



AMERICAN ACADEMY OF FAMILY PHYSICIANS

F O U N D A T I O N

Abstract of Study Funded by the Joint Grant Awards Program in 2009

Translating Research into Practice for PPD in Uninsured People. TRIPPD-UP (G0902)

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Abstract

Postpartum depression (PPD) is common occurring in 13% of postpartum women.^{1,2} Untreated postpartum depression has serious adverse outcomes for women and their infants and families including delayed infant development, divorce, suicide and infanticide.³⁻⁷ Conversely, earlier recognition and treatment of PPD appears to shorten the course of the condition⁸ and decrease the risk of adverse outcomes.^{4,5} Almost all treatment for PPD is paid for by insurance. Yet, in our TRIPPD study many women report losing their insurance, especially Medicaid insurance, at 4 to 8 weeks postpartum making follow-up care and depression management difficult if not impossible for these women. This study (TRIPPD-UP) will assess how commonly women lose health insurance in the immediate postpartum period, what type of insurance they lose and the impact of that loss on continuation of depressive symptoms at 12 months postpartum. While loss of insurance is recognized as a problem for management of PPD, no data is available to quantify the impact of postpartum loss of insurance

From the TRIPPD study we have a large amount of data on postpartum women enrolled from 28 different practices in 20 states. However, we did not collect insurance data for the enrolled women making it impossible to assess the frequency or impact of insurance status and change of status on PPD outcomes. Obtaining a small amount of additional data in this sub-study will allow us to answer important questions about insurance and PPD.

Our aims are to quantify the loss of insurance and types of insurance lost in the immediate postpartum period, to compare the rates of loss of insurance in women who do and do not fail PPD screening, to understand the mental health care options available for uninsured women with PPD and to assess the possible association between poor PPD outcomes at 12 months postpartum and uninsured status. We will do this in two ways: first by collecting insurance data from the billing data kept by all of the clinics involved. Each clinic has agreed to work with us to collect this data for payment of prenatal care and at the postpartum visit (4 to 12 weeks postpartum). The clinics have also agreed to provide information on clinic administrative policies related to providing non-emergency care to uninsured patients and to provide the names and locations of other local sites which provide free or reduced cost PPD services and care. We will also survey women to ask about insurance status at 6 weeks, 3 months, 6 months and 12 months postpartum. This data will be linked to data from the TRIPPD study.

The results of this sub-study will provide quantitative data on what appears to be a major and solvable barrier to PPD care. We plan to present our results at appropriate national conferences and submit one or more publications. We have been requested to provide this data, when available, to the Institute of Medicine Committee on Maternal Depression committee and to policy staff at the AAFP to help initiate discussions of policy solutions.