

Comprehensive Perinatal Services Program (CPSP) Overview Day 2





Recap of Day 1

- CPSP
- CPSP Components
- Resources



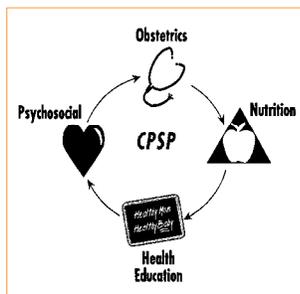


Training Objectives

- Demonstrate how to use the PFFQ
- Demonstrate how to use weight gain grids
- Develop an Individualized Care Plan
- Describe how CPSP relates to interconception care
- List 2 health risks that may result from untreated perinatal depression
- Describe the 3 phases of the Cycle of Violence



CPSP COMPONENTS





CPSP ORIENTATION CHECKLIST

Provider: _____ Patient: _____ DOB: _____ EDD: _____

Date Discussed	SUBJECT	Handoff Completed (Yes/No)
	<input type="checkbox"/> Perinatal services to be provided (including CPSP)	<input type="checkbox"/>
	<input type="checkbox"/> Who will provide services	<input type="checkbox"/>
	<input type="checkbox"/> Where services will be provided	<input type="checkbox"/>
	<input type="checkbox"/> Danger signs of pregnancy what to do if they occur	<input type="checkbox"/>
	<input type="checkbox"/> Patient Rights and Responsibilities	<input type="checkbox"/>
	<input type="checkbox"/> HIV information/counseling given & HIV testing offered	<input type="checkbox"/>
	<input type="checkbox"/> Substances used during pregnancy	<input type="checkbox"/>
	<input type="checkbox"/> Name of Handout or NA	<input type="checkbox"/>
	<input type="checkbox"/> Group Classes available	<input type="checkbox"/>
	<input type="checkbox"/> Fetal movement monitoring (24-28 wks.)	<input type="checkbox"/>
	<input type="checkbox"/> Integrated Prenatal Screening (IAMS) Complete lab 10 wks/ Delay 13 wks/lab 15 wks/ Transfer lab. To other 13 days - 30 wks/0 days.	<input type="checkbox"/>
	<input type="checkbox"/> Genetic Risk/Testing	<input type="checkbox"/>
	<input type="checkbox"/> Obstetric Site Options	<input type="checkbox"/>
	<input type="checkbox"/> Financial Responsibility	<input type="checkbox"/>
	<input type="checkbox"/> Name of Handout or NA	<input type="checkbox"/>
	<input type="checkbox"/> Other Subjects	<input type="checkbox"/>

The information checked above has been reviewed with me and I have had the opportunity to ask questions. I understand that as an active participant in my perinatal care, it is my responsibility to ask questions when there is a concern or problem.

Date	Initial Client Orientation	Client Signature	Perinatal Services Signature	Total Minutes

Prenatal Combined Assessment / Reassessment Tool

Initial (of OB) _____ Date _____ Date _____ Date _____

This Prenatal Combined Assessment/Reassessment Tool has received California State Department of Health Services approval and **ISL 2011-010-AL-000001** exempt to be printed on your legal stationery.

Patient Name: _____ Date Of Birth: _____
 Health Plan: _____ Identification No: _____
 Provider: _____ Hospital: _____ Location: _____
 Case Coordinator/Manager: _____ EDD: _____
 Du: High Risk Other

Personal Information

- Patient age: Less than 13 years 13-17 years 18-24 years 25-30 years or older
- Are you: Married Single Divorced/Separated Widowed Other
- How long have you lived in this area? _____ yrs./mos. Place of birth: _____
- Do you plan to stay in this area for the rest of your pregnancy? Yes No
- Years of education completed: 8th grade 9th-11th grade 12-14 years 15+ years
- What language do you prefer to speak: English Spanish Other
- What language do you prefer to read: English Spanish Other
- Which of the following best describes how you read: Like to read and read often Can read, but not steady or not very often Do not read
- Father of baby (name): _____ His preferred language: _____ Education: _____ Age: _____
- Was this a planned pregnancy? Yes No
- How do you feel about being pregnant now? Glad Okay Troubled Other explain: _____
- Are you considering your options about? No Yes Other explain: _____
- How does the father of the baby feel about this pregnancy? No Yes Other explain: _____

Your family: _____
 Your husband: _____

Reassessments

- Purpose
- Process
- Update of ICP



Prenatal Combined Assessment / Reassessment Tool

This Prenatal Combined Assessment/Reassessment Tool has received California State Department of Health Services approval and **MAY NOT BE ALTERED**, except to be printed on your legal stationery.

Patient Name: _____ Date Of Birth: _____
 Health Plan: _____ Identification No: _____
 Provider: _____ Hospital: _____ Location: _____
 Case Coordinator/Manager: _____ EDC: _____

Do: Call High Risk Call Low Risk

Personal Information

1. Patient age: Less than 12 years 12-17 years 18-24 years 25 years or older

2. Are you: Married Single Divorced/Separated Widowed Other _____
 How long have you been in this area? _____ yrs/mo Place of birth: _____

3. Do you plan to stay in this area for the rest of your pregnancy? Yes No

4. Years of education completed: 0-8 years 9-11 years 12-16 years 16+ years

5. What language do you prefer to speak: English Spanish Other _____

6. What language do you prefer to read: English Spanish Other _____

7. Which of the following best describes how you read? Like to read and read often Can read, but read slowly or not very often Do not read

8. Father of baby (name): _____ His preferred language: _____ Education: _____ Age: _____

9. Was this a planned pregnancy? Yes No

10. How do you feel about being pregnant now?
 Glad Neutral Troubled please explain: _____
 Glad Neutral Troubled please explain: _____

11. Are you considering contraception? No Yes Do you need information? No Yes
 Your family? _____
 Your health? _____

12. How does the father of the baby feel about this pregnancy?
 Your family? _____
 Your health? _____



Nutrition Tools

1. Nutrition Assessment form
2. Prenatal Weight Grid
 - o Underweight
 - o Normal Weight
 - o Over Weight
 - o Obese
3. Food Intake Forms
 - o PFFQ or 24-hr Diet Recall

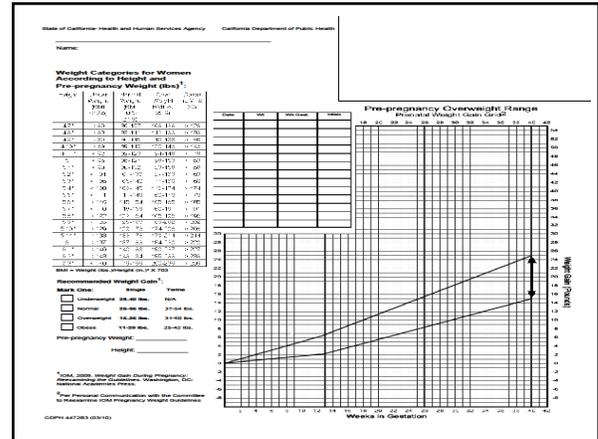


Table 1: Weight Categories According to Height and Pre-pregnancy Weight (lbs)¹:

Height	Under Weight (BMI < 18.5)	Normal Weight (BMI 18.5-24.9)	Over Weight (BMI 25-29.9)	Obese (BMI = 30)
4'7"	< 80	80-107	108-128	> 128
4'8"	< 83	83-111	112-133	> 133
4'9"	< 86	86-115	116-138	> 138
4'10"	< 89	89-119	120-143	> 143
4'11"	< 92	92-123	124-148	> 148
5'	< 95	95-127	128-153	> 153
5'1"	< 98	98-132	133-158	> 158
5'2"	< 101	101-136	137-163	> 163
5'3"	< 105	105-140	141-169	> 169
5'4"	< 108	108-145	146-174	> 174
5'5"	< 111	111-149	150-179	> 179
5'6"	< 115	115-154	155-185	> 185
5'7"	< 118	118-159	160-191	> 191
5'8"	< 122	122-164	165-196	> 196
5'9"	< 125	125-168	169-202	> 202
5'10"	< 129	129-173	174-208	> 208
5'11"	< 133	133-178	179-214	> 214
6'	< 137	137-183	184-220	> 220
6'1"	< 140	140-189	190-227	> 227
6'2"	< 143	143-194	195-233	> 233
6'3"	< 148	148-199	200-239	> 239

BMI = Weight (lbs.) / Height (in.)² X 703

Table 2: Recommended Range and Rate of Weight Gain

* Recommended - Weight Gain Range	Underweight 28 - 40 lbs. N / A	Normal Weight 25 - 35 lbs. 37-54 lbs.	Overweight 15 - 25 lbs. 31-50 lbs.	Obese 11 - 20 25-42 lbs.
Twins				
** Recommended Rate of Weight Gain /mo.				
*** 1 st Trimester	-----	-----	-----	-----
2 nd /3 rd Trimester	4lbs. or more	3-4 lbs.	about 2 lbs.	varies

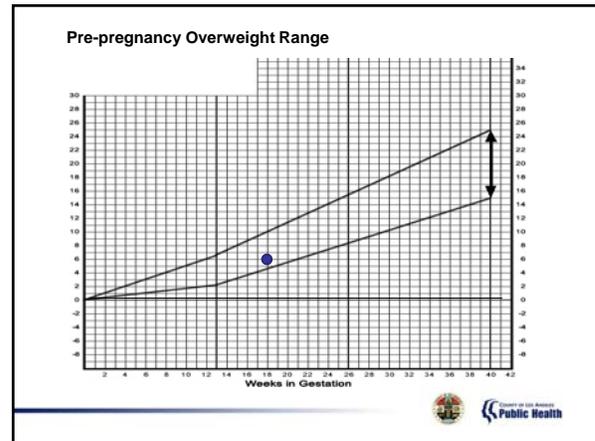
* IOM, 2009. Weight Gain During Pregnancy: Reexamining the Guidelines. Washington, DC: National Academies Press.
 ** - Steps to Take, Comprehensive Perinatal Services- Program Guidelines for Enhanced Health Education, Nutrition, and Psychosocial Services, Step to Take Guidelines, 1997 Edition, CDHS.
 *** - Research to date concludes that there is insufficient data for recommendation for rate of weight for the 1st trimester.

Initial Components of Weight Graphing

- Height 5'2"
- 1st Clinic Weight Weight 151 lbs.
- Pre Pregnancy Weight 145 lbs.
- Gestational Age 18 wks

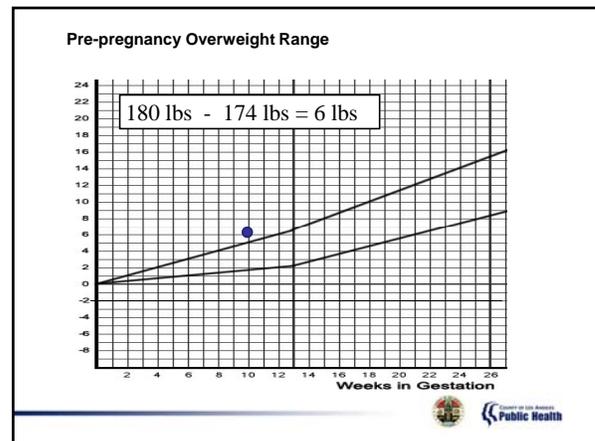
Steps:

1. Find the patient's weight category
2. Find the correct weight gain grid
3. Plot the weight gain grid



Initial Components of Weight Graphing Practice session

- Ht - 66" (5'6")
- Wt - 180 lbs
- PPW - 174 lbs
- GA - 10 wks



**Initial Components of Weight Graphing
When Pre-pregnancy Weight Is Not Known**

- Ht 5'2"
- Wt 151 lbs
- PPW ???
- GA 18 wks



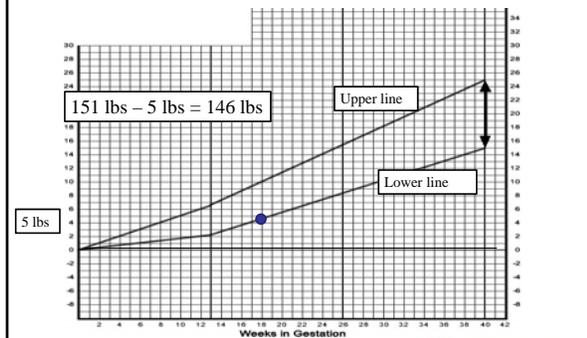
**Determining Pre-Pregnancy Weight
When Unknown**

At the first visit –

1. Estimate client's pre-pregnancy weight category considering current height & weight.
2. Determine weeks of GA at time of current wt
3. Align GA with lowest line of weight grid
4. Subtract number of pounds represented by the line from current weight to determine an "estimated" or "calculated weight"



Pre-pregnancy Overweight Range



Recommended Weight Gain¹:

Mark One:	Single	Twins
<input type="checkbox"/> Underweight	28-40 lbs.	N/A
<input type="checkbox"/> Normal	25-35 lbs.	37-54 lbs.
<input type="checkbox"/> Overweight	15-25 lbs.	31-50 lbs.
<input type="checkbox"/> Obese	11-20 lbs.	25-42 lbs.

Pre-pregnancy Weight: C = 146 lbs
Height: _____

¹Obstetrics, Weight Gain During Pregnancy: Reexamining the Guidelines, Washington, DC: National Academies Press.
Peer Personal Communication with the Committee to Reexamine OB/Pregnancy Weight Guidelines.

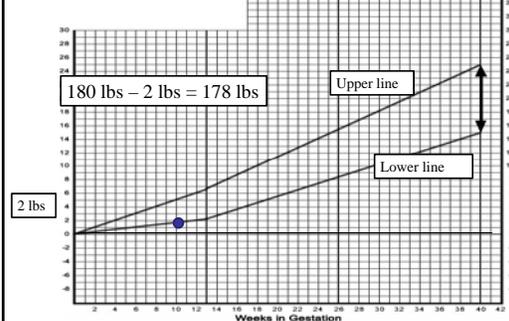


**Initial Components of Weight Graphing
When Pre-pregnancy Weight Is Not Known**

- Ht 5'6"
- Wt 180 lbs
- PPW ???
- GA 10 wks



**Pre-pregnancy Overweight Range
Practice session**

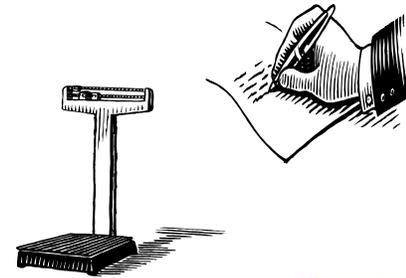


Plotting – Practice Session

Date	WT	WK Gest	Initials
2/20/11	180 lbs	10 wks	TH
3/1/11	185 lbs	14 wks	TH
3/20/11	190 lbs	20 wks	BS
4/25/11	195 lbs	26 wks	CM



Practice Weight grids



BREAK



Please check one: Initial Assessment 1st Trimester Reassessment 2nd Trimester Reassessment 3rd Trimester Reassessment Postpartum Assessment

Client Name: _____ I.D. Number: _____

4A

PERINATAL FOOD FREQUENCY QUESTIONNAIRE (PFFQ)

(Client Instructions)
How often do you eat the food listed below?
If you eat the food every day, mark the number of times per day in the daily column.
If you eat the food one or more times per week (not every day), mark the number of times per week in the weekly column.
If you eat the food less than once per week, do not mark columns.

Group 1	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		

Group 2	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		

Group 3	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		

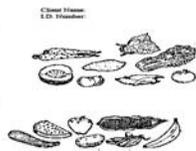
Group 4	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		



Group 1	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		

Group 2	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		

Group 3	Daily	Weekly
Apples		
Bananas		
Blueberries		
Cherries		
Oranges		
Strawberries		
Other fruits		
Total		



DIETARY ASSESSMENT SUMMARY

Client Name: _____ I.D. Number: _____

Dietary Assessment For: _____

Dietary Assessment For: _____

Comments/Notes: _____

Client Signature: _____

Assessor Signature: _____

Date: _____

Client Name: _____
I.D. Number: _____

Please check one:
 Initial Assessment 1st Trimester Reassessment
 2nd Trimester Reassessment 3rd Trimester Reassessment Postpartum Assessment

PERINATAL FOOD FREQUENCY QUESTIONNAIRE (PFFQ)

(Client Instructions)
How often do you eat the food listed below?
If you eat the food every day, mark the number of times per day in the daily column.
If you eat the food one or more times per week (not every day), mark the number of times per week in the weekly column.
If you eat the food less than once per week, do not mark columns.



Group 1

Group 1	Daily	Weekly
Meat/ carne		5
Chicken/ pollo		2
Fish/pescado	0	
shell fish/marisco	0	
Eggs/huevos		2
*beans/frijoles	1	
peanut butter/creama de cacahuete	0	
Subtotals:	1x7= 7	+ 9
		Total Points: 16




Group 2

Group 2	Daily	Weekly
Milk/leche	1	
Cheese/queso		2
Yogurt/yogur		2
Subtotals:	1x7= 7	+ 4
		Total Points:11




Group 3

Group 3	Daily	Weekly
Bread/pan (1 slice)		2
tortilla (1)	2	
cooked cereal/ cereal, cocida	0	
dry cereal/cereal seca	1	
Rice/arros		3
pasta		1
Subtotals:	3x7=21	+ 6
		Total Points:27




Group 4

Group 4	Daily	Weekly
*orange/naranja		
*orange juice/jugo de naranja		
*tomato/tomate		
cabbage/col repollo		
*broccoli/brocoli		
*cauliflower/coliflor		
Subtotals:	x7=	+
		Total Points:




Group 5

Group 5	Daily	Weekly
*spinache/greens		
espinaca/hojas de verde		
sweet potato/camote		
carrots/zanahoria		
cantaloupe/melon		
Mango		
Subtotals:	x7=	+
		Total Points:




Group 6

Group 6	Daily	Weekly
apple/manzana		
banana/platano		
pineapple		
juice/jugo de pina		
corn/elote		
lettuce/lechuga		
potatoes (white)/papas (blancas)		
zucchini/calabazita		
other fruits & vegetables/otras frutas y verduras		
Subtotals:	x7=	+
		Total Points:




Other Foods	Daily	Weekly
fried foods/comidas fritas		
Butter/mantequilla		
▲ margarine/ margarina		
sour cream/crema agria		
▲ mayonnaise/ mayonesa		
▲ salad dressing/ salsa para ensalada		
▲ vegetable oil/ aceite vegetal		
▲ avocado/ aguacate		
chips/papitas		
Donuts		
candy/ caramelo/chocolate		
Soda		
other sugar drinks/ bebidas con azucar		
other sweets/otros dulces		

DIETARY ASSESSMENT SUMMARY

Diet Inadequate In:
(food groups/nutrients)

Diet Excessive In:

Comments/Needs:

Brochures Given
 Counseled
 Referred to Nutritionist



90 Nutrition Assessment Summary		24 hour recall		Food frequency (7 days)		
a) Food Group	Servings/ Points	Suggested Changes	Food Group	Servings/ Points	Suggested Changes	
Protein		+ -	Vit. A-rich fruit/veg		+ -	
Milk products		+ -	Other fruit/veg		+ -	
Breads/cereals/ grains		+ -	Fats/Sweets		+ -	
Vit. C-rich fruit/ veg		+ -	Referred to Registered Dietitian			

b) Diet adequate as assessed: Yes No

c) Excessive Caffeine (#38)



Dietary Assessment Summary

DIETARY ASSESSMENT SUMMARY

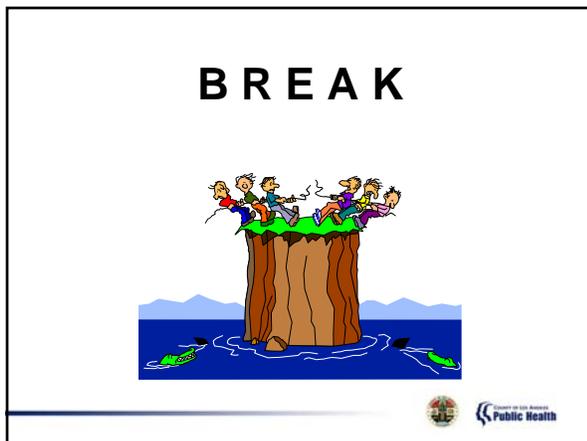
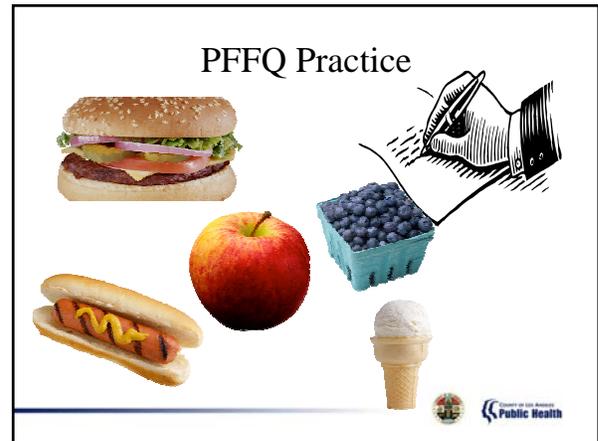
Diet Inadequate In:
(food groups/nutrients)

Diet Excessive In:

Comments/Needs:

Brochures Given
 Counseled
 Referred to Nutritionist

Name and Title of Evaluator/ Date

CFSP PROBLEM LIST

Patient Name: _____ Date of Birth: _____

Questions # Problems identified in Initial Assessment Ranking Order Resolved Column (yes)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

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86. _____

87. _____

88. _____

89. _____

90. _____

CFSP Signature: _____ Date: _____



Strengths

- Identify at least one strength that corresponds with each problem/risk
- Strengths help patient comply with care plan and reach goals



Identified Problem Column

- Write identified problems with the matching number that you found from the assessment
- One problem per box
- Goal



Teaching/Counseling/Referral Column

- Interventions (actions) for identified risks
- Timeframe for intervention



Follow-up/Reassessment Column

- Recheck the previous plan and comment on results obtained.
- If goals were not achieved, modify the plan and record new interventions.
- If problem resolved, write a short note and then "resolved"



Individualized Care Plan (ICP)

Patient: Susie Smart Gravida: 1 Para: 0 EDC: 08/20/2008
 Provider Name: Clinica Amigo Case Coordinator Name: Carmenita Lopez, CPHW
 Providers Signature: Dr. John Jay Date: 02/06/2008

Date:	Identified Problem/Risk/ Concern	Teaching/Counseling/ Referral	Follow-up Reassessment Date, Outcome/Plan	Follow-up Reassessment Date, Outcome/Plan
02/04/2008	<p>Strengths Identified: Motivated to stop drinking wine completely Family support to stop drinking wine</p> <p>Pt states she is drinking two glasses of wine twice a day three days a week; question #38</p> <p>Goal: Pt states she will stop drinking alcohol by today 02/04/08</p>	<p>Reviewed/ discussed and distributed STT: HE- "Drug & Alcohol Use" pg. 93 and hand out. R: "You Can Quit Using Drugs and Alcohol".</p> <p>Refer pt to SW on 02/7/08 for an appt. to alcohol dep. screening</p> <p>C. Murrillo, CPHW</p>	<p>Pt states she met w/ SW on 02/07/08</p> <p>According to the SW referral notes pt has been screened for Alcohol dep. Is no longer drinking</p> <p>M. Hill, CPHW</p>	<p>Pt has stated she is no longer drinking alcohol.</p> <p>C. Murrillo, CPHW</p>



ICP Practice

Let's practice developing Individualized Care Plans (ICP) !!



LUNCH





Postpartum

- Review prenatal assessments and ICP
- Complete Postpartum Assessment
 - Health Education
 - Nutrition (including new PFFQ)
 - Psychosocial
- Develop postpartum ICP
 - Unresolved problems
 - New problems




Postpartum (cont.)

- Let's practice writing Postpartum care plans!!




Interconception Care

- What is Interconception care?
- How does it work with CPSP?





Case Coordination

- Duties of Case Coordinator
- Referral form




Quality Assurance (QA) Indicators

- Site Evaluation
 - Supervising MD actively involved in practice
 - OB/GYN readily available for consultation
 - Protocols accessible to all CPSP staff
 - Curricula available for all group classes
 - Current handbooks
 - Provider Handbook, STT, Medi-Cal



Quality Assurance (QA) Indicators

- Site Evaluation (cont.)
 - CPHW demonstrate appropriate use of protocols & STT
 - Staff & forms approved
 - All staff have attended training
 - ICP developed with the patient
 - Entries signed & dated
 - Time documented in minutes



Quality Assurance (QA) Indicators

- Chart Review
 - Case Coordinator identified
 - Patient's strengths
 - Documentation of risks
 - Proposed interventions per protocol
 - Goal
 - Timeframe
 - Parties responsible
 - Used by all team members



Quality Assurance (QA) Indicators

- Chart Review (cont.)
 - Referrals & Outcome
 - Updated at least each trimester
 - Updated postpartum
 - Client orientation
 - Weights plotted on correct grid at each OB visit
 - Perinatal Food Frequency Questionnaires (PFFQ)



**CPSP – Corrective Action Plan (CAP)
Individualized Care Plan**

Provider: _____ Reviewer: _____

Date of review: _____

For all NON-SHADED indicators below, please write the Corrective Action you will take, Name(s) of Staff Responsible for ensuring the corrective action is completed, and the date the corrective action will be started (Effective Date)

Indicator/Compliance	Recommendations/Action Needed:	Corrective Action	Name(s) of Staff Responsible	Effective Date
1. Case Coordinator Identified % Compliance: 100 Threshold: 100%	Name of case coordinator should appear on ICP or show/hide on patient record. <i>Review Case File 20 417214</i>			
7. Patient's Strengths % Compliance: 90 Threshold: 90%	List strengths the client has to assess through the pregnancy. <i>Document Case File 2011</i>			
3. Risks Identified % Compliance: 50 Threshold: 90%	Develop ICP to include all priority problems identified in initial assessment. <i>Document Case File 2011</i>			
4. Interventions per Protocol % Compliance: 30 Threshold: 90%	Interventions should be consistent w/ site protocols and appropriate for client & problem being addressed. <i>Review Case File 2011</i>			

Page 1

BREAK




Pregnancy and Depression




Pregnancy and Depression

- Depression is one of most common complications during and after pregnancy making it the most under diagnosed obstetric complication in America
 - National Women's Health Information Center on Depression 2005
 - Pediatrics Clinical Report, Vol. 128 No 5, Nov., 2010
- Untreated perinatal depression leads to chronic depression in mother, lack of emotional availability for baby and detrimental outcomes in development of fetus, newborn and developing child
 - C. Post, Ph.D., LA County Perinatal Mental Health Task Force, 2011



Self-Reported Depression During Pregnancy

Not Depressed (66%)	Depressed (34%)
	38.2% African American
	21.0% Asian/Pacific Islander
	39.6% Hispanic
	34.6% Native American
	18.4% White

Source: Los Angeles Mommy and Baby Project, Los Angeles County Department of Public Health, 2005.



Self-Reported Depression After Pregnancy

Ethnicity	Prevalence
White	49%
African American	49%
Asian/Pacific Islander	52%
Hispanic	53%
Native American	59%
LAC	52%

Source: Los Angeles Mommy and Baby Project, Los Angeles County Department of Public Health, 2005.



CPSP and Perinatal Depression



- CPSP assessment not specific for depression
- Providers often not trained on perinatal depression
- Diagnosis and treatment resources needed for patients at risk



ACOG Guidelines

It is best to perform psychosocial screening at least once each trimester to increase the likelihood of identifying important issues and reducing poor birth outcomes

- ACOG Committee Opinion. Psychosocial risk factors: perinatal screening and intervention, 2006 Aug, No. 434

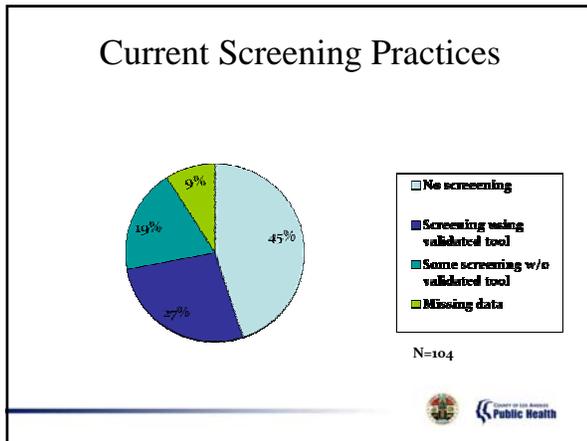


CPSP Perinatal Depression Survey

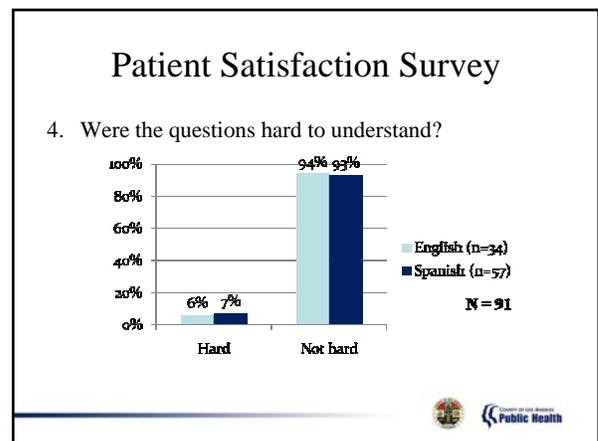
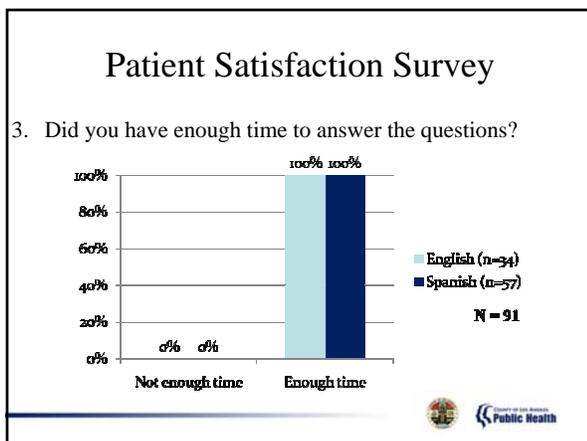
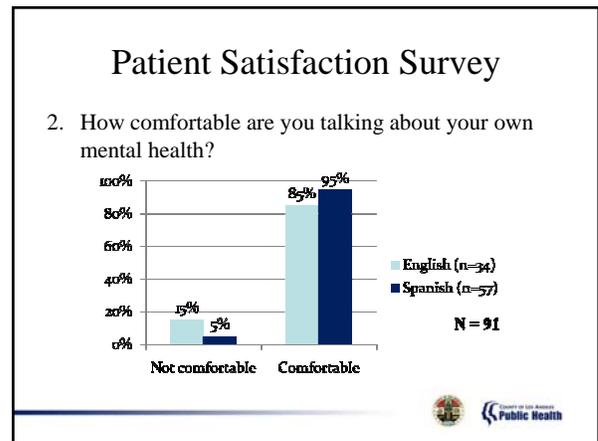
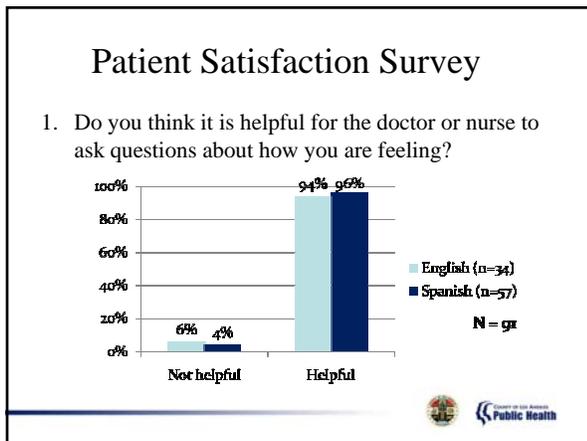
Sample survey questions:

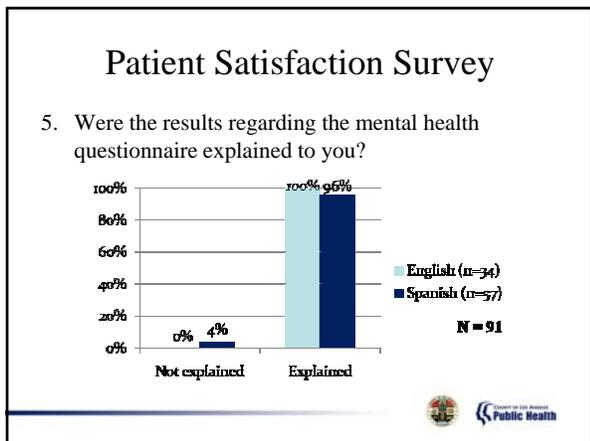
- Do you use a depression screening tool? If so, which one?
- How often do you administer the screening tool?
- If you do not screen for depression, why not?
- Where do you refer patients who need further diagnosis and treatment?
- What % of patients follow up with referral?





- ### Barriers to Screening
- Most common reasons for not screening:**
- 62% - No depression screening tool (64/104)
 - 31% - No resources to refer patients that are depressed (32/104)
 - 31% - Patients do not like us to ask personal questions (32/104)
 - 31% - We don't have patients that are depressed (32/104)





- ### Conclusions of Study
- Patients welcome and appreciate depression screening
 - Patients effectively screened for depression in busy prenatal clinics
 - Validated tools, provider training crucial to meet needs and of patients
 - Screening for depression each trimester and postpartum visit is the standard of care
- 

- ### Perinatal Case Study with PHQ-9
- Read case study of Martha
 - What are the red flags in her story ?
 - Do you think Martha may be experiencing mild, moderate or severe depression ?
 - Ask Martha the questions on PHQ-9 and determine her score
 - What interventions could assist her ?

The PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "0" to indicate your answer)

	Not at all	A few days	More than a few days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: _____ TOTAL: _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Perinatal Depression Case Study

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "0" to indicate your answer)

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Perinatal Depression Case Study

4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Perinatal Depression Case Study

add columns:

(Healthcare professional. For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	_____
Somewhat difficult	_____
Very difficult	_____
Extremely difficult	_____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rds@roch.yale.edu. Use of the PHQ-9 may only be made in accordance with the terms of use available at hsa.pfizer.com. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Perinatal Depression PHQ-9 Scoring

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION
for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Perinatal Case Study

- Is Martha representative of your patient population ?
- Martha may have had several depressive episodes already
- Martha has developed a relationship and bond with you

Perinatal Depression

- **Commit** to screening at your clinic
 - Initial, each trimester and postpartum visits
- **History** repeats itself so be on the lookout
- **Stigma** is alive and well, ask and educate

Intimate Partner Violence / Domestic Violence

INTIMATE PARTNER VIOLENCE

- **Relationship violence:** intentional violent or controlling behavior in an intimate partnership
- **Intimate Partner Violence (IPV):** not only physical injury but threats, sexual abuse, psychological torment and economic control leading to social isolation

Statistics

- 33 % murdered women, 4% murdered men die result of IPV
- 50% women visited hospital ER 1 year prior to death
- 4% were in shelter
 - Campbell et. al., 2007
- Women more likely injured if attacker current or former partner than attacked by strangers
 - 9 times more likely !**



Myths and Beliefs

- We live in a fair and predictable world
- I have control over my own safety
- Good things happen to good people and bad things happen to bad people
 - We blame the victim
 - The victim blames herself



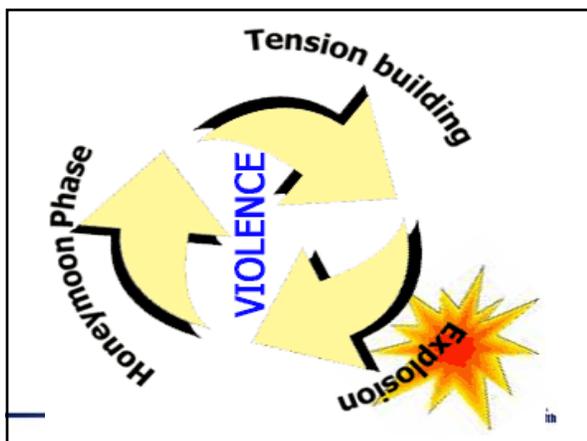
Myths and Beliefs

- Read through the “Draw Bridge”
 - Work in groups of 2 or 3 at table
- Discuss the story
- What is the correct answer ?
- Why ?



Myths and Beliefs

- BELIEF: “If someone did that to me they’d never see me again”
- REALITY:
 - Women don’t “let” partners batter them
 - Women want to end the violence, not the relationship

Power and Equality Wheels

<p>POWER WHEEL</p> <ul style="list-style-type: none"> • Violence and fear • Denying and blaming • Force and threats • Isolation • Control 	<p>EQUALITY WHEEL</p> <ul style="list-style-type: none"> • Non-Violence • Trust and Support • Respect • Honesty • Equality
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Reality About Abusers

- Abusers are controlling
- Abusers feel entitled
- Abusers are manipulative
- Abusers feel justified
- Abusers deny and minimize the abuse



TYPES OF ABUSE

Physical Abuse

- Choking, hitting, slapping, punching, grabbing, pushing, biting
- Injuries to areas of body not usually seen by others
- Abuse may increase during pregnancy and injuries may be around the area of fetus



Sexual Abuse

- Persistently pressuring for sex
- Physically forcing or harming the victim sexually
- Forcing sex in front of others
- Coercing sex through a variety of tactics
- Forcing sex with children or third parties



Emotional Abuse

- Belittling and insults
- Threats and intimidation
- Use of children to manipulate or instill guilt
- Withholding communication
- Social isolation
- Use of jealousy as an excuse
- Criticism, ridiculing, embarrassment
- Stalking



Economic Control

- Withholding funds
- Refusing money for necessities
- Not letting the partner work
- Interfering with the partner's job
- Not contributing financially to family



Current Abuse Symptoms

- Frequent bruises, sprains, cuts or broken bones
- Loss of appetite
- Nightmares
- Abdominal pain
- Diarrhea and constipation
- Alcohol, drug abuse
- Vaginal discharge/pelvic pain
- Breast pain/chest pain
- Difficulty urinating
- Shortness of breath
- Sleeping problems
- Fainting or passing out
- Binges, anorexia
- Suicide attempts



Clinical Indicators of Abuse

- Acute injuries from IPV often treated by Primary Care Physicians in an outpatient setting
- CPHWs and Providers can build long term relationships with patients to increase capacity that patients will feel safe to disclose IPV



SO WHY DOES SHE STAY ?



- The most romantic relationship I've ever experienced in my life !
 - The most charming man I've ever met
 - He swept me off my feet
 - 2 year study: USC and 1736 Family Crisis Center



SO WHY DOES SHE STAY ?

<p>Situational Factors</p> <ul style="list-style-type: none"> • Fear of retaliation • Economic dependence • Greater physical danger • Fear of losing children • Lack of housing/job skills • Cultural/religious reasons • Unresponsive support network: legal and community 	<p>Emotional Factors</p> <ul style="list-style-type: none"> • Partner will change • Fear partner won't survive alone • Lack of emotional support • Fear of emotional damage to children • Guilt over failure • Fear of change
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Battering During Pregnancy



- Begins or gets worse during pregnancy
- Primary risk of battering during pregnancy was prior abuse
 - 87.5 % in the study were physically abused before pregnancy
- **HOMICIDE** is leading cause of death for pregnant women
 - Cottrill MD; Justice MPH; Modesitt MD, 7/2008



Battering During Pregnancy

- Pregnancy vulnerable time for women
- Unintended pregnancy
- Late entry into prenatal care (third trimester)
- Maternal stress, smoking, alcohol, substance abuse
- Low weight gain
- Increased risk of infection through sexual abuse
- Exacerbations of other chronic health conditions like diabetes or hypertension
- Access to prenatal care blocked by batterer



IMMIGRANT STATUS



- Traumatic experiences in native country
- Language and cultural barriers
- Separation from family and fear of shame
- Woman's role to family, loyalty to husband
- Trapped by economics, fear of deportation



Barriers to Screening for IPV

- Denial that problem exists in your patient population
- Feeling uneasy about IPV, lack of control
- Lack of provider education
- Limited time
- Fear of offending the patient
- Patient seems unwilling to comply
- Patient bargaining

o Cottrill MD; Justice MPH; Modesitt MD, 7/2008



Assessing for IPV

- Screen patients at least once each trimester and postpartum
- “I’m going to ask you questions that I ask all women that come into the clinic”
 - o Protocol questions 100–107, STT pp.53-64
 - o Educate about the increase of violence during pregnancy
 - o Provide local resources



RISK ASSESSMENT

How safe is it for a woman to return home ?

- **Threats:**
 - o “If you leave I will find you and kill you”
 - o “If you leave I will take the children and you will never see them again”
 - o “If you leave I will kill myself”
- **Assess the patient’s own sense of danger**
 - o Afraid to go home?
 - o What is your sense of safety right now?



Legal Responsibilities

IPV Reporting

- Suspect physical injuries due to abuse – STOP, refer to licensed clinician, will assess and document
- Telephone law enforcement immediately
- Submit “Suspicious Injury Report” within 48 hours
- Clearly document patient’s statements and that report



SAFETY PLAN

The most dangerous time for a woman is when she decides to leave her abuser



SAFETY PLAN

- **EMERGENCY PROCEDURES**
 - o Avoid kitchen with knives, bedroom with guns
 - o Alert the neighbors to call the Police
- **HOME AND WORKPLACE SAFETY**
 - o Change the locks, unlisted phone numbers
 - o Documents, keys , money, clothing, medications
- **LOGISTICS / WHERE TO GO**
 - o Shelter, friends, relatives
- **LEGAL OPTIONS**
 - o Restraining orders, criminal/civil charges
 - o VAWA (Violence Against Women Act), U.Visas



Recognizing Danger

- Remind patient to call 911 in case of emergency
- Tell 911 dispatcher in danger: help immediately
- Batterer arrested, most likely be released
- Recognize there may be an increased danger
- Assist in making plans to protect patient



Referrals and Resources

Links to Community Resources

- 24 hour Hot Lines
- Counseling Centers
- Shelter Like Homes
- Medical Care
- Job Training
- Safety Plan
- Legal Assistance
- Restraining Orders
- Community Programs
- Donation Centers



Before You Go

- Questions?
- Please complete post tests & evaluations

