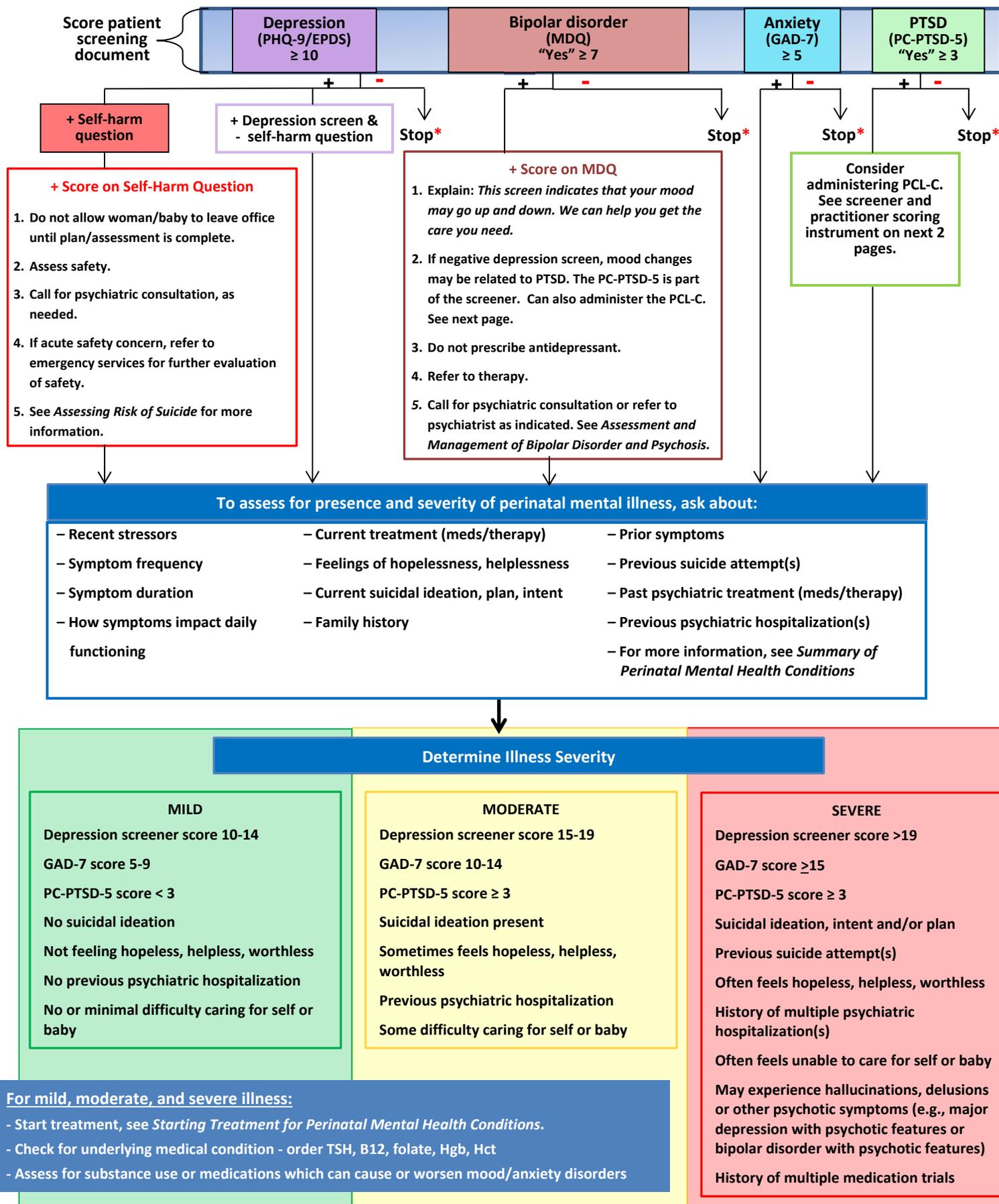




Perinatal Mental Health Toolkit  
*Selected Perinatal Mental  
Health Algorithms and  
Resources*

## Assessing Perinatal Mental Health



\*If all screens are negative, tell her they were negative and say, "if something changes, please let us know. We are here."

## 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
<p>Therapy referral</p> <p>Consider medication treatment</p>	<p>Therapy referral</p> <p>Strongly consider medication treatment</p> <p>If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is &lt;6 months postpartum at screening, consider postpartum zuranolone (administered orally for 14 days). See next page.</p>	<p>Therapy referral</p> <p>Medication treatment</p> <p>If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is &lt;6 months postpartum at screening, consider postpartum zuranolone (administered orally for 14 days). See next page.</p>

- Use internal resource list to refer patient to therapy
- Call Postpartum Support International (PSI) at 1-877-499-4773 to schedule a consultation by phone with a perinatal psychiatry expert
- Call a Perinatal Psychiatry Access Program, if one is available in your state. Check at <https://www.umassmed.edu/lifeline4moms/>
- If symptoms are mild and patient is able to follow through, direct patients to call their health insurance company or contact Postpartum Support International (PSI) for resources: 1-800-944-4773 (voice in English or Spanish), 800-944-4773 (text in English), 971-203-7773 (text in Spanish), or direct patients to search online at <https://psidirectory.com/>

### Therapy and support options

- All women who screen positive, regardless of illness severity, should be referred to therapy or be advised to continue therapy
- Always discuss and encourage prevention and support options (e.g., peer and social supports and groups, sleep hygiene, self-care, and exercise). See *Self-Care Plan*.

### How to educate patients about treatment with antidepressants

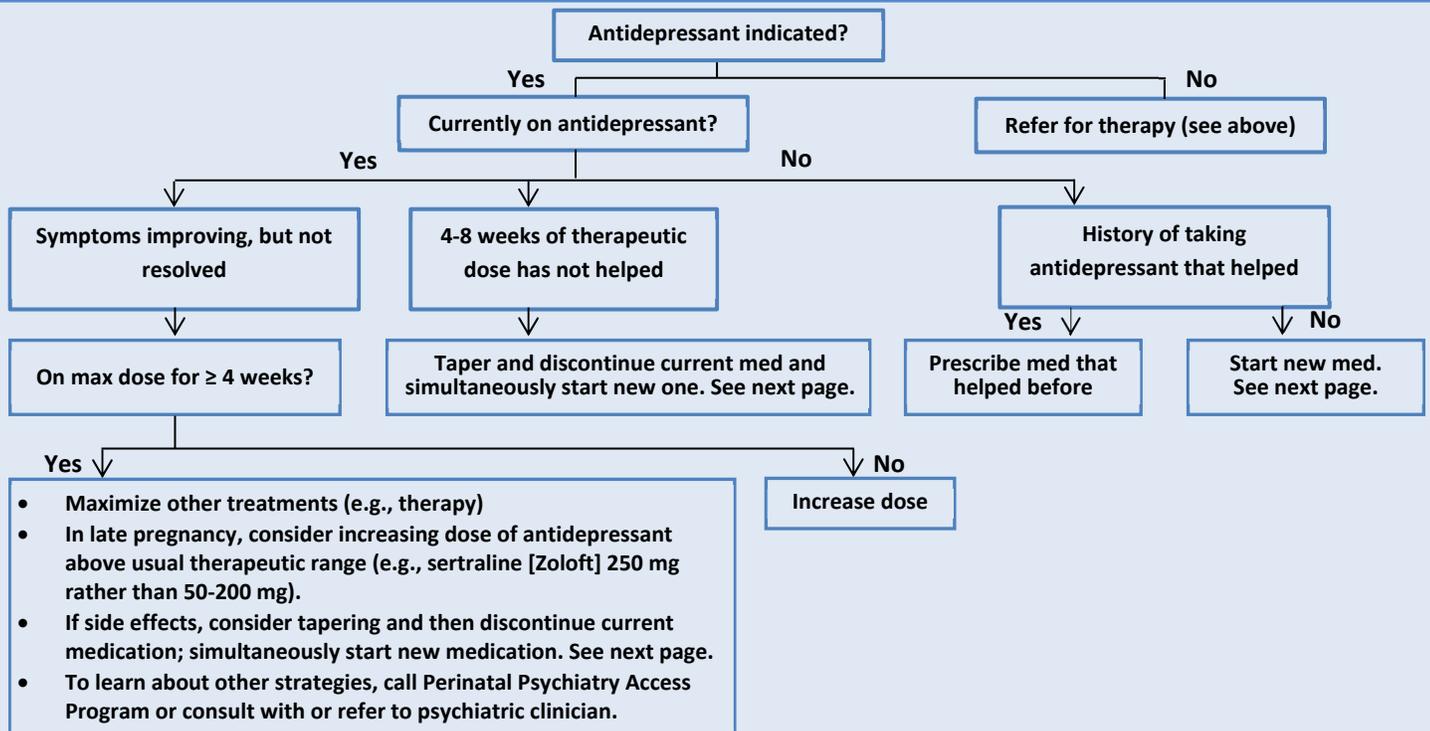
#### Antidepressant use during pregnancy:

- Does not appear to be linked with birth complications
- Has been linked with small but inconsistent risk of birth defects when taken in the first trimester, particularly paroxetine
- Has been linked with transient (days to weeks) neonatal symptoms (tachypnea, irritability, insomnia)
- Has inconsistent, overall reassuring, evidence regarding long-term (months to years) neurobehavioral effects on children

#### Under-treatment or no treatment of perinatal mental health conditions:

- Has been linked with birth complications
- Can increase the risk or severity of postpartum depression
- Can make it harder for moms to take care of themselves and their babies
- Can make it harder for moms to bond with their babies
- Can increase risk of mental illness among offspring
- Has been linked with possible long-term neurobehavioral effects on children

### Medication treatment (when indicated)



## Pharmacological Treatment Options for Depression, Anxiety, and PTSD

- Choose antidepressant that has worked before. If antidepressant naïve, choose antidepressant based on table below with patient preference in consideration. Antidepressants are similar in efficacy and side effect profile.
- In late pregnancy, you may need to increase the dose above usual therapeutic range (e.g., sertraline [Zoloft] 250mg rather than 50-200mg).
- If a patient presents with pre-existing mood and/or anxiety disorder and is doing well on an antidepressant, do not switch it during pregnancy or lactation. If patient is not doing well, see *Follow-Up Treatment of Perinatal Mental Health Conditions*.
- Evidence does not support tapering antidepressants in the third trimester.
- Minimize exposure to both illness and medication.
  - Untreated/inadequately treated illness is an exposure
  - Use lowest effective doses
  - Minimize switching of medications
  - Monotherapy preferred, when possible

See first page for how to educate patients about treatment with antidepressants

## First-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety Disorder, and PTSD

Medication	sertraline* (Zoloft)	fluoxetine (Prozac)	citalopram** (Celexa)	escitalopram** (Lexapro)
Starting dose and timing	25 mg qAM (if sedating, change to qHS)	10 mg qAM	10 mg qAM	5 mg qAM
Initial increase after 4 days	↑ to 50 mg	↑ to 20 mg	↑ to 20 mg	↑ to 10 mg
Second increase after 7 more days	↑ to 100 mg			
Reassess Monthly (increase as needed until symptoms remit)	↑ by 50 mg	↑ by 20 mg	↑ by 10 mg	↑ by 10 mg up to 20 mg
Therapeutic range*** Individualized approach to titration	50-200 mg	20-80 mg	20-40 mg	10-20 mg

Slower titration (e.g., every 10-14-days) is often needed for patients who are antidepressant naïve or with anxiety symptoms

\*Lowest degree of passage into breast milk compared to other first-line antidepressants; \*\*Side effects include QTc prolongation (see below);

\*\*\*May need higher dose in 3<sup>rd</sup> trimester and when treating an anxiety disorder

In general, if an antidepressant has helped during pregnancy, it is best to continue it during lactation.

Prescribe a maximum of two (2) antidepressants at the same time.

## Second-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety Disorder, and PTSD

Medication	duloxetine (Cymbalta)	venlafaxine (Effexor XR)	fluvoxamine (Luvox)	paroxetine (Paxil)	mirtazapine (Remeron)	bupropion HCL (Wellbutrin XL)
Starting dose and timing	30 mg*** qAM	37.5 mg qAM	25 mg qHS	10 mg*** qAM (if sedating, change to qHS)	7.5 mg qHS	150 mg qAM
Initial increase after 4 days		↑ to 75 mg	↑ to 50 mg	↑ to 20 mg	↑ to 15 mg	
Second increase after 7 more days	↑ to 60 mg		↑ to 100 mg			
Reassess Monthly (increase as needed until symptoms remit)	↑ by 30 mg	↑ by 75 mg	↑ by 50 mg	↑ by 10 mg	↑ by 15 mg	↑ by 150 mg
Therapeutic range ***	30-120 mg	75-300 mg	50-200 mg	20-60 mg	15-45 mg	300-450 mg
Individualized approach to titration	Slower titration (e.g., every 10-14-days) is often needed for patients who are antidepressant naïve or with anxiety symptoms					

\*\*\*May need higher dose in 3<sup>rd</sup> trimester and when treating an anxiety disorder

### Temporary (days to weeks)

Nausea (most common)

Constipation/diarrhea

Lightheadedness

Headaches

### Long-term (weeks to months)

Increased appetite/weight gain

Sexual side effects

Vivid dreams/insomnia

\*\*QTc prolongation (citalopram & escitalopram)

- Tell women to take medication with food and only increase dose if tolerating; otherwise wait until side effects dissipate before increasing.

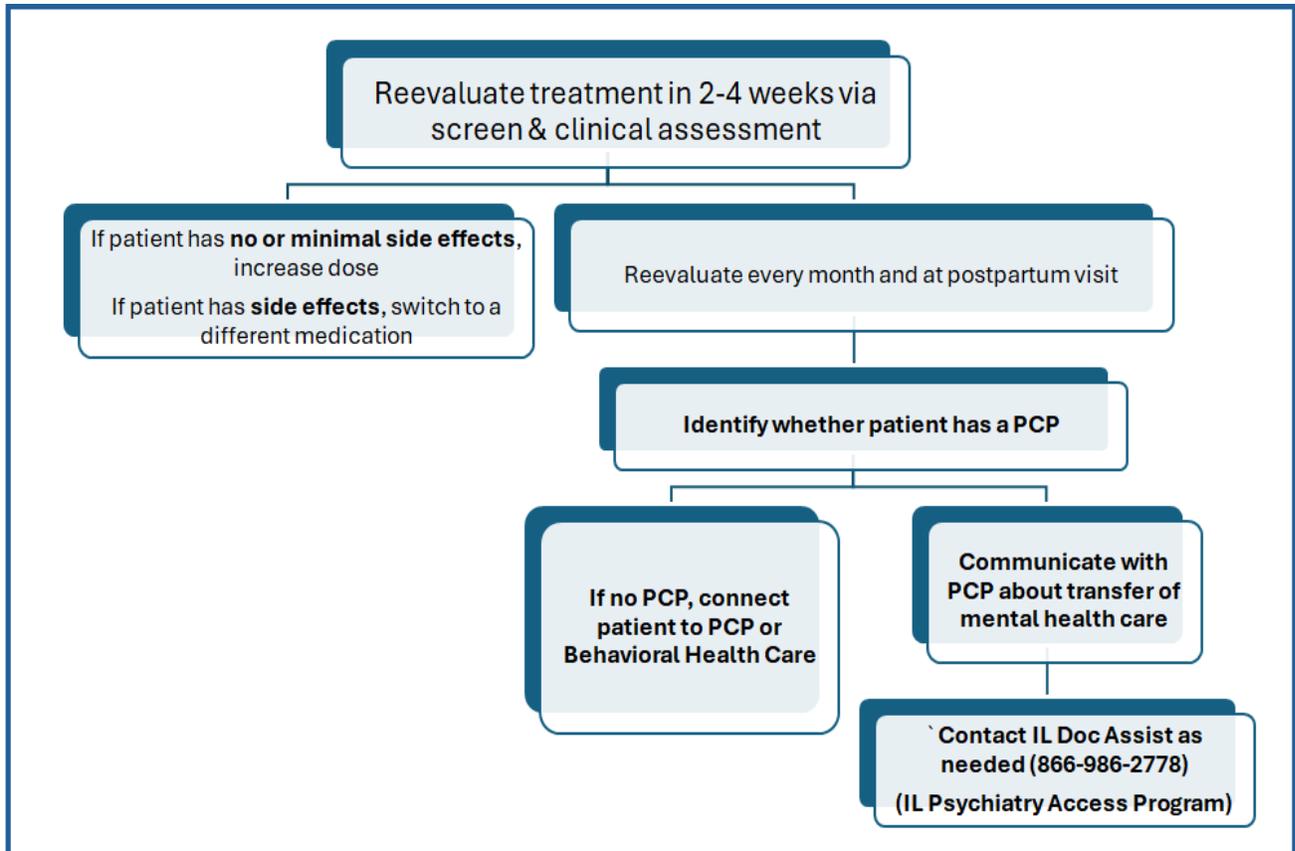
- Start medication in morning; if patient finds it sedating recommend that she takes it at bedtime

## Medication Treatment for Moderate/Severe Depression with Onset in Late Pregnancy or Within 4 weeks postpartum

The American College of Obstetricians & Gynecologists recommends consideration of zuranolone in the postpartum period (ie, within 12 months of delivery) for severe depression that has onset in the third trimester or within 4 weeks postpartum. The decision to use zuranolone should balance the benefits (ie, significantly improved and rapid symptom resolution compared with placebo) alongside challenges specific to initiating and managing this medication (Clinical Practice Update to Clinical Practice Guideline No. 5, 2026).

More information can be found at Reprotox and LactMed on all pharmacological treatments

## Follow-Up Treatment of Perinatal Mental Health Conditions



Once patient is determined to have a mental health condition,  
repeat screen in 4 weeks and re-evaluate treatment plan via clinical assessment

**If no/minimal clinical improvement after 4 weeks**

- If patient has no or minimal side effects, increase antidepressant medication dose until full symptom remission (e.g., EPDS/PHQ-9 < 10, GAD-7 < 5, PC-PTSD < 3)
- If patient has intolerable or serious side effects, taper medication to discontinue, and simultaneously start new antidepressant
- Maximize other treatments (e.g., therapy, lifestyle changes, support groups)
- If late in pregnancy, given physiological changes in pregnancy, may need to increase the dose of antidepressant above usual therapeutic range (e.g., sertraline [Zoloft] 250 mg per day rather than 50-200 mg)
- Consider adding additional medication. See *Starting Treatment for Perinatal Mental Health Conditions*.
- Repeat screens every 4 weeks and re-evaluate treatment via clinical assessment until remission, or, if you are not continuing to manage the patient, provide a hand-off to the primary care physician

**If clinical improvement and no/minimal side effects**

- Re-evaluate every month in pregnancy and postpartum and adjust med accordingly. See *Starting Treatment for Perinatal Mental Health Conditions*
- Encourage patient to stay on medication and continue therapy
- If you are not continuing to manage the patient, provide a hand-off to primary care physician

**If clinical improvement and no/minimal side effects**

**If you are not continuing to manage the patient postpartum:**

- Contact PCP and provide handoff
- Ask patient to make appointment with PCP
- Send summary to PCP
- See patient again to make sure she is in treatment with PCP

**Once patient experiences remission of symptoms (e.g., 2 sequential EPDS/PHQ-9 scores < 10, GAD-7 < 5, PC-PTSD < 3)**

Can consider tapering antidepressant when patient has been in remission for  $\geq 6$  months for depression and  $\geq 12$  months for anxiety

Taper medication slowly to minimize risk of relapse and discontinuation syndrome

- Shorter acting medications (e.g., paroxetine [Paxil], venlafaxine [Effexor]) have higher chance of discontinuation syndrome and thus need to be tapered slowly
- Establish postpartum birth control plan to help women make informed decision regarding family planning

### Adjunctive Support Options

Talk to your patient about adjunctive support options such as:

- Self-care (See *Self-Care Plan*)
- Balanced nutrition
- Substance avoidance
- Sleep hygiene
- Mindfulness
- Exercise
- Books and workbooks

### Social and Structural Determinants of Health

Ask about/consider social and structural factors that can be a barrier to engagement in care:

- Access to stable housing
- Access to food/safe drinking water
- Utility needs
- Safety in home and community
- Immigration status
- Employment conditions
- Transportation
- Childcare

Refer to social services as indicated



# INNOVATIVE STRATEGIES TO ADDRESS BARRIERS TO PERINATAL BEHAVIORAL HEALTH CARE



## IDENTIFYING TELEHEALTH PROVIDERS

### HRSA Maternal Mental Health Telehealth

Telehealth can help expectant and new moms with mental health issues including depression, anxiety, and other mental health concerns.



### SPIDER Database

Allows Medicaid patients to search a specific area in Illinois for different types of agencies and services, including telehealth providers.



### PSI Provider Directory

Database for mental health therapists, healthcare providers, psychiatrists, etc. trained in PMH. Patients can search for telehealth providers in Illinois.



## TECHNOLOGY-BASED RESOURCES

### MomMoodBooster App

An online program designed to help women reduce their symptoms of perinatal depression available for your hospital to purchase.



### MamaLift and MamaLift Plus app

A patient-facing perinatal mental health support app for new and expecting moms.



### PSI Online Support Groups

PSI offers over 50+ FREE and virtual support groups for various groups of individuals.



### Mammha

Mammha provides PMH screening, care coordination, and telehealth mental health services, along with an app and peer support groups.



## TASK-SHARING FOR PERINATAL MENTAL HEALTH

### SUMMIT Trial

This study provided evidence for task-sharing by cross training nurses, doulas, and community health workers to deliver talk therapy to improve access to mental health care for pregnant women and new mothers.



### Mothers and Babies Program

Mothers and Babies is an evidence-based intervention for pregnant women and new parents to help manage stress and prevent postpartum depression. Any clinic- or community-based provider can be trained to implement this intervention.



## UTILIZING HOME VISITING FOR PATIENT SUPPORT

### DHS Home Visiting

Search for a DHS Office or Service where patients can be connected to support patient follow up.



### Expanding Patient Access to Home Visiting

ILPQC handout on the importance of home visiting with various resources.



### iGrow Illinois Home Visiting Program

Illinois developed a robust statewide home visiting system to improve the life trajectory of expectant and new families.



## UTILIZING DOULA CARE FOR PATIENT SUPPORT

### Expanding Doula Access

ILPQC handout on how to expand access to doulas in the hospital.



### DoulaMatch.net

Helps expectant families quickly and efficiently find doulas who are available during their due dates.



### Medicaid-Certified Doula Program

This program is for experienced doulas to become Medicaid-Certified doulas.



# Quick Reference Guide for Perinatal Behavioral Health Resources

## Immediate Mental Health Support



### IL MOMS Line (IL Perinatal Depression Hotline)

For patients 24/7: provides support & help navigating patients to mental health treatment and follow up, free, no insurance needed

Phone: 866-364-MOMS (6667)



### IL DocAssist

Free clinical consultation with a perinatal psychiatrist for prescribers on perinatal mental health & SUD treatment and management

Phone: 866-986-2778; M-F, 9am-5pm CST



### Postpartum Support International (PSI)

A toll-free telephone number anyone can call to get basic information, support, and resources; callbacks between 8AM-11PM EST

Phone (English): 800-944-4773

Text (Español): 971-203-7773



### Illinois MAR Now

24/7 fast access to opioid use disorder treatment and follow up care coordination

Phone: 833-234-6343



### Illinois CARES Crises Hotline

24/7 hotline for mental health crises

Phone: 800-345-9049



### National Maternal Mental Health Hotline

The Hotline is free, confidential, and available 24/7 in English and Spanish

Phone: 833-TLC-MAMA (833-852-6262)

## Provider Directories and Referrals



### Service Provider Identification and Exploration Resource (SPIDER) Database

Database of Illinois providers, agencies, and services for patients with Medicaid, including providers and services specializing in mental health treatment, substance use treatment, and domestic violence.



### Postpartum Support International (PSI) Provider Directory

Search here for a mental health therapist, healthcare provider, psychiatrist, doula, lactation counselor, sleep coach, and more! All providers have specialized training in perinatal mental health.



### SAMHSA Treatment Finder

Confidential substance use & mental health treatment resources



### Mammha

Connects patients to telehealth mental health services, peer support groups, and care coordination.



## Medicaid Behavioral Health Services



### Illinois Medicaid Behavioral Health Toolkit



- Behavioral health benefits covered by Illinois Medicaid
- All Medicaid health plans offer 24-hour Behavioral Health Crisis Line with mental health professionals who answer questions, assess mental health, and help navigate to needed mental health services



### Community-Based Services

- SPIDER Database (Database of Illinois providers, agencies, and services for patients with Medicaid)
- Directory of Managed Care Plan to call for information on covered mental health providers



# In-Home Support



## Home Visiting Programs

- iGrow coordinated intake contact list (list of early childhood home visiting programs by community)
- DHS office locator (identify medical case management programs in your community)
- ILPQC expanding access to home visiting programs in Illinois handout



## Doula Support

- Illinois Medicaid-Certified Doula Program
- Doulamatch.net (discover doulas serving your community)
- ILPQC Expanding Doula Access handout



# Substance Use & Recovery Support



## IL DocAssist

Free clinical consultation with a perinatal psychiatrist for prescribers on perinatal mental health & SUD treatment and management

Phone: 866-986-2778; M-F, 9am-5pm CST



## Illinois MAR Now

24/7 fast access to opioid use disorder treatment and follow up care coordination

Phone: 833-234-6343



## SAMHSA Treatment Finder

Confidential substance use & mental health treatment resources



# Intensive Outpatient and Inpatient Perinatal Programs



## Ascension Perinatal Intensive Outpatient Program

Provides in person and virtual services

Phone: 224-299-3220



## UIC Women's Mental Health and Reproductive Psychiatry

Provides inpatient and outpatient services. Accepts most major insurances, including Medicaid

Phone: 312-996-2242



Contact IL DocAssist (866-986-2778) for additional intensive outpatient and inpatient programs

# Peer Support



Illinois Department of Healthcare and Family Services Perinatal Depression Support Group Search Tool by County



PSI Peer Support Groups





# ILLINOIS **DocAssist**

## CONSULTATION AND RESOURCES FOR PEDIATRIC AND PERINATAL MENTAL HEALTH

Our psychiatric consultants can quickly assist you with addressing the mental health and substance use needs of your patients.

**Illinois DocAssist is a FREE statewide service.**

### SERVICES INCLUDE:

- Same Day Telephone Consultation
- Treatment Referral Assistance
- Provider Resources
- Continuing Education



[illinoisdocassist.uic.edu](http://illinoisdocassist.uic.edu)  
866-986-ASST (2778)

# Illinois MOMS Line

**Are you or a loved one feeling:**  
**Overwhelmed with a new baby?**  
**Worried during pregnancy?**  
**Heartbroken by loss or infertility?**  
**Not yourself, and you don't know why?**

Answered live by **mental health** professionals

- Free and confidential
- Emotional support
- Mental health referrals
- Any language
- Anyone can call



**You are not alone. With support, you can feel better.**

Anyone can call us. We can help.

**We answer 24/7/365.**

**1-866-364-MOMS (6667)**

# Línea para MAMÁS de Illinois

¿Usted o un ser querido se siente:

**Abrumada por el nacimiento de su bebé ?**

**Preocupada durante el embarazo?**

**Triste por una pérdida o por problemas de fertilidad?**

**No como tú misma y no sabe porque?**

Atendida en directo por profesionales de salud mental

- Gratis y confidencial
- Apoyo emocional
- Remisiones de salud mental
- En todos los idiomas
- Cualquiera puede llamar



**No está sola. Puede sentirse mejor si recibe apoyo.**

Cualquiera puede llamar, podemos ayudarla.

**Atendemos 24 horas/365 días**

**1-866-364-MOMS (6667)**