

# OB Breakout Session:

*Advancing Perinatal Excellence:  
Breakouts for Action in 2026*



# Advancing Perinatal Excellence: Breakouts for Action in 2026



Optimizing PMH Care in 2026: From Aims to Action (15 min)



PMH Table Breakouts Activity (30 min)



Setting the agenda for 2026 and Panel Discussion (40 min)



Wrap up (5 min)

**Please speak up with questions, comments  
and your perspective!  
Raise your hand for a microphone.**



# Optimizing PMH Care: Aims to Action in 2026

Goal of this breakout is to help your QI team get started improving PMH care:

**1. What is the current workflow and what is not working well?**

- Engage patient/community partners to identify challenges to current screening, treatment and linkage to PMH care and follow up

**2. What can we improve?**

- Identify change ideas / system changes, review ILPQC resources to help

**3. How do we improve?**

- Set SMARTIE Aim and use small tests of change (PDSAs) to test change ideas and develop new workflows, engage clinical staff & track data for feedback



# PMH Key Strategies

PMH Launch: May 2025  
79 hospital teams



Educate OB and ER providers on PMH screening, treatment & use of resources.



Ensure every patient knows PMH signs and where to get help.



Elevate PMH screening for delivery admission, ER and outpatient sites



Establish PMH assess-treat-link workflows across OB, ER and other sites.



Identify barriers to access and innovative strategies to link patients to PMH care



Integrate state resources (DOPP/MAR NOW, IL Doc Assist) to provide optimal OUD care

# PMH Key Drivers

## Diagram

### Aims

1.  $\geq 70\%$  of pregnant persons with PMH conditions receive treatment (pharmacotherapy and/or behavioral health therapy) and are connected to resources/services prenatally or by delivery discharge
2.  $\geq 70\%$  of teams achieving key strategies
3.  $\geq 70\%$  of IL birthing hospitals actively participating in initiative

### Drivers

#### Provider Education & Engagement

#### Patient & Community Education and Engagement

#### Screening and Assessment

#### Optimizing Treatment

#### Linkage to Resources & Treatment

#### Optimize SUD Care

### Change Ideas / Structure Measures

1. Educate all OB/ER clinical staff caring for pregnant/postpartum patients on PMH conditions, screening, treatment, referrals, hotline resources, and trauma informed care.
2. Create PMH Access Workgroup with inpatient and outpatient care team representatives and community stakeholders to identify barriers, opportunities to enhance care coordination, and innovative strategies to improve access to behavioral health care.
3. Have a process to provide postpartum patients education on PMH during delivery hospitalization.
4. Have a process to share PMH patient education resources with outpatient clinical settings.
5. Identify a patient partner for hospital PMH quality improvement team and / or other opportunities to engage patients and community members with lived experiences and prioritize their recommendations.
6. Establish protocol and workflow to screen all OB patients for PMH conditions with validated screening tools during delivery hospitalization.
7. Share validated PMH screening tools and screening/treatment algorithms and process flow for linkage to PMH follow up with outpatient settings (i.e. prenatal clinics, ERs, pediatric sites)
8. Establish process flow for treating positive PMH screens during delivery hospitalization, including use of IL DocAssist for PMH clinical consultation.
9. Establish process flow for referral to link patients who screen positive for PMH conditions, during delivery hospitalization, to follow up behavioral health care and support, including use of IL MOMS Line to support patient linkage to follow up.
10. Identify and implement innovative strategies to address barriers to follow up behavioral health care for pregnant and postpartum patients.
11. Establish a process flow for treatment/linkage to recovery treatment services for positive perinatal SUD screens in OB/ER settings, including utilization of IL DocAssist and MAR Now.
12. Improve risk reduction for SUD through participation in DOPP to access and distribute free naloxone/Narcan kits for pregnant/postpartum patients at risk of overdose.



# Key Steps to Improving Perinatal Mental Health Outcomes

*Establish Workflows for Delivery Admission, expand to ER Settings,  
and Share Resources with Outpatient Settings*

**1. Educate  
Clinical  
Staff and  
Patients**

**2. Screen  
and Assess  
for PMH  
Conditions**

**3. Establish  
Treatment**

**4. Provide  
Behavioral  
Health  
Follow-up**

# 1. Educate Clinical Staff

## Key steps for QI team:

- Identify key resources in ILPQC toolkit for training clinical staff at your hospital
- Decide how and when you will train OB staff and ER staff
- Develop a process to track staff training



### OB Providers

- ACOG Addressing Perinatal Mental Health Conditions in Obstetric Settings Course
- Policy Center Free Perinatal Mental Health 101 Quarterly Webinar

### OB Nurses

- AIM Patient Safety Bundle: Perinatal Mental Health Conditions E-Module

### ER Clinical Staff

- Maternal Health Emergency Department Toolkit (Module C covers PMH for ER)

### Pediatric Providers

- AAP Maternal Depression Interactive Role-Play Simulation



## 2a. Screen for PMH Conditions



### Key steps for QI team:

- Identify if/what PMH screening is being done already
- Develop a workflow to integrate depression and anxiety screening
  - Develop a SMARTIE Aim for PMH screening
  - Identify challenges in current workflow and change ideas
  - Use small test of change (PDSAs) to test change ideas
- Establish screening process flow in OB unit and ER and share resources with outpatient settings

# Screening for Perinatal Mental Health Conditions: Depression

## EPDS

## PHQ-9

- 10 questions
- Score all 10 questions
- Positive score:  $\geq 10$
- Severity
  - Mild: 10-14
  - Moderate: 15-19
  - Severe  $\geq 19$
- **If + score on question 10, assess for safety**

- 9 Questions
- Score all 10 questions
- Positive score:  $\geq 10$
- Severity
  - Mild: 10-14
  - Moderate: 15-19
  - Severe  $\geq 19$
- **If + score on question 9, assess for safety**

**Edinburgh Postnatal Depression Scale (EPDS)**

Patient Label: \_\_\_\_\_ Mother's OB or Doctor's Name: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** () on the blank for the answer that seems closest to how you feel. **IN THE PAST 7 DAYS**, and just how you feel today. Check all 10 items and find your score by adding each number that appears in parentheses (P) by your checked answer. This is a screening test for a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

Order from example already completed.

1. I have felt happy: Yes, all of the time (10) No, most of the time (5) No, not very often (1) No, not at all (0)

2. I have looked forward with enjoyment to things: At least as I used to (10) Rather less than I used to (5) Definitely less than I used to (1) Hardly at all (0)

3. I have blamed myself or worried for no good reason: Yes, most of the time (10) Yes, some of the time (5) Not very often (1) No, never (0)

4. I have been unable to get on with the things I used to do: No, not at all (0) Hardly ever (1) Yes, sometimes (5) Yes, very often (10)

5. I have felt tired or possibly for no good reason: Yes, quite a lot (10) Yes, sometimes (5) No, not much (1) No, not at all (0)

6. Things have been getting on me: Yes, most of the time I haven't been able to cope at all (10) Yes, sometimes I haven't been coping as well as usual (5) No, most of the time I have coped quite well (1) No, I have been coping as well as ever (0)

7. I have been so unhappy that I have lost my ability to sleep: Yes, most of the time (10) Yes, sometimes (5) No, not very often (1) No, not at all (0)

8. I have felt sad or miserable: Yes, most of the time (10) Yes, quite often (5) Not very often (1) No, not at all (0)

9. I have been so unhappy that I have been crying: Yes, most of the time (10) Yes, quite often (5) Only occasionally (1) No, never (0)

10. The thought of harming myself has occurred to me: Yes, quite often (10) No, never (0)

© Edinburgh Postnatal Depression Scale (EPDS), adapted from the British Journal of Psychiatry.

**Healthify**  
My Patient Website

### Patient Health Questionnaire 9 (PHQ-9)

**Questionnaire**

Note: Your responses to this questionnaire are anonymous. Your answers are not recorded by Healthify. My Patient Website and we do not require your name for this questionnaire.

**Patient Health Questionnaire 9 (PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Sometimes	Often	Very often
Little interest or pleasure in doing things				
Feeling tired, exhausted, or hopeless				
Trouble falling or staying asleep, waking up too early				
Feeling down, sad, or empty				
Feeling nervous, anxious, or on edge				
Problems with concentrating				
Moving or speaking so slowly that other people could notice or feeling so restless that you can't sit still				
Thoughts that you would harm yourself or others				

Have all 9 items these problems made it for you to do your work, take care of things at home, or get along with others?

The copyright for the PHQ-9 was formerly held with Pfizer, who provided the occasional consent for Dr. Spitzer, Williams and Gendreau, who originally developed it. There is no longer the case and no permission is required to reproduce or translate, display or distribute the PHQ-9.

# Screening for Perinatal Mental Health Conditions: Anxiety

## GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit	0	1	2	3
6. Becoming easily annoyed				
7. Feeling afraid, as if some might happen				

## Edinburgh Postnatal Depression Scale (EPDS)

Patient label: \_\_\_\_\_  
 Mother's OB or Doctor's Name: \_\_\_\_\_  
 Doctor's Phone #: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank to the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (N) by your checked answer. This is a screening test, not a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

Below is an example already completed.

I have felt happy: Yes, all of the time (4)  (1)  
 Yes, most of the time (3)   
 No, not very often (2)   
 No, not at all (0)

This week/week: I have felt happy most of the time\* in the last week. Please complete the other questions in the same way.

- I have been able to laugh and see the funny side of things: As much as I always could (4)   
 Not quite so much now (3)   
 Definitely not so much now (2)   
 Not at all (1)
- I have looked forward with enjoyment to things: As much as I ever did (4)   
 Rather less than I used to (3)   
 Definitely less than I used to (2)   
 Hardly at all (1)
- I have blamed myself unnecessarily when things went wrong: Yes, most of the time (4)   
 Yes, some of the time (3)   
 Not very often (2)   
 No, never (1)
- I have been anxious or worried for no good reason: No, not at all (4)   
 Hardly ever (3)   
 Yes, sometimes (2)   
 Yes, very often (1)
- I have felt scared or panicky for no good reason: Yes, quite a lot (4)   
 Yes, sometimes (3)   
 No, not much (2)   
 No, not at all (1)
- Things have been getting to me: Yes, most of the time I haven't been able to cope at all (4)   
 Yes, sometimes I haven't been coping so well as usual (3)   
 No, most of the time I have coped quite well (2)   
 No, I have been coping as well as ever (1)
- I have been so unhappy that I have had difficulty sleeping: Yes, most of the time (4)   
 Yes, sometimes (3)   
 No, not very often (2)   
 No, not at all (1)
- I have felt sad or miserable: Yes, most of the time (4)   
 Yes, quite often (3)   
 Not very often (2)   
 No, not at all (1)
- I have been so unhappy that I have been crying: Yes, most of the time (4)   
 Yes, quite often (3)   
 Only occasionally (2)   
 No, never (1)
- The thought of harming myself has occurred to me: Yes, quite often (4)   
 Sometimes (3)   
 Hardly ever (2)   
 Never (1)

**TOTAL YOUR SCORE HERE** \_\_\_\_\_

Thank you for completing this survey. Your doctor will score this survey and discuss the results with you.

Verbal consent to contact above mentioned MD witnessed by: \_\_\_\_\_

If you checked any problems, how things at home, or get along with:

Not difficult at all Somewhat

Source: Primary Care Evaluation of Menstrual Disturbance developed by Drs. Robert L. Spitzer, Jane Spitzer at [pub3.ncbi.nlm.nih.gov/pubmed/11111111](http://pub3.ncbi.nlm.nih.gov/pubmed/11111111).  
 Reproduced with permission.

## Scoring

This is calculated by assigning scores of "not at all," "several days," "more than half the days," and "nearly every day" to the seven items.

- 0-4: minimal anxiety
- 5-9: mild anxiety
- 10-14: moderate anxiety
- 15-21: severe anxiety

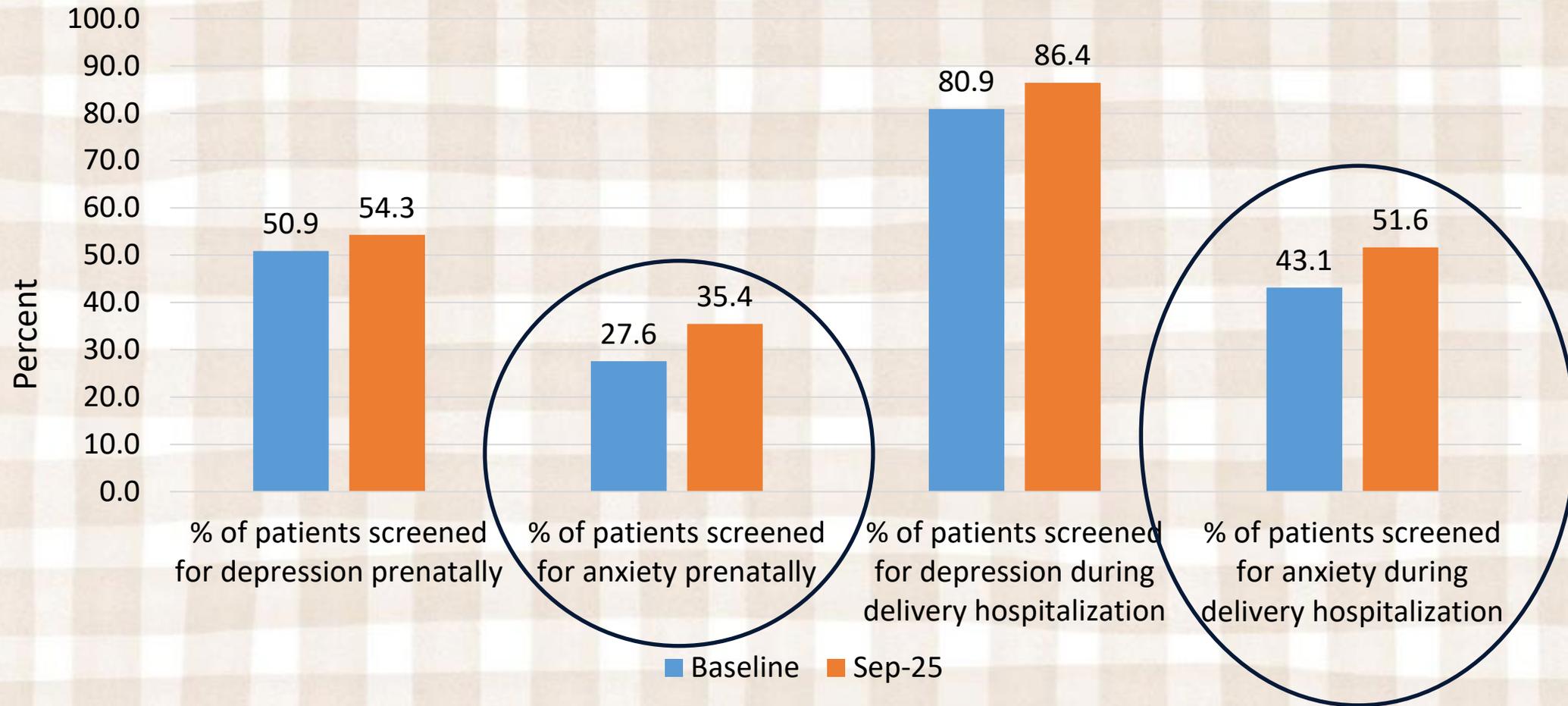
## GAD-7

- 7 questions
- Positive score:  $\geq 5$
- Severity
  - Mild: 5-9
  - Moderate: 10-14
  - Severe  $\geq 15$

## EPDS 3-A

- Score questions 3,4,5
- Positive score:  $\geq 4$
- Pts who score + on anxiety subscale, might not score + on EPDS
- Further assessment for anxiety is needed if + anxiety score

# How Can we Improve Anxiety Screening Prenatally and During Delivery Hospitalization?



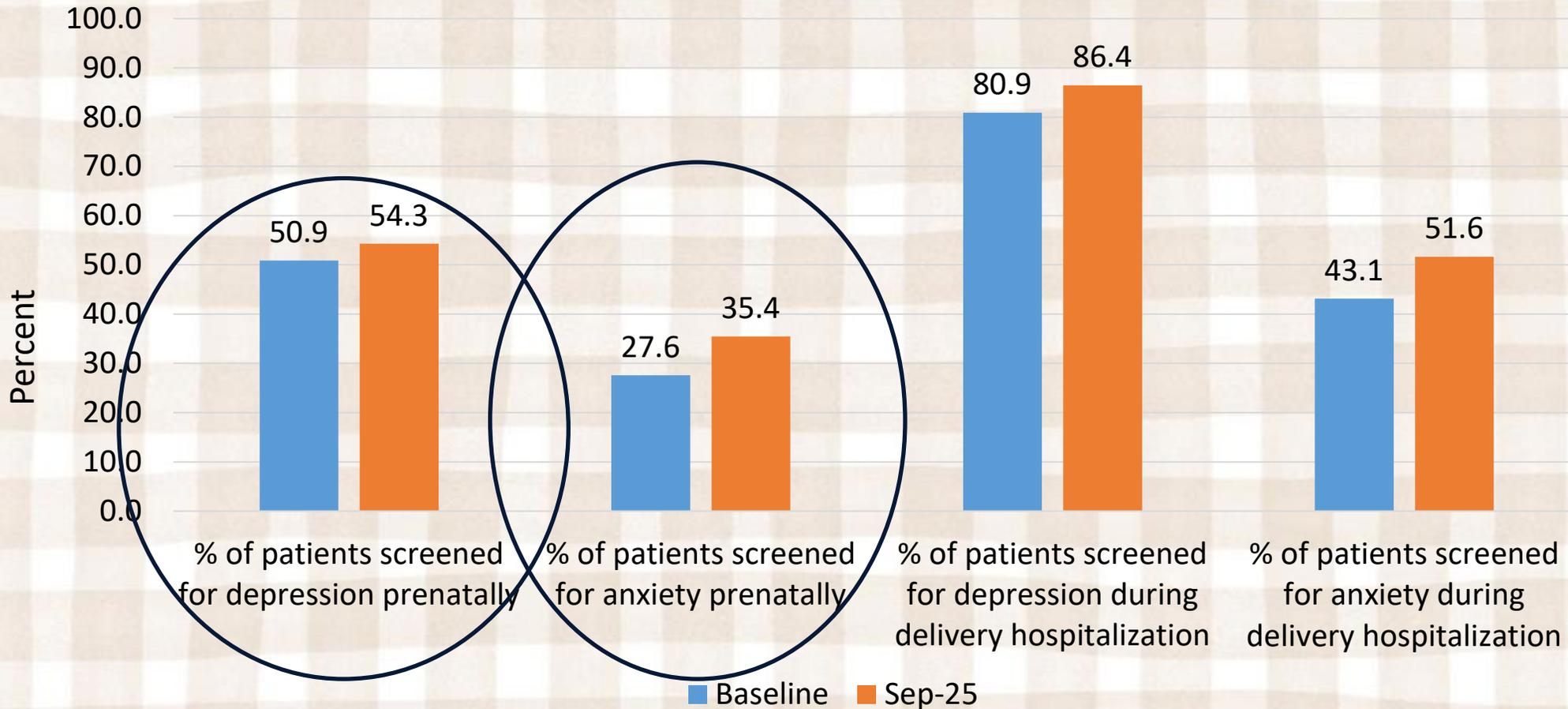
Data from the hospital data form – random sample of all delivered patients  
October – December 2024 (n = 1820 patients), September 2025 (n = 457)

# How Can we Improve Anxiety Screening Prenatally and During Delivery Hospitalization?

- Identify if/what screenings are being used for identifying PMH conditions prenatally and on L&D
- If using EPDS:
  - Create a process to train providers on using the EPDS anxiety subscale to identify anxiety along with depression
- If using PHQ-9:
  - Create a process to integrate the GAD-7 into the screening workflow



# How Can we Improve Depression and Anxiety Screening Prenatally?



Data from the hospital data form – random sample of all delivered patients  
October – December 2024 (n = 1820 patients), September 2025 (n= 457)

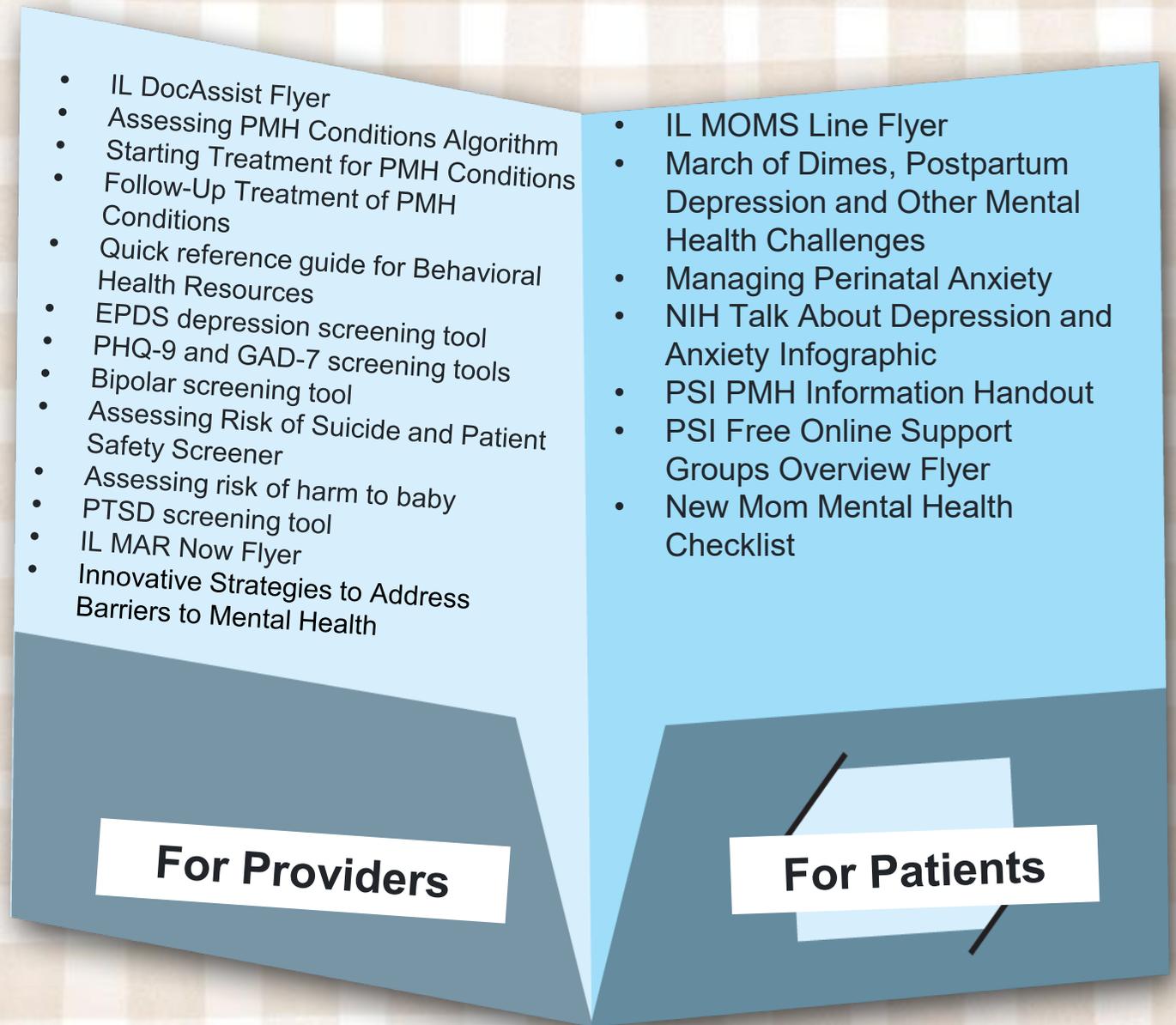
# How Can we Improve Depression and Anxiety Screening Prenatally?

- Share a packet of resources (PMH Purple Folder) on screening and workflows with outpatient sites
- Share feedback on screening data with outpatient sites
- Engage outpatient champions on QI team and PMH Access Workgroup



# PMH Purple Folder

- Resources to share with L&D, postpartum units, ER, pediatric and outpatient settings
- Clinical staff can use these resources when patients screen positive for PMH

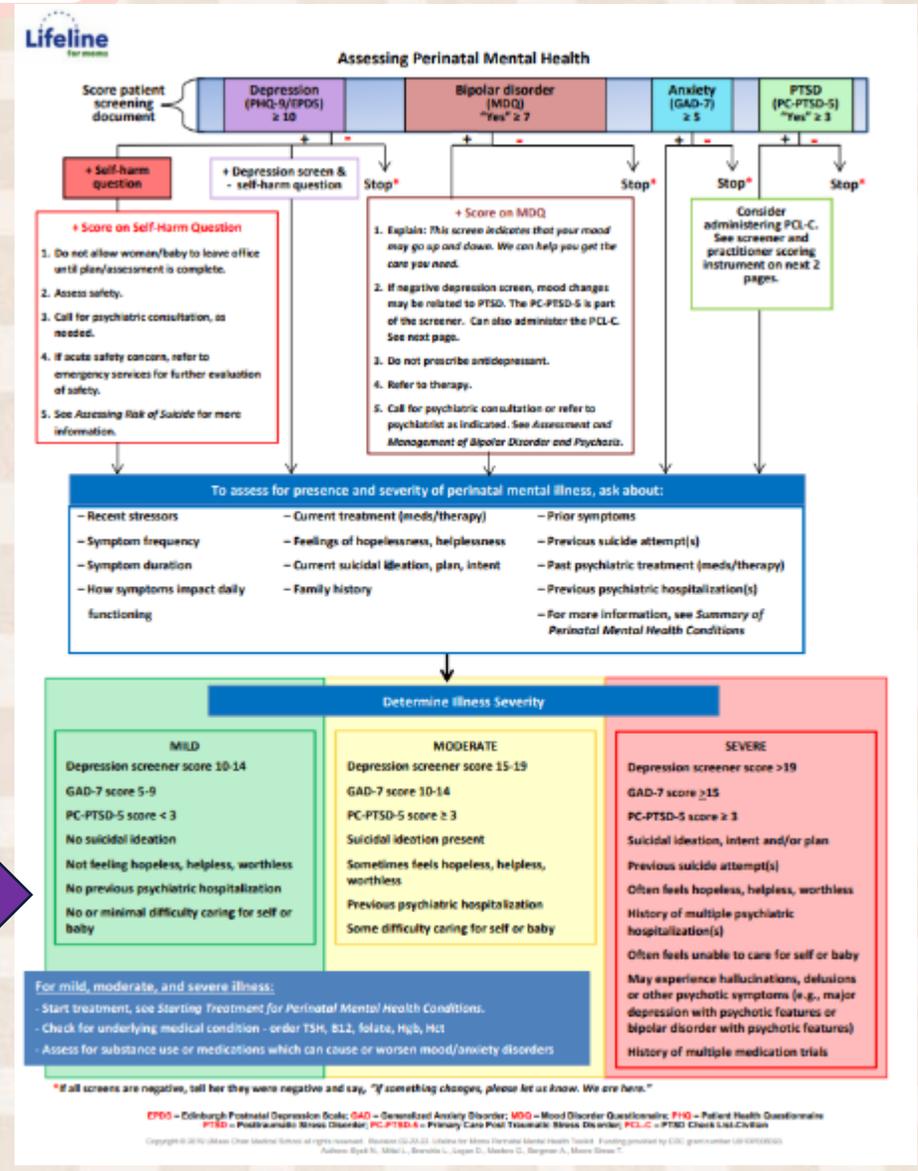


# 2b. Assess for PMH Conditions

- Key steps for QI team:**
- Develop the workflow that includes:
    - Documenting + result
    - Informing OB team
    - OB team evaluating the patient and assessing options for treatment and follow-up



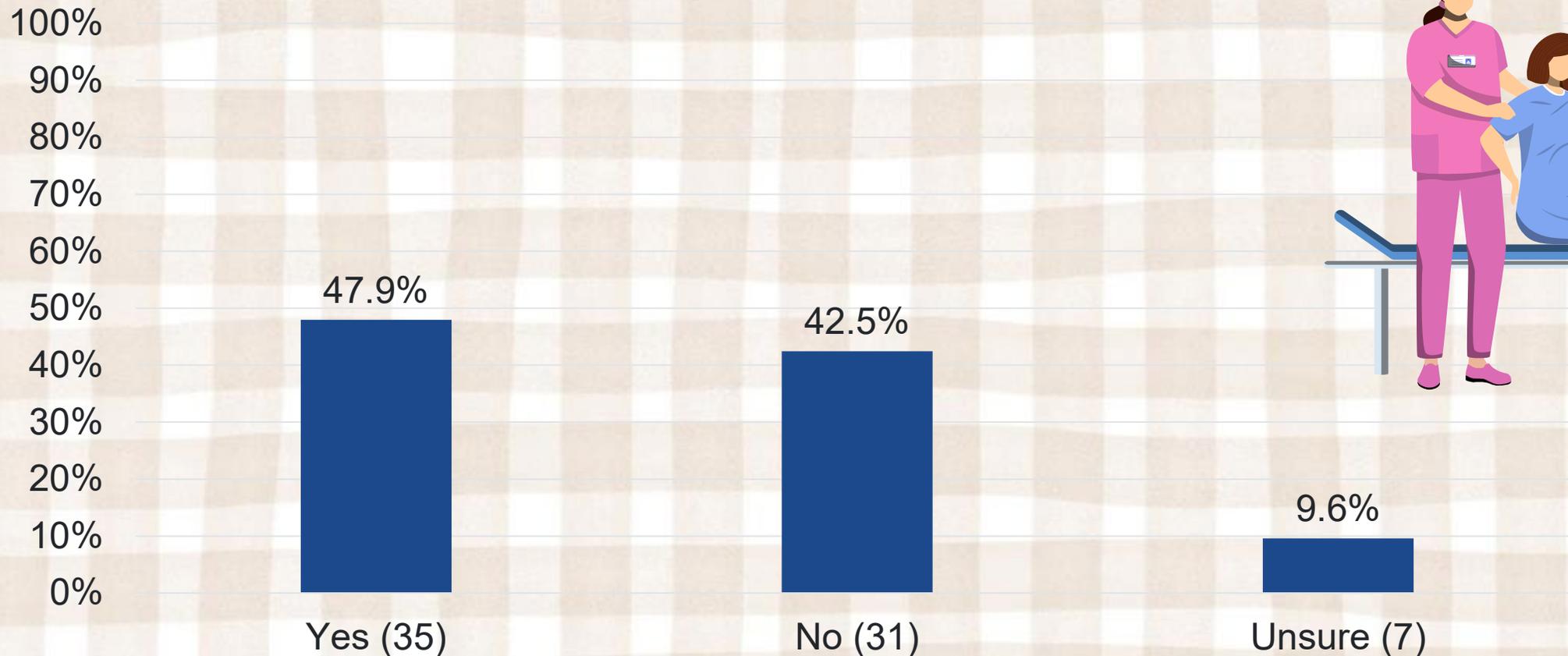
Found in your PMH Purple Folder!



# How Do We Move From Screening to Treatment and Linkage to Resources?

2025  
Readiness Survey

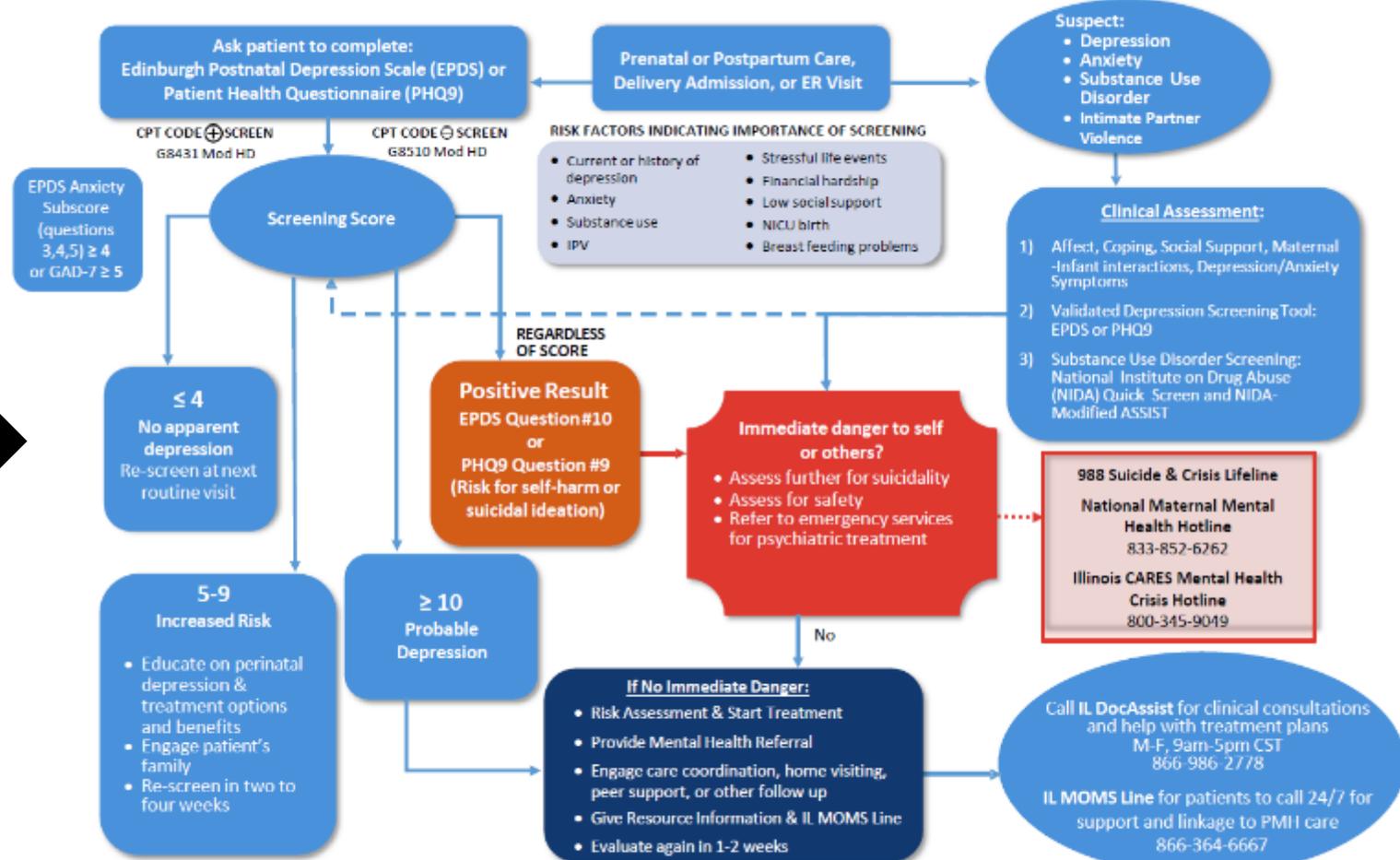
Does your hospital have algorithms / process flows for treating positive PMH screens during delivery hospitalization?



# How Do We Move From Screening to Treatment and Linkage to Resources?



## Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway



Example of a process flow for responding to positive PMH screens

The [American College of Obstetricians and Gynecologists](#) recommends that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. This care pathway was designed to assist the clinician and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health provider.

Resource adapted from OC Health Care Agency, Orange County, CA

# 3. Establish Treatment

## Key steps for QI team:

- Establish workflows for treating positive PMH screens in OB units, ER and outpatient settings
  - Develop a SMARTIE Aim
  - Identify challenges in current workflow
  - Use PDSAs to try small tests of change
  - Use feedback to update workflows & incorporate resources
- Integrate IL DocAssist into treatment workflow for clinical consultations

**Starting Treatment for Perinatal Mental Health Conditions**

Consider treatment options based on highest level of illness severity. If severity of symptoms overlap, clinical decisions should be based on the assessment, with strong consideration of higher level treatment options.

MILD	MODERATE	SEVERE
<b>Therapy referral</b> Consider medication treatment	<b>Therapy referral</b> Strongly consider medication treatment If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is <6 months postpartum at screening, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See next page.	<b>Therapy referral</b> Medication treatment If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is <6 months postpartum at screening, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See next page.

**ILLINOIS DocAssist**

CONSULTATION AND RESOURCES FOR PEDIATRIC AND PERINATAL MENTAL HEALTH. Our psychiatric consultants can quickly assist you with concerns of the parent and the newborn and address the needs of your patients.

ILLINOIS DocAssist is a FREE statewide service.

SERVICES INCLUDE:

- Same day appointments via phone
- Text-based referrals and resources
- Provide resources
- Coordinate referrals

ILLINOIS DocAssist  
800-896-ASSIST (2777)

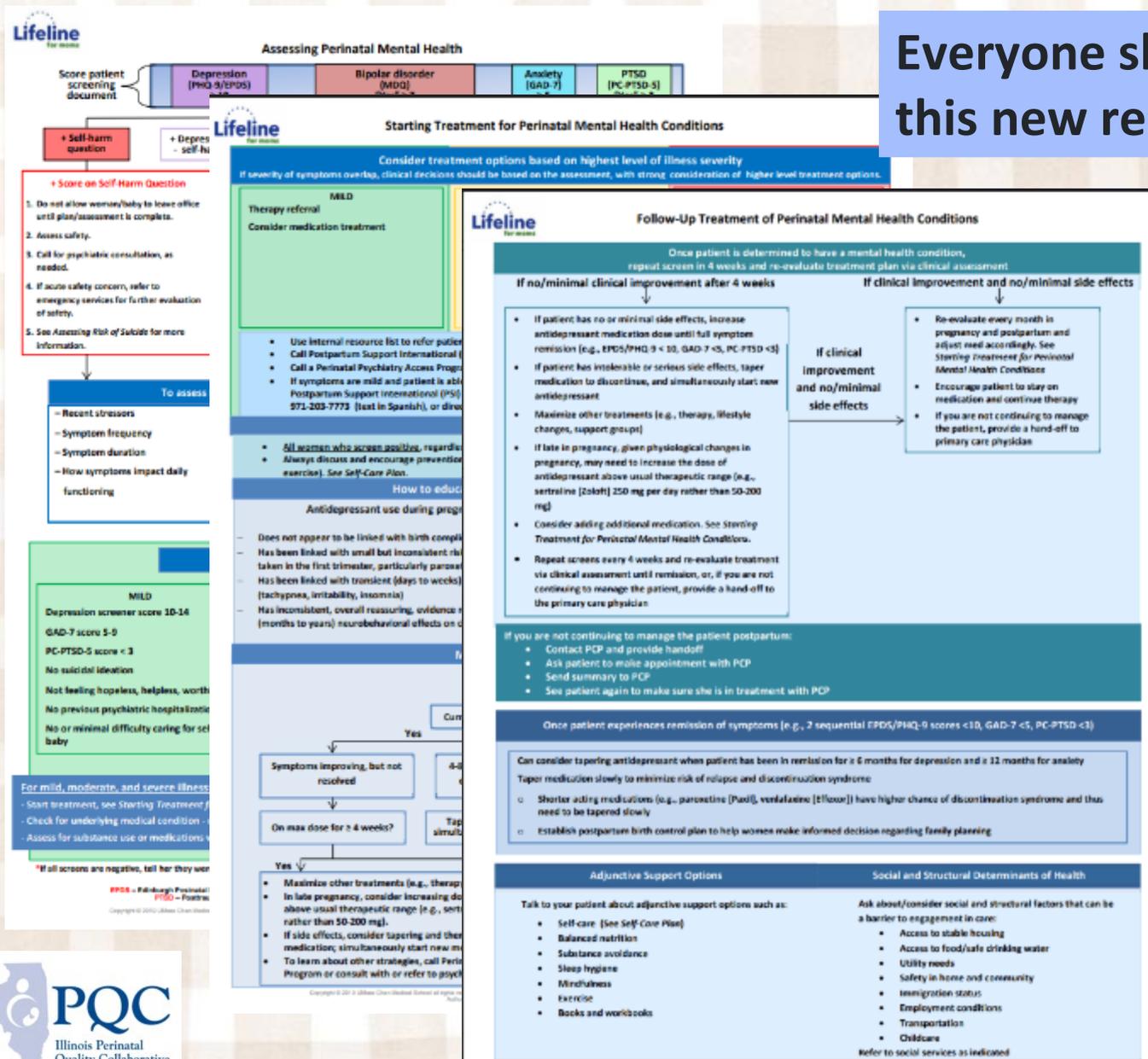
**Medication treatment (when indicated)**

```

    graph TD
        A[Antidepressant indicated?] -- No --> B[Refer for therapy see above]
        A -- Yes --> C[Currently on antidepressant?]
        C -- No --> B
        C -- Yes --> D[4-8 weeks of therapeutic dose has not helped]
        D --> E[Taper and discontinue current med and simultaneously start new one. See next page.]
        E --> F[Other treatments e.g., therapy]
        F --> G[Increase dose]
        G --> H[Prescribe med that helped before]
        H --> I[Start new med. See next page.]
    
```

Found in your PMH Purple Folder!

# PMH Algorithms Laminated Packet



Everyone should have picked up this new resource at registration!



• A handy laminated resource based on ACOG guidelines to have on your unit for screening and treating patients with PMH conditions

• Make copies for easy access on your unit and outpatient sites

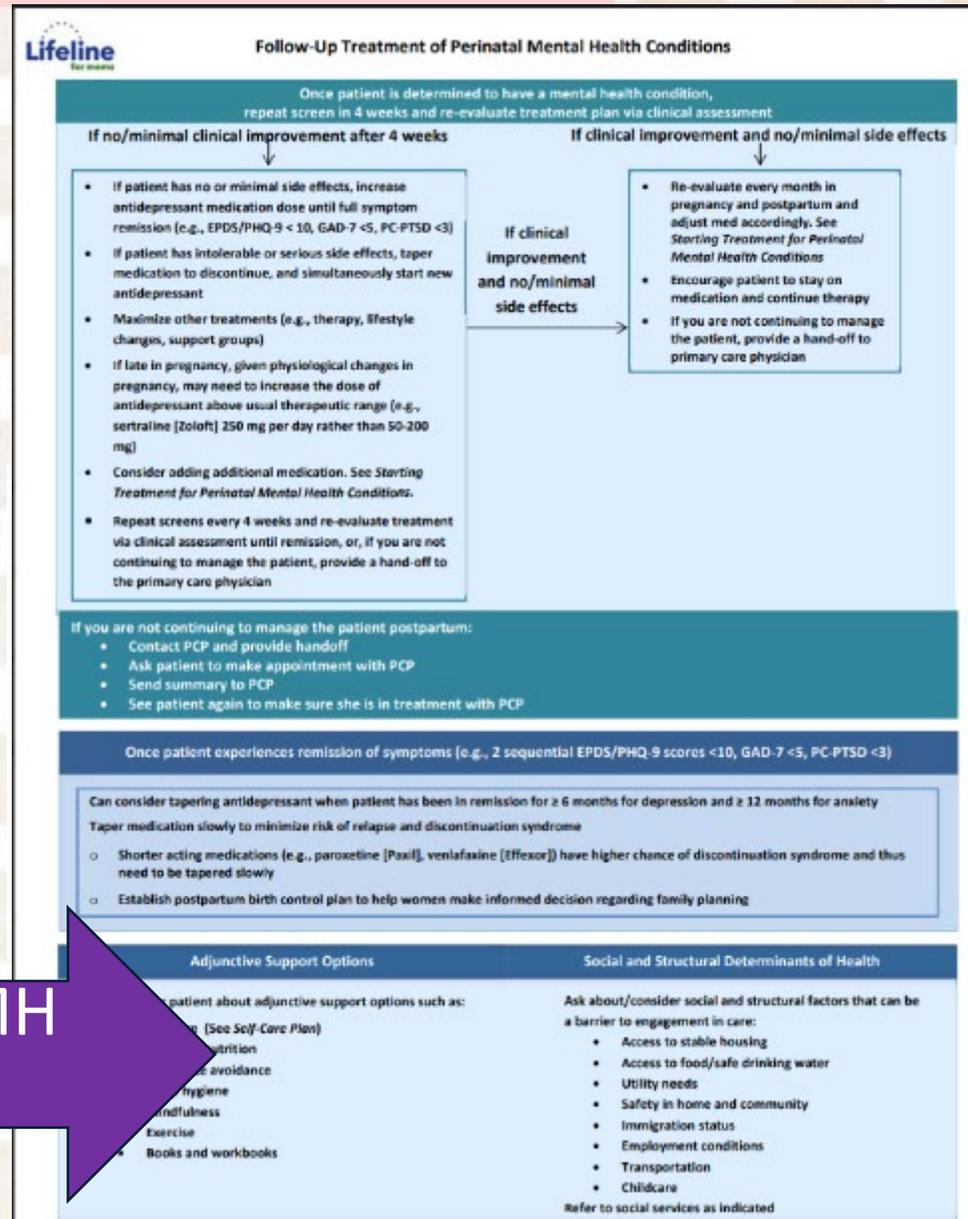
# 4. Refer to Behavioral Healthcare Follow-up

Key steps for QI team:

- **Map available PMH care and resources**
- Create a process to facilitate warm handoffs
- Create **PMH Access Workgroup** to identify barriers to access and implement innovative strategies
- Include behavioral health care resources in referral workflow including:
  - IL MOMs Line
  - PSI Peer Support Groups
  - Home visiting



Found in your PMH Purple Folder!



# Create a PMH Access Workgroup

**Goal:** To identify barriers to perinatal mental health care and opportunities to enhance care coordination and innovative strategies to improve linkage to mental health resources for pregnant and postpartum patients.



✓ Designate workgroup lead

✓ Recruit inpatient/outpatient multidisciplinary team members

✓ Recruit patient and community partners

✓ Identify barriers to perinatal mental health care

✓ Develop innovative strategies to improve linkage to PMH care

✓ Share workgroup updates with PMH QI team

# Engaging Patient Partners in PMH

- Improving faster with patient partners:
- **Co-identify barriers in PMH workflows** (*Screen → Assess → Link and Refer to Treatment*) and include in test small changes (PDSA)
  - **Co-create scripts & review education materials** to obtain the patient perspective
  - Engage with **Mapping Community PMH Resources** and referral processes
  - Include Patient Partners in the **PMH Access Workgroup** to bring perspective and lived experience to identify barriers & innovative strategies for PMH care.



**5 Steps to Engaging a Patient or Parent Partner**

ILPQC Illinois Perinatal Quality Collaborative

**1. Finding a patient or parent partner to join your QI Team**

- Hold a Resp...
- Ask clinical t...
- Consider opi...

**2. The next step is to**

- Ask clinical team members wh...
- Ask if they want to work with...
- Share their perspective to...

**3. Welcome p**

- Identify a m...
- Go over sta...
- Link patient Partner tra...

**4. QI opportunities to**

- Help develop or give fee...
- Assist in planning Resp...
- Input on steps for activ...
- Input to improve PREM...
- Feedback on process fo...
- Input on doula-friendly...
- Participate with Perinat...

**5. Make sure p**

**Tell us About Your Birthing Experience!**

**The purpose of this PREM survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.**

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

- Your survey responses will remain anonymous. Your name will not be linked to your answers. The survey should only take a few minutes to complete.
- Choose your preferred language and scan the QR code below to access the PREM Survey.
- Please complete the survey before discharge and let your nurse know once it's done or if you experience any issues. If you don't have a phone or other device to complete the survey, please inform your nurse so they can assist you.

We are committed to providing you safe and respectful care. Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all mothers are valued and met.

**English**

**Español (Spanish)**

**عربية (Arabic)**

**Italiano (Italian)**

**Français (French)**

**中文 (Chinese - Simplified)**

Found in your AC Folder!

# How can teams improve workflows for moving from screening to action?

## 1. Identify barriers and challenges in current workflows

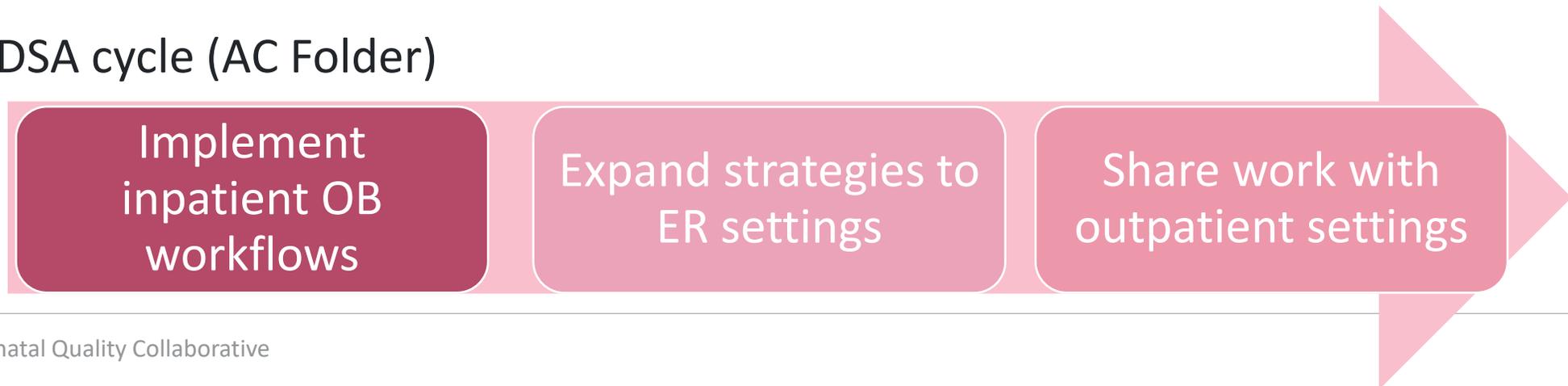
- Example QI tools: Pareto Chart and Fishbone Diagram

## 2. Focus on where to start

- Example QI tool: Prioritization Matrix

## 3. Small tests of change— test with one patient, one provider, one shift or one week and get feedback to inform system changes, updated workflows

- PDSA cycle (AC Folder)



# Table Discussion Breakout Activity

## *Moving from aims to action*



# Goals for Table Breakout Discussions

*Let's get talking!*

- Opportunity to share & learn with everyone at your table
- Discuss key strategies all PMH teams will work on in 2026
- Practice using QI methods in a small group
- Take home actionable ideas to get started



# Table Discussion Breakouts Topics



## 1. Screening implementation during delivery admission

- How is your team currently implementing **depression and anxiety screening**?
- What tools or workflows are used for response to positive PMH screens?

## 2. Engaging State PMH Resources (Utilizing IL DocAssist and IL MOMs Line)

- What strategies can you use to increase providers use of these resources in PMH workflows for OB unit or for ER unit?

## 3. Identifying barriers to access and developing innovative strategies for PMH care

- How will you implement a PMH Access Workgroup and identify innovative strategies to address barriers to access PMH care?

# Key Resources for Breakout Session

Resource	Location	Who Needs This
IHI Aim Statement Worksheet & IHI PDSA Worksheet	AC 2025 Folder	All tables
PMH Key Drivers Diagram	Print out on table	All tables
Quick Reference Guide for Perinatal Behavioral Health Resources	PMH Purple Folder	Topic 1
Laminated PMH Algorithms Document	PMH Purple Folder	Topic 1
IL DocAssist Flyer	PMH Purple Folder	Topic 2
IL MOMS Line Flyer	PMH Purple Folder	Topic 2
Innovative Strategies to Addressing Barriers to Mental Health Care	PMH Purple Folder	Topic 3
Creating a PMH Access Workgroup	Print out on table	Topic 3

Take out the key resources your table will be using for this activity!



# Table Breakout Discussion:

## *Instructions for your table*

- As a table, decide which of options assigned to your table to discuss and have your key resources ready to review.
- Identify a **timekeeper** and a **notetaker** for your table.
- Share a **challenge** in your current workflow.
- Discuss **change ideas** to address this challenge.
- Identify one **small test of change** (PDSA) you could implement within 30 days.

10 min

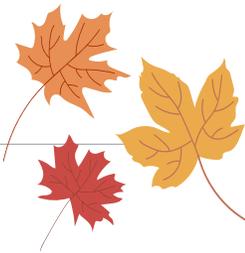
10 min



# TOPIC 1: Screening implementation during delivery admission



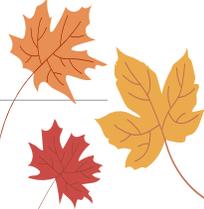
- **Decide as a table which to discuss:**
  1. Implementing depression and anxiety screening
  2. Developing a workflow response to positive screens
- **Key change ideas**
  - Establish **protocol and workflow to screen all OB patients for PMH** conditions with validated screening tools during delivery hospitalization
  - Establish **process flow for responding to positive PMH screens** during delivery hospitalization, including use of IL DocAssist for PMH clinical consultation and IL MOMS line to support linking patients to care.
- **Sample test of change (PDSA)**
  - Test the new/updated protocol to screen all OB patients for PMH conditions with validated screening during delivery admission with one nurse or provider on one shift, or one day



# TOPIC 2: Engaging State PMH Resources (Utilizing IL DocAssist and IL MOMs Line)



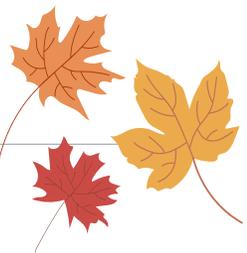
- **Decide as a table which to discuss:**
  1. Increase use of state **PMH resources in delivery admission workflow** response to PMH positive screen with OB clinical teams
  2. Increase use of state **PMH resources in ER workflow** response to PMH positive screens with ER clinical staff
- **Key change idea**
  - Establish process flow for treating positive PMH screens during delivery hospitalization, **including use of IL DocAssist** for PMH clinical consultation **and IL MOMS Line** to support patient linkage to follow up
- **Sample test of change (PDSA)**
  - **Test a strategy to provide easy to access to IL DocAssist /IL MOMS line** information for providers who have a patient with positive PMH screens for one week or test with one provider group for 3 positive screen patients. **Get feedback on ease of use.**



# TOPIC 3: Identifying barriers to access and developing innovative strategies for PMH care



- **Decide as a table which to discuss:**
  1. Implementing a PMH Access Workgroup
  2. Identifying innovative strategies to address barriers to access PMH care
- **Key change ideas**
  - Create multidisciplinary PMH Access Workgroup with inpatient and outpatient care team representatives and community stakeholders to identify barriers, opportunities to enhance care coordination, and innovative strategies to improve access to behavioral health care
  - Identify and implement innovative strategies to address barriers to follow up behavioral health care for pregnant and postpartum patients.
- **Sample tests of change (PDSA)**
  - Test the use of a Pareto chart in one PMH Access Workgroup meeting to determine the barriers most impacting PMH access or test an innovative strategy to improve PMH access with one patient



# OB Breakout: From Aim to Action



- Goal of Activity:

Over the next 20 minutes, identify PMH challenges and change ideas, draft one PDSA test you can start within 30 days on your units.

- Outcome of Activity:

One PDSA cycle ready to test in  $\leq 30$  days



# Table Breakout Discussion:

## OK let's get started! All share all learn!

- As a table, decide which of the options assigned to your table to discuss and everyone pull out the key resources.
- Identify a **timekeeper** and a **notetaker** for your table.
- Share a **challenge** in your current workflow.
- Discuss **change ideas** to address this challenge.
- Identify one **small test of change** (PDSA) you could implement within 30 days.

10 min

10 min

Table Discussions – 20 minutes

Share Out – 10 minutes



# Sharing Across Hospitals

We will ask a table from each key topic to share change idea or a key takeaway for improving PMH workflows



## Takeaways and Next Steps

- Develop a SMARTIE Aim with your QI team at least quarterly and review monthly to share progress at QI Office Hours
- Start small — focus on one patient, one provider, one shift, one day, one week to test and get feedback on your change idea
- Use your PDSA to test system changes to implement improved PMH workflows

*Teams will be invited to share one SMARTIE aim and initial PDSA results during PMH webinars and QI Support Office Hours*



# Setting the Agenda for 2026

## *How can ILPQC best support teams success:*



### 1. Patient and Community Partners

- Together we will expand, elevate and sustain engaging patient and community partners so that all QI efforts reflect what is needed most by our patients and communities

### 2. QI Support

- ILPQC will provide QI support, resources and stratified actionable data to help drive change

### 3. Birth Quality Designation

- ILPQC will support and recognize your efforts to sustain excellence in equitable maternity care

### 4. Perinatal Mental Health Initiative

- Together we will move to action and improve PMH care for all patients



# Teams share influence of patient/parent and community partners on improving OB care

“It has helped our team better understand the needs and priorities of the community we serve. Their feedback gives us **insight into real challenges** patients face... This perspective has allowed us to shape our QI work in ways that are **more effective** for the families in our care.”

“Involving patient partners and community doulas has expanded resources, built trust and made our initiatives **more equitable and sustainable.**”

“Inviting community partners has **expanded our resources** in the community that we can use to help our families.”

“It personalizes the work by adding **faces** to the data.”

# 1) How can we best elevate, expand and sustain patient/family and community partners in 2026?



- **ILPQC new Community Engagement Coordinator** will help teams elevate, expand and sustain engagement with their patient/family/community partners
- **Quarterly Patient/Family Partner Community Network meetings** for ILPQC hospital patient partners to support and learn from each other
- **QI Topic Call** with patient partners and QI team key contact sharing together
- **Webinars for Patient/Family/Community partners** and QI team key contacts to support inclusion in QI team and relationship building
- **Other ideas?**

## 2) Prioritize QI support, resources and stratified actionable data to help drive change

ILPQC AC Survey 2025

- 64% of hospitals reported the **1:1 support calls as *useful* or very *useful*** in making progress on QI work
- The **most helpful QI supports** were: individualized support with quick responses, office hours for clarifications, and the QI Summer Series
- **Hospital team suggestions:** regularly scheduled coaching calls, short QI training modules to help on-board QI team members, and recognition/motivation tools to reward QI team members / clinical staff contributions



**ILPQC QI Support: helping all teams succeed**

“Having the chance to ***speak one-on-one*** has ***helped immensely.***”

“***Office hours were helpful*** to get questions answered.”

“***Summer series*** does a really good job of talking about specific QI tools and expanding on our work we are doing.”

## Most helpful ILPQC QI supports for teams!

“I've only attended 1 office hour but it was a really great way to get questions answered. ***I wish I would have attended more along the way.***”

“The ***team is knowledgeable,*** and I enjoyed the ***personalized coaching***”

“I liked ***learning from other hospitals.*** They give good ideas on how different workflows were implemented. I also like to hear about their challenges and how they were able to overcome them.”

# ILPQC collaborating across initiatives to facilitate your success: working on QI training and resources for 2026!



- Training and pathway to Medicaid certification for hospital-nominated community-based doulas
- Patient and family engagement training for hospital teams from MoMMA's Voices
- Perinatal Mood Disorders Components of Care / Advanced Perinatal Psychotherapy training from Postpartum Support International for hospital and affiliated outpatient site staff
- Perinatal Mental Health quick start materials for affiliated outpatient sites

## 2) How do we best provide teams QI support, resources and stratified actionable data to help drive change?

**1:1 Coaching  
with ILPQC**

**ILPQC Office  
Hours**  
(every  
Thursday)

**PMH Pulse**  
(30 min office  
hour to answer  
questions after  
monthly PMH  
webinars)

**Recognition  
of hospital QI  
team  
members**  
(hospital  
spotlights?)

**Support for  
onboarding  
new hospital  
QI team  
members**  
(QI training,  
short QI  
modules?)

**Continue QI Topic Calls, QI Summer Series.....Other ideas?**

# 3. Illinois Birthing Hospital Quality Designation

*Share impact of the Designation Program to sustain excellence in equitable maternal health care for your hospital*

Birth Quality Designation applications 2025

"Our partnerships with patients and community organizations are stronger than ever, creating lasting impact beyond the hospital."

"Patients are now active partners in their care, our focus on shared decision-making has changed everything."

"This program helped us embed respectful, bias-free care into our daily practice, change that's here to stay."

"We've built a culture that centers equitable, respectful, and evidence-based maternity care."

"We reduced our NTSV cesarean rate by more than 20%, proving that teamwork and consistency drive results"

"Staff are empowered and invested. Promoting vaginal birth is now part of who we are as a unit."

# How Did the ILPQC Birth Quality Designation Program Mini-Grant Funds Help Your Hospital Team Achieve Key Strategies?

Birth Quality Designation  
applications 2025

"These investments allowed us to strengthen staff engagement, support evidence-based intrapartum practices, and amplify patient and community voices—all of which moved us closer to meeting the ILPQC Birth Quality Designation criteria and sustaining our PVB/Birth Equity efforts."

"This mini-grant allowed us to strengthen both patient engagement and staff capacity to deliver equitable, respectful, and person-centered maternity care."

"The mini grants are helpful for maintaining labor support and momentum."

"We held a Grand Rounds session focused on trauma-informed care, helping staff deepen their understanding of how to support patients with compassion and awareness."

# IL Birthing Hospital Quality Excellence Award Designation in 2026

Details coming  
January 2026

- **Goal to engage, support and recognize all ILPQC hospitals in 2026**
- **Designation criteria:** continue efforts to engage patient and community partners, address SDOH and improve patient linkage to community services, reduce disparities in NTSV cesarean births, participate with ILPQC and show progress getting started with PMH
- **Goals for 2026:** simplify measures and clarify criteria, provide regular support and streamline process to reduce burden, optimize support and recognition for sustaining equitable quality care

What Quality Designation criteria would you like to continue to work on in 2026 with more ILPQC support?

# 4. Perinatal Mental Health (PMH) Initiative in 2026: From Aims to Action – what will we achieve together!

By December 2026, for all OB patients:	Goal
Receive <b>depression and anxiety screening</b> during prenatal care and during delivery hospitalization	≥80%
Receive <b>PMH education</b> before delivery hospitalization discharge	≥80%
By December 2026, for patients with active PMH conditions:	Goal
Provide <b>treatment (medication or therapy) for PMH</b> condition prenatally or by delivery discharge	≥80%
Provide <b>behavioral health counseling/support options with follow up scheduled</b> prenatally or by delivery discharge	≥80%
<b>Schedule 2-week postpartum OB appointment</b> before delivery hospitalization discharge	≥80%
By December 2026, for all clinical staff working with pregnant/postpartum patients:	Goal
<b>OB providers and nurses with PMH training</b> completed	≥80%
<b>ER providers and nurses with PMH training</b> completed	≥80%

# What motivates us: what is your team most excited about with the launch of the PMH initiative?

2025 AC Survey

Creating a consistent screening/treatment plan for inpatient and outpatient perinatal services

Reducing stigma

Empowering our staff to have more informed, confident conversations around mental health

Optimizing coordination of care and treatment

Learning about community behavioral health resources, sharing resources with providers, and connecting patients to resources

Improving outcomes for patients!

# What do we need to improve? Teams report biggest barriers for patients to get optimal PMH care

2025 AC Survey

OB providers lack of training or comfort with starting mental health treatment

OB staff discomfort or lack of training in mental health screening

Limited access to mental health professionals

Lack of ER training or protocols for screening / referral to treatment and follow up

Lack of referral systems to treatment or community services

Lack of OB provider/staff awareness of PMH conditions as a leading cause of maternal mortality

Stigma around mental health

Insurance coverage limitations

Lack of follow up navigation / support for patients with PMH conditions and SDOH needs

# Working Together to Make Change Happen: PMH 2026 Webinars

Dec 2025/Jan 2026

- Implementing Screening & Workflows for Positive Screens

Feb/Mar 2026

- Implementing Treatment & Follow-up Algorithms

April/May 2026

- Addressing Barriers & Identifying Pathways to Follow-up Behavioral Healthcare

June/July 2026

- Expanding Optimal PMH Care to the Emergency Department

# Enhancing PMH Work Through QI Support in 2026



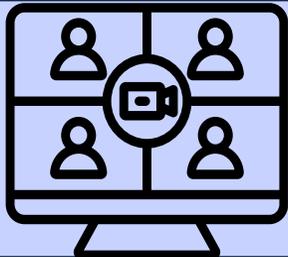
## Possible QI Topic Calls

- Engaging Patient Partners
- Expanding PMH care into ER
- PSI Support Groups
- Perinatal Loss
- Expanding PMH care into pediatric offices
- Working with outpatient partners to improve care



## 1:1 QI Support

- Track hospital progress & reach out to hospitals needing QI support
- QI team leads asked to schedule 1:1 calls with ILPQC team



## QI Office Hours

- Ask your PMH questions and connect with other teams
- Every Thursday 1-2pm and for 30 minutes after each PMH webinar

# Strategies to Help PMH Teams Make Change Happen in 2026

## Prioritize QI Strategies

- Identify challenges and barriers
- Set SMARTIE Aims
- Use PDSA for small tests of change
- Use feedback to improve workflows

## Optimize Data Collection and Use

- Identify positive PMH screens
- Identify fallout from optimal care
- Use data to track progress improving care

## Utilize PMH Access Workgroup

- Engage patient / community partners
- Identify barriers to care
- Innovative strategies to address barriers to care

# PQC Leaders Panel Discussion

Deirdre J. Lyell, MD -- California: CMQCC/CPQCC

Julie S. Bosak, DrPH, CNM, MSN – New Hampshire: NHPQC

Stephanie Radke, MD, MPH, FACOG – Iowa: IPQCC

# Panelists & Discussion



Julie Bosak, DrPH,  
CNM, MSN



Deirdre Lyell, MD



Stephanie Radke, MD,  
MPH, FACOG

## Questions to start discussion:

- Any strategies or advice to help teams utilize QI strategies to move to action with the PMH initiative?
- Any strategies to share for teams engaging patient and community partners to continue to reduce disparities and improve respectful care?



# Discussion of Future ILPQC OB Initiatives

2027 and Beyond...



# Potential Future OB Initiatives for 2027-2028



Cause of Death Category	Number of Pregnancy-Related Deaths	Percent of Pregnancy-Related Deaths
Substance Use Disorder	36	32%
Cardiac and Coronary Conditions	16	14%
Pre-existing Chronic Medical Condition*	13	12%
Sepsis (blood stream infection)	10	9%
Mental Health Conditions resulting in suicide**	9	8%
Thrombotic Embolism (blood clot)	8	7%
Hemorrhage (postpartum bleeding)	6	5%
Cardiomyopathy (heart muscle disease)	5	4%
COVID-19	4	3%
Homicide	2	2%
Amniotic Fluid Embolism	2	2%
Hypertensive Disorder of Pregnancy	1	1%
Stroke	1	1%

Pregnancy-related deaths in Illinois during 2018-2020

2023 IDPH IL Maternal Morbidity and Mortality Report

# Cardiovascular Health



## AIM PATIENT SAFETY BUNDLES

AIM develops multidisciplinary, clinical-condition specific patient safety bundles to support best



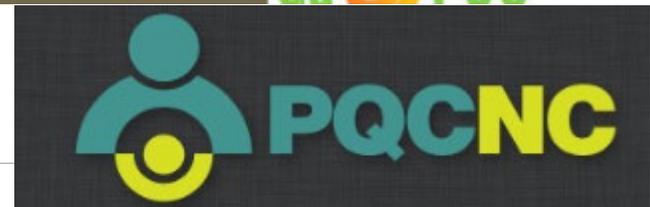
Cardiac Conditions in Obstetrical Care

Other states have resources

National data on racial disparities in maternal cardiac conditions, an important cause of maternal death



Cardiac Conditions in Obstetrical Care



# Sepsis



## AIM PATIENT SAFETY BUNDLES

AIM dev

ort best



Sepsis in Obstetric Care



Other states  
are working  
on this

CMQCC  
California Maternal  
Quality Care Collaborative



Improving Diagnosis  
and Treatment of  
Obstetric Sepsis, V2.0

Sepsis QI Toolkit September 2025

A CMQCC Quality Improvement Toolkit  
September 2025

# Discussion: Thoughts on Future Initiatives





# Upcoming OB Dates



**Dec 8th  
1:00pm**



**Birth Quality Designation  
Webinar**



**Dec 15<sup>th</sup>  
12:00pm**



**Perinatal Mental Health  
(PMH) Webinar**

# ILPQC is Here to Help You Succeed!



- Patient and Community Partners
  - Together we will expand, elevate and sustain engaging patient and community partners so that all QI efforts reflect what is needed most by our patients and communities
- QI Support
  - ILPQC will provide QI training, resources and support to help all teams succeed
- Birth Quality Designation
  - ILPQC will support and recognize your efforts to sustain excellence in equitable maternity care
- PMH
  - Together we will move to action and improve PMH care for all patients





**We look forward to continuing this great work together in 2026 and thank you for your continued support and dedication to make Illinois the best place to give birth and be born!**



# SAVE THE DATES!

ILPQC'S FACE-TO-FACE MEETINGS

MAY 20<sup>TH</sup> & MAY 21<sup>ST</sup> 2026  
SPRINGFIELD, IL



## Save the Date

ILPQC'S 14<sup>TH</sup>  
ANNUAL CONFERENCE

TUESDAY | NOVEMBER 10<sup>TH</sup> 2026

THE WESTIN LOMBARD HOTEL  
LOMBARD, IL

