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Supporting Mothers and Children through Early Detection of Maternal Depression

Testimony to the House Public Health Committee – HB 2466

Maternal depression is one of the most common complications of pregnancy, but about half of all cases go undiagnosed or undetected. Untreated maternal depression can negatively affect a mother's health and a child's health and development, such as language and brain development. Early detection of maternal depression is critical so mothers can be linked with mental health care before symptoms get worse or costlier to treat. HB 2466 would provide more mothers with the option to be screened for maternal depression during their baby's well-check visit with their pediatrician or other primary care provider. This legislation would help Texas mothers and babies get on a healthier path during this critical time in a child's development.

Thank you for the opportunity to testify in support of HB 2466 authored by Representative Davis.

Background

Maternal depression is one of the most common complications of pregnancy,[1] affecting about one in six new mothers in Texas.[2] With symptoms that can begin during pregnancy and up to a year after the birth of a child, a new mother may face crippling anxiety weeks after childbirth and major depressive episodes as she is trying to bond with her newborn, settle into a feeding routine, and help her baby grow and play.

Early detection of maternal depression and linking mothers to mental health care is critical for a mother's health and a child's health, brain development, and ability to succeed in school. Untreated, maternal depression can have devastating effects on families. Tragically, suicide is one of the top causes of maternal mortality in Texas,[3] underscoring the need to identify issues early so mothers can access mental health care before symptoms get worse. Moreover, untreated maternal depression can harm a child's safety, growth, and development. Parents may be less likely to use injury prevention measures, like putting their baby on her back to sleep.[4] Infants are more likely to be

diagnosed with failure to thrive.[5] Maternal depression can interfere with early bonding and parent-child interaction, which may lead to developmental delays, cognitive delays, and increased levels of stress and anxiety for children.[6]

In addition to the health consequences, untreated maternal depression can be devastating to the financial security of new families across Texas. If untreated, mothers suffering from depression are more likely to become unemployed and less likely to be employed full time compared to non-depressed mothers.[7] This affects a family's income and the strength of Texas' workforce.

HB 2466 would improve early detection of maternal depression by providing more mothers with the option to be screened during well-baby visits in Medicaid and CHIP.

Pediatric providers frequently interact with mothers during a child's first year of life and play a vital role in detecting maternal depression early. The American Academy of Pediatrics and the Centers for Medicare and Medicaid Services recommend that pediatricians conduct the screening because it directly benefits the health and development of a baby.[8] In fact, research shows that screening at well-child visits during the first year of life has led to significant increases in recognizing perinatal depression.[9] Screening allows providers to respond with appropriate levels of care – such as medical therapy, medication, and/or referrals – before symptoms get worse or costlier to treat. Ten states have already clarified that primary care providers may bill for maternal depression screenings conducted as part of Medicaid well-child visits.[10]

Improving screening opportunities is particularly important given a recent Texas Health and Human Services Commission (HHSC) report found that maternal depression is significantly underreported in the Texas Medicaid population. Statewide data estimates that 1 in 6 (16.9 percent) Texas mothers face maternal depression. But, recent Texas Medicaid data show maternal depression rates were 1.7 percent of all Medicaid births – about 80 to 90 percent lower than the statewide rate (and about 85 percent lower than the national average of 15 percent).[11] While there may be several reasons for this underreporting, it is concerning that maternal depression is going unrecognized during pregnancy and the postpartum period, particularly among women enrolled in Medicaid.

Maternal depression screening can reduce state health care costs by preventing complications for mothers and children that may result from a missed diagnosis. Women suffering from maternal depression are four times more likely to go to a hospital emergency room. They also incur 90 percent higher health care expenditures.[12] Earlier identification and treatment of maternal depression can divert women from costly emergency room care, which is paid for by the state and local communities if a woman is uninsured. Moreover, children of mothers with untreated maternal depression are more likely to be hospitalized for preventable conditions such as untreated asthma.[13]

In fact, when Virginia looked at whether to adopt a policy similar to HB 2466, the state concluded that addressing maternal depression provides state cost savings by preventing developmental delays and thereby reducing service expenditures needed to address developmental delays in children.[14]

HB 2466 would leverage new federal funding sources to increase future opportunities for Texas to expand programs focused on screening, referral, and treatment of maternal depression. The bill directs the agency to apply for federal grant funding made available through the 21st Century Cures Act to enhance state programs for maternal depression screening and treatment. If Texas receives federal grant funds, this can be used to train more pediatricians on maternal depression screening tools, enhance referral networks, and/or increase capacity at community health centers to serve mothers facing maternal depression. Notably, the 21st Century Cures Act indicates that priority for grant funding may be given to states that propose to improve or enhance access to maternal depression in the primary care setting – precisely what HB 2466 seeks to accomplish.

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[9] Chaudron, LH. et. al. Detection of postpartum depressive symptoms by screening at well-child visits. Pediatrics. 113(3 Pt 1):551-8 (2004). After a pediatric practice implemented universal screening for postpartum depressive symptoms during first-year well-child visits, there was a significant increase in documented depressive symptoms (1.6% of visits for cohort 1 vs 8.5% for cohort 2). Social work referrals for mental health reasons increased significantly (0.2% of visits for cohort 1 to 3.6% for cohort 2).
[10] Ten other states are Colorado, Delaware, Illinois, Iowa, Nevada, North Dakota, South Carolina, Virginia, and Washington.
[11] Texas HHSC and Texas DSHS. Postpartum Depression Among Women Utilizing Texas Medicaid (October 2016).
[12] This includes controlling for demographics, health status, and other characteristics. Dagher, Rada K. et. al. Postpartum depression and health services expenditures among employed women. Journal of Occupational & Environmental Medicine. 54(2):210-215 (Feb 2012).
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