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- Intent and purpose of using screening tools
- Overview of the screening tools, Modified 5P’s, PHQ-9 and Edinburgh Postnatal Depression Scale
- When to utilize these tools as outlined in FY18-19 Maternal Health Agreement Addenda
- EMR and Screening Tools
- Release of Information for Mental Health/Substance Use information
- Changes in the Maternal Health History C1 & C2 forms
• Routine screening should rely on validated screening tools. These tools have been well studied and demonstrated a high sensitivity for detecting substance use and misuse. *Guidelines for Perinatal Care, 8th Edition, American Academy of Pediatrics and American College of Obstetricians and Gynecologists. Pg 137. 2017*

• The American College of Obstetricians and Gynecologists recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. *ACOG Committee Opinion, No. 630, May 2015.*

**Why Use a Screening Tool?**

• Reliable
  – Shows the same results when administered repeatedly

• Valid
  – Measures what it is supposed to measure

• Normed
  – Compares client’s answers to others of the same group using a large sample of people.
Screening vs Assessment

• Screening is a process for evaluating the possibility of a substance use or mental health disorder. The outcome is a simple yes or no.

• Assessment is a process for gathering detailed information about the nature of the disorder and developing specific recommendations for addressing the problem or diagnosis.

Screening Tools Do Not Replace Professional Judgement

Your judgement should take precedence over any results obtained.
Modified 5P’s

• Brief
• Easily administered
• Screens for alcohol and drugs
• Screens for family of origin, peers and partner for alcohol and drugs

Maternal Health and High Risk Maternity Agreement Addenda FY 18-19

• Local Health Departments are expected to have a policy/procedure in place regarding utilization of the Modified 5P’s screening tool for prenatal & postpartum patients. Division of Public Health Agreement Addenda FY 18-19

• Modified 5P’s are referenced in the Agreement Addenda in the following categories:
  • C. Policies/Procedures
    • C 7 (HRMC)
    • C 11 (Maternal Health)
  • D. Prenatal and Postpartum Services
    • D 5 (HRMC)
    • D 11 e (HRMC- Postpartum)
    • D 4 (Maternal Health)
    • D 9, e (Maternal Health Postpartum)
  • Psychosocial Services
    • H 2 (HRMC & Maternal Health)
# Risk Screening Form

8. Did any of your parents have a problem with alcohol or other drug use?  
   - Yes  
   - No

9. Do any of your friends have a problem with alcohol or other drug use?  
   - Yes  
   - No

10. Does your partner have a problem with alcohol or other drug use?  
    - Yes  
    - No

11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?  
    - Yes  
    - No

12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?  
    - Not at all  
    - Rarely  
    - Sometimes  
    - Frequently

13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?  
    - Not at all  
    - Rarely  
    - Sometimes  
    - Frequently

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# Modified 5P's

**Modified 5 P’s**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did any of your parents have a problem with alcohol or other drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do any of your friends have a problem with alcohol or other drug use?</td>
<td></td>
<td></td>
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<tr>
<td>3. Does your partner have a problem with alcohol or other drug use?</td>
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<tr>
<td>4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?</td>
<td></td>
<td></td>
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<tr>
<td>5. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?</td>
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</table>
When to Use the Modified 5P’s

• Initial intake
  – If Pregnancy Risk Screening form has NOT been completed
• Any point during prenatal visits that professional judgement indicates
• Postpartum visit

PHQ-9

• Widely used
• Brief
• Validated and documented in a variety of populations
• Excellent reliability
• Reviews symptoms over time
Edinburgh Postnatal Depression Scale (EDPS)

- Ten questions
- Usually completed in 5 minutes or less
- Validated for multiple cultures and languages
- High sensitivity and specificity
- Validated for screening for both depression and anxiety
- Reviews symptoms over time
Edinburgh Postnatal Depression Scale (EDPS)

Maternal Health and High Risk Maternity Agreement Addenda FY 18-19

- Local Health Departments are expected to have a policy/procedure in place regarding screening prenatal & postpartum patients who have a current diagnosis, symptomatic or have history of depression. Division of Public Health Agreement Addenda FY 18-19

- The PHQ-9 and Edinburgh Postnatal Depression Scale are referenced in the Agreement Addenda in the following categories:
  - C. Policies/Procedures
    - C 16 (HRMC)
    - C 20 (Maternal Health)
  - D. Prenatal and Postpartum Services
    - D 6 (Maternal Health)
    - D 9 c (Maternal Health- Postpartum)
    - D 6 (HRMC)
    - D 11 c (HRMC- Postpartum)
  - Psychosocial Services
    - H 1 (Maternal Health & HRMC)
When to Use the PHQ-9 or EDPS

• Prenatal appointment
• At any point during prenatal visits that professional judgement indicates.
• A positive response is received on the Maternal Health History C 2 form questions, 1 or 2
• Postpartum appointment

Screening Tools and EMR

The State Archive office and the Women’s Health Branch joint consensus is:

• Screening tools can be incorporated into the EMR, however they must still be completed by the patient, not a healthcare professional. The patient may enter her answers on a device such as an iPad or any method that provides direct entry into the EMR.

When a hard copy is completed:

• Each patient will need to complete the form. Health Departments may not use a laminated copy & wipe off the answers after the patient completes the form, use other varieties of reusable forms or enter verbal answers for the patient unless the patient can not complete the form herself due to identified limitations.

• Health Departments should have a QA policy for these forms that requires an independent person (one who did not see the Patient) to review the record entry and verify it is correct. After that verification, the document can then be shredded. This practice will satisfy Risk Management concerns, ensure patients receive care/connection they need, and keep the data print of the EMR smaller.
Release of Information

Recommend LHDs include the BOLD statement in their Authorization to Disclose Form, “I understand that the information released may include sensitive information related to behavior and/or mental health, drugs and alcohol (including records of a program that provides alcohol or drug abuse diagnosis, treatment, or referral, as defined by federal law at 42 C.F.R. Part 2), HIV/AIDS and other communicable diseases, and genetic testing.”

or

Release of Information
Changes in C1 Form

Please complete the following questions. Put an X or check mark in the box for YES or NO, as it applies:

**QUESTION**

1. Are you currently living in a safe place?

2. Do you have a working stove and refrigerator? Running water and indoor plumbing?

3. Do you have any physical limitations or any problems hearing, reading, speaking? Do you have any learning disabilities?

4. Have you experienced any type of major life event in the last year such as death of someone close, loss of job, housing problems, relationship abuse, major illness or a loved one in the military being deployed?

5. Are there any reasons that you think might keep you from coming to your appointments? Transportation, work schedule, lack of child care, no family support?


7. Within the past year have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?

8. Since you have been pregnant, have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?

9. If you felt unsafe, do you know where you can go or have a trusted person to talk?

10. Within the last year, has anyone forced you into sexual acts which made you feel uncomfortable?

11. Substance Use Screening: complete the Modified SF-36 form. If pregnancy Risk Screening has not been completed.

12. Do you smoke, use e-cigarettes or vape around your?

13. Which of the following products do you use in the past 30 days?
   - [ ] Cigarettes
   - [ ] Cigarette smoking
   - [ ] Cigar/Cigarettes
   - [ ] Chewing tobacco
   - [ ] Snuff
   - [ ] Hookah
   - [ ] Snus
   - [ ] Strips
   - [ ] Nictine/Drinks
   - [ ] None
   - [ ] Other

14. If you could please the best timing for your pregnancy, would you like to be pregnant:
   - [ ] At another time
   - [ ] Would not change it, my pregnancy was planned
   - [ ] Not at all
   - [ ] Would not change it, even though it was not planned

Changes in C2 Form

To be filled by staff during appropriate intervals, for example during 2nd or 3rd trimester, postpartum or as needed.

**Organism**

<table>
<thead>
<tr>
<th>8th Trimester</th>
<th>9th Trimester</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>

**Interventions**

<table>
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<th>9th Trimester</th>
<th>Postpartum</th>
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**Substance Use**

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<th>9th Trimester</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**SPa completed**

**ReferralSource**

<table>
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<tr>
<th>Referral Source</th>
<th>8th Trimester</th>
<th>9th Trimester</th>
<th>Postpartum</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
<td>Date</td>
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<td>Date</td>
</tr>
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</table>
Moved to MATERNAL HEALTH HISTORY — Part A

15. Check off any of the following that you are using now or used in the past year
   Now □ Alcohol □ Marijuana □ Cocaine/Crack Cocaine □ Heroin □ IV Drugs □ Prescription Drugs □ None □ Other ________
   Past □ Alcohol □ Marijuana □ Cocaine/Crack Cocaine □ Heroin □ IV Drugs □ Prescription Drugs □ None □ Other ________

16. Check off any of the following that your partner is using now or used in the past year
   Now □ Alcohol □ Marijuana □ Cocaine/Crack Cocaine □ Heroin □ IV Drugs □ Prescription Drugs □ None □ Other ________
   Past □ Alcohol □ Marijuana □ Cocaine/Crack Cocaine □ Heroin □ IV Drugs □ Prescription Drugs □ None □ Other ________

Resources

- National Center for Biotechnology Information: The PHQ-9 Validity of a Brief Depression Severity Measure: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/
Contact

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