Perinatal Mental Health Outpatient Packet User Guide

List of Resources Included in Perinatal Mental Health Outpatient Packet

- PMH Treatment Algorithms Packet (Laminated on ring)
- PMH Resource Mapping Tool
- PMH Warm Handoff Resources
- PMH Purple Folder
    - Provider resources
        - Starting Treatment for Perinatal Mental Health Conditions
        - IL DocAssist Flyer
        - Assessing Perinatal Mental Health Conditions Algorithm
        - Follow-Up Treatment of Perinatal Mental Health Conditions
        - Quick reference guide for Behavioral Health Resources
        - Innovative Strategies to Address Barriers to Mental Health
        - Edinburgh Postnatal Depression Scale (EPDS) screening tool
        - PHQ-9 and GAD-7 screening tools
        - MDQ Bipolar Screening tool (additional screen used before starting treatment for depression or anxiety)
        - Assessing Risk of Suicide and Patient Safety Screener
        - Assessing risk of harm to baby
        - PTSD screening tool
        - IL MAR Now Flyer
        - Home Visiting Resource Flyer
        - Doula Information Flyer
    - Patient resources
        - IL MOMS Line Flyer in English and Spanish
        - IL MAR Now Flyer
        - March of Dimes, Postpartum Depression and Other Mental Health Challenges

- Managing Perinatal anxiety
- NIH, Talk About Depression and Anxiety Infographic
- PSI Factsheet
- PSI Free Online Support Groups Overview Flyer
- New Mom Mental Health Checklist

Actions recommended to provide optimal perinatal mental health care for your pregnant and postpartum patients:

1. Make copies of the **patient education materials** attached and distribute to prenatal and postpartum patients
    a. **Distribute information about IL MOMS Line** and other hotlines, as well as Perinatal Mental Health peer support groups (such as Postpartum Support International) for patients who have screened positive or have a history of or risk factors for perinatal mental health conditions
    b. Distribute education resources to patients, families and support people
    c. Post flyers in patient spaces for: **IL MOMS Line**, **PSI peer support groups**, **MAR Now**
2. Provide OB providers and OB nurses with **Perinatal Mental Health ACOG training e-module** available in the ILPQC PMH Toolkit. Specific perinatal mental health e-module for emergency department clinical staff is also available.
3. Make sure OB providers have easy access to **IL DocAssist flyer** to call (M-F 9AM – 5pm) for support with perinatal mental health and / or substance use disorder treatment plans / medication start or dose adjustment.
    a. Ask all OB/ER providers to register for IL DocAssist to speed up future clinical consults 

4. Review attached **perinatal mental health screening tools and confirm there are workflows in place for both depression and anxiety screening** for prenatal and postpartum patients. Have MDQ bipolar screening tool available, to be added for patients who screen positive for depression or anxiety before starting treatment. Consider screening for PTSD / obstetric trauma.
5. Make copies of the **ILPQC PMH Treatment Algorithms packet and Quick Reference Guide for Perinatal Behavioral Health Resources**, laminate, punch a hole in the corner and place on a binder ring and hang on bulletin boards or on hook on side of computer terminal or other locations near where your OB providers chart. Make sure providers have each access to these resources when patients screen positive, will help providers start PMH medication and timing of follow up to increase dose to achieve remission and also will provide resources for warm handoffs to therapy / follow up behavioral health care.
6. Review the **Innovative Strategies to Address Barriers to Perinatal Behavioral Healthcare** and consider strategies you can use with your clinical team to reduce barriers to linking patients with perinatal mental health conditions to follow up behavioral health care.
7. **Register for the DOPP program to hand out free Narcan kits** to patients who have been prescribed opioids, have a history of opioid use disorder or other risk factors for overdose.
8. Refer to the attached **PMH Purple Folder** for additional resources.
9. **Make copies of the PMH Purple Folder and have available in your clinical space for accessible resources for the clinical team and for patients who screen positive for perinatal mental health conditions during pregnancy or postpartum**.

Attention <outpatient prenatal care site manager/leader>:

We are pleased to share important resources to support optimizing your OB clinical teams perinatal mental health care of pregnant and postpartum patients to help improve perinatal mental health screening, assessment, starting treatment, warm hand-off to follow up behavioral health care and close OB follow up to track response to treatment.

< INSERT HOSPITAL NAME > is actively participating in the Illinois Perinatal Quality Collaborative (ILPQC) Perinatal Mental Health (PMH) Initiative. Perinatal mental health conditions are a leading cause of maternal mortality for pregnant and postpartum patients in Illinois and across the United States. Improvements in perinatal mental health screening, treatment and linkage to follow up mental health care are needed: 1 in 5 mothers experience depression or anxiety during pregnancy or postpartum. Additionally, less than 20% of pregnant and postpartum women are screened for depression, and less than 15% of women with maternal depression during pregnancy or postpartum receive treatment. The PMH initiative supports birthing hospitals, OB units, Emergency Departments and outpatient OB care sites to improve care for pregnant and postpartum patients with perinatal mental health conditions by implementing workflows for PMH screening, treatment, and linkage to behavioral health follow-up.

Why screen for and treat mental health conditions during the perinatal period?

- ACOG (Clinical Practice Guideline #4) recommends that **screening for perinatal depression and anxiety** occur at the initial prenatal visit, later in pregnancy, and at postpartum visits using standardized, validated screening tools.
- ACOG (Clinical Practice Guideline #5) recommends that **obstetricians initiate psychopharmacotherapy for perinatal depression or anxiety disorders, and refer patients to appropriate behavioral health resources when indicated, or both**.
- Perinatal mental health conditions and substance use disorders are among the **leading causes of maternal mortality in Illinois**.
- There are many **adverse effects from untreated perinatal mental health conditions** for both the mother and the baby.

What are we asking from you?

- Provide all patients with perinatal mental health education resources prenatally and at postpartum visits. **See attached resources for perinatal mental health education materials and resources such as IL MOMS Line, or PSI peer support groups to make copies to provide for your prenatal and postpartum patients.**
- Evaluate your current workflow to screen for depression and anxiety and respond to positive screens with appropriate treatment start or escalation, close OB follow up to track response to treatment and warm handoff for therapy / follow up behavioral health care:
    - Make sure you're documenting screening for **perinatal depression and anxiety**
    - Confirm workflow for responding to patients that screen positive

  - **Make sure you are documenting that patients have a treatment plan and are linked to follow-up behavioral healthcare with a warm handoff**
  - Utilize attached **Quick Reference Guide for Perinatal Behavioral Health Resources and Innovative Strategies to Address Barriers to Perinatal Behavioral Healthcare** to assist with warm handoffs to behavioral health care follow up.
  - **Confirm your OB providers have easy access to and understand how to use IL DocAssist, IL MOMS Line and MAR Now** (see flyers and information in the resources provided) to improve care for patients who screen positive for perinatal mental health conditions and substance use disorders
    - IL **Providers can call IL DocAssist for free clinical consultation with a perinatal psychiatrist** to assist with development of a treatment and follow up plan for patients with perinatal mental health conditions and/or substance use disorder. Available 9am-5pm M-F. All providers can register with IL Doc Assist to make future consults easy and efficient.
    - **Connect patient to IL MOMS Line to provide support** and help with linkage to behavioral health care follow up.
    - **Connect patient to MAR Now for fast access to opioid use disorder treatment and follow up care coordination.**
- **Screen perinatal patients for anxiety and depression** using the attached depression and anxiety screening tools.
- **Document results of PMH screening as well as the treatment plan and warm handoff for behavioral health care follow up in the patient's chart and share positive PMH screens with the hospital OB unit** as our PMH QI team is tracking PMH screening and documentation of treatment and warm handoff to behavioral health follow up rates for outpatient prenatal care locations.
- **Please laminate the ILPQC PMH Treatment Algorithms packet and Quick Reference Guide for Perinatal Behavioral Health Resources and place on a binder ring near where your OB providers chart, or provide directly to providers when patients screen positive** to help to assess for illness severity based on screening score, provide appropriate treatment start dose and close follow up plan to track response, and also provides resources to provide warm hand-offs for therapy / behavioral health care.
- Please refer to the attached **PMH Purple Folder** and laminated treatment algorithms for additional resources. Consider making copies of the PMH Purple Folder for easy access to resources for providers and patients.
- **Register for the DOPP program to hand out free Narcan kits** to patients who have been prescribed opioids, have a history of opioid use disorder or other risk factors for overdose.
- **Encourage your providers and nurses to complete the ACOG Perinatal Mental Health Education e-module available through ILPQC.** A separate perinatal mental health education e-module is available for emergency department clinical teams. **Reducing stigma and judgment and increasing empathy and trauma informed care, increases the**

number of patients who report perinatal mental health conditions, seek treatment, link to behavioral health care and return for follow up.

Partnership

We know that we cannot achieve lasting results without your active partnership. We will be collecting data using a random sample of patients delivered at our hospital as part of this statewide initiative to track progress to increase:

- The percentage of pregnant and postpartum patients receiving education prenatally or during delivery hospitalization on perinatal mental health conditions warning signs, IL MOMS Line, and MAR Now;
- The percentage of patients with documentation of depression and anxiety screening during prenatal care and during delivery admission using a validated screening tool;
- The percentage of patients who screen positive for PMH conditions started treatment (medication and/or therapy) with follow-up behavioral health care (appointment scheduled or warm handoff); and
- The percentage of patients who screen positive for perinatal mental health conditions who are scheduled for an early OB/postpartum follow-up (within 2-weeks).

By working together, we can improve care for patients with perinatal mental health conditions. Should you have any questions, please feel free to contact a member of our PMH team.

Thank you for your partnership in this important work!

Sincerely,
Obstetric chair
Perinatal Mental Health initiative QI Team Lead (if different from below)
Perinatal Mental Health Initiative Nurse Champion
Perinatal Mental Health initiative OB Provider Champion

Perinatal Mental Health Toolkit

Selected Perinatal Mental Health Algorithms and Resources

Lifeline for moms

Assessing Perinatal Mental Health

Score patient screening document

- **Depression (PHQ-9/EPDS) ≥ 10**
- **Bipolar disorder (MDQ) "Yes" ≥ 7**
- **Anxiety (GAD-7) ≥ 5**
- **PTSD (PC-PTSD-5) "Yes" ≥ 3**

+ Self-harm question

+ Depression screen & - self-harm question

Stop*

Stop*

Stop*

Stop*

+ Score on Self-Harm Question

1. Do not allow woman/baby to leave office until plan/assessment is complete.
2. Assess safety.
3. Call for psychiatric consultation, as needed.
4. If acute safety concern, refer to emergency services for further evaluation of safety.
5. See *Assessing Risk of Suicide* for more information.

+ Score on MDQ

1. Explain: *This screen indicates that your mood may go up and down. We can help you get the care you need.*
2. If negative depression screen, mood changes may be related to PTSD. The PC-PTSD-5 is part of the screener. Can also administer the PCL-C. See next page.
3. Do not prescribe antidepressant.
4. Refer to therapy.
5. Call for psychiatric consultation or refer to psychiatrist as indicated. See *Assessment and Management of Bipolar Disorder and Psychosis.*

Consider administering PCL-C. See screener and practitioner scoring instrument on next 2 pages.

To assess for presence and severity of perinatal mental illness, ask about:

- Recent stressors
- Symptom frequency
- Symptom duration
- How symptoms impact daily functioning
- Current treatment (meds/therapy)
- Feelings of hopelessness, helplessness
- Current suicidal ideation, plan, intent
- Family history
- Prior symptoms
- Previous suicide attempt(s)
- Past psychiatric treatment (meds/therapy)
- Previous psychiatric hospitalization(s)
- For more information, see *Summary of Perinatal Mental Health Conditions*

Determine Illness Severity

MILD

- Depression screener score 10-14
- GAD-7 score 5-9
- PC-PTSD-5 score < 3
- No suicidal ideation
- Not feeling hopeless, helpless, worthless
- No previous psychiatric hospitalization
- No or minimal difficulty caring for self or baby

MODERATE

- Depression screener score 15-19
- GAD-7 score 10-14
- PC-PTSD-5 score ≥ 3
- Suicidal ideation present
- Sometimes feels hopeless, helpless, worthless
- Previous psychiatric hospitalization
- Some difficulty caring for self or baby

SEVERE

- Depression screener score >19
- GAD-7 score ≥15
- PC-PTSD-5 score ≥ 3
- Suicidal ideation, intent and/or plan
- Previous suicide attempt(s)
- Often feels hopeless, helpless, worthless
- History of multiple psychiatric hospitalization(s)
- Often feels unable to care for self or baby
- May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features)
- History of multiple medication trials

For mild, moderate, and severe illness:

- Start treatment, see *Starting Treatment for Perinatal Mental Health Conditions*.
- Check for underlying medical condition - order TSH, B12, folate, Hgb, Hct
- Assess for substance use or medications which can cause or worsen mood/anxiety disorders

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

EPDS – Edinburgh Postnatal Depression Scale; GAD – Generalized Anxiety Disorder; MDQ – Mood Disorder Questionnaire; PHQ – Patient Health Questionnaire
PTSD – Posttraumatic Stress Disorder; PC-PTSD-5 – Primary Care Post Traumatic Stress Disorder; PCL-C – PTSD Check List-Civilian

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Authors: Byatt N., Mittal L., Brenckle L., Logan D., Masters G., Bergman A., Moore Simas T.

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

Therapy referral

Consider medication treatment

MODERATE

Therapy referral

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 zuranolone (administered orally for 14 days). See next page.

SEVERE

Therapy referral

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 zuranolone (administered orally for 14 days). See next page.

- 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

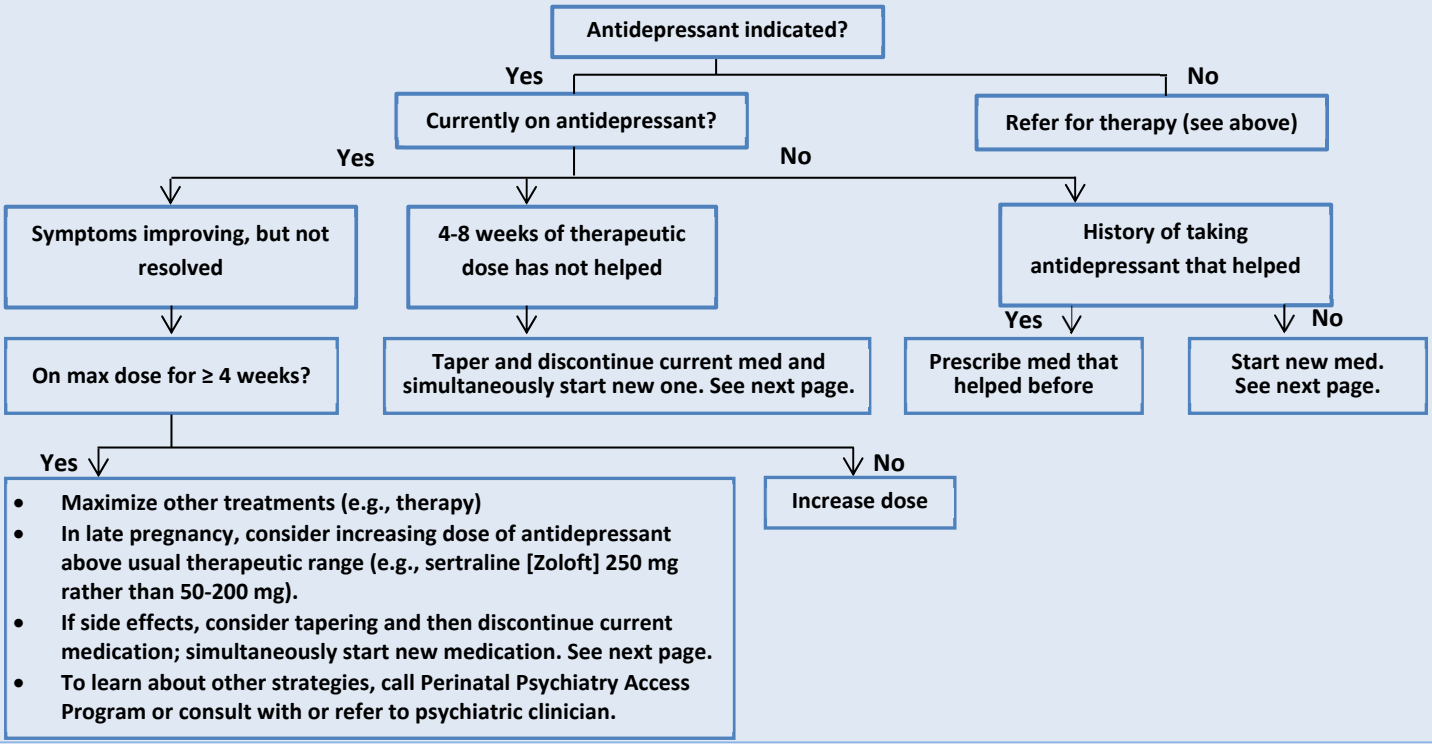
Antidepressant use during pregnancy:

- 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)



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Starting Treatment for Perinatal Mental Health Conditions

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 3rd 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 3rd trimester and when treating an anxiety disorder

General side effects oral antidepressants	Temporary (days to weeks)	Long-term (weeks to months)
	Nausea (most common)	Increased appetite/weight gain
	Constipation/diarrhea	Sexual side effects
	Lightheadedness	Vivid dreams/insomnia
	Headaches	**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

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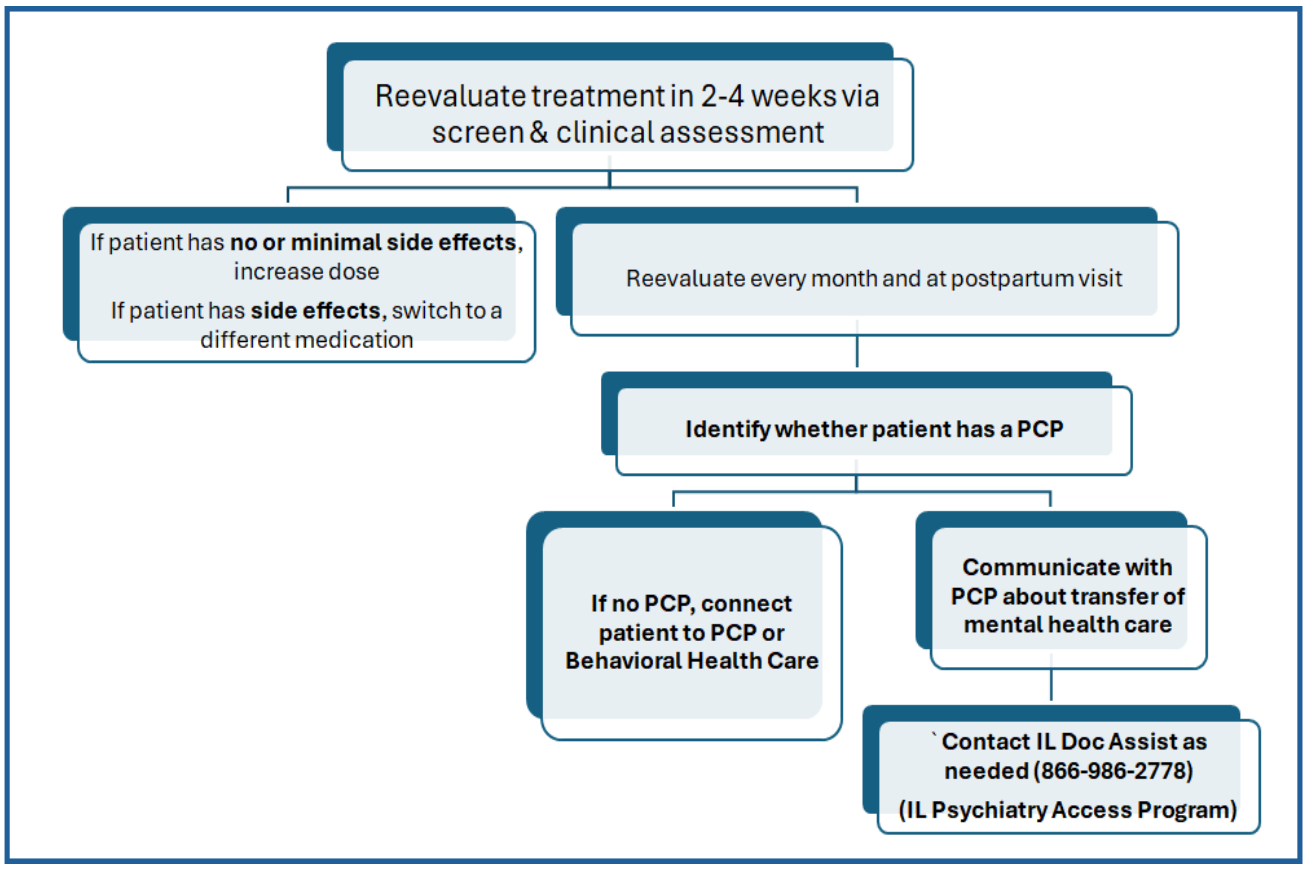
Follow-Up Treatment of Perinatal Mental Health Conditions



Adapted From: Slides Created by Tiffany Moore Simas

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

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 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 ≥ 6 months for depression and ≥ 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

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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.

ILPQC
Illinois Perinatal Quality Collaborative

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

IL PQC Illinois Perinatal Quality Collaborative

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 Pyschiatry

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

ILPQC Illinois Perinatal Quality Collaborative

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

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)

Founded in memory of Jennifer Mudd Houghtaling. Operated by Endeavor Health and sustained in partnership with the Illinois Department of Public Health.

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)

Fundada en conmemoración de Jennifer Mudd Houghtaling. Sustentada en colaboración con el Departamento de Salud Pública (Department of Public Health) de Illinois y operado por Endeavor Health.

PMH RESOURCE MAPPING TOOL FOR PROVIDERS

Program Type	Program/ Contact Info	Services Provided			Patient Cost/ Insurance Types Accepted	Additional Information
		Group Support & Education	Prenatal/ Postpartum	Psychiatry		
Community Mental Health Clinics						
Mental Health Providers						

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Perinatal Psychiatrists						
Home Visiting Programs						
Intensive Perinatal Outpatient Programs						
Perinatal Inpatient Programs						
Other						

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State Resources:

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

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

iGrow Illinois

List of early childhood home visiting programs by community

Website: https://igrowillinois.org/

DHS Office Locator

Identify medical case management programs in your community

Website: https://www.dhs.state.il.us/page.aspx?module=12

Illinois Department of Healthcare and Family Services Perinatal Depression Support Groups

Website: https://hfs.illinois.gov/medicalclients/maternalandchildhealth/supportgroups.html

Ascension Perinatal Intensive Outpatient Program

Provides in person and virtual services

Phone: 224-299-3220

On-line Referrals for Warm Handoffs to Behavioral Health Care for Pregnant and Postpartum Patients

01.

Mammha

Services: Individual therapy; group therapy; medication management; mobile app; case manager to help navigate pregnant/postpartum patients to behavioral health care
Insurance: All major insurances
Location: Virtual across IL

Refer a patient here:

02.

Hopeful Beginnings

Services: Therapy for anxiety, depression, adjustment, grief and loss; case management; Spanish and English
Insurance: Medicaid and all major insurances
Location: Virtual across IL; in -person in Palatine, Hanover Park, Elgin

Refer a patient here:

03.

Partum Health

Services: Mental health, lactation, nutrition, doula care, physicial therapy
Insurance : Clinical services - all major insurances (Medicaid coverage in Spring); Doula care - Medicaid and all major insurances
Location: Virtual across IL: in-person in Chicago

Refer a patient here:

04.

Matrescence Therapy

Services: Continuous therapy for PMH conditions, fertility, miscarriage, stillbirth
Insurance: All major insurances; free support for people with Medicaid
Location: Virtual across IL

Refer a patient here:

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**This document will be continuously updated*
Last update 3.3.26

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866-986-ASST (2778)

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.

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Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- □ Yes, all the time
- ☒ Yes, most of the time
- □ No, not very often
- □ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - □ As much as I always could
   - □ Not quite so much now
   - □ Definitely not so much now
   - □ Not at all

2. I have looked forward with enjoyment to things
   - □ As much as I ever did
   - □ Rather less than I used to
   - □ Definitely less than I used to
   - □ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - □ Yes, most of the time
   - □ Yes, some of the time
   - □ Not very often
   - □ No, never

4. I have been anxious or worried for no good reason
   - □ No, not at all
   - □ Hardly ever
   - □ Yes, sometimes
   - □ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - □ Yes, quite a lot
   - □ Yes, sometimes
   - □ No, not much
   - □ No, not at all

*6. Things have been getting on top of me
   - □ Yes, most of the time I haven't been able to cope at all
   - □ Yes, sometimes I haven't been coping as well as usual
   - □ No, most of the time I have coped quite well
   - □ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - □ Yes, most of the time
   - □ Yes, sometimes
   - □ Not very often
   - □ No, not at all

*8 I have felt sad or miserable
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Not very often
   - □ No, not at all

*9 I have been so unhappy that I have been crying
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Only occasionally
   - □ No, never

*10 The thought of harming myself has occurred to me
   - □ Yes, quite often
   - □ Sometimes
   - □ Hardly ever
   - □ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburgh Postnatal Depression Scale[1] (EPDS)

Postpartum depression is the most common complication of childbearing.[2] The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt ***during the previous week***. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)
Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)
Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.

2. All the items must be completed.

3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)

4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>past 2 weeks</u>, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Having little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Having trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Having a poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Having trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Having thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING *0* **+** _____ **+** _____ **+** _____

=Total Score: _____

If you circled <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

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 still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu.

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	◯	◯
...you were so irritable that you shouted at people or started fights or arguments?	◯	◯
...you felt much more self-confident than usual?	◯	◯
...you got much less sleep than usual and found you didn't really miss it?	◯	◯
...you were much more talkative or spoke faster than usual?	◯	◯
...thoughts raced through your head or you couldn't slow your mind down?	◯	◯
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	◯	◯
...you had much more energy than usual?	◯	◯
...you were much more active or did many more things than usual?	◯	◯
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	◯	◯
...you were much more interested in sex than usual?	◯	◯
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	◯	◯
...spending money got you or your family in trouble?	◯	◯
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please check 1 response only.*	◯	◯
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? *Please check 1 response only.* ◯ No problem ◯ Minor problem ◯ Moderate problem ◯ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	◯	◯
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	◯	◯

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry.* 2000;157:1873-1875.

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

How to Use

The questionnaire takes less than 5 minutes to complete. Patients simply check the yes or no boxes in response to the questions. The last question pertains to the patient's level of functional impairment. The physician, nurse, or medical staff assistant then scores the completed questionnaire.

How to Score

Further medical assessment for bipolar disorder is clearly warranted if patient:

- Answers *Yes* to 7 or more of the events in question #1

AND

- Answers *Yes* to question #2

AND

- Answers *Moderate problem* or *Serious problem* to question #3

Assessing Risk of Suicide

Reports thoughts of self-harm and/or +self-harm question on the EPDS/PHQ-9 (any response other than "never")
Follow EPDS/PHQ-9 +self-harm with Patient Safety Screener (suicide risk screener-next page) to further stratify risk

Ask about thoughts of self-harm or wanting to die

Thoughts of death or of self-harm are common among women with perinatal mental health conditions. The following wording can help to get information about these thoughts.

Introduce assessment to patient

"Many people have intrusive or scary thoughts. When people are sad or down, they often have thoughts about death or wanting to die. These thoughts can feel awful. They can sometimes feel reassuring or like an escape from a hard life or something else that feels too hard to bear. We are here to help you. We ask about these thoughts because they are so common."

To build up to assessing suicide risk, ask:

1. *"Have you been feeling sad or down in the dumps?"*
2. *"Is it difficult to shake those sad feelings?"*
3. *"Do you sometimes wish you weren't here, didn't exist?"*
4. *"Have you thought about ways to make that happen?"*

To assess risk of suicide, ask:

1. *"In the past two weeks, how often have you thought of death or wanting to die?"*
2. *"Have you thought about ways in which you could harm yourself or attempt suicide?*
3. *"Have you ever attempted to hurt yourself or attempted suicide in the past?"*
4. *"What prevents you from acting on thoughts of death or wanting to die?"*

Assess Risk

Assessment

LOW RISK	MODERATE RISK	HIGH RISK
Fleeting thoughts of death or wanting to die	Regular thoughts of death or wanting to die	Persistent thoughts of death/that life is not worth living
No current intent*	Has thoughts of possible plans yet plans are not well-formulated or persistent	Current intent*
No current plan**	History of suicide attempt	Current well-formulated plan**
No history of suicide attempt	Persistent sadness and tension, loss of interest, persistent guilt, difficulty concentrating, no appetite, decreased sleep	Hx of multiple suicide attempts, high lethality of prior attempt(s)
Future-oriented (discusses plans for the future)	Sometimes feels hopeless/helpless	Hx of multiple or recent psychiatric hospitalizations
Protective factors (e.g., social support, religious prohibition, other children, stable housing)	Somewhat future oriented	Continuous sadness, unrelenting dread, guilt, or remorse; not eating, < 2-3 hours of sleep/night, unable to do anything, unable to feel pleasure or other feelings`
No substance use	Limited protective factors (e.g., social support, religious prohibition, other children)	Hopeless/helpless all or most of the time
Few risk factors (e.g., mental health or medical illness, access to lethal means, trauma hx, stressful event)	+/-Substance use	Not future oriented (no plans for/cannot see future)
	Anxiety/agitation/impulsivity	No protective factors (e.g., social supports, religious prohibition, other children, stable housing)
	Poor self-care	Substance use
	Some risk factors	Not receiving mental health treatment
		Anxiety/agitation
		Many risk factors

Tell the patient that: *"I hear that you feel distressed and overwhelmed. So much so that you're having thoughts of death and dying."*
(use patient's language to describe)
"When people are overwhelmed, they often feel this way. It is common."
"I'm so glad you told me. I'm here to help. There are many things we can do to help you."

Intervene and Document Plan

Treatment

LOW RISK	MODERATE RISK	HIGH RISK
Treat underlying illness	Treat underlying illness	Do not alarm patient (reinforce her honesty). Do not leave mother and baby alone or let them leave until assessment is complete. Call another staff member
Maximize medication treatment and therapy	Maximize medication treatment and therapy	If assessed to be at imminent risk of harm to self or others, refer to emergency services (custom link)
Monitor closely	Discuss warning signs with patient and family	Treat underlying illness
Thoughts of suicide are common. Not all women need to be evaluated urgently or sent to emergency services, especially if risk factors are minimal and there is no plan or intent for suicide.	Discuss when and how to reach out for help should she feel unsafe	Maximize medication treatment and therapy
	Establish family, friends, and professional(s) she can contact during a crisis	Discuss warning signs with patient and family
	Establish and carry out a plan for close monitoring and follow-up (within 2 weeks)	Discuss when and how to reach out for help should she feel unsafe
		Contact family, friends, and professional(s) and establish how you and patient can contact them during a crisis
		Establish a plan for close monitoring and follow-up

Ideation: Inquire about frequency, intensity, duration—in last 48 hours, past month, and worst ever

***Intent:** Inquire about the extent to which the patient 1) expects to carry out the plan and, 2) believes the plan/act to be lethal vs. self-injurious. Explore ambivalence: reasons to die vs. reasons to live.

****Plan**: Inquire about timing, location, lethality, access to lethal means (e.g., gun), making preparations (e.g., hoarding medications, preparing a will, writing suicide note).

Behaviors: Inquire about past attempts, aborted attempts, rehearsals (e.g., tying noose, loading gun) vs. non-suicidal self-injurious actions.

 Funding provided by CDC grant number U01DP006093.
Authors: Byatt N., Mittal L., Brenckle L., Logan D., Masters G., Bergman A., Moore Simas T.

Name: _____Date: _____Time: _____

PATIENT SAFETY SCREENER

This screener should be administered by the obstetric care clinician. For additional information on assessment and intervention, see Lifeline for Moms Obstetric Care Clinician Algorithm, *Assessing Risk of Suicide*.

A. DETECTION (PRIMARY SCREENING)

Ask the following questions exactly as worded. If collateral information indicates ideation or attempt, document a "yes".

1. In the past two weeks, have you felt down, depressed, or hopeless? *(Not necessary to ask if PHQ9 was already administered – score it based on PHQ9 Item 2 response. 0=No, >0=Yes)*

☐ Yes ☐ No ☐ Patient unable to complete ☐ Patient refused

2. In the past two weeks, have you had thoughts of killing yourself? *

☐ **Yes** ☐ No ☐ Patient unable to complete ☐ Patient refused

3. In your lifetime, have you ever attempted to kill yourself? *

☐ Yes ☐ No ☐ Patient unable to complete ☐ Patient refused

3a. If yes, when did this happen?

☐ Within past 24 hours (including today) ☐ Within last month (but not today) ☐ Between 1 and 6 months ago

☐ More than 6 months ago ☐ Patient unable to complete ☐ Patient refused

B. DETECTION RESULT

"Yes" to Item 2 (ideation) OR "Within past 24 hours", "Within last month" or "Between 1 and 6 months ago" to Item 3a = ☐ Positive screen -> Proceed to C. Stratification

C. STRATIFICATION (SECONDARY SCREENING)

Assess the following six indicators using all data available to you, including patient self-report, collateral information, medical record review, and current observations.

	Yes	No	Unable to complete
4. Did the patient screen positive on BOTH active ideation AND a past suicide a past suicide attempt	1	0	
5. Has the individual begun a suicide plan? *"Have you been thinking about how you might kill yourself?"*	1	0	
6. Has the individual recently had intent to act on his/her ideation? *Do you think you might act on your thoughts?*	1	0	
7. Has the patient ever had a psychiatric hospitalization? *Have you ever been hospitalized for a mental health or substance abuse problem?*	1	0	
8. Does the patient have a pattern of excessive substance use? *Has drinking or drug abuse ever been a problem for you?*	1	0	
9. Is the patient irritable, agitated, or aggressive? *Note: This is an observation*	1	0	
Sum score (1 for each "Yes") **Total:**			

**A patient presenting with a current suicide attempt is an automatic Yes on Items 2, 3, 4, 5, and 6.*

D. STRATIFICATION RESULT

	Mild risk	Moderate risk	High risk
Score from Section C	☐ 0 – 2	☐ 3 – 4	☐ 5 – 6
Critical items		☐ Suicide plan **or** intent (not both)	☐ Suicide plan **and** intent
			☐ Current attempt

Risk level based on **highest** level category endorsed: ☐ **Mild** ☐ **Moderate** ☐ **High**

Notes:

Boudreaux, E. D., Larkin, C., Camargo Jr, C. A., & Miller, I. W. (2020). Validation of a secondary screener for suicide risk: results from the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE). *The Joint Commission Journal on Quality and Patient Safety*, *46*(6), 342-352. Reprinted with permission from UMass Chan Medical School.

Assessing Risk of Harm to Baby

Ask about unwanted or intrusive thoughts

Unwanted or intrusive thoughts, including those of harming the baby, are common (up to 70%) among postpartum women. Most women will not act on these thoughts because they are usually due to anxiety, depression, and obsessive/compulsive disorder, which is very different than thoughts of harming the baby that are due to psychosis/delusions. The following wording can be used to get information about whether these thoughts are present and how current and concerning they are.

"People often have intrusive thoughts or thoughts that seem to pop in from nowhere. Women often have thoughts about something bad happening to their baby. These thoughts can feel awful and sometimes feel as if they could be an escape from something too hard to bear. We are here to help you. We ask about these thoughts because they are so common."

- *Have you had any unwanted thoughts?*
- *Have you had any thoughts of harming your infant, either as an accident or on purpose?*
- If the patient answers yes to the above question, follow up with:
  - *How often do you have them?*
  - *How recently have you had them?*
  - *How much do they scare you?*
  - *How much do they worry you?*

Assessment

Assess Risk

LOW RISK *(symptoms more consistent with depression, anxiety, and/or OCD)*	MODERATE RISK	HIGH RISK *(symptoms more consistent with psychosis)*
Thoughts of harming baby are scary	Thoughts of harming baby are somewhat scary	Thoughts of harming the baby are comforting (ego syntonic)
Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)	Thoughts of harming baby cause less anxiety	Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)
Mother does not want to harm her baby and feels it would be a bad thing to do	Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do	Lack of insight (inability to determine whether thoughts are based on reality)
Mother very clear she would not harm her baby	Mother is less clear she would not harm her baby	Auditory and/or visual hallucinations are present
		Bizarre beliefs that are not reality based
		Perception that untrue thoughts or feelings are real

Treatment

Consider Best Treatment

LOW RISK	MODERATE RISK	HIGH RISK
Provide reassurance and education	Treat underlying illness	A true emergency, refer to emergency services (custom link), as needed
Treat underlying illness	Discuss warning signs with patient and family	Do not alarm patient (reinforce honesty) and do not leave mother and baby alone while help is being sought
Discuss warning signs with patient and family	Discuss when and how to reach out for help should she feel unsafe	Treat underlying illness
Discuss when and how to reach out for help should she feel unsafe	Establish family, friends, and professionals she can contact during a crisis	Discuss warning signs with patient and family
	Establish and carry out a plan for close monitoring and follow-up	Discuss when and how to reach out for help should she feel unsafe
		Establish family, friends, and professionals she can contact during a crisis
		Establish and carry out a plan for close monitoring and follow-up

Name _____ Date ___/___/_____

Please complete the questions below to help your obstetric provider understand how you have been feeling.

Circle the number in the boxes below to answer the questions. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and indicate how much you have been bothered by that problem **in the past month**.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
Repeated disturbing dreams of a stressful experience from the past?	1	2	3	4	5
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
Feeling very upset when something reminded you of a stressful experience from the past	1	2	3	4	5
Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
Loss of interest in things you used to enjoy?	1	2	3	4	5
Feeling distant or cut off from other people?	1	2	3	4	5
Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
Feeling as if your future will somehow be cut short?	1	2	3	4	5
Trouble falling or staying asleep?	1	2	3	4	5
Feeling irritable or having angry outbursts?	1	2	3	4	5
Having difficulty concentrating?	1	2	3	4	5
Being super alert or watchful on guard?	1	2	3	4	5
Feeling jumpy or easily startled?	1	2	3	4	5

Done! Thank you for completing this questionnaire!

Lifeline for moms

Scoring of Posttraumatic Stress Disorder PCL-C Screening Tool

Posttraumatic Stress Disorder/PCL-C	Circle the number in the boxes below to answer the questions. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the past month.				
	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of a stressful experience form the past?	1	2	3	4	5
Repeated disturbing dreams of a stressful experience from the past?	1	2	3	4	5
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
Feeling very upset when something reminded you of a stressful experience from the past	1	2	3	4	5
Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
Loss of interest in things you used to enjoy?	1	2	3	4	5
Feeling distant or cut off from other people?	1	2	3	4	5
Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
Feeling as if your future will somehow be cut short?	1	2	3	4	5
Trouble falling or staying asleep?	1	2	3	4	5
Feeling irritable or having angry outbursts?	1	2	3	4	5
Having difficulty concentrating?	1	2	3	4	5
Being super alert or watchful on guard?	1	2	3	4	5
Feeling jumpy or easily startled?	1	2	3	4	5
Column Total	_____	_____	_____	_____	_____

Scoring: Sum the ratings for the PCL-C items. A score of 30 or higher is a positive score Use *Assessing Perinatal Mental Health* "PTSD" section to consider treatment.

Grand Total _____

PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane, National Center for PTSD - Behavioral Science Division

OVERDOSE IS A LEADING CAUSE OF MATERNAL DEATH.

MAR Saves Lives. Connect to Care Today.

Call the Illinois Helpline **833-234-6343** and ask for MAR NOW to access immediate medications for opioid use disorder and connection to ongoing care management.

AVAILABLE 24/7 TO EVERYONE IN ILLINOIS

NO INSURANCE OR INCOME REQUIRED.

Transportation provided to pharmacies and clinics

Tele-prescription of buprenorphine for home initiation available

MAR NOW
Medication Assisted Recovery

MAR NOW is a service of the Illinois Helpline.

CDPH
Chicago Department of Public Health

EXPANDING PATIENT ACCESS TO HOME VISITING PROGRAMS IN ILLINOIS

SUSTAINING BIRTH EQUITY STRATEGIES: HOW CAN HOME VISITING HELP?

Home visitors meet regularly with clients to build relationships and provide ongoing education and support for pregnant women and parents with young children:

- Support healthy pregnancy practices
- Screenings for patients and families such as mental health, SUD, SDOH and child development
- Provide information on topics such as breastfeeding, safe sleep, nutrition, etc.
- Work with caregivers to set goals for the future
- Connect families to other services and resources in their community

PHOTO SOURCE: IDHS-DEC-BHV MONTHLY NEWSLETTER APRIL 2024

HOW CAN HOSPITALS PARTNER WITH HOME VISITING PROGRAMS?

- Identify home visiting programs in your hospital catchment area
- Reach out and establish relationships with home visiting programs that serve your patients
- Identify resources to educate patients and providers on the benefits of home visiting
- Establish a process flow to identify eligible patients and link them to home visiting programs
- Get input from patient/community partners

DHS MATERNAL CHILD HEALTH NAVIGATION & EARLY INTERVENTION PROGRAMS IN ILLINOIS

This is not a comprehensive list

DHS BETTER BIRTH OUTCOMES - COMPREHENSIVE (STATEWIDE)

DHS BETTER BIRTH OUTCOMES - NAVIGATION (CITY OF CHICAGO)

DHS HIGH RISK FAMILY CASE MANAGEMENT

Available in Madison, Peoria, St. Clair, and Winnebago Counties and West Side of Chicago

FAMILY CONNECTS ILLINOIS

Available in Chicago, Peoria, and Stephenson County

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

OTHER HOME VISITING PROGRAMS IN ILLINOIS

This is not a comprehensive list

HEALTHY START: NURTURING HEALTH, PREVENTING DISPARITIES

BRIGHTPOINT HOME VISITING: STRONGER BEGINNINGS FOR FAMILIES

EXPANDING PATIENT ACCESS TO HOME VISITING PROGRAMS IN ILLINOIS

EARLY CHILDHOOD COORDINATED INTAKE CONTACTS IN ILLINOIS

Connect Home Visiting Chicago
- 312-771-3028
- ConnecTeen@luriechildrens.org

Cicero
- 312-316-4729
- ci@family-focus.org

DuPage County
- 630-221-7746
- tblanfor@dupagehealth.org

East St. Louis
- 618-482-7654
- rlinzy@cbhc1.org

Englewood
- 312-786-5367
- kyarbrough@childrenshomeandaid.org

Kane County
- 630-208-5150
- homevisitation@co.kane.il.us

Lake County
- 847-377-8112 OR 847-377-4881
- igrow@lakecountyil.gov

Macon County
- 217-423-6988 ext 1343
- kshiflett@maconchd.org
- khouse@maconchd.org

Madison County
- 800-467-9200 ext 390 or 122
- sirish@childrenshomeandaid.org
- helliot@childrenshomeandaid.org

Oak Park / River Forest
- 708-441-4561
- jlittle@collab4kids.org
- ci@eastersealschicago.org

Peoria & Tazewell Counties
- igrowcentralil.org
- 309-687-7501 OR 309-687-7615
- areinking@chail.org AND cheider@chail.org

South Suburban Home Visiting Network
- 708-752-9039
- sshomevisiting@gmail.com

Stephenson / Carroll / Jo Daviess Counties
- 815-599-8432, 815-801-4435 OR 815-235-8356
- dgomez@stephensoncountyil.gov

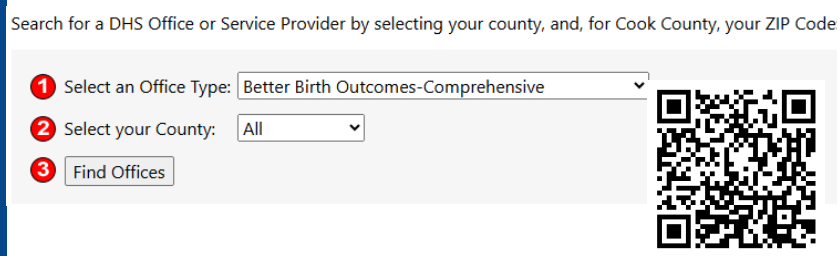
Vermilion County
- 217-483-2229
- HamiltonN@danville118.org
- dolanm@danville118.org

Winnebago County
- 815-720-4315 OR 815-720-4262
- cfloyd@wchd.org AND cboyd@wchd.org

HOW CAN HOSPITALS FIND DHS PROGRAMS FOR PREGNANT/POSTPARTUM PATIENTS NEARBY?

Utilize the DHS Office Locator to identify Maternal Child Health Navigation programs in your community. Select “Better Birth Outcomes”. Select County and/or zip code of client. Browse contact details for offices available to your patient. The BBO office can help decide which program is the best fit based on your patient’s needs.

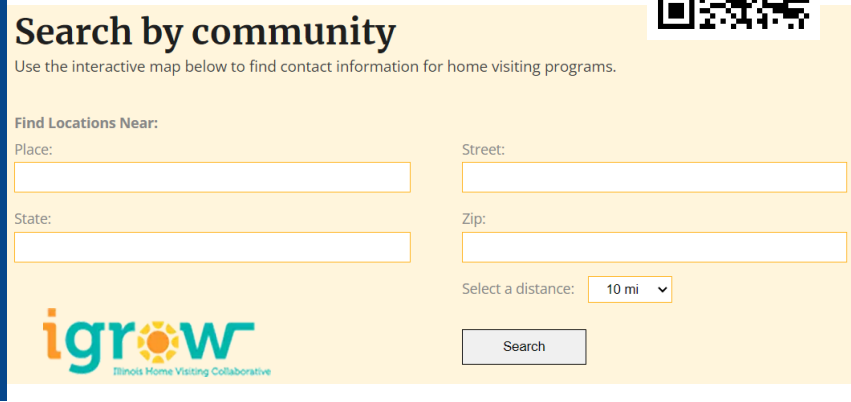
https://www.dhs.state.il.us/page.aspx?module=12



HOW CAN HOSPITALS FIND DHS EARLY CHILDHOOD HOME VISITING PROGRAMS FOR PREGNANT/POSTPARTUM PATIENTS NEARBY?

Utilize the iGrow coordinated intake contacts list on the left for a single point of entry for early childhood home visiting programs in your community if listed OR utilize the iGrow “Search by community” function to connect with local programs if coordinated intake is not available near you. All home visiting programs under the Illinois DHS are in the iGrow tool, plus more!

https://igrowillinois.org/find-a-program/



IL PQC
Illinois Perinatal Quality Collaborative

DOULA

What are you doing to expand doula access for patients at your hospital?

Are there opportunities to connect low-income or at-risk patients with doula support in your community?

Medicaid reimbursement for doula services in Illinois is coming!

Is your hospital doula friendly?

- Implement policies and protocols to better integrate doulas on L&D
- Get input from doulas in your area
- Hold doula meet & greet with OB clinical staff
- Educate patients and providers on doula benefits and how to engage doula care

Doulas can:

- **Provide information to support shared decision making during pregnancy, labor & delivery and postpartum**
- **Help explain the patient's birth plan and advocate for their emotional and physical needs to hospital staff**
- **Offer physical comfort through activities like massage and focused breathing**
- **Guide and support patient's family and loved ones**
- **Help with breastfeeding**

Doulas do not provide medical advice, but they are part of the care team and their role is an important one. They provide continuous support and encouragement during labor and delivery and can help patients have a better pregnancy, birthing and postpartum experience.

https://ilpqc.org/

ILPQC
Illinois Perinatal Quality Collaborative

DOULA Support Near you

Benefits of doula care include:

- Fewer C-sections (Cesarean sections)
- Less anxiety and depression for pregnant people
- Less pain-relief medication during labor
- Shorter time in labor
- Fewer negative childbirth experiences
- Better communication between pregnant people and their health care providers
- Lower healthcare costs

Discover Doulas serving your community by scanning this QR Code to access DoulaMatch.net. Utilize Doulas across Illinois

- Peaceful Birthing Doula
- Trinity Doula Services
- Children's Home & Aid Doula Program
- Chicago Family Doulas
- Partum Health
- Chicago Birthworks Collective
- Doulas ETC
- Doula Lab

https://ilpqc.org/

References:

- Gruber, Kenneth J et al. "Impact of doulas on healthy birth outcomes." The Journal of perinatal education vol. 22,1 (2013): 49-58. doi:10.1891/1058-1243.22.1.49
- https://www.marchofdimes.org/find-support/blog/doulas-can-improve-care-during-and-after-childbirth

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)

Founded in memory of Jennifer Mudd Houghtaling. Operated by Endeavor Health and sustained in partnership with the Illinois Department of Public Health.

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)

Fundada en conmemoración de Jennifer Mudd Houghtaling. Sustentada en colaboración con el Departamento de Salud Pública (Department of Public Health) de Illinois y operado por Endeavor Health.

POSTPARTUM DEPRESSION
AND OTHER MENTAL HEALTH CHALLENGES

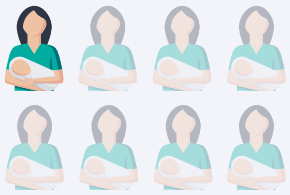
HEALTHY MOMS. STRONG BABIES. | MARCH OF DIMES

Postpartum depression (also called PPD) is a medical condition that many women get after having a baby. It's strong feelings of sadness, anxiety (worry) and tiredness that last for a long time after giving birth.

Postpartum depression is a common and treatable condition that should be taken seriously along with other mental health challenges, by healthcare providers and loved ones alike. All parents including fathers, partners, and adoptive parents can experience changes in mood when there is a new baby in the household. This is even more relevant when the parent's new baby has a birth defect or other reasons for a neonatal intensive care unit (NICU) stay.

KEY FACTS AND STATISTICS

1 IN 8 WOMEN



REPORT SYMPTOMS OF DEPRESSION AFTER GIVING BIRTH

PDD feelings are more intense and last longer than those of "baby blues," a term used to describe the worry, sadness, and tiredness many women experience after having a baby.

20%

About 1 in 5 women were not asked about depression during a prenatal visit, so it is important to tell your healthcare provider how you feel.

ABOUT 3%

OF ALL BABIES BORN IN THE U.S. ARE BORN WITH A BIRTH DEFECT

SIGNS AND SYMPTOMS

The signs and symptoms of postpartum depression may be physical, but it could also include feelings of sadness, anxiety, and exhaustion that make it difficult to complete daily care activities for yourself, your baby or others.

Changes in your feelings

- Depressed most of the day every day
- Severe mood swings
- Trouble bonding with your baby
- Shame, guilt or feeling like a failure
- Panicked or scared a lot of the time
- Thinking about hurting yourself or your baby

Changes in your everyday life

- Little interest in things you normally like to do
- Tired all the time
- Eating a lot more or a lot less than is normal for you
- Trouble concentrating or making decisions
- Trouble sleeping or sleeping too much
- Gaining or losing weight

POSTPARTUM DEPRESSION
AND OTHER MENTAL HEALTH CHALLENGES

HEALTHY MOMS. STRONG BABIES.
MARCH OF DIMES

KNOW YOUR RISKS

The risk of postpartum depression is higher for women with a history of mental health conditions or who have experienced depression or anxiety during pregnancy.

Untreated postpartum depression can have long-term effects on both the mother and child.

If you think you have symptoms of PPD call your provider right away. If you or your family/friends are worried about your safety, or think you might hurt yourself or your baby, call your provider or emergency services at 911 right away.

Options for getting free and confidential emotional support include:

- **National Alliance on Mental Illness: 1-800-950-NAMI (6264)**
- **National Maternal Health Hotline: 1-833-TLC-MAMA (6262)**
- **National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**
- **Postpartum Support International Helpline: 1-800-944-4773**

Women at increased risk of maternal mental health conditions are those who:

- have a personal or family history of mental health conditions
- lack social support, especially from their partner
- experienced a traumatic birth or previous trauma in their lives
- experienced complications during pregnancy, like having a baby with a birth defect or having a pregnancy loss
- have a baby in the NICU

MANAGING DEPRESSION

Your healthcare provider may recommend:

- **Counseling**
- **Support groups to connect with** people who share their feelings and experiences
- **Medicine** such as antidepressants

If you are pregnant or gave birth within the last year, it's important to talk to your healthcare provider about anything that doesn't feel right.

Support from family and friends can be beneficial in helping to manage symptoms of postpartum depression.

Exercise, self-care, and getting enough sleep can also be helpful in managing postpartum depression.

RESOURCES

Postpartum Depression Overview:
https://www.marchofdimes.org/find-support/topics/postpartum/postpartum-depression

CDC Hear Her Campaign:
https://www.cdc.gov/hearher/maternal-warning-signs/index.html

How Can I Manage Perinatal Anxiety?

Anxiety is the experience of excessive worry that can interfere with an individual's personal health, work, social interactions, and everyday routine life circumstances.

Anxiety is a common experience that occurs in **1 out of 5 individuals.** Anxiety can increase with birthing individuals during the perinatal and postpartum period.

Perinatal anxiety is a treatable disorder that can be managed with mindful behaviors, psychotherapy and medication management.

Ways to Manage Perinatal Anxiety

MINDFULNESS

WHAT IS IT?
Mindfulness is a behavioral action where you focus on being intensely aware of what you're sensing and feeling in the moment, without interpretation or judgment.

WHAT DOES IT LOOK LIKE?
- Concentration on breathing
- Being present and aware of current surroundings
- Being gentle and nonjudgmental with self

HOW DOES IT HELP?
- Improves decision-making skills
- Decreases tension
- Clarity of thought

PSYCHOTHERAPY (TALK THERAPY)

WHAT IS IT?
Psychotherapy is a treatment model that uses talking as an approach to explore and identify causes of stress and anxiety. Cognitive Behavioral Therapy (CBT) is a type of psychotherapy that can help manage anxiety disorders by reframing anxiety-producing thoughts. Reframing is redefining a problem as a challenge. Redefining is also a solution-oriented response to challenges that can create stress and anxiety.

WHAT DOES IT LOOK LIKE?
- Shift one's perspective to a more empowered position
- Be gentle and curious with yourself
- Identify what you are experiencing and ask yourself what do you need

Examples:
- I am lazy vs. I am exhausted and taking a moment to rest
- I can't do this vs. I am feeling overwhelmed and need support

HOW DOES IT HELP?
CBT teaches different ways of thinking and reframing to reduce anxiety-producing thoughts and behaviors. CBT's goal is to identify our thoughts to select helpful behavioral actions to shift thinking and behavior.

MEDICATION MANAGEMENT

WHAT IS IT?
Medication management should be discussed thoroughly with your medical provider to determine if medication is an appropriate option for you and baby.

Questions to ask your provider:
- What are the benefits of taking anti-anxiety medication during pregnancy or after I give birth?
- What are the risk factors for taking medication?
- How long will I be taking medication for?
- Are there any long-term effects of taking medication?
- How do I notice a change in anxious moods while on medication?

WHAT DOES IT LOOK LIKE?
The most common classes of medications used to combat anxiety disorders are anti-anxiety and antidepressants. SSRI's are the most common prescribed anxiety medication including: sertraline (Zoloft), paroxetine (Paxil) and fluoxetine (Prozac)

HOW DOES IT HELP?
Medication management can provide additional support to managing one's anxious mood.

These materials were developed by ACOG with funding through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EA #14226)

Talk About Depression and Anxiety During Pregnancy and After Birth

Ways You Can Help

Pregnancy and a new baby can bring a mix of emotions—excitement and joy, but also sadness and feeling overwhelmed. When these feelings get in the way of your loved one taking care of herself or the baby—that could be a sign that she's dealing with deeper feelings of depression or anxiety, feelings that many pregnant women and new moms experience.

LISTEN

Open the line of communication.

- "I know everyone is focused on the baby, but I want to hear about you."
- "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"
- "I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling."
- "I really want to know how you're feeling, and I will listen to you."

OFFER SUPPORT

Let her know that she's not alone and you are here to help.

- "Can I watch the baby while you get some rest or go see your friends?"
- "How can I help? I can take on more around the house like making meals, cleaning, or going grocery shopping."
- "I am here for you no matter what. Let's schedule some alone time together, just you and me."

OFFER TO HELP

Ask her to let you help her reach out for assistance.

- "Let's go online and see what kind of information we can find out about this." Visit **nichd.nih.gov/MaternalMentalHealth** to learn more.
- "Would you like me to make an appointment so you can talk with someone?" Call her health care provider or the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.
- "I'm very concerned about you." Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.

During Pregnancy and After Birth: Learn the Signs of Depression and Anxiety

You may be the first to see signs of depression and anxiety in your loved one while she is pregnant and after she has had the baby. Learn to recognize the signs and, if you do see them, urge her to talk with her health care provider.

DOES SHE:
Seem to get extremely anxious, sad, or angry without warning?
Seem foggy and have trouble completing tasks?
Show little interest in things she used to enjoy?
Seem "robotic," like she is just going through the motions?
DO YOU:
Notice she has trouble sleeping?
Notice she checks things and performs tasks repeatedly?
Get concerned she cannot care for herself or the baby?
Think she might hurt herself or the baby?

Depression and Anxiety Happen. **Getting Help Matters.**

To learn more, visit **nichd.nih.gov/MaternalMentalHealth**.
To find a mental health provider in your area, call **1-800-662-HELP (4357)**.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

National Child & Maternal Health Education Program

We Can Help with Perinatal Mental Health

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, "You must be so happy!"

But what if you're not? What if you're depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don't know how to talk about it?

You're not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S.

1 IN 5
women and 1 in 10 men experience depression or anxiety during the perinatal period.

Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it's simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we've provided resources and programs to help give new families the strongest and healthiest start possible.

(Turn this sheet over to learn more about our programs.)

Ask Yourself

- ◯ Are you feeling sad or depressed?
- ◯ Do you feel more irritable or angry with those around you?
- ◯ Are you having difficulty bonding with your baby?
- ◯ Do you feel anxious or panicky?
- ◯ Are you having problems with eating or sleeping?
- ◯ Are you having upsetting thoughts that you can't get out of your mind?
- ◯ Do you feel as if you are "out of control" or "going crazy?"
- ◯ Do you feel like you never should have become a parent?
- ◯ Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder.

The good news is that you can get treatments that will help you feel like yourself again. **There is no reason to continue to suffer. Go to postpartum.net for more information.**

Perinatal Mental Health Disorders

PMH Disorders

The perinatal period includes pregnancy, post-loss, and the 12 months postpartum.

- **Perinatal Depression**
  Symptoms may include feelings of anger, sadness, irritability, guilt, lack of interest in your baby, changes in eating and sleeping habits, trouble concentrating, hopelessness, and sometimes even thoughts of harming your baby or yourself.
- **Perinatal Anxiety**
  Symptoms may include extreme worries and fears, often over the health and safety of your baby. Some people have panic attacks, which can include shortness of breath, chest pain, dizziness, numbness and tingling, and a feeling of losing control.
- **Perinatal Obsessive Compulsive Disorder (OCD)**
  Symptoms may include repetitive, upsetting, and unwanted thoughts or mental images (obsessions), and/or the need to avoid triggers to certain things over and over (compulsions).
- **Postpartum Post-Traumatic Stress Disorder**
  This is often caused by a traumatic or frightening childbirth or past trauma. Symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.
- **Bipolar Mood Disorders**
  Many people are diagnosed for the first time with bipolar depression or mania during pregnancy or afterward. A bipolar mood disorder can appear as severe depression.
- **Perinatal Psychosis**
  Symptoms may include the inability to sleep, seeing images or hearing voices that others can't. You may believe things that aren't true and distrust those around you or have periods of confusion, mania, depression, or memory loss. This condition is uncommon but dangerous, so it is important to seek professional help immediately.

IT'S IMPORTANT
to get the support and care you need.

PSI Programs

PSI offers a wealth of resources for a wide range of needs, situations, and audiences. Our key programs for affected individuals and families include:

- **PSI HelpLine,** a toll-free phone number 1-800-944-4773 anyone can call for basic information, support, and resources. Support via text message is also available at 800-944-4773 and 971-203-7773 (Español).
- **Peer Support,** over 30 Online Support Groups available five days a week, a Peer Mentor Program that pairs individuals in need with a trained volunteer who has also experienced and fully recovered from a PMH disorder.
- **Chat with an Expert,** facilitated by licensed mental health professionals, these sessions provide an opportunity to seek general information about PMH disorders from a PSI expert.
- **Online Provider Directory** (psidirectory.net) that helps individuals and families quickly and easily connect with qualified perinatal mental health providers in their area.
- **Climb Out of the Darkness,** an international community event that brings together survivors, providers, and supporters in the world's largest PMH awareness and fundraising event.

You can also find support, learn more about our programs, and get involved at **postpartum.net**

Call the PSI HelpLine at 1-800-944-4773 (English and Spanish) or visit postpartum.net
Text "Help" to 800-944-4773 for English. Mande un mensaje a 971-203-7773 por ayuda en español.

April 2023

Scan for Help!

Postpartum Support International

Free Online Support Groups

800-944-4773 | postpartum.net

Mood & Mental Health Support for Moms/Birthing People

- Bipolar Support for Perinatal Moms & Birthing People
- Birth Trauma Support
- Birth Trauma Support for BIPOC Birthing People
- Black Moms Connect
- Perinatal Mood Support for Moms
- Military Moms
- Perinatal Mood Support for Returning Members Only
- Perinatal OCD Support for Moms
- Pregnancy & Postpartum Psychosis Support for Survivors (Moms & Birthing People)
- Pregnancy Mood Support Group
- Birth Moms Support Group
- Perinatal Support for Latinx Moms & Birthing People
- Perinatal Support for South Asian Moms
- Mindfulness for Pregnant & Postpartum Parents

Post - Abortion Support

- Post-Abortion Support

Parenting

- Adoptive & Foster Parent Support for the Early Years
- NICU Parents
- Pregnant & Postpartum Parents of Multiples
- Queer & Trans Parents Support Group
- Single Perinatal Parent Support
- Support of Parents of One to Four-Year- Old Children
- Support for Parents of High Needs Babies
- Dads Group
- Perinatal ADHD Support Group
- Support for Families Touched by Postpartum Psychosis

Spanish Groups

- Grupo de apoyo gratuito papas
- Grupo de Apoyo para el Embarazo
- Grupo de Apoyo para el Posparto
- Grupo de Apoyou para Padres con Ninos con Necesidades Especiales
- Grupo de Apoyo "Peridida y Duelo"
- Grupo de Apoyo Perinatal
- Grupo de Apoyo "Retos de la Crianza"
- Grupo de Apoyo "Retos de la Fertilidad"
- Grupo para Madres Independientes

BIPOC Groups

- Birth Trauma Support for BIPOC Birthing People
- Black Moms Connect
- Perinatal Support for Latinx Moms & Birthing People
- Perinatal Support for South Asian Moms
- Black Moms in Loss

Loss & Grief Support

- Black Moms in Loss
- Early Pregnancy Loss Support for Moms
- Fertility Challenges
- Parenting After Loss
- Pregnancy After Loss Support
- Pregnancy After Stillbirth & Early Infant Loss
- Pregnancy & Infant Loss Support for Moms
- Pregnancy & Infant Loss Support for Parents
- Stillbirth & Infant Loss Support for Parents
- Termination for Medical Reasons
- Pregnancy and Parenting After Termination for Medical Reasons

Postpartum Progress
together, stronger.

New Mom Checklist for Maternal Mental Health Help

Name: _____ Mom's age: _____

I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (*Mom, check any that may apply*):

- ☐ Postpartum depression (PPD)
- ☐ Postpartum anxiety or OCD
- ☐ Postpartum psychosis
- ☐ Postpartum PTSD (post-traumatic stress)
- ☐ Bipolar disorder or mania
- ☐ Not sure; I just know something isn't right

Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (*Mom, check any that apply to you*):

- ☐ I can't sleep, even when my baby is sleeping.
- ☐ I have lost my appetite.
- ☐ I feel sad. I have been crying a lot for no reason.
- ☐ I am feeling worried or anxious most of the time.
- ☐ I am having anger or rage that is not normal for me.
- ☐ I feel numb or disconnected from my life. I can't enjoy the things I used to.
- ☐ I don't feel like I'm bonding with my baby.
- ☐ I am having scary "*what if*" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts, a sign of postpartum OCD).
- ☐ I feel a lot of guilt and shame.
- ☐ I'm worried that I'm not a good mother.
- ☐ I feel overwhelmed with all of the things in my life.
- ☐ I can't concentrate or stay focused on things.
- ☐ I feel like I'm losing it.
- ☐ I want to be alone all or most of the time.
- ☐ My thoughts are racing. I can't sit still.
- ☐ I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- ☐ Sometimes I wonder if my baby or my family would be better off without me.
- ☐ I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, shortness of breath, panic attacks)
- ☐ I have had serious thoughts of hurting myself.
- ☐ I have had thoughts that I should (not that I might or what if, but that *I should or need to*) hurt my baby or someone else.
- ☐ I am worried I'm seeing or hearing things that other people don't see or hear.
- ☐ I'm afraid to be alone with my baby.
- ☐ I feel very concerned or paranoid that other people might hurt me.

I have had these symptoms for more than _____ weeks. I am _____ weeks/months (circle one) postpartum.

Here are some recognized risk factors for maternal mental illness that may help you understand my situation (*Mom, check any that apply to you*):

- ☐ I have had depression, anxiety/OCD or PPD before
- ☐ I have a history of bipolar disorder or psychosis
- ☐ My family has a history of mental illness
- ☐ I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent)
- ☐ I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- ☐ I'm a single mom
- ☐ I don't have much help or support at home from my partner or family members
- ☐ I have a lot of financial stress
- ☐ I have had infertility treatment
- ☐ My baby has colic, reflux or other health problems
- ☐ I have had a previous miscarriage or stillbirth
- ☐ I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)
- ☐ I delivered multiples
- ☐ I'm away from my home country or culture
- ☐ I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest)

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a national nonprofit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit postpartumprogress.org.