the EPDS may indicate suicidal thoughts and should trigger additional screening and assessment for suicide risk, such as completion of a **Columbia Suicide Severity Rating Scale (C-SSRS)**.
- Scores greater than or equal to 10 are considered a positive screen and require additional follow up (see below).
- The results of the screening, and any recommended follow-up, should be discussed with the member.

3.2. Target Population

All CBH-eligible members who have given birth in the last 84 days shall be screened for depression.

3.3. Mode of Administration

The EPDS can be self-administered by the member but should be scored by a clinician and documented in the electronic health record in both the embedded screening tool and in the progress notes.

3.4. Frequency

- The recommendation is that they are screened at least once in the postpartum period (up to 84 days following delivery).
  - Individuals should be screened multiple times when clinically indicated (e.g., if an individual did not initially screen positive, but later endorses depressive symptoms or has a change in psychosocial stressor, etc.).
- Screening can occur in any behavioral health treatment setting as well as physical health settings including OB/GYN and Pediatrics.

3.5. Follow-up

- Positive answers to item 10 on the EPDS may indicate suicidal thoughts and should trigger additional screening and assessment for suicide risk, such as completion of a C-SSRS.
- EPDS scores equal to or greater than 10 (positive screening) require a follow-up activity within 30 days at minimum (See **Appendix** for allowable CPT codes). Follow-up activities may include:
  - An outpatient, telephonic, e-visit follow-up with a diagnosis of depression or other health condition
  - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
  - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management
  - A dispensed antidepressant medication
- Members who need assistance identifying a provider should be given the phone number for CBH Member Services (888-545-2600).

3.6. Training

CBH recommends that providers offer training to staff on administration of the screening tool, as well as provider policy and protocols regarding follow-up on positive screening. Potential resources for training include:

- **Milwaukee Child Welfare Partnership – A self-directed online training**

3.6.1. Additional Resources

- **American Academy of Family Physicians: Postpartum Major Depression**
- **CBH Complex Case Program: Mommy's Helping Hands**

- Maternity Care Coalition
- Division of Maternal Child and Family Health: Philly Loves Families

4. REPORTING SCREENING RESULTS

All screening results will be reported to CBH via HL7 messaging each time an EPDS screening is completed. Please follow the CBH HL7 Submission Guide. The following codes will be utilized when reporting completion of an EPDS screening:

Performance Measure	LOINC Code	Description
PDS-E	71354-5	Code "Edinburgh Postnatal Depression Scale [EPDS]": '71354-5' from "LOINC" display 'Edinburgh Postnatal Depression Scale [EPDS]'

5. REFERENCES

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- **Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 4**. (2023). Obstetrics and gynecology, 141(6), 1232–1261.

- The American College of Obstetricians and Gynecologists. (n.d.). **Optimizing Postpartum Care**. ACOG.

- Smith-Nielsen, J., Matthey, S., Lange, T., & Væver, M. S. (2018). **Validation of the Edinburgh Postnatal Depression Scale against both DSM-5 and ICD-10 diagnostic criteria for depression**. BMC Psychiatry, 18(1).

- US Preventive Services Taskforce. (2019, February 12). **Perinatal Depression: Preventive Interventions**. United States Preventive Services Taskforce.

APPENDIX: ALLOWABLE CPT CODES FOR FOLLOW-UP SERVICES

The following CPT codes will count as a follow-up visit:

90791	99211	H0004
90792	99212	H0031
90832	99213	H0034
90834	99214	H0035
90837	99215	H0036
90846	99242	H0037
90847	99243	H0039
90853	99244	H2010
90867	99245	H2011
90868	99341	H2014
90869	99342	H2019
90870	99344	S9480
90875	99345	S9484
99202	99484	S9485
99203	99492	T1015
99204	99493	T1016
99205	99494	T1017