

SETRAC Maternal Mortality & Morbidity Workgroup

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Proposal- Part I

- Encourage all hospitals providing obstetrical care in the SETRAC Perinatal Care Region to perform a universal screening of peripartum depression for women at least once during hospitalization. A validated instrument is strongly recommended. Hospitals should have guidelines in place for the further evaluation and referral/treatment when screening reveals scores that are at risk for postpartum depression.

Depression Screening (cont)

- Examples of validated instruments include the Edinburgh Postnatal Depression Scale (EPDS) and the 9-item Patient Health Questionnaire (PHQ-9).
- Many experts recommend score cut-offs of 10 or greater on the EPDS and the PHQ-9 as being at risk for depression.

Proposal – Part II

- 2. Encourage all hospitals providing obstetrical care in the SETRAC Perinatal Care Region to perform a universal screening of substance use disorder for women at least once during hospitalization.
- A validated instrument is strongly recommended. Hospitals should have guidelines in place for the further evaluation and referral/treatment when screening reveals scores that are at risk.

Examples of Validated Tools (Substance use)

- The interaction between care giver and patient should be therapeutic and not referral to law enforcement
- Some examples of validated instruments include the Brief Screener for Alcohol and other Drugs (BSTAD) for adolescents; the Tobacco, Alcohol, Prescription medication and other Substance use (TAPS) tool for adults, and the Drug Abuse Screening Test (DAST-10 for adults, DAST-20 for adolescents).

Requirement of Designation: ALL levels

- **§133.206 Level I (c) (13) (G); §133.207 Level II (c) (14) (G); §133.208 Level III (d) (21) (G); §133.209 Level IV (d) (20) (G)**

(13) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality, including promoting prevention, early identification, early diagnosis, therapy, stabilization, and transfer. The guidelines or protocols must address a minimum of:

(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.

Finding #10 — In 2012 to 2015, Drug overdose was the leading cause of maternal death from delivery to 365 days postpartum.

Drug overdose accounted for 17 percent of all maternal deaths and almost 80 percent of these deaths that occurred more than 60 days postpartum. Of the 64 maternal deaths due to drug overdose, opioids (either alone or in combination with other drugs) were found in 37 (58 percent) cases, and 42 (66 percent) cases involved a combination of drugs. The specific drugs identified from the death certificate narratives are shown in [Appendix C, Table C4](#). Risk factors for maternal death due to drug overdose can be found in [Appendix C, Table C5](#).

Bottom line

- Thus, by the facility participating in the SETRAC maternal quality project will fulfill the requirement of the Maternal Designation rules.

April 2019 MM Workgroup unanimous approval of this project:

We agreed to the following for our RAC quality project:

1) Each hospital will develop a process to screen for postpartum depression and opioid substance use disorder for their pregnant/postpartum women, and appropriate treatment and/or referral

2) The preference is for hospitals to use a validated or standardized instrument

3) Our preference is that we have a standard screening tool for our entire RAC, but we recognize that some hospitals and systems have their own tools already and this will be acceptable as a secondary option

EPDS is considered by many to be the “gold standard”

- Validated
- Over 20 languages
- > 80% sensitive, and 99% specific
- Score > 10-12 (possible depress)
- >=13 (highly likely depressed)

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
 Yes, most of the time This would mean: “I have felt happy most of the time” during the past week.
 No, not very often Please complete the other questions in the same way.
 No, not at all

In the past 7 days:

- | | |
|---|--|
| 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | *6. Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | *8. I have felt sad or miserable
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason
<input type="checkbox"/> No, not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Yes, very often | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | *10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: 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 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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DAST Questionnaire

- Validated instrument
- Allows for a conversation and discussion

Score	Degree of problems related to drug abuse	Suggested action
0	No problems	None
1 - 2	Low level	Monitor
3 - 5	Moderate level	Further investigation
6 - 8	Substantial level	Intensive assessment

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal) cocaine
 cannabis (marijuana, pot) narcotics (heroin, oxycodone, methadone, etc.)
 inhalants (paint thinner, aerosol, glue) hallucinogens (LSD, mushrooms)
 tranquilizers (valium) other _____

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

Do you inject drugs? No Yes

Have you ever been in treatment for a drug problem? No Yes

I II III IV
0 1-2 3-5 6

Proposal for Quality Project for SETRAC

- **Step 1: Survey hospitals to assess whether they are currently performing screening for:**
 - **A. Depression**
 - **B. Substance use disorder**
- **If they are, are they using a validated formal instrument**
- **This will establish baseline data**

Proposal for Quality Project for SETRAC

- **Step 2: Ask every hospital to participate to implement a screening tool for their maternal pts to screening for:**
 - **A. Depression**
 - **B. Substance use disorder**
- **With STRONG RECOMMENDATION for a validated instrument**

Baseline Data

- If approved, we would like to send a survey to each hospital in SETRAC regarding:
 - 1. Currently has a policy to screen universally for peripartum depressive disorder?
 - Approximate fraction of patients screened for depressive disorder at least once during hospitalization?
- 2. Peripartum substance use disorder
 - Currently has a policy to screen universally for peripartum substance use disorder?
 - Approximately fraction of patients screened for substance use disorder at least once during hospitalization?

Proposal for Quality Project for SETRAC

- **We will provide a toolkit with sample policy, sample instrument, QAPI recommendations**
- **At the end of 3 months and each quarter for 12 months, we would like the following survey:**
- **() Have you implemented a screening process for Depression?**
 - **If so, what fraction of pts screened?**
 - **How many pts identified as at risk and what intervention?**
- **() Have your implemented a screening process for substance use?**
 - **If so, what fraction of pts screened?**
 - **How many pts identified as at risk and what intervention?**
- **() Comments?**