



Prenatal Depression Screening and Follow-Up (PND-E)

PND-E Measure Description¹

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Why is PND-E Important?¹

Perinatal depression refers to minor and major depression episodes during pregnancy and/or the first 12 months after childbirth and is a common condition that affects functional outcomes both for affected women and for their families. Rates of depression for pregnant and/or postpartum women range from 12%-15%, with postpartum depression rates in some U.S. areas estimated to be as high as 20%. Women with untreated depression during pregnancy are at risk for developing severe postpartum depression and suicidality, and of delivering premature or low birth-weight infants. Postpartum depression hinders important caregiving activities and infant attachment and bonding, which can lead to developmental disorders that last into adolescence.

Best Practices

- ✓ Train providers and members of the care team to understand importance of depression screening and how to recognize the signs and risk factors for depression in pregnancy.
- ✓ Risk factors to consider: being a young mother (under the age of 20), having poor social support, living alone, experiencing marital conflict or being divorced or widowed, having experienced trauma in the past year.
- ✓ Coordinate with member's PCP, case manager, and mental health specialist to screen for depression, monitor symptoms, provide treatment, and refer to specialty care when needed.
- ✓ Have a list of counselors and psychiatrists available for members that have a positive screening.

Numerator Compliance²

Rate 1: Depression Screening - Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy.

Rate 2: Follow-Up on Positive Screen - Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Numerator Codes²

Refer to HEDIS Numerator Codes Dashboard on the Trillium HEDIS Resources website.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

PND-E	Calendar Year	Trillium	NCQA National Average
Rate 1: Depression Screening	2022	-	8.8
	2021	-	-
Rate 2: Follow-Up on Positive Screen	2022	-	53.0
	2021	-	-

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¹ Source: ncqa.org/hedis/measures

² Source: HEDIS MY 2024 Tech Specs Manual Vol. 2