

Social Determinants of Health In Pregnancy Tool (SIPT) Actionable Map and Scoring Sheet

Screeener 1: STRESS

	Never	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
How often have you felt confident about your ability to handle your personal problems?	4	3	2	1	0
How often have you felt that things were going your way?	4	3	2	1	0
How often have you felt difficulties were piling up so high you could not overcome them?	0	1	2	3	4

SCORE: _____/16

Scoring Key:

SCORE	WHO IS RESPONSIBLE?	ACTION
0-4	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Handouts Section 1*
5-9	<ul style="list-style-type: none"> • Provider • BH warm handoff 	<ul style="list-style-type: none"> • Handouts Section 1*
10-16	<ul style="list-style-type: none"> • Provider • BH warm handoff 	<ul style="list-style-type: none"> • Handouts Section 1*

*Handouts Section 1 include: Mindfulness Meditation, Deep Breathing, Relaxation Techniques, Stress Management Tips, Self Help for Stress

Reference: Adapted from the Cohen Perceived Stress Scale-4. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. Journal of health and social behavior. 1983;385-396. Karam F, Bérard A, Sheehy O, et al. Reliability and validity of the 4-item Perceived Stress Scale among pregnant women: Results from the OTIS antidepressants study. Research in Nursing & Health. 2012;35(4):363-375.

Screeener 2: RELATIONSHIP AND FAMILY STRESS

	No Stress	Some Stress	Moderate Stress	Severe Stress
Problems related to family	0	1	2	3
Having to move, either recently or in the future	0	1	2	3
Recent loss of a loved one	0	1	2	3
Current pregnancy	0	1	2	3
Problems related to friends	0	1	2	3

SCORE: _____/15

Scoring Key:

SCORE	WHO IS RESPONSIBLE?	ACTION
1-4	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Handout Section 2: Grief
5-15	<ul style="list-style-type: none"> • Provider gives BH warm handoff 	<ul style="list-style-type: none"> • Handout Section 2: Grief

Reference: Relationship and Family Stress Screeener – Adapted from Curry’s Prenatal Psychosocial Profile. Curry MA, Burton D, Fields J. The prenatal psychosocial profile: A research and clinical tool. Research in nursing & health. 1998;21(3):211-219.

Screeener 3: DOMESTIC VIOLENCE SCREENER

SCORE: Positive/Negative

*Any “Yes” response is a POSITIVE screen

Scoring Key:

SCORE	WHO IS RESPONSIBLE?	ACTION
YES, UNSAFE	<ul style="list-style-type: none"> • Provider • BH warm handoff 	<ul style="list-style-type: none"> • Sarah’s Inn Crisis Hotline 708-386-4225 • <u>AND/OR</u> Call 311 • Handout Section 3*
YES, SAFE	<ul style="list-style-type: none"> • Provider • BH warm handoff 	<ul style="list-style-type: none"> • Create Safety Plan • Handout Section 3*

*Handouts Section 3 include: Domestic Violence Resources (in English and Spanish), Tips for Healthy Boundaries

Reference: Domestic Violence Screener – From MacFarlane questionnaire and previously used internal clinic system questions. McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy: severity and frequency of injuries and associated entry into prenatal care. Jama. 1992;267(23):3176-3178.

Screeener 4: SUBSTANCE USE

SCORE: Positive/Negative

*Any YES, is a POSITIVE screen and should be followed up with the following questions:

1. Have you used any opioids, narcotics or pain medications in the last year? Were they prescribed or unprescribed? Have you used any other drugs or unprescribed medications in the last year?
2. Patients with positive answers who have used unprescribed opioids in pregnancy or on prescribed opioids for longer than a month need the referral protocol to link them to services and MAT if indicated.

Scoring Key:

SCORE	WHO IS RESPONSIBLE?	ACTION
YES	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Ask questions 1 and 2. • Counseling on negative effects if continue during pregnancy • Handout Section 4* • CDC referral (chemical dependency clinic) • Handout Section 4*

*Handouts Section 4 include: Treatment Programs, Detox/Rehab Programs, Methadone Programs

Reference: <https://ilpqc.org/wp-content/docs/toolkits/MNO-OB/5Ps-Screening-Tool-and-Follow-Up-Questions.pdf>

Screener 5: FINANCIAL STRESS

	Never true	Sometimes true	Often true
Worry food would run out before you had money to buy more	0	1	2
Worry about not having a place to live	0	1	2
Worry about transportation to appointments	0	1	2
Worry about losing a job	0	1	2
Other money worries like bills	0	1	2

SCORE: _____/10

Scoring Key:

SCORE	WHO IS RESPONSIBLE?	ACTION
FOOD INSECURE	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Handout Section 5: Food Pantry by Zip Code, Illinois Link Card, WIC
HOUSING INSECURE	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Handout Section 5: Women’s Homeless Shelters
TRANSPORTATION	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Referral to Financial Counselor or Care Manager
LOSING A JOB	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Provider counseling
OTHER MONEY WORRIES	<ul style="list-style-type: none"> • Provider 	<ul style="list-style-type: none"> • Referral to Financial Counselor

Reference: Adapted from Curry’s Prenatal Psychological Profile and Hager Hunger Screener. Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. Pediatrics. 2010;126(1):e26-e32.