Perinatal Mental Health Practice Workflow Worksheet

Workflow Development Overview

What follows are questions to consider as you determine how best to integrate perinatal mental health care into your practice and followed by some example workflows. Develop your practice-specific workflow by considering the questions posed and looking at the example provided, Workflow for Perinatal Mental Health Care. The example contains suggested verbiage to use when speaking with patients that you can customize for your practice.

In addition to a screening component, your workflow would also contain elements addressing the other parts of the mental health care pathway as shown below. It may also include verbiage for clinicians and staff to use during different parts of the task. You might customize the editable Figure 5 documents provided in the Implementation Materials Packet for use in describing to your workflow to your group.

Introduce screener

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Administer screener

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Score and review screening results

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Assess

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Discuss screener results and assessment with patient

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Develop treatment plan

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Implement treatment plan

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Monitor patient and adjust treatment as needed

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Continue or transfer care postpartum

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Considerations for Specific Parts of the Pathway

Screening

It is important to think through all aspects of the screening process:

How will the screening be completed – paper-based in person, available via email or portal, printed and returned completed by the patient, available via portal, completed electronically?

How will the screening be scored – manually, electronic/manual, fully electronic?

Who will review results and when –

- if paper process, will MA or RN review, what would they say to the patient, will they communicate results to obstetric care clinician?
- If electronic process, when will results be reviewed - (when completed? at time of visit? Will there be a gap in time between when patient completes it and when someone will routinely see the results? What systems or alerts are in place if someone's score is particularly high or if they answer positively to self-harm questions?

How will results be saved? - Total score only answers to individual questions? If paper, scanned into EMR or documented in progress notes?

Where are results available – scanned forms, progress notes, integrated electronic forms, flow sheet, problem list?

The following is some evidence-based guidance for implementing screening that you may find helpful.

1. Who should be screened for perinatal mental health conditions?

ALL perinatal individuals should be screened for mental health conditions. ACOG's Committee Opinions, #757, "*Screening for Perinatal Depression*[2]" recommends screening patients at least once during the perinatal period for depression and anxiety, and, if screening in pregnancy, it should be done again postpartum. Opinion #736, "*Optimizing Postpartum Care*,[3]" recommends a full assessment of physical, social, and psychological well-being within a comprehensive postpartum visit that occurs no later than 12 weeks after birth.

2. When should screening occur?

Wisner et al.[4] (2013) suggests that among perinatal individuals who screen positive for depression in the postpartum period, the onset of depression occurs before delivery for most perinatal individuals. Wisner et al. found that depression onset occurred prior to pregnancy among 27% of perinatal individuals, during pregnancy for 33%, and in the postpartum period for the remaining 40%. Screening at the following times may capture mental health conditions with onset at each time point:

- At the first obstetric visit to identify onset before pregnancy
- At 24-28 weeks gestation to identify onset during pregnancy
- At the comprehensive postpartum visit (4th trimester visit) to identify onset that occurs in late-pregnancy or early postpartum

[1]Kendig S, Keats JP, Hoffman MC, Kay LB, Miller ES, Moore Simas TA, Frieder A, Hackley B, Indman P, Raines C, Semenuk K, Wisner KL, Lemieux LA. Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety. *Obstet Gynecol.* 2017 Mar;129(3):422-430. doi: 10.1097/AOG.0000000000001902. PMID: 28178041. PMCID: PMC5957550.
[2]ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212.
[3]ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol.* 2018;131(5):e140-e150.
[4]Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry.* 2013;70(5):490-498.
[5]Earls MF, Yogman MW, Mattson G, Rafferty J, Committee On Psychosocial Aspects Of C, Family H. Incorporating Recognition and Management of PerinatalDepression Into Pediatric Practice. *Pediatrics.* 2019;143(1).

Perinatal individuals with a history of depression or other mental health conditions, perinatal individuals who have previously taken psychiatric medications, or perinatal individuals who have screened positive for mood or anxiety symptoms in a pregnancy/postpartum episode often need more frequent monitoring. Re-administering screening tools monthly and as needed can facilitate monitoring of symptoms, treatment effectiveness, and follow-up care with the goal of full symptom remission. In addition, the American Academy of Pediatrics[5] recommends screening for depression at well-child visits in the first postpartum year. Thus, additional screening should occur in the pediatric environment. Obstetric care clinicians should expect perinatal individuals to be referred to them for care if a positive screen is identified in the pediatric setting.

3. What screening tools should be used?

There are many validated tools available. ACOG does not endorse specific screening instruments. This suite includes screening instruments that are:

1. validated or accepted for use in pregnancy and the postpartum period,
2. routinely used,
3. free,
4. easy to administer and score; and,
5. available in numerous languages (a listing is included in the Implementation Materials Packet).

To screen for depression, the following validated instruments are each integrated into a version of the *Perinatal Mental Health Screening* and the *Follow-up Perinatal Mental Health Screening*:

- Edinburgh Postnatal Depression Screen (EPDS), 10 questions, **or**
- Patient Health Questionnaire-9 (PHQ-9), 9 questions

To screen for anxiety, the following validated instrument is integrated into the *Perinatal Mental Health Screening* and the *Follow-up Perinatal Mental Health Screening*:

General Anxiety Disorder-7 Screen (GAD-7), 7 questions

To screen for posttraumatic stress disorder (PTSD), the following validated instruments are available. The PC-PTSD-5 is integrated into the English version of the *Perinatal Mental Health Screening* and the *Follow-up Perinatal Mental Health Screening*. The PCL-C is integrated into the Spanish version of the *Perinatal Mental Health Screening* and the *Follow-up Perinatal Mental Health Screening*:

- PC-PTSD-5, 6 questions

To further screen for PTSD, the PCL-C, 17 questions

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[2]ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212.
[3]ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol.* 2018;131(5):e140-e150.
[4]Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry.* 2013;70(5):490-498.
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To screen for bipolar disorder, the following validated instrument is integrated into the Perinatal Mental Health Screener:

- Mood Disorder Questionnaire (MDQ), 14 questions
    - The MDQ needs to be done only once in the perinatal period as it queries lifetime experience as compared to the other screening tools which ask how a person has felt in the last 7 days to 1 month.
    - We recommend screening all perinatal individuals for bipolar disorder. Minimally it needs to be done prior to initiating an antidepressant[5] because 1 in 5 perinatal individuals who screen positive for depression may have bipolar disorder.[3]
    - Treatment of bipolar disorder with an antidepressant alone is contraindicated and is associated with worsening of mood symptoms which can increase risk of mania, psychosis, and suicide. If a patient has bipolar disorder, treatment with a mood stabilizer is generally indicated.
    - In general, if bipolar disorder is suspected, consultation with or referral to psychiatry for further assessment is indicated.

To screen for suicidal ideation, begin with the patient's response to question 10 on the EPDS or question 9 on the PHQ9. If the response is other than never, consider follow-up screening with the *Patient Safety Screener* to stratify the patient's level of risk. The *Patient Safety Screener* should be administered by the obstetric care clinician.

The Implementation Materials Packet includes a full composite screener, entitled *Perinatal Mental Health Screening,* for use at baseline that is comprised of several commonly used validated screening instruments for depression, bipolar depression, generalized anxiety disorder, and posttraumatic stress disorder to provide a comprehensive assessment of perinatal individual's mental health. Follow-up screening would not include bipolar screening. The *Follow-up Perinatal Mental Health Screening*, which does not include the MDQ, can be used for this. The packet also includes the *Posttraumatic Stress Disorder PCL-C Screening Tool* for PTSD and the *Patient Safety Screener*. Detail about screeners included in the Implementation Materials Packet is shown in the table on the next page.

4. Who hands out, scores, and responds to the screening tools?

Every office is different, and the workflow for addressing perinatal mood and anxiety conditions needs to be tailored to each practice environment. Clinical support staff can often provide the screening tools to perinatal individuals at the time of 'check-in' or appointment registration, or upon rooming. Perinatal individuals should be given time to complete it thoughtfully. Time in the waiting room or in the exam room while awaiting the obstetric care clinician can be used. Many electronic health records have or can be customized with templates for these screening tools.

After the perinatal individual completes the screening tools, they should be scored by clinical staff and entered into the chart if not already done and included in an electronic medical record. Scoring is straightforward and can be done by any level of caregiver. It is imperative that screening instruments are scored before a patient leaves their appointment, so that both positive screen and negative screening results are discussed and addressed as needed. The responsible obstetric care clinician should be made aware of positive screening score(s) if they themselves did not administer the screening tools or did not do the scoring.

[1]Kendig S, Keats JP, Hoffman MC, Kay LB, Miller ES, Moore Simas TA, Frieder A, Hackley B, Indman P, Raines C, Semenuk K, Wisner KL, Lemieux LA. Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety. *Obstet Gynecol.* 2017 Mar;129(3):422-430. doi: 10.1097/AOG.0000000000001902. PMID: 28178041. PMCID: PMC5957550.
[2]ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212.
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[4]Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry.* 2013;70(5):490-498.
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Screeners for Mood Changes Included in the Implementation Materials Packet		
Screener name	**Validated Screeners included**	**When to use**
Perinatal Mental Health Screening.EPDS.V2 *Perinatal Mental Health Screening.EPDS.Spanish.V2* And their companion scoring documents: *Perinatal Mental Health Screening.EPDS.Scoring.V2* *Perinatal Mental Health Screening.EPDS.Spanish.Scoring.V2*	EPDS (Depression) MDQ (Bipolar Disorder) GAD-7 (Anxiety) PC-PTSD-5 (PTSD) *English* or PCL-C6 (PTSD) *Spanish*	Use either this tool or the version with the PHQ-9 at the first obstetric visit
Perinatal Mental Health Screening.PHQ-9.V2 *Perinatal Mental Health Screening.PHQ-9.Spanish.V2* And their companion scoring documents: *Perinatal Mental Health Screening.PHQ-9.Scoring.V2* *Perinatal Mental Health Screening.PHQ-9.Spanish.Scoring.V2*	PHQ-9 (Depression) MDQ (Bipolar Disorder) GAD-7 (Anxiety) PC-PTSD-5 (PTSD) *English* or PCL-C6 (PTSD) *Spanish*	Use either this tool or the version with the EPDS at the first obstetric visit
Follow-up Perinatal Mental Health Screening.EPDS.V2 *Follow-up Perinatal Mental Health Screening.EPDS.Spanish.V2*	EPDS (Depression) GAD-7 (Anxiety) PC-PTSD-5 (PTSD) *English* or PCL-C6 (PTSD) *Spanish*	Use either this tool or the PHQ-9 version 1X at 24-28 weeks GA and 1X at the comprehensive postpartum visit
Follow-up Perinatal Mental Health Screening.PHQ-9.V2 *Follow-up Perinatal Mental Health Screening.PHQ-9.Spanish.V2*	PHQ-9 (Depression) GAD-7 (Anxiety) PC-PTSD-5 (PTSD) *English* or PCL-C6 (PTSD) *Spanish*	Use either this tool or the EPDS version 1X at 24-28 weeks GA and 1X at the comprehensive postpartum visit
Posttraumatic Stress Disorder PCL-C Screening Tool.V2 *Posttraumatic Stress Disorder PCL-C Screening Tool.V2.Spanish* And their companion scoring documents *Posttraumatic Stress Disorder PCL-C Screening Tool.Scoring.V2* *Posttraumatic Stress Disorder PCL-C Screening Tool.Scoring.V2.Spanish*	PCL-C (PTSD) PCL-C (PTSD) *Spanish*	Longer version to use as a follow-up screener when the PC-PTSD is positive
Patient Safety Screener	Patient Safety Screener (Self-harm assessment)	Can use if patient has a positive self-harm screen on EPDS question #10 or PHQ-9 question #9

In some practices, screening tools are sent to perinatal individuals electronically, in advance of appointments. It is important to think through what the gap in time may be between a person completing the screening tools and someone seeing the responses. Practices should establish processes by which a score cut-off or positive response to a self-harm question triggers an alert or notification so that it can be addressed in a timely manner.
As a consideration for implementing screening, depression screening is now reimbursable in some situations. Included in the Obstetric Care Clinician Materials Packet is a document entitled, *Postpartum Depression Screening: ACOG Payment Advocacy and Policy Portal*, provides guidance on coding for reimbursement.

Support Options

It is important to build a process for educating patients about mental health in general and about their screening results into your workflow:

Who will educate the patient about screening and mental health in general? When and how will this be done? (Refer to *How to Talk to Your Patient About their Mental Health* and *Summary of Perinatal Mental Health Conditions* in the Obstetric Care Clinician Materials Packet)

What materials will be given out? Who will give them out? When will they be given out? How will they be given out – paper, website, portal, email? (Refer to the *Customizable Practice Resource and Referral Directory* and *Resource and Referral PDF* when you consider this question)

Who will these materials be given to? (e.g., all patients or patients with a positive screen?) When will this be done (e.g., at first prenatal visit or after a positive screen?)

Consider the following guidance regarding patient support:

1. How do you talk about mental health conditions in a strength-based way?

   Perinatal individuals are often reluctant to discuss mental health conditions for many reasons including stigma. As clinical support office staff are often the first to interact with perinatal individuals regarding screening for mental health, it is important that it is done with an inclusive, strength-based approach that emphasizes:

   - They are common
   - They are medical conditions, like diabetes, that need to be treated
   - They are treatable
   - That the practice screens *every* individual in pregnancy and the postpartum period
   - The practice cares for the whole individual
   - For more information, see *How to Talk to your Patient About Their Mental Health*, in the Obstetric Care Clinician Materials Packet

   The first administration of perinatal mental health screening tools should be accompanied by the provision of educational materials for the patient and family that outline relevant symptoms and resources (see the *Action Plan for Mood Changes During Pregnancy and After Giving Birth and Self-Care Plan* in the Obstetric Care Clinician and Implementation Materials Packets). In addition, perinatal individuals, their families, and members of their support system should be encouraged to contact the practice if she or they are concerned about her mental health. Let everyone know that you are there to help and you want them to reach out to you or your colleagues at the practice.

2. Where can I find educational materials for patients and families?

Perinatal individuals and their families, or other members of her support system should be proactively provided with education so that they are aware of signs and symptoms of perinatal mood and anxiety conditions. Having these conversations early in the pregnancy and again in the early postpartum period, can decrease stigma, normalize screening and detection, and encourage perinatal individuals to discuss any mental health concerns. An environment with ample displays of, and access to, mental health-related information can help to reduce this stigma and empower perinatal individuals and their families to seek help, while letting perinatal individuals know that they are not alone.

Recommendations for education:

- Provide educational materials to all new prenatal patients and again to patients at their postpartum visit.
- Place posters, pamphlets, and other materials throughout your offices.

Educational resources for both patients and families can be found in the

- *Customizable Practice Resource and Referral Directory*
- Implementation Materials Packet, which contains the *Resource and Referral PDF* and other individual patient handouts.

Emergency Psychiatric Evaluation

It is important to think through how your practice will respond to an emergency mental health situation:

Is there a practice safety protocol? If yes, does it need to be revised?

What EPDS question 10 or PHQ-9 question 9 responses trigger further assessment?

Who does an assessment following these responses?

If an emergency psychiatric evaluation is needed, what is the procedure for getting one? Who does what, when, where, and how?

Emergency psychiatry case examples: What would you do?

- To EPDS Question 10, *the thought of harming myself has occurred to me*... a patient responded “yes, quite often” (3). The medical assistant noted the response when she scored the screener. What happens now?
- To PHQ-9 Question 9, *How often have you been bothered by thoughts that you would be better off dead, or of hurting yourself*, a patient responded, “several days” (1). What happens now?
- A 35-year-old female due for a 26-week in-person visit received an email from the portal on August 11th, two weeks before her visit date of August 25th, asking her to complete screeners. Because it is a second screening, she was asked to complete the EPDS, GAD-7, and PC-PTSD-5 screeners only. Her initial screening included the MDQ, which was negative. She completed the requested electronic screeners via the portal immediately and submitted them. The embedded screeners were scored automatically, and the system produced an alert that her response to EPDS question 10, *The thought of harming myself has occurred to me,* was *“quite often”.* What happens now?

Treatment

As you consider treatment options, it is important to have a system in place to support available treatment options:

Therapy

Who will discuss this with the patient? (e.g., RN, obstetric care clinician?)

Who will make the referral? Or provide resource to patient?

When will the referral be made?

Who will follow up with the patient to check in on the status of the referral?

What is the procedure (e.g., provide list or website or help make actual referral?)

What materials/info will be provided to patient?

Therapy case examples: What would you do?

- A 35-year-old female with PHQ-9 score of 14 at her 6-week postpartum visit. Her earlier EPDS and MDQ scores were negative. She has declined medication but agreed to start individual counseling with a mental health provider. How does the practice help her find a provider? What happens during her postpartum appointment? What happens after she leaves her postpartum appointment?
- A 17-year-old female with an EPDS score of 22 at her initial OB visit. Her MDQ score is negative. She has no history of mental health conditions. The baby's father broke up with her when he found out she was pregnant. She agreed to medication treatment and wants therapy. What happens during her initial ob appointment? What is the procedure for getting her into therapy? What happens after her first mental health appointment?

Medication Treatment

Who will prescribe medication?

When are obstetric care clinicians expected to prescribe (e.g., patient profile)?

What is the plan for medication if the obstetric care clinician will not prescribe? Referral to psychiatry? *Who* will do the referral? *What* is the plan for referral?

What resources will be given to the patient?

What is the plan if there is a long wait for an appointment with a psychiatric provider? Bridge treatment? Call consult line? Other?

Medication treatment case examples: What would you do?

- A 28-year-old female was seen today for her first OB visit at 28 weeks GA. Her EPDS was 18 and her answer to question 10 of the EPDS was "never". She had a positive MDQ. She reported that she is not currently in therapy or attending a support group. She is not taking any medications. The obstetric care clinician who assessed her determined that her positive EPDS and MDQ screenings is not sure the best approach. What is the procedure for getting her the care she needs?
- During her first OB visit at 8 weeks GA, a 32-year-old female scores a 26 on her EPDS. Her MDQ is negative. She has a complicated mental health history including four suicide attempts at the ages of 12, 15, 16, and 18 and currently takes three psychiatric medications prescribed by her primary care physician. She told the nurse that she has been taking all three medications, filled the monthly prescriptions two weeks ago, and does not have any refills left. The obstetric care clinician who assessed her determined that her current medication treatment is not working for her. The patient has declined therapy. What is the procedure for getting her the care she needs?
- A 21-year-old female scored 12 on the EPDS at her 26-week OB visit. Her response to question 10 was "never". She scored a 2 on the EPDS she completed during her OB intake visit and her MDQ was negative. The obstetric care clinician who assessed her determined that she may benefit from treatment with an SSRI. What happens now?

Consider the following guidance on discussing treatment options:

When discussing treatment options, provide a balanced perspective of treated versus untreated illness and associated risks and benefits. Untreated illness has significant risk. Let perinatal individuals know that a healthy mother is critical to the health of the baby, and it is important to prioritize a mother's health, including mental health. Because of this, you will be checking in with her and her mental health regularly throughout obstetric care.

Follow-Up

Follow up includes not only monitoring the effectiveness of a patient's treatment plan during perinatal care but for patients who continue to have mental health conditions when postpartum care is finished, also facilitating continuing mental health care for the patient:

How will you know if the patient is responding to mental health treatment? Do you have a process for repeat screening at time other than the standard time periods?

When will you re-screen? How often will you re-screen?

What screener(s) will be used?

Who will do the repeat screening?

What happens when a screen is positive for the first time at the postpartum visit? Is there a plan for someone to follow up? PCP? mental health provider? How would that happen? Patient takes care of it? Warm handoff? Referral?

What happens when a patient screener remains positive at the postpartum visit and the patient has not responded to the treatment plan? Is there a plan for someone to follow up? PCP? Mental health provider? How would that happen? Patient takes care of it? Warm handoff? Referral?