

Emergency Departments Can Help Improve Perinatal Mental Health Care

Mental Health and Pregnancy-Related Deaths During Pregnancy and the Postpartum Period More Often Had ED Visits

At least one ED visit during pregnancy or up to one year postpartum



Implementing PMH Workflows in Your ED

- Identify all pregnant and patients up to one year post pregnancy in the ED triage
- Perinatal mental health screening if pregnant or patients up to 1 year postpartum
 - EPDS/PHQ-9 for depression; GAD-7 for anxiety
- Workflow for response to positive PMH screens
 - Assess for safety/severity (mild/mod/severe)
 - Counsel on treatment options (therapy, meds or both) – can call *IL DocAssist* for help.
 - Link to OB / PCP follow up within 2 weeks to assess, start meds as needed, confirm follow up
 - For mod/severe scores consider protocol for assessment and options for medication start (helpful to meet with ED / OB / SW / psych leaders to discuss protocol options)
 - Warm hand off for therapy/behavioral health care (*IL MOMS Line* and online referrals are 24/7 for help, or other local resource)
 - Provide education and support resources
- Ensure state perinatal mental health hotline resources (*IL DocAssist*, *IL MOMS Line*, & *MAR Now*) are easily accessible for ED clinical teams
- Complete PMH education for all ED providers/nurses

ED PMH Education: Maternal Health Emergency Department Toolkit - Module C (30 min)

- Best practices for Perinatal Mental Health care in the ED, conducting PMH screening and response to + screens
- Can complete Module C separately, before other maternal health modules

Scan here:



Perinatal Mental Health Quick Resources

