PERINATAL DEPRESSION CURRICULUM FACILITATOR GUIDE

The Screening Technical Assistance and Resource Center

Addressing Social Health and Early Childhood Wellness

STAR CENTER
Screening Technical Assistance & Resource Center

Goal of the Curriculum: Participating in this course will provide learners with a deep dive into perinatal depression, an adverse childhood experience (ACE) that can lead to toxic stress and have long-lasting impacts on child health and development if left untreated. The course will enable health care professionals to engage in small group discussions and learn alongside other training programs from across the country.

Learning Objectives: The learning objectives correspond with the Accreditation Council for Graduate Medical Education Core Competencies for residency training programs to fulfill requirements and set context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients. Upon successful completion of the curriculum, trainees will possess the following skills and knowledge when screening for, managing, and treating perinatal depression:

- **Practice-based Learning and Improvement:** LO1 Learners will familiarize themselves with perinatal depression screening tools, including how to select an appropriate screening tool, interpret results, consider screening limitations, and counsel on results of a screen in the context of a well child and hospital visits.
- **Interpersonal and Communication Skills:** LO2 Learners will be able to engage the caregiver in discussion and to counsel on protective factors for primary care intervention.
- **Medical Knowledge:** LO3 Identify epidemiology of perinatal depression. Learners will be able to describe risk factors that increase perinatal depression, such as: social, psychological, and hormonal changes that occur.
- **Patient Care and Professionalism:** LO4 Learn how to provide culturally sensitive, humble, and effective in office counseling for perinatal depression.
- **System-based Practice:** LO5 Learners will be able to support and advocate for policies which promote perinatal depression screening, discussion, primary care intervention and referral/linkage as the norm in the medical community.
- **Patient Care and System-based Practice:** LO6 Learners will identify and implement steps to build referral relationships with community resources, and coordinate services and referrals for the mother and the dyad, including co-management with infant and early childhood mental health professionals.
- **Medical Knowledge and Patient Care:** LO7 Learners will be able to describe connection between perinatal depression and child development, and understand evidence-based interventions for the dyad.

Case Scenarios: Case scenarios will be used by the facilitator (residency director or even a senior/chief resident) to provide learning experiences using different tiers of cases, guides, and questions. The training can be conducted in a continuity clinic, during a call, conference, or other options.

Role of the Facilitator: The goal of these interventions is to address the process skills needed; skills in problem solving, critical thinking, group process, change management and lifetime learning. The facilitator helps learners to balance basic science and clinical applications in problem discussion; encourages learner direction of the tutorials; and facilitates and supports good interpersonal relationships in the group. The role is to bring out the very best from the learners. The facilitator should not serve as the group's expert resource who will provide the answers, nor should the facilitator use this as a chance to lecture.

The facilitator is encouraged to:

- **Ask** open-ended questions
- **Help** trainees reflect on the experiences they are having.
- **Monitor** progress
- **Challenge** their thinking
- **Raise** issues that need to be considered
- **Stimulate**, **encourage, create** and **maintain** a warm, safe atmosphere

What to Expect: A facilitator guide for each case scenario will help the facilitator guide the learner(s) through the discussion. There will be facilitator tips and questions, but the experience with the resident will be encouraged to be individualized. There is also flexibility within these cases to meet the needs of the time available or the program.

Option 1: Proceed through the cases as written in one session.

Break the team into timers, research assistants, and clinician. Decide how much time you want to spend on each section and have the timer keep tabs on the progress. Allow the research assistants to look things up that stump the team while potentially talking about other items in that section or in the case – allow the research assistant to chime in when he/she has the information needed. Allow the 'clinician' to be the primary treating physician asking questions of the patient/guide that may provide more insight for their decision making.

Option 2: Spend one session per section.

This method may be ideal for short teaching time blocks. Start the case and ask the indicated questions. Instruct the students find the answers between now and the next session and report back. Provide additional objectives or requests of information you would like to know before proceeding on to the next session. Students can divide up the questions, work together, or take turns giving one student all the objectives that week and assigning a different student after the next session.

Learning Outcomes: Participating in this curriculum will provide learners with a deep dive into perinatal depression and will enable health care professionals to engage in small group discussions. It is a problem-based learning approach to advance basic knowledge and professional development when screening for, managing, and treating perinatal depression.

Training Module #1

Goals and Learning Objectives

- Learners will familiarize themselves with perinatal depression screening tools, how to select an appropriate screening tool, interpret results, consider screening limitations, and counsel on results of a screen in the context of a well child visit.
- Learners will be able to engage the caregiver in discussion and to counsel on protective factors for primary care intervention.
- Identify epidemiology of perinatal depression. Learners will be able to describe risk factors that increase perinatal depression, such as: social, psychological, and hormonal changes that occur.
- Learn how to provide culturally sensitive, humble, and effective in office counseling for perinatal depression.
- Learners will be able to support and advocate for policies which promote perinatal depression screening, discussion, primary care intervention and referral/linkage as the norm in the medical community.

Scenario, Part 1

6-month-old Sonya is here today in your resident continuity clinic for a well visit. Mom goes by Beth and is a 28 year old first time mom with a history of depression and a prenatal history remarkable for pre-eclampsia. She was on 3 months of bedrest for preterm labor. Sonya was born at 36 weeks at 6 pounds and stayed in the hospital for 4 days to "feed and grow." You saw Sonya at 1 week, 2 weeks, and 2 months of age with mom. Another resident in the clinic saw the infant and mom for the 4-month-old visit. According to the EMR, Sonya weighs 16 pounds which puts her at the 50th percentile and her height and head circumference are also at the 50th percentile.

Questions	Facilitator Tips	Resources
What are your initial thoughts?	· Review the protective and risk factors for the mother, infant and dyad. · Review the whole picture and discuss those factors that are shared and point out those that are not mentioned in the discussion.	· AAP Incorporating Recognition and Management of Perinatal Depression (PND)Policy Statement · AAP Incorporating Recognition and Management of PND Technical Report
What more do you want to know?	· Based on the limited information you know you may want to know who is there to support mom in general, help support her breastfeeding efforts, etc. · What are other resources mom might have in place: home visiting, early intervention?	· AAP Incorporating Recognition and Management of PND Policy Statement · AAP Incorporating Recognition and Management of PND Technical Report
What skills would you want to use in a conversation with mom to try to identify protective and risk factors?	· Discuss use of Motivational interviewing (MI) skills such as use of Open-Ended Questions, Acknowledging Strengths, Reflecting and Summarizing.	· Motivational Interviewing Resource Guide

Scenario Continued, Part 2

The nurse stops you before you go into the room to let you know that mom has not filled out the Edinburgh Postnatal Depression Scale that she gave to her to complete. Mom told the nurse that she already filled this "test" out once and does not understand why she needs to fill it out again. The nurse said she did not want to do anything since she knew you could "handle this difficult mom." You review the record and see that the Edinburgh was completed at the 2-month visit and the score was 1. There was no perinatal depression screening documented as being done at the 4-month visit. You also see that mom has been in with the infant twice in the last three weeks for colic.

Questions	Facilitator Tips	Resources
What more have you learned?	· Encourage discussion about the mom's reluctance for screening and what could be some misunderstandings about the purpose and value of screening for perinatal depression. · The Edinburgh score was a 1 at the 2-month visit. What could that mean? · Discuss possibilities of why there was no screening documented at the 4-month visit.	· AAP Incorporating Recognition and Management of PND Policy Statement and Technical Report
How would you like to assess for additional possible risk and protective factors for mother, infant, and dyad at this visit?	· Ask what further screening should be done at this visit and how often including screening for perinatal depression, social determinants of health, and social emotional screening of the infant.	· AAP Incorporating Recognition and Management of PND Policy Statement · Bright Futures Periodicity Schedule · AAP Mental Health Algorithm
How could you work within your clinic to address some knowledge and skills that staff may need related to discussion and support for screening and management of perinatal depression?	· The nurse is not aware of the concerns that the mother may have with the screening tool. · It is also important to provide opportunities for refreshers about the importance of screening in general.	· AAP Incorporating Recognition and Management of PND Policy Statement · AAP Incorporating Recognition of PND Technical Report

Scenario Continued, Part 3

You enter the room and the mom is sitting in the room with the infant dressed in a clean outfit sitting quietly facing away from her on her lap. The infant cries and mom is holding the infant to her breast to feed and looks up at you with a flat affect.

You engage the mom in conversation to ask how things are going. Mom gets tearful and shares that she is trying her best, but she cannot seem to enjoy being with her daughter. She is tired especially since she went back to work part-time when her daughter was 3 months. She knows she does not have to work but being the activity director at her church has always been her passion. She also shares that she been having "marriage problems" which is worse with the paternal grandmother around helping to take care of the infant. She is glad she is breastfeeding but not sure she can keep it up because Sonya is waking up several times to feed at night. She has been to the clinic twice because she does not know what to do when Sonya is crying all night. Dad and paternal grandmother are pushing her to stop breastfeeding.

She shares that she does not understand why she has to fill out the perinatal depression screening tool because she is just fine. You examine the infant and her physical exam is “normal” except the infant does not seem to make a lot of eye contact with mom.

Questions	Facilitator Tips	Resources
What more have you learned?	· Review all protective and risk factors you have now seen in this case for mother, infant and dyad. · Review additional protective and risk factors related to perinatal depression.	· AAP Incorporating Recognition and Management of PND Policy Statement · AAP Incorporating Recognition and Management of PND Technical Report
What could be the role of cultural, literacy or other linguistic factors to consider in this case? How does this change if the mom self-identifies as Hispanic or Black? What if mom shares that she is not able to read?	· It is important to include discussion about misunderstanding or cultural norms that do not acknowledge role of mental health issues such as perinatal depression and need for attention and supports. · There are also language and literacy barrier that make use of screening tool difficult. Could the low score at 2 months be related to cultural or personal beliefs about sharing information about mental health?	· AAP Incorporating Recognition and Management of PND Technical Report · Increasing Diagnosis and Treatment of Perinatal Depression in Latinas and African American Women: Addressing Stigma Is Not Enough · Tervalon M. Murray-Garcia J. Cultural Humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education · Journal of health care for the poor and underserved. May 1998(2): 117-125. "Cultural Humility: People, Principles and Practices"
How would you want to promote the value of using formal perinatal depression screening as part of the visit and try to get the mom to complete a screening at this visit?	· How you can use common factors; it will be important to address mom’s mental health and its impact on her well-being as well as the impact on the health and well-being of the baby. · Discuss with residents the limitation of a screening tool as if there are concerning observations.	· AAP Incorporating Recognition and Management of PND Policy Statement · AAP Incorporating Recognition and Management of PND Technical Report · Mental Health Competencies for Pediatrics Policy Statement

Scenario Continued, Part 4

The mom agrees to complete the Edinburgh Postnatal Depression Screening (EPDS) Tool. You score the EPDS and the score is 1. You excuse yourself because you want to talk about your observations, interactions, conversation, and the score with your attending and discuss options for a plan before you talk to the mom.

Questions	Facilitator Tips	Resources
What skills do you bring to discuss the screening results with mom? How can you partner with her plan actions for referral and follow up?	· Ask residents again what skills they would like to use to have a conversation to identify additional strengths and risks. · Review the skills and how the skills can be applied as a primary care intervention to address perinatal depression concerns.	· AAP Incorporating Recognition and Management of PND Policy Statement · AAP Incorporating Recognition and Management of PND Technical Report · Mental Health Competencies for Pediatrics Policy Statement
What are resources /referrals you should consider for mom, infant and other family members to help to assess and manage immediate and long-term concerns for the mother, infant, and dyad?	· Consider screening the infant using an evidence-based screening tool such as the ASQ:SE-2 or the Baby Pediatric Symptom Checklist and screening for SDOH. · There is a need for mom and infant to be further assessed with a referral to evidence-based dyadic therapy and Part C Early Intervention. Mom would also benefit from referral back to her primary care provider.	· AAP Incorporating Recognition and Management of PND Technical Report
What is your role in follow up and ongoing management in your clinic?	· Discuss ways to use clinic policies and processes to assure that mom secures the service. What are best practices to facilitate a warm handoff with a referral? · Discuss how the resident can be involved in co-management to support the strategies being offered to strengthen the dyad by speaking with the mental health provider and sharing notes.	· AAP Incorporating Recognition and Management of PND Technical Report

Training Module #2

Goals and Learning Objectives

- Identify epidemiology of perinatal depression. Learners will be able to describe risk factors that increase perinatal depression, such as: social, psychological, and hormonal changes that occur.
- Learners will identify and implement steps to build referral relationships with community resources, and coordinate services and referrals for the mother and the dyad, including co-management with infant and early childhood mental health professionals.
- Learners will be able to describe connection between perinatal depression and child development and understand evidence-based interventions for the dyad.

Scenario, Part 1

Jasmine is a 6-month-old, brought in by her mother, Brianna, for her well visit. Jasmine missed her 2- and 4-month visits but has had her immunizations at the Health Department. She was born at term and has had no significant illnesses. Jasmine's mother is 18 years old. She and Jasmine were couch surfing for a while, but now have stable housing living with Brianna's aunt, with whom she is close. Jasmine's father is not involved in their lives. Brianna hopes to be able to finish high school. On registration, the family self-identifies as African American.

When you enter the room, you see Jasmine sitting quietly in her car seat on the exam table. She is dressed in a clean and cute outfit. Her mother is sitting in the chair waiting for you to enter. Brianna describes her care of Jasmine in detail regarding feeding and bathing and keeping her clothes clean. She is careful about germs and does not let Jasmine mouth toys or be on the floor. Brianna has been breastfeeding part of the time, but she is not sure if it is good for Jasmine. The Edinburgh Brianna completed shows a score of 11, question 10 is negative.

Jasmine's physical exam is normal, and her growth chart shows all parameters (wt, ht, and hc) at the 40-50%ile. You note that she does not have a social smile or vocalize responsively. She doesn't reach for the toy that you show her.

Question	Facilitator Tip	Resource
What are your initial thoughts?	· This is intended as an open-ended question to elicit the learner's understanding of perinatal depression and its implications and to assist the facilitator to assess areas that need focus in the upcoming questions.	· AAP Incorporating Recognition and Management of PND Policy Statement
What are protective factors for this dyad?	· Remind residents to start out by highlighting strengths for mom such as getting immunizations, support for mom with aunt, stable housing, how well she is taking care of her infant, wanting to finish high school and breastfeeding.	· Bright Futures Periodicity Schedule psychosocial assessment · AAP Mental Health algorithm · Perinatal Depression Policy Statement
What are risk factors? For Brianna? For Jasmine?	· What social determinants of health will increase Brianna's risk for perinatal depression, and how will these effect your plans for support for the dyad? · Knowledge of increased risk of perinatal depression in adolescents and women with socioeconomic disadvantage. What are the impacts of perinatal depression for the infant?	· All of the above.

What social determinants of health may impact Jasmine's health and development?	· See above: housing insecurity, socioeconomic, structural racism	
What further assessment is needed for Jasmine?	· What are ways to assess social-emotional development in infants? Review of tools and domains addressed.	· Weitzman C et al, "Promoting Optimal Development: Screening for Behavioral and Emotional problems," PEDIATRICS, February 2015, 135(2) 384-395 AND Perinatal Depression Policy Statement · STAR Center · Bright Futures Periodicity Schedule

Scenario Continued, Part 2

Jasmine's ASQ:SE-2 score is in the at-risk range due to lack of reciprocal smile, feeding time not enjoyable. Brianna's Medicaid for Pregnant Women ended 60 days after delivery. Jasmine does have Medicaid.

Question	Facilitator Tip	Resource
How would you initiate the conversation?	· Discuss strategies for how to acknowledge the strengths and risks.	· ASHEW resources for practices on eliciting strengths · Bright Futures
What can you do in this visit?	· Key items here are discussion of screening results, primary care intervention, and use of common factors and common elements to engage Brianna as a partner in the plan. · Ask how they would discuss the results of the Edinburgh with Brianna. It will be important to talk about the score on the Edinburgh and the significance of the response to question 10 with the resident and how they would explain that to mom. Ask how they would discuss the results on the ASQ:SE-2. Review the topics of the brief intervention outlined in the policy statement, and, in particular, note the protective function of breastfeeding.	· Perinatal Depression Policy Statement and Technical Report · Mental Health Competencies for Pediatrics Policy Statement
What resources/referrals can you consider for mom, infant, and the dyad to help with management of immediate and long-term issues?	· Review referral possibilities for Brianna including community mental health professional; support group. · Review referral possibilities for Jasmine including an infant and early childhood mental health (IECMH) professional offering CPP; Circle of Security Group; and Early Head Start. Would Part C eligibility in your locale serve this child and family? · What if the ASE:SE-2 was not in the at-risk range? What would you do differently or the same?	· Perinatal Depression Policy Statement · Evidence-based dyadic therapies: Gleason MM et al, "Addressing Early Childhood Emotional and Behavioral Problems," PEDIATRICS, December 2016, 138(6)

How can you network with community resources?	· Ask learners how they become familiar with community resources and what are some approaches to building these referral relationships. · Review the advantages of being able to make a warm handoff for family linkage and adherence	· AAP Mental Health Competencies; AAP Mental Health Toolkit Readiness Inventory

From your clinic resource list you refer to an infant and early childhood mental health (IECMH) professional who provides CPP (Child Parent Psychotherapy).

Question	**Facilitator Tip**	**Resource**
What are other evidence-based dyadic treatments that may be available in your community?	· Discuss CPP for the individual dyad, and group interventions such as Circle of Security, Attachment Biobehavioral Catch-up. · Ask learners about their familiarity with resources for identifying professionals such as their state Infant MH Association. Is there a Child First program in their locale	· Evidence-based dyadic therapies: Gleason MM et al, "Addressing Early Childhood Emotional and Behavioral Problems," PEDIATRICS, December 2016, 138(6)
What is your follow-up plan for return and management for infant and mom?	· Discuss the need for enhanced follow-up for both the infant (social-emotional development) and her mother's services and supports. · Reinforce discussion of social-emotional screening results	· Perinatal Depression Policy Statement
What is your plan for communication with the IECMH professional?	· Review discussion of co-management in the AAP MH Competencies Statement, as well as how HIPPA allows clinician- clinician communication. · Discuss how to close the referral communication loop.	· Mental Health Competencies Statement · AACAP and AAP Provider to Provider communication statement
As your chapter representative from the Section on Pediatric Trainees, advocacy needs are discussed at the board meeting you attend. What might you add based on this experience?	· Discuss the elements of this case that are opportunities for advocacy, such as Medicaid Expansion to continue Brianna's coverage; workforce capacity for infant and early childhood mental health (IECMH) professionals; increased community capacity for support for perinatal depression; expansion of Part C eligibility to include social-emotional development, and social determinants of health.	· Perinatal Depression Policy Statement (under Opportunities for Advocacy)

Training Module #3

Goals and Learning Objectives

- Identify epidemiology of perinatal depression. Learners will be able to describe risk factors that increase perinatal depression, such as: social, psychological, and hormonal changes that occur.
- Learners will be able to discuss and counsel on protective factors for perinatal depression.
- Learn how to provide culturally sensitive, humble, and effective in office counseling for perinatal depression.
- Learners will be able to support and advocate for policies which promote perinatal depression screening, discussion, primary care intervention and referral/linkage as the norm in the medical community.

Scenario, Part 1

Setting: Primary Care Pediatric Clinic in the urban core of a large midwestern city.
Isaac is a 2-month-old who was born at 38 weeks gestation weighing 6 lbs. 12 ounces via cesarean section. Isaac was brought in for his 2 months well child visit by his mother, Maria, and perinatal grandmother. Maria is 24 years old and had a miscarriage prior to this pregnancy. The family lives with perinatal grandmother and includes Maria, her 26-year-old husband Joey, their 3-year-old daughter Emilia, and baby Isaac. Additional household members include Maria's younger sister and 2 younger brothers.

The family arrives 10 minutes late for the appointment. Mom apologizes for being late when she checks in at the front desk. Grandmother is holding Isaac as Mom checks in. The nurse asks grandmother to follow her so she can get Isaac's vital signs and get them into an exam room quickly. Grandmother does not appear to understand or speak English and hesitates to follow. Maria is given a clipboard with several forms to fill out and takes Isaac from grandmother and proceeds to follow the care assistant. Isaac does not like being undressed and is crying loudly and squirming on the scale, he continues to cry after vital signs are completed, and calms immediately upon being swaddled in blankets and handed back to Maria. They are placed in an exam room. You knock on the door and enter the room and see grandmother holding Isaac giving him a bottle and Maria is on her phone and looks upset. The clipboard is on the counter with the completed forms.

When reviewing the chart prior to entering the room you note that Isaac was nursing well at the delivery hospital and weighed 6 lbs. 3 ounces at discharge. At the 1 month visit the lactation specialist noted Isaac had latched on well and nursed for 10 minutes and was right on target on his growth chart. You observe Isaac's grandmother holding him and giving him a bottle. Isaac is looking at his grandmother and holding her pinky finger in a tight grip. Maria is looking tearful and is checking her phone constantly.

Question	Facilitator Tip	Resource
What are your initial thoughts?	· Risk factors for this case include: multi-family shared housing, lower SES, infant on Medicaid, mom/dad of young parental age, previous child age 3, previous miscarriage prior to Isaac's birth Protective factors for this case include: positive family relationships, parents employment, attending this well-child visit, Maria's response to your question about how things are going at home. What are others risks and protective factors? Parental ACES, Hx of IPV, Hx of depression, anxiety disorders, smoking/substance use, etc.	· AAP Policy Statement: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice · AAP Technical Report: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice
What more do you want to know?	· What types of questions would help you, the resident, better understand Maria and Isaac's family situation? Can you think of ways to offer support and build resilience in your relationship with Maria during this visit? (sitting down, eye level, talking about what she is doing well such as wanting to continue to breastfeed and voicing her concerns about whether Isaac is getting enough intake, etc.)	· AAP Technical Report: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. · AAP Mental Health Toolkit
Are you familiar with Trauma Informed Care (TIC)?	· A TIC approach recognizes the importance of creating safe physical and psychosocial environments when providing healthcare. · TIC recognizes the importance and impact of perinatal and paternal ACES on the growth, brain development, and life course of the infant and importance of early intervention.	· AAP Technical Report: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice · AAP Mental Health Toolkit

Scenario Continued, Part 2

You sit down facing Maria and ask how she is doing, how are things at home? Maria begins to cry; grandmother comes over and pats Maria's shoulder while gently swaying and singing softly to Isaac. Maria shares that she cleans houses and went back to work 2 weeks ago, she uses the city bus system to get to and from work. Joey has a landscaping business but some of his equipment broke down and they do not have the money to fix the large mowers. Maria is still pumping but she worries Isaac isn't getting enough milk when he breastfeeds. They have just enough money for food. They moved in with Maria's mother just before Isaac was born. Three-year-old Emilia has adjusted to the move and loves having her young aunt and uncles around to play with her. Maria and Joey appreciate having a place to live and the support from their families, but they miss having their own place. Maria shares she is not able to sleep some nights because the bedroom is small, and Emilia is sleeping in their bed with them. Isaac is in a crib at the foot of the bed and still wakes up to nurse twice each night.

Question	Facilitator Tip	Resource
What more have you learned?	· Common Factors, TIC, approach should be highlighted.	All of the above.
What resources are available in your practice and community?	· The trainee should assess degree of safety concerns for Maria and Isaac. · Suggest appropriate resources to address perinatal depression as well as resources for other social determinants of health such as additional food, housing, transportations support that are available in the community.	N/A
What is your assessment of Isaac's physical exam?	· Isaac is growing well, sharing with Maria what she's doing well to care for her infant could be an important and powerful message at this time.	All of the above.
Do you have concerns about mother/baby bonding?	· Discuss with the trainee the specific kinds of skills and tools they could they with this family to identify, assess, and discuss risks and strengths related to the mom, the infant, and dyad (bonding). Talk about how they can engage the grandmother.	N/A
What other questions or concerns do you have for this family?	· Does the trainee identify questions related to a Hispanic multigenerational household? · Does the trainee inquire about how the grandmother is doing at home?	N/A

Scenario Continued, Part 3

You thank Maria for sharing her concerns and worries with you and listen to Isaac's heart and lungs while he sleeps in his grandmother's arms. You reassure Maria that Isaac looks healthy and explain that you are going to review the rest of his chart and send the lactation specialist in to answer her breastfeeding questions.

When reviewing Isaac's medical record and the forms completed today you notice Maria's overall score on the Edinburgh Postnatal Depression Scale is 10 and she answered Question #10 "sometimes."

Question	Facilitator Tip	Resource
What is your interpretation of Maria's Edinburgh score?	· Trainee should know how to interpret the Edinburgh score with particular attention to question #10. · Trainee should know of resources available within the practice such as a social worker or integrated mental health services for mom.	All of the above.
Do you have resources to offer Maria today?	· What is the trainee's role in follow up and ongoing management in your clinic?	N/A
Are there other resources or supports you would have liked to be available during this module?	· Did the trainee feel supported with the resources provided for this learning opportunity? · Does the trainee have suggestions or questions to improve this educational module on perinatal depression?	N/A
How and when will you follow up with Maria and Isaac? Are there other resources you would have liked to have available for the mother, infant, and family during this visit?	· Is there a process in place to follow up with referrals that are made if there were barriers to the mom obtaining services or support? · Discuss how to close the referral communication loop.	N/A
How could you improve processes and policies in your clinic that support screening, discussion, and intervention?	· Discuss strategies that support and advocate for policies that promote perinatal depression screening, discussion, intervention/management in primary care (Including Common Factors) to have a supportive clinic culture. · How is the training program preparing the trainees to go out in the community and have the skills and tools to not just screen for perinatal depression but identify and discuss strengths and concerns, provide some support and management in clinic, as well as linkage to resources and manage follow up?	· AAP Technical Report on Incorporating Recognition and Management of PND

Training Module #4

Goals and Learning Objectives

- Learners will familiarize themselves with perinatal depression screening tools. Learners will decide how to select an appropriate screening tool, interpret results and consider screening limitations. Learners will appropriately counsel on results of screen in the context of a well child visit.
- Learners will be able to engage the caregiver in discussion and to counsel on protective factors for primary care intervention.
- Identify epidemiology of perinatal depression. Learners will be able to describe risk factors that increase perinatal depression, such as: social, psychological, and hormonal changes that occur.
- Learn how to provide culturally sensitive, humble, and effective in office counseling for perinatal depression.
- Learners will be able to support and advocate for policies which promote perinatal depression screening, discussion, primary care intervention and referral/linkage as the norm in the medical community.

Scenario, Part 1

You are meeting Esin, a 26-year-old primigravida for the first time at a discharge case conference for her son Asadi. You will be following Asadi in your continuity clinic after discharge. Asadi was born through cesarean section at 38 weeks due to failure to progress. He initially had low APGARS (Appearance, Pulse, Grimace, Activity, and Respiration) and was placed on a cooling protocol. He is currently 58 days of age with a Grade II IVH and is currently bottle-feeding expressed breastmilk with fortifier after being on NG (nasogastric) tube feeds for a month. During the case conference Esin reports that she has been having difficulty sleeping. She has returned to graduate school and is working part time so that she may take time off after Asadi's discharge before he can attend childcare. Her partner is a graduate student as well and they moved here from Afghanistan for school 2 years ago. She speaks Farsi natively, but declines an interpreter. Their family remains in Afghanistan and have been unable to visit after Asadi's birth due to the need to care for elderly parents. Her Edinburgh at her 6-week post-partum check with her OB provider was 12 and she reported that sleep was difficult. She reports she worried that Asadi was safe while she was not at the hospital and if she would miss something while she was gone at work. She is worried there is a medical cause of her sadness and low energy.

Question	Facilitator Tip	Resource
What are your initial thoughts?	· What risk factors does this family have and what strengths do they have? · How has their birthing experience affected those risks?	· Postpartum Support International Brochure

What more do you want to know?	· How does the family perceive their experience? Have they experienced medical staff as helpful or traumatic due to unexpected birth outcome	· AAP Incorporating Recognition and Management of Perinatal Depression Policy Statement · Providing Care for Children in Immigrant Families Julie M. Linton, Andrea Green and COUNCIL ON COMMUNITY PEDIATRICS Pediatrics September 2019, 144 (3) e20192077; DOI: https://doi.org/10.1542/peds.2019-2077 · Perspectives of Low Socioeconomic Status Mothers of Premature Infants Elizabeth Enlow, Laura J. Faherty, Sara Wallace-Keeshen, Ashley E Martin, Judy A. Shea and Scott A. Lorch Pediatrics March 2017, 139 (3) e20162310; DOI: https://doi.org/10.1542/peds.2016-2310
What skills would you want to use in a conversation with mom about what she has shared, including about her Edinburgh Postnatal Depression Screening results?	· It is important for the facilitator to familiarize themselves with Common Factors and their use.	· https://www.ghs.org/docs/0-mental-health-muslim-american.pdf
What would be options in your residency program to try to address the concerns you have for maternal depression with mom? Assessing the social-emotional impact on the infant?	· What resources in your community support infants at risk for social emotional delays? · Are there any resources available to the intersecting identities of this family? · How do you present the options in a non-judgmental way?	· AAP Incorporating Recognition and Management of PND Policy Statement; Weitzman C et al, "Promoting Optimal Development: Screening for Behavioral and Emotional problems," PEDIATRICS, February 2015, 135(2) 384-395 AND Perinatal Depression Policy Statement (under Follow-up, Referral, Treatment) · STAR CENTER (add link)

Scenario Continued, Part 2

Esin takes you to meet Asadi. You engage Esin in conversation about her concerns. She sits next to Asadi's bassinette and states that she did not expect this. She had a midwife and had planned for a vaginal delivery. She was overwhelmed by the cesarean delivery and the NICU stay. She reports that she feels the nurses are best at caring for Asadi and is worried about bringing him home. She reports that normally her mother would come to care for her and Asadi but she has to take care of elderly relatives back home. Esin plans to take time off of work, but will continue her graduate school coursework. Her partner is planning to continue with his schooling and work to catch up on house bills. Asadi stirs in his bassinette and Esin strokes his cheek. She talks about how strong and brave he is and how she is worried about how he will do at home.

You examine the infant, and his physical exam is "normal." He coos and smiles during the exam.

Question	Facilitator Tip	Resource
What more have you learned?	· Why may this mother identify physical symptoms of depression more than emotional ones?	· AAP Technical Report on Incorporating Recognition and Management of PND
How and when would you like to assess for additional possible risk and protective factors for mother, infant and dyad?	· What are recommended screening times and how would the risk change due to an experience of a NICU stay and an increased score on a PHQ-9?	· AAP Incorporating Recognition and Management of PND Policy Statement · Weitzman C et al, "Promoting Optimal Development: Screening for Behavioral and Emotional problems," PEDIATRICS, February 2015, 135(2) 384-395
What could be the impact of cultural, literacy or other linguistic factors to consider in this case?	· If the mom shares she expects to fast for the upcoming Ramadan, what additional information might you want to know? Note: Many people do not fast during lactation and the Quran does recommend breastfeeding. · What are recommendations regarding fasting during pregnancy and lactation? · How might depressive symptoms be impacted? Who in her faith community is supportive regarding her religious practice? Note: Many people do not fast during lactation and the Quran does recommend breastfeeding. · How does her family find support when they experience challenges?	· Distress, Impairment, and Racial/Ethnic Differences in Perceived Need for Mental Health Treatment in a Nationally Representative Psychiatry. Summer 2020;83(2):149-160. doi: 10.1080/00332747.2020.1762394 · Institute for Muslin Mental Health: Ramadan, Mental Health and The Spiritual Path · International Baby Food Action Network: Policy statement, Fasting of pregnant women and breastfeeding mothers https://www.llli.org/islamic-cultural-practices-breastfeeding-2/#:~:text=Most%20Muslims%20see%20breastfeeding%20as,degree%20of%20flexibility%20and%20choice.
At this time, what are the priority issues and resources you would like to explore for this mom and infant if they were at your hospital?	· What support do they already have in place, what has worked well in the past? · What are their perceptions to having extra support, are they open to having a home visitor, 0-3 support or are they more comfortable with community support?	· Mental Health Disparities: Muslim Americans

Given what you have learned do you feel that this dyad needs dyadic treatment immediately after discharge or continued monitoring?	· What drives concern? Elevated PHQ-9, NICU history, dyad separation or other risk factors?	· Neurodevelopmental Follow Up After Therapeutic Hypothermia for Perinatal Asphyxia
What resources are available in your community and what new connections might this family bring to your attention?	· Does the University offer services to student parents? · Does their religious institution provide support for mental health or new parents?	· AAP Policy Statement and Technical Report on Incorporating Recognition and Management of PND · "Addressing Early Childhood Emotional and Behavioral Problems," PEDIATRICS, December 2016, 138(6)
What other professionals are already on this family's team and who might be able to support both you and the mother?	· What is the client's relationship with her OB provider? Has she returned to her Midwife for care and are they supportive of her? · How has she felt about NICU staff and are they a support to her?	· Chandra S, Mohammadnezhad M, Ward P (2018) Trust and Communication in a Doctor-Patient Relationship: A Literature Review. J Healthc Commun Vol.3 No.3:36 · https://www.chcf.org/wp-content/uploads/2018/03/PDF-Evaluation-Collaborative-Maternal-Mental-Health-Care-Pilot-in-FQHCs.pdf
What structural inequities impact this family and their risk?	· Documentation status tied to health and food benefits; Immigration policies affect family's ability to travel to support this dyad.	· National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice · Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Washington (DC): National Academies Press (US); 2017 Jan 1 · Joia Crear-Perry, Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace. Journal of Women's Health. Feb 2021.230-235.http://doi.org/10.1089/jwh.2020.8882 · The color of health: how racism, segregation, and inequality affect the health and well-being of preterm infants and their families Andrew F. Beck, Erika M. Edwards, Jeffrey D. Horbar, Elizabeth A. Howell, Marie C. McCormick & DeWayne M. Pursley. Pediatric Research volume 87, pages227–234(2020)