Perinatal Mental Health Outpatient Packet User Guide

Hospital teams are asked to share the Perinatal Mental Health Outpatient Packet with affiliated outpatient sites. Please share the user guide, key resources, and revised draft letter as appropriate.

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 close OB follow up (within 2 weeks), and also will provide resources for warm handoffs to therapy / follow up behavioral health care, IL MOMS Line, home visiting, PSI peer support groups or other supports.
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. Refer to the attached **PMH Purple Folder** for additional resources.
8. ****Make multiple copies of the PMH Purple Folder and have available in your clinical space for accessible resources.** Pull a PMH Purple Folder whenever you have a +PMH screen, provides helpful resources for the clinical team to provide optimal PMH care and resources for patients who screen positive for perinatal mental health conditions during pregnancy or postpartum. Make a plan to regularly make more folders to keep on hand****
9. **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.

Date:
Attention <outpatient prenatal care site manager/OB and nurse leaders>:

We are pleased to share important resources to support optimizing your clinical team's 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. The goal is to make it easy to improve PMH care for every patient, every time as improving PMH care can save lives.

< 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?

1. 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.
2. Provide all patients with perinatal mental health education resources prenatally and at postpartum visits. See attached resources for perinatal mental health education and support resources such as IL MOMS Line, PSI peer support groups, home visiting programs or other supports.

3. 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 to therapy / follow up behavioral health care:
4. Document results of PMH screening as well as counseling on treatment options, treatment plan and warm handoff for behavioral health care follow up in the patient's chart and confirm the hospital OB team is aware of positive prenatal PMH screens.
5. 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 providers counsel on treatment options, start treatment and arrange close follow up..
6. Confirm your OB providers have easy access to and understand how to use free state PMH resources: IL DocAssist, IL MOMS Line and MAR Now (see flyers and information in the resources provided)
    - 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 pregnant/postpartum patient to **IL MOMS Line** to provide 24/7 perinatal mental health support and help with linkage to behavioral health care follow up.
    - Connect patient with substance use disorder to **MAR Now** for fast access to opioid use disorder treatment and follow up care coordination.
7. Please refer to the attached PMH Purple Folder and laminated treatment algorithms for additional resources. Consider making copies of the PMH Purple Folder for your clinical unit to pull with PMH screen positive patients, for easy access to resources for providers and patients.
8. 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.

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 with documentation they were offered or provided 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 close OB 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