



In the Literature

PRIMARY CARE PEDIATRICIANS' ROLES AND PERCEIVED RESPONSIBILITIES IN THE IDENTIFICATION AND MANAGEMENT OF MATERNAL DEPRESSION

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Postpartum and maternal depression can have serious consequences for mothers and their children. But a recent study finds that a majority of pediatricians in the United States lack confidence in their ability to detect the illness—and barely more than half even consider it their responsibility to do so.

The study, “Primary Care Pediatricians’ Roles and Perceived Responsibilities in the Identification and Management of Maternal Depression” (*Pediatrics*, Dec. 2002), is the first to explore pediatricians’ attitudes and approaches toward maternal depression. Conducted with support from The Commonwealth Fund, the study was based on a national survey of 508 primary care pediatricians, who were asked about their roles in recognizing and treating depression, methods for identifying and managing the condition, and confidence in diagnosing it.

Signs of depression are displayed by 10 to 20 percent of mothers shortly after giving birth, and by 12 to 47 percent of mothers of young children. Not only can maternal depression affect a mother’s emotional attachment to her child as well as her parenting skills, it can have serious consequences for the child as well: children of depressed mothers have more office and emergency department visits and are at greater risk for having sleep issues, colic, delayed development, and behavioral problems. Yet the study found that few pediatricians play an effective role in identifying or managing maternal depression, despite their frequent contact with mothers.

Key Findings

While more than half (57%) of the pediatricians surveyed felt it was their responsibility to rec-

ognize maternal depression, only 45 percent felt confident in their ability to do so.

Among the pediatricians who said it was their responsibility to recognize maternal depression, there were no common patterns found relating to gender, years in practice, practice structure, or presence of an on-site mental health professional. Instead, these doctors shared a willingness to screen for depression by reading such clues as the mother’s behavior, appearance, or complaints, as well as the child’s problems.

Among those pediatricians who recalled a case of maternal depression, the most common diagnostic approach taken was to form an overall impression (58%) or to form an impression and then make an inquiry about one or two symptoms (37%). Only 4 percent of pediatricians used formal diagnostic criteria for identifying depression and none used a screening questionnaire. Yet, two-thirds (66%) of pediatricians reported that they intervened in some way apart from referring mothers to mental health professionals, including counseling mothers or recommending lifestyle changes and support groups.

Barriers That Limit Care

Nearly three-quarters of physicians in the survey (73%) reported that there was not enough time during the course of well-baby visits to counsel mothers about depression. Nearly three of 10 (29%) said their patients’ insurance plans limited their treatment options.

Many pediatricians simply felt unqualified to spot or treat maternal depression. Nearly two-thirds (64%) reported that they were inadequately trained to diagnose depression and

counsel mothers about the condition, and nearly half (48%) felt that they had incomplete knowledge of appropriate treatment.

Recommendations

According to the researchers, pediatricians should be more engaged in mothers’ health because it can directly affect a child’s well-being and care. Not only are children of depressed mothers at an increased risk for several health and developmental problems, but treatment of children’s clinical problems can be jeopardized if their mother’s depression goes unrecognized and untreated.

Pediatricians can help by learning to identify mothers who may be depressed and assessing the severity of their depression. They can assist depressed mothers by listening to their concerns, providing information about depression, or offering useful advice on parenting that may reduce stress. In some cases, the pediatrician should urge mothers to seek additional evaluation and treatment. Pediatricians also can help mothers understand how their mood might affect their parenting and contribute to their child’s problems.

The researchers conclude that there is a need to formalize how pediatricians screen for depression. Appearances can deceive, and a depressed mother can seem cheerful during the short course of a doctor’s appointment. Research has shown that effective screening for depression can consist of

asking just two direct questions: During the past month, have you often been bothered by feeling down, depressed, or hopeless? During the past month, have you often been bothered by having little interest or pleasure in doing things? With this simple yet effective test, pediatricians can play an important part in identifying maternal depression and helping to safeguard the health of mothers and children alike.

Facts and Figures

- One study (McLennan and Kotelchuck, 2000) found that depressed mothers are less likely to engage in safe preventive practices (such as using baby seats in cars and covering electrical outlets), and are less likely to read to their children on a daily basis.
- Twenty-seven percent of pediatricians who recalled details of their last case of postpartum depression said they were thinking of changing their approach to recognizing or managing postpartum depression.
- Among pediatricians who felt it was their responsibility to recognize maternal depression, nearly half (46%) said that, in the future, they would ask mothers about depression more often, and nearly a third (31%) said they would seek to educate themselves about depression.

Barriers That Limited Pediatricians’ Ability to Diagnose or Intervene in the Last Recalled Case of Maternal or Postpartum Depression

	Limited Somewhat or a Great Deal
Organizational Barriers	
Inadequate time to provide counseling/education	73%
Appointment time too short for adequate history	70%
Mother’s insurance limited treatment options	29%
Mental health professionals not affordable	28%
Unavailability of mental health resources	20%
Difficult paperwork/authorization procedures	18%
Poor reimbursement for treatment	14%
Physician financial disincentives for mental health referrals	7%
Physician Barriers	
Incomplete training to diagnose/counsel	64%
Incomplete knowledge of treatment for depression	48%
Incomplete knowledge of DSM-IV diagnostic criteria	44%
Lack of effective treatments	19%
Maternal and Patient Barriers	
Medical problems of the child were more pressing	37%
Symptoms explained by other medical illness	26%
Mother reluctant to accept diagnosis	25%
Mother reluctant to see mental health professional	23%
Mother reluctant to begin antidepressant medication	15%

Source: A. L. Olson, K. J. Kemper, K. J. Kelleher et al., “Primary Care Pediatricians’ Roles and Perceived Responsibilities in the Identification and Management of Maternal Depression,” *Pediatrics* 110 (Dec. 2002): 1169–76.