

## ILPQC Perinatal Mental Health (PMH) Individual Data Collection Form

Inclusion criteria: Patient-Level Data form is completed for 10 charts for:

Patients with a current PMH condition, as defined by:

- **Currently screened positive:** The patient screens positive for depression (EPDS or PHQ-9 with a score of  $\geq 10$  or any non-zero answer to the self-harm question) or for anxiety (GADS-7 or EPDS anxiety subscale with a score of  $\geq 5$ ) during their pregnancy or delivery admission.

If you have fewer than 10 patients who meet the criteria above, you can additionally include patients with the below criteria:

- **History of PMH diagnosis, currently reporting signs/symptoms:** The patient has a history of PMH condition (diagnosed before or during pregnancy) AND has experienced or reported active symptoms of anxiety or depression or other perinatal mental health condition during this pregnancy or the delivery admission.

If you still have fewer than 10 patients who meet the above criteria, you can additionally include patients with the below criteria:

- **History of PMH diagnosis, currently/recently on medication:** The patient is actively prescribed medication for anxiety, depression, or any related mental health condition at some point within three months before pregnancy, during pregnancy or delivery admission.

*To identify patients for post-delivery chart reviews to complete PMH patient-level data forms: develop a system to identify all positive prenatal and delivery admission PMH screens, will need to access prenatal PMH screening results from affiliated prenatal care locations, can also utilize log books on L&D and/or use ICD-10 or key word searches for PMH conditions listed below in medical chart. (max of 10 charts audited per month).*

*If you have 10 or fewer patients meeting the above criteria this month, please review ALL the charts. If you had more than 10 patients meeting the above criteria, please take a random sample of those patients using the instructions below:*

1. *Divide the total number of patients who meet the current PMH condition definition at your facility in a given month by 10.*
2. *Select every  $n$ th chart where  $n$  is the result of that division.*

*Example: If your hospital/practice has 28 patients with a current PMH condition in a month, divide 28 by 10 (= 2.8). You will select every 2nd chart for that month from your list of 28 patients who meet criteria.*

### REDCAP Study Identifiers

REDCap Record ID	REDCap Record ID: _____
Hospital ID Number	Hospital ID Number: _____
How many patient charts did you identify this month with active PMH conditions per the inclusion criteria above?	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10
Please select the criteria that was met for this patient per the inclusion criteria listed above:	<input type="checkbox"/> Patient screened positive during current pregnancy or delivery hospitalization <input type="checkbox"/> Patient has a history of PMH diagnosis and is currently reporting signs/symptoms <input type="checkbox"/> Patient has a history of PMH diagnosis and is currently/recently on medication

Demographic Information	
Age	Age: _____
Race/Ethnicity <i>Please select all that apply</i>	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other
Health Insurance Type (select one)	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Public Insurance (Medicaid) <input type="checkbox"/> Self-Pay <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown
Primary Language: Other than English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Delivery (MM/DD/YYYY)	Date of Delivery ____/____/____
Gestational age at delivery <i>(weeks (0-45) /days (0-6))</i>	Gestational age at delivery weeks: ____ days: ____
Was the baby admitted to a neonatal unit (e.g., NICU, Special Care Nursery, Infant Nursery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal loss this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal Mental Health Screening and History	
1. Did the patient attend any prenatal care outpatient visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If yes to question 1, was the patient screened <b>at least once</b> prenatally for depression using a validated tool (i.e. EPDS, PHQ-9)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prenatal records not available
1a <sup>1</sup> . If yes to question 1a, did the patient screen positive on EPDS or PHQ-9 depression screening prenatally, or with another screening tool?  <b><i>EPDS and PHQ-9: A score <math>\geq 10</math> and/or a non-zero response on the self-harm question (last question/question #10) is a positive screen for depression. (ACOG Clinical Practice Guideline #4)</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If yes to question 1, was the patient screened <b>at least once</b> prenatally for anxiety using a validated tool (i.e. GAD-7, EPDS anxiety subscale)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>1b<sup>1</sup>. If yes to question 1b, did the patient screen positive for anxiety on GAD-7 or EPDS anxiety subscale (<i>items 3,4,5</i>), screening prenatally, or with another screening tool?</p> <p><b>GAD-7 or EPDS anxiety subscale:</b> A score of <math>\geq 5</math> or higher is a positive screen for anxiety. (ACOG Clinical Practice Guideline #4)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Was the patient screened during delivery hospitalization for depression using a validated tool (i.e. EPDS, PHQ-9)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2a. If yes to question 2, did the patient screen positive on EPDS or PHQ-9 depression screening during delivery hospitalization, or with another screening tool?</p> <p><b>EPDS and PHQ-9:</b> A score <math>\geq 10</math> and/or a non-zero response on the self-harm question (last question/ question #10) is a positive screen for depression. (ACOG Clinical Practice Guideline #4)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Was the patient screened during delivery hospitalization for anxiety using a validated tool (i.e. GAD-7, EPDS anxiety subscale)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3a. If yes to question 3, did the patient screen positive on GAD-7 or EPDS anxiety subscale (<i>items 3,4,5</i>), screening during delivery hospitalization, or with another screening tool?</p> <p><b>GAD-7 or EPDS anxiety subscale (items 3, 4, 5):</b> A score of <math>\geq 5</math> is a positive screen for anxiety. (ACOG Clinical Practice Guideline #4)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PMH Conditions History / Diagnosis</b>	
<p>4. When was the current mental health condition identified? <i>Please select one</i></p>	<input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> During delivery hospital admission <input type="checkbox"/> Unknown
<p>5. What mental health condition has been identified during this current pregnancy? <i>Select all that apply</i></p>	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Obsessive compulsive disorder <input type="checkbox"/> Suicidality <input type="checkbox"/> PTSD

	<input type="checkbox"/> Psychosis <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> History of perinatal mental health conditions in past pregnancy or postpartum <input type="checkbox"/> Other
<b>PMH Treatment</b>	
6. Was the patient receiving behavioral health treatment (medication and/or therapy/counseling) prior to pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6a. If yes, was the behavioral health treatment (medication and/or therapy/counseling) continued during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7. Was the patient provided medication treatment for PMH condition prenatally or by delivery discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Counseling documented but declined
7a. If yes to question 7, when was medication started? ( <i>select all that apply</i> )	<input type="checkbox"/> Pre-pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> During delivery admission <input type="checkbox"/> Unknown
8. Was the patient provided behavioral health counseling/therapy/support options with follow up appointment scheduled prenatally or by delivery discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral made but not scheduled <input type="checkbox"/> Counseling documented but declined
8a. If yes to question 8, when was patient connected to services?	<input type="checkbox"/> Pre-pregnancy <input type="checkbox"/> Connected prenatally, before delivery hospitalization <input type="checkbox"/> Connected during delivery hospitalization <input type="checkbox"/> Unknown
9. Was the patient scheduled for an early postpartum follow-up visit with a clinical provider ( <i>by 2 weeks postpartum</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>	
10. Was the patient provided IL MOMS Line phone number and information and/or other perinatal mental health support lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was the patient (and the family/support persons if available) provided education on perinatal mental health conditions, warning signs, and follow up options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUD Screening and Discharge</b>	
12. Was the patient screened for SUD/ODD during pregnancy or delivery admission?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Did the patient screen positive or have a diagnosis of SUD/ODU?	<input type="checkbox"/> Yes – SUD <input type="checkbox"/> Yes – OUD <input type="checkbox"/> No
13a. If yes to question 13, did the patient receive follow up behavioral health referral scheduled during pregnancy or by delivery discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Offered but declined
13b. If yes, if OUD diagnosis did the patient receive MOUD during pregnancy or by delivery discharge?  <i>MOUD stands for medication for opioid use disorder. Patient on prescribed Methadone, Buprenorphine/Subutex/Suboxone, or Other (e.g. Vivatrol, Naltrexone)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient declined MOUD <input type="checkbox"/> MOUD not available <input type="checkbox"/> MOUD not indicated <input type="checkbox"/> MOUD counseling not provided <input type="checkbox"/> Unknown
13c. If OUD diagnosis, was the patient linked to MAR Now hotline for treatment and follow-up support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Offered but declined <input type="checkbox"/> Unknown
13d. If OUD diagnosis, was Narcan counseling documented during pregnancy or before delivery discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13e. If OUD diagnosis, was free Narcan kit provided through DOPP program? <i>(Check all that apply)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Offered but declined <input type="checkbox"/> No, DOPP free Narcan kits not yet available at our hospital <input type="checkbox"/> No, but Narcan prescription was provided <input type="checkbox"/> Unknown
<b>SDOH Screening and Linkage</b>	
14. Was this patient screened for social determinants of health?	<input type="checkbox"/> Yes, screened and SDOH needs identified <input type="checkbox"/> Yes, screened and No SDOH needs identified <input type="checkbox"/> No
14a. If SDOH needs identified, did patient have documentation of linkage to needed resources/services	<input type="checkbox"/> Yes <input type="checkbox"/> Patient offered resources but declined <input type="checkbox"/> No
14b. If SDOH needs identified, was patient linked to home visiting program, patient navigator, or other community follow up / support program?	<input type="checkbox"/> Yes <input type="checkbox"/> Patient offered resources but declined <input type="checkbox"/> No <input type="checkbox"/> Patient screened but not eligible for home visiting program <input type="checkbox"/> We do not yet have access to a home visiting program or other community follow up / support programs for our patients



## Data Dictionary

<b>Term</b>	<b>Abbreviation/Definition</b>
Perinatal Mental Health	PMH
Substance Use Disorder	SUD
Social Determinants of Health	SDOH
Medications for Opioid Use Disorder	MOUD
Delivery Admission	Any admission during which a delivery occurred

### AIM [PMHC ICD-10](#) Codes

Condition Group	Definition
Depression	F320, F321, F322, F323, F324, F325, F328, F3289, F329, F32A, F330, F331, F332, F333, F334 F3340, F3341, F3342, F338, F339, F341, F530, O906, O9934
Bipolar Disorder	F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309, F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F340, F3481, F3489, F39
Anxiety	F064, F409, F4000, F4001, F4002, F4010, F4011, F40218, F40240, F40241, F408, F410, F411, F413, F418, F419, F430, F458, F488, F489, F938, F99, R457
Posttraumatic stress disorder	F4310, F4311, F4312
Obsessive-compulsive disorder	F422, F423, F424, F428, F429, R4681
Psychosis	F060, F062, F200, F201, F202, F203, F205, F2081, F2089, F209, F21, F22, F23, F24, F250, F251, F258, F259, F28, F29, F531, F440, F441, F442, F4481, F4489, F449, F481, F482
Other	R45850, R45851, F061, F0630, F0631, F0632, F0633, F0634, F349, F4320, F4321, F4322, F4323, F4324, F4325, F4329, F4381, F4389, F439, F444, F445, F446, F447, F450, F451, F4520, F4521, F4522, F4529, F4541, F4542, F458, F459, F5101, F5102, F5103, F5104, F5105, F5109, F5111, F5112, F5113, F5119, F518, F519, F54, F59, O99340, O99341, O99342, O99343, O99344, O99345

### AIM [SUD ICD-10](#) Codes

Substance	Definition
Opioids	F1110, F1111, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F1121, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199

Sedatives	F1310, F1311, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F1321, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399
Cocaine	F1410, F1411, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F1421, F14220, F14221, F14222, F14229, F1423, F1424, F14250, F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499
Amphetamines / Stimulants	F1510, F1511, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F1521, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599

### **Scoring and Screening Resources**

EPDS Scoring: Sum the columns and then sum the column totals. A score  $\geq 10$  and/or a non-zero response on the last question (self-harm question in red) is a positive screen. Use page 18, "Depression" section for treatment options.

Bipolar Disorder (MDQ) Scoring: Total the number of Y responses above the grey bar containing the text beginning with "Please place a ...". A score  $\geq 7$  is a positive screen.

Anxiety (GAD-7): Scoring: Sum the ratings for the 7 items. A score  $\geq 5$  is a positive screen.

Posttraumatic Stress Disorder (PC-PTSD-5) If the first item response is NO, the score is 0. If the first item response is YES, sum the number of YES for the last five questions. A score  $\geq 3$  indicates a positive screen for PTSD.