Perinatal Mental Health July Webinar: Engaging Emergency Departments in PMH Work

July 27th, 2026

12:00pm – 1:00pm

ILPQC
Illinois Perinatal Quality Collaborative

Attendance Poll

Please fill out the poll so that we can track hospital team attendance for Perinatal Mental Health Webinars. If unable to complete poll, please email rebecca.ainis@northwestern.edu

IL PQC
Illinois Perinatal Quality Collaborative

Staff supporting the Perinatal Mental Health (PMH) initiative!

Rebecca Ainis

ILPQC Project Coordinator

Email: rebecca.ainis@northwestern.edu

Kristina Diaz

ILPQC Nurse Quality Manager

Email: kristina.diaz@northwestern.edu

Call Overview

- ILPQC/PMH Announcements
- Tracking Progress with PMH Data Review
- Engaging Emergency Departments in PMH Work
- Team Talk
  - University of Chicago Medicine; Anna Marzano, BSN, RN, C-EFM, CBC
- PMH Next Steps

ILPQC Announcements

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Recognition for OB Providers Engaging in your PMH Initiative

Help them get ABOG credit for QI work

The PMH Initiative is an approved ABOG Continuing Certification Part IV activity

Steps to receive ABOG QI credit: **Must be completed by November 15th**

1. **Identify providers who meaningfully participate in your PMH initiative QI work**
2. Submit attestation form in REDCap detailing provider participation in PMH initiative
3. ILPQC approves and sends provider and QI team certificate of completion
4. Provider applies for Continuing Certification in ABOG portal by November 15th
5. Provider selects ILPQC PMH initiative as Part IV requirement for QI activity and uploads certificate of completion

Complete the attestation form for each OB provider by September 15th :

Another opportunity to engage OB provider participation on your PMH QI team

Changes to the Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act

Section 15 requires as of January 1, 2026

- Hospitals must "distribute these [maternal mental health educational] materials to employees regularly assigned to work with pregnant or postpartum women."
- Hospitals must "incorporate these materials in any employee training that is related to patient care of pregnant or postpartum women."
- Hospitals should distribute maternal mental health educational materials to "hospital employees assigned to work in the perinatal unit" and **"Any other service the birthing hospital determines should be included in the program to provide optimal patient care."**
- ILPQC's PMH initiative and recommended training e-modules meet the requirement for PMH education for Illinois hospitals for OB staff and ER staff

OB staff and ER staff should be included in PMH training for optimal patient care

Scan here to access the full PDF of the act

PMH Clinician Training Opportunity

- ILPQC is sponsoring an upcoming PSI PMH training
- **What:** Online Maternal Mental Health Certificate Training Course on the track to receiving PSI Perinatal Mental Health-C certification
- **Who:** Mental health and healthcare providers, including social workers, psychologists, marriage and family therapists, childbirth professionals, physicians, nurses, and psychiatric providers
- **When:**
  - September 14-December 21, 2026
  - Mondays at 12-2pm CST

Complete interest form here

Visit the PSI perinatal mental health training website for more information on PSI trainings:

Trauma-Informed Care Workshop

- ILPQC is sponsoring four trauma-informed care trainings led by Dr. Tracey Vogel, Director of the Perinatal Trauma-Informed Care Clinic in Pittsburgh, PA, for anyone on your QI team, providers, nurses, social workers, learners (great for OB residents/fellows)
- **What: 4 half-day in-person workshops**: 2 in Chicago & 1 in Southern and 1 in Central, IL
- **When:**
  - **Southern IL:** August 28th, 2026; 8am-12pm
  - **Chicago:** September 10th, 2026; 8am-12pm
  - **Central IL:** September 11th, 2026; 8am-12pm
- **Where:**
  - **Southern IL:** Southwestern Illinois College, Belleville, IL
  - **Chicago:** Glenbrook Hospital, Glenview, IL
  - **Central IL:** OSF Children's Hospital of Illinois, Peoria, IL

Dr. Tracey Vogel

August 28th registration:

September 10th registration:

September 11th registration:

Community Doula Training Program: 2nd Cohort

Building Hospital / Doula Engagement strategy for Birth Quality Designation

Program Entails:

1. Hospitals identify doulas who need additional training or patients/community members who want to be doulas
2. Nominated candidates will receive FREE Medicaid Eligible Doula Training
3. Hospitals support, mentor, and celebrate their doula candidates success!

July 2026

Hospitals Nominate Doula Candidates

Deadline: July 31

July 2026

Doula Candidate Enrolls in Training

Deadline: July 31

August 2026

Launch of the 2nd Community Doula Cohort

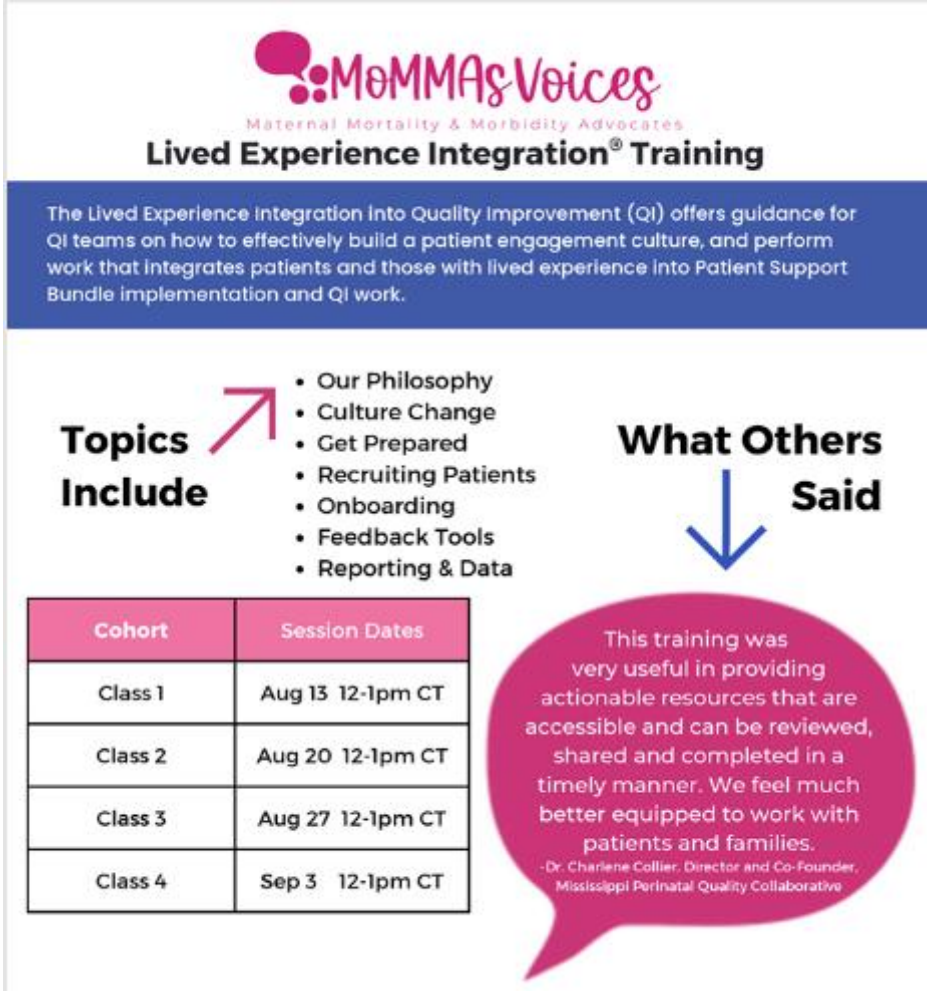
NOMINATE YOUR DOULA CANDIDATE

Contact info@ilpqc.org with questions

Mommas Voices Lived Experience Integration Training

Offers guidance on how to effectively build a patient engagement culture and perform work that integrates patients and those with lived experience into Patient Support Bundle Implementation and QI work

- **Free Training for first 50 hospital teams to sign up**
  - 4 weekly 1-hour live Zoom sessions, optional self-paced sessions: *Noon to 1pm, August 13, 20, 27th & Sept 3rd*
- **Hospital Benefits**
  - 5 free Patient Family Partner training coupons per hospital
  - Technical assistance: 30-min kickoff + ongoing support
  - Builds strong, sustainable patient and family partners

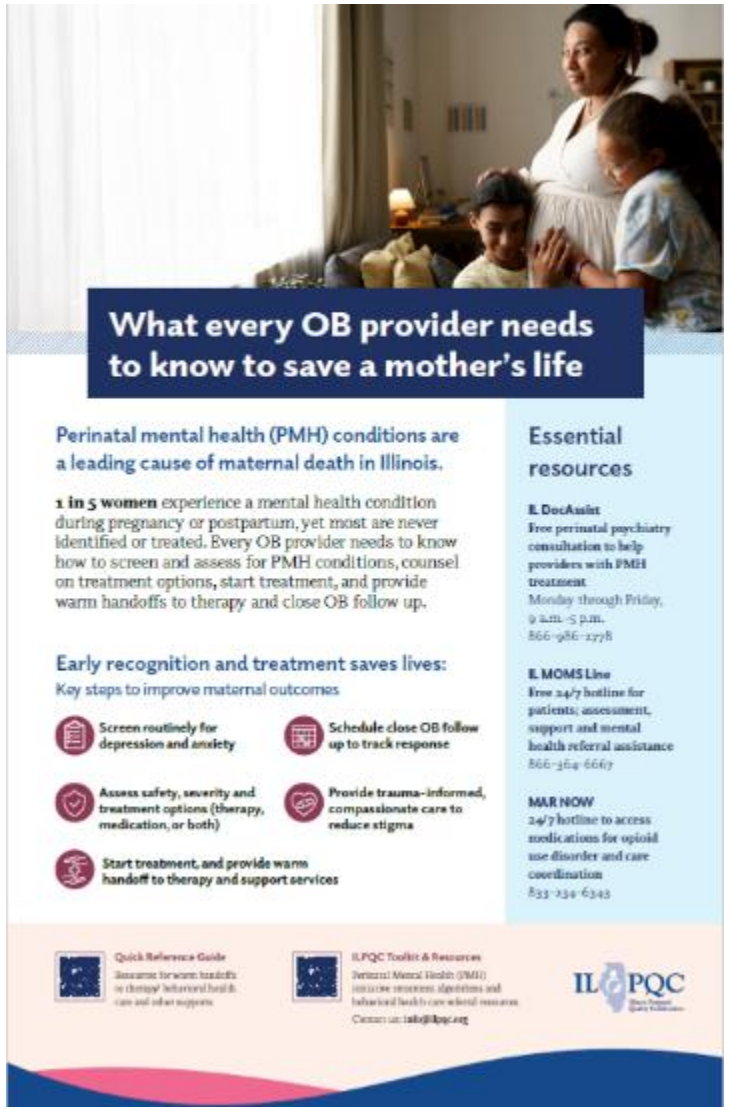


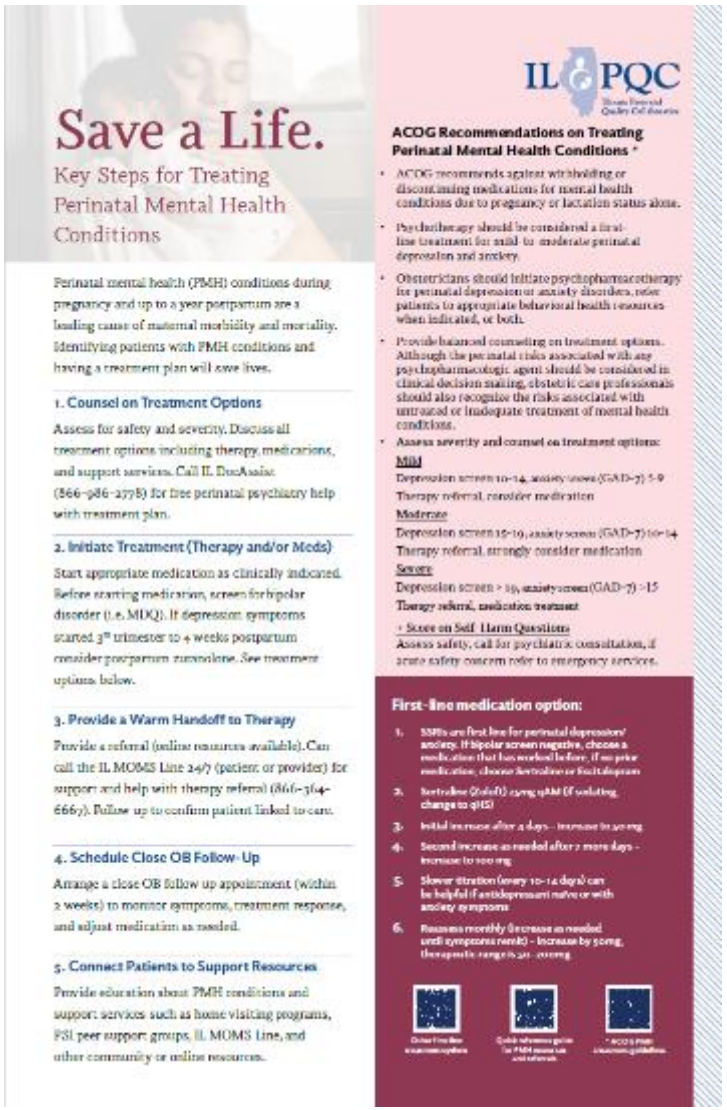
Sign up here to get your team registered

Contact info@ilpqc.org with questions

PMH OB Provider Education Campaign

Posters with PMH Workflows





Magnets with state hotlines

Scan here to request additional materials!

Continuing the Momentum Through QI Support

ILPQC continues to offer QI support to teams at all stages of PMH implementation!

- Reach out to Rebecca (rebecca.ainis@northwestern.edu) to schedule a 1:1 call to go over progress, resources & strategies
- Rebecca is currently reaching out to hospitals missing certain measures (if she reaches out, please respond and schedule a meeting time
- Attend weekly office hours, Thursdays 1-2pm, connect with ILPQC for help & other hospitals teams
  - Register for office hours here:

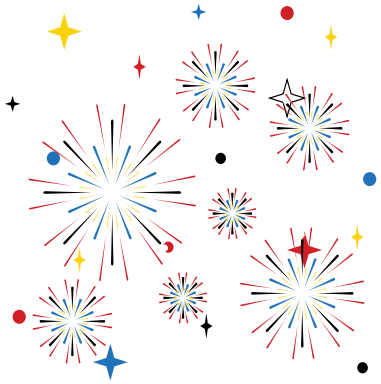
Tracking Progress with PMH Data

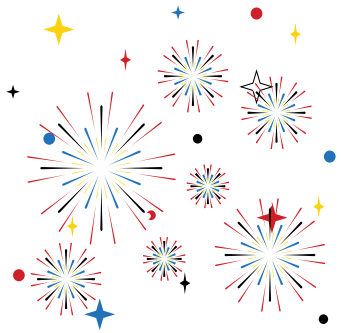
Reviewing Data through May

Teams are engaged and working hard to improve PMH care across IL!

87% of hospital teams submitted June 2026 data!

Make sure your team is continuing to submit data monthly to show your progress!





150 attendees at the June PMH webinar

PMH Structure Measures

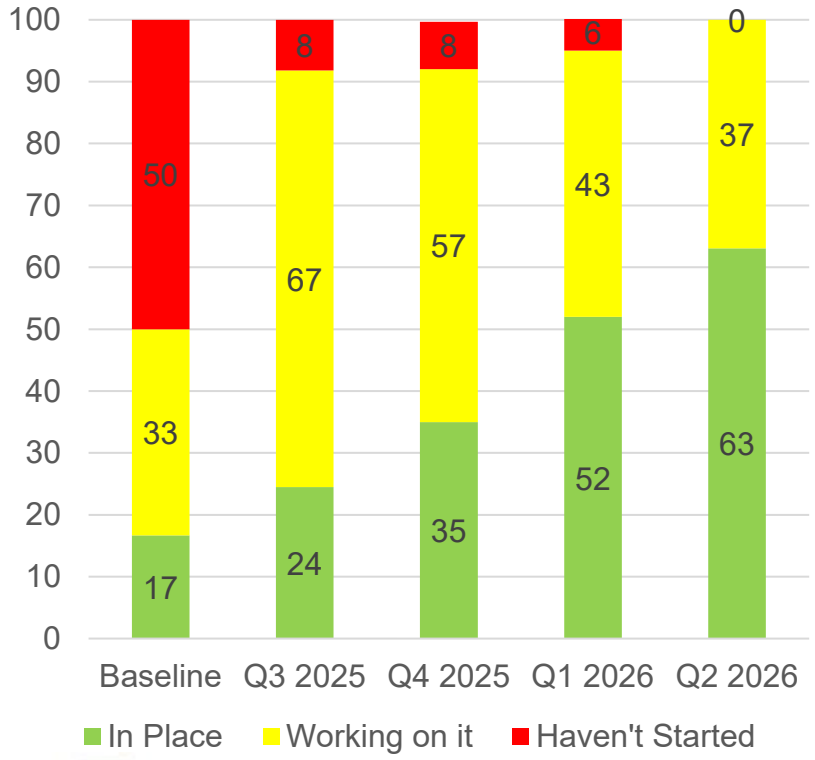
Systems changes achieved to provide optimal PMH care

ILPQC Illinois Perinatal Quality Collaborative

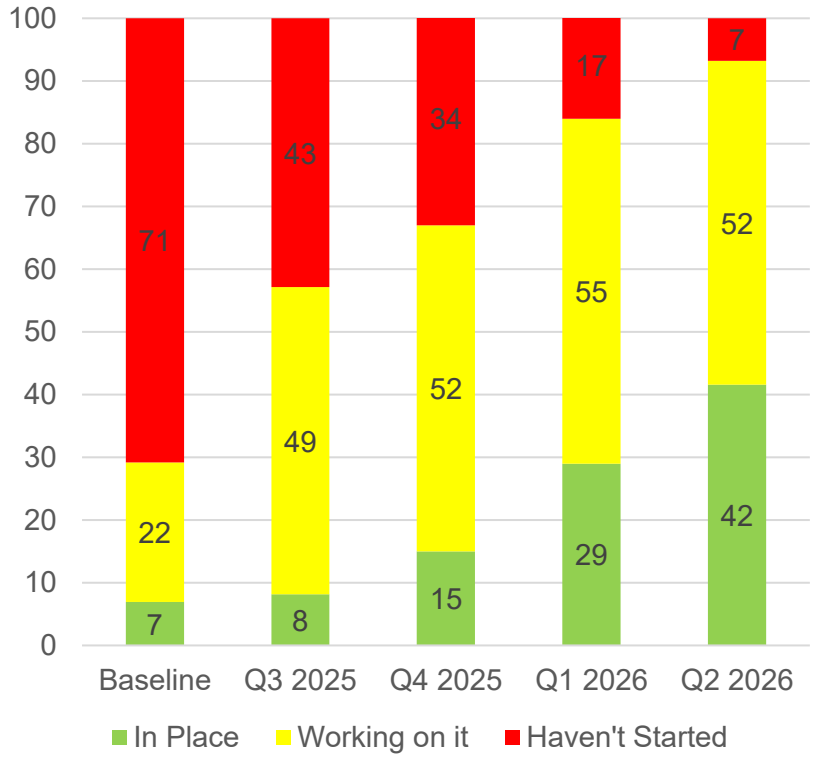
Creating PMH Systems Changes

Moving to Green on Education Measures

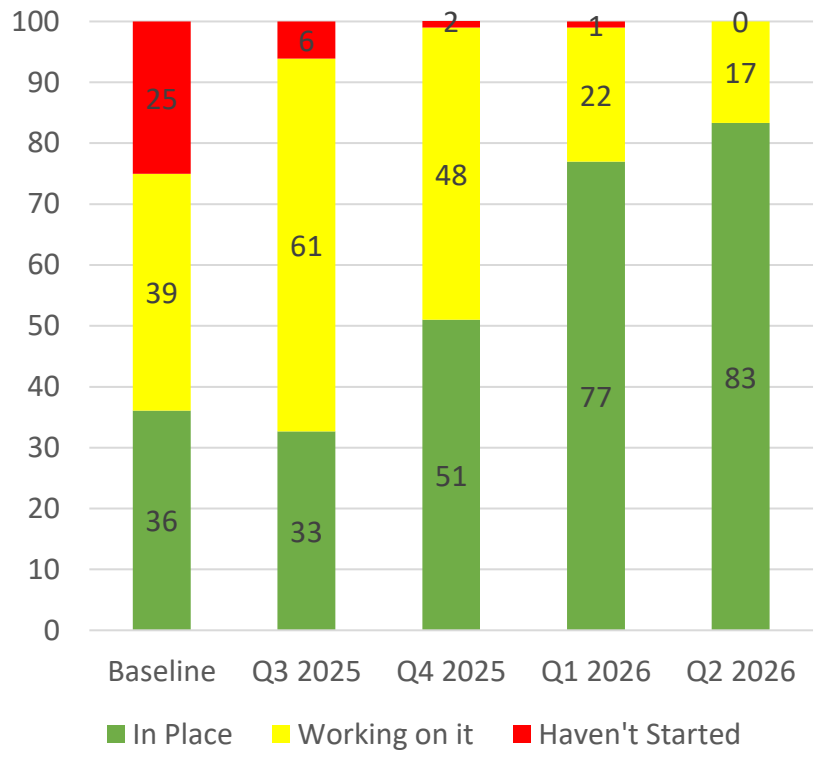
OB clinical staff education on PMH conditions



ER clinical staff education on PMH conditions



Postpartum patients provided education on PMH conditions



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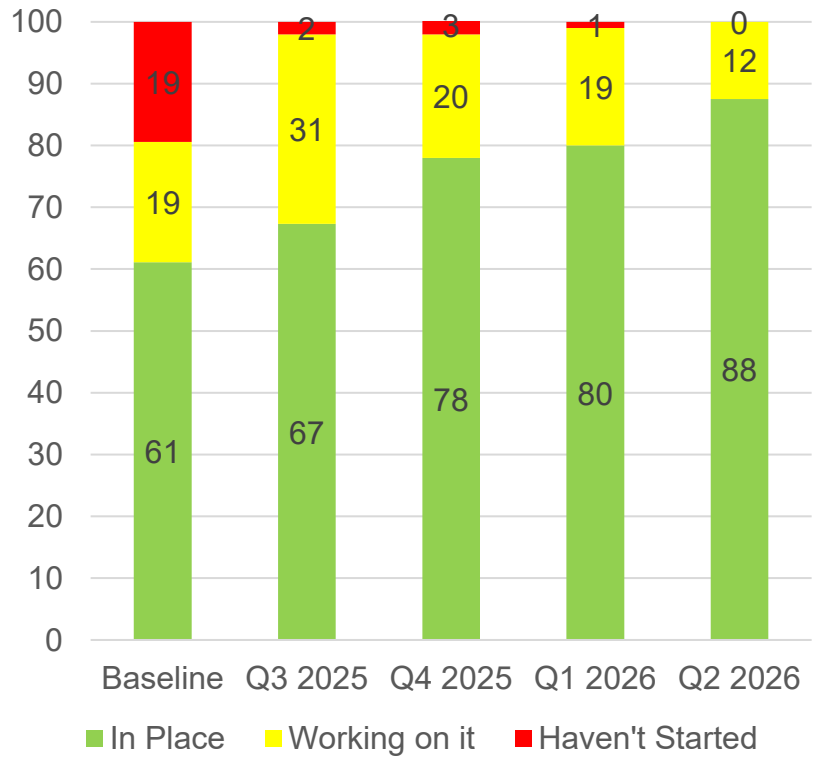
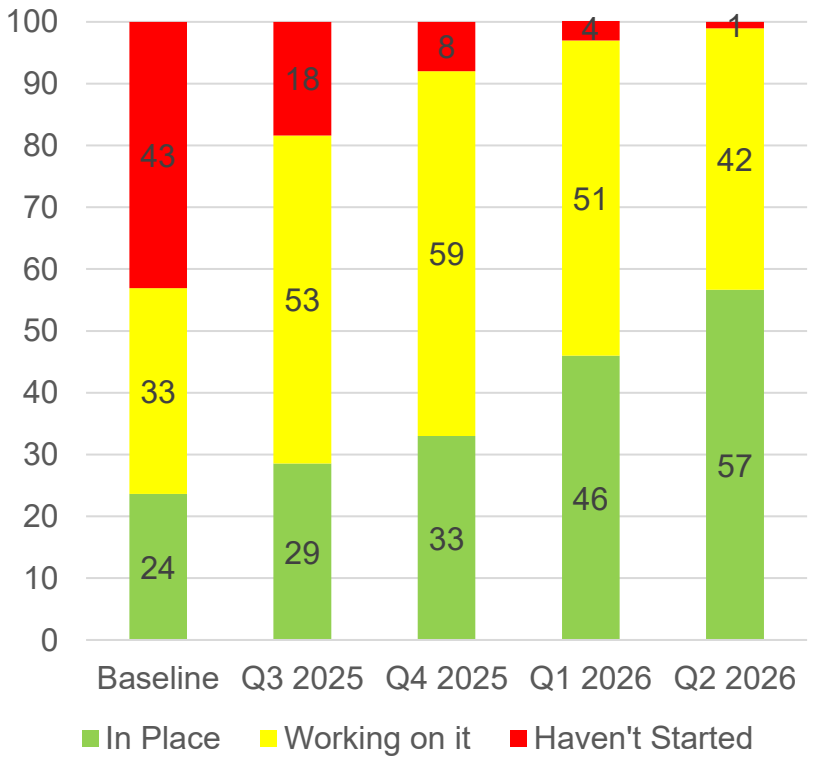
Creating PMH Systems Changes

Moving to Green on Screening, Treatment, and Linkage to Follow-up

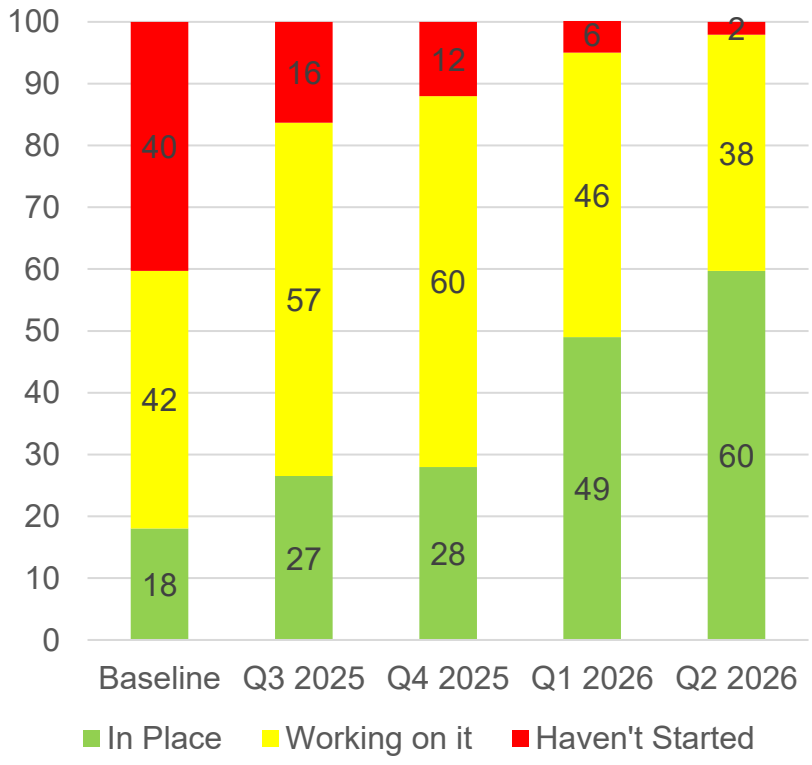
Hospital has protocol to screen all patients



Hospital has treatment protocol for + PMH screens



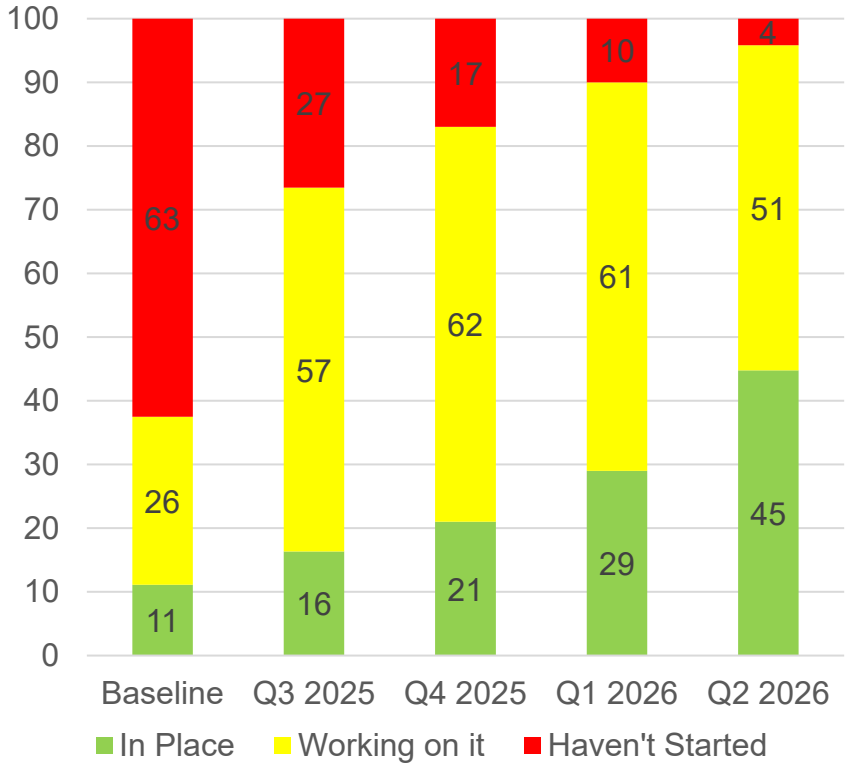
Hospital has process flow to link + patients to behavioral health care



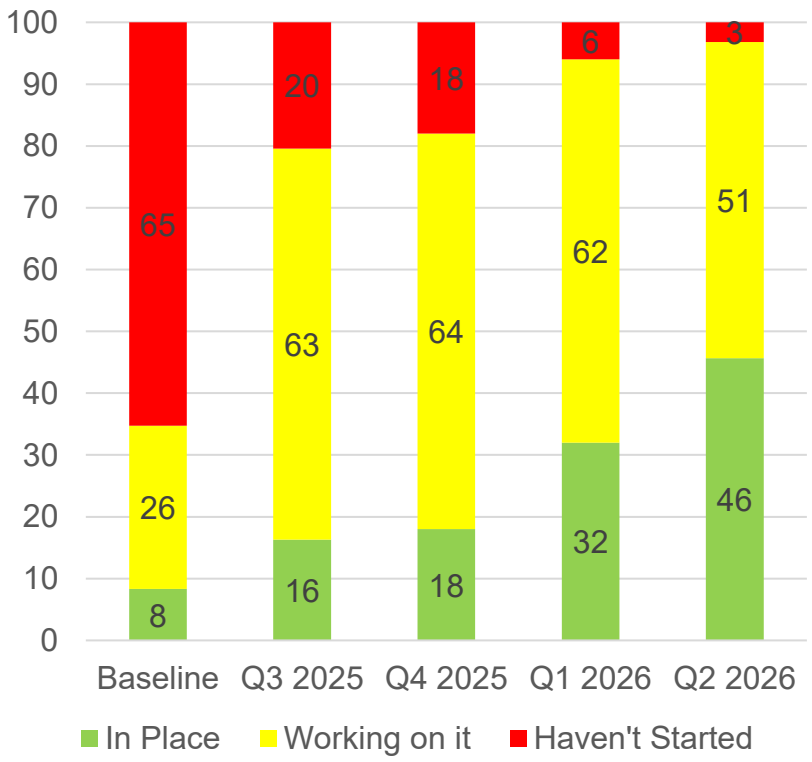
Creating PMH Systems Changes

Moving to Green on Engaging Outpatient Sites

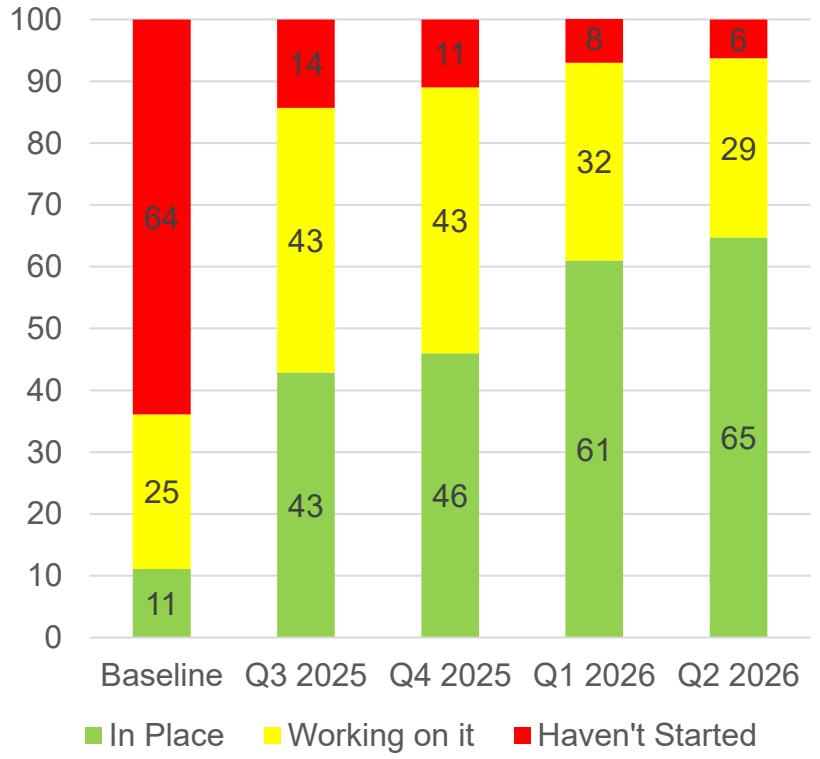
Sharing PMH patient education resources with outpatient settings



Sharing PMH screening tools with outpatient settings



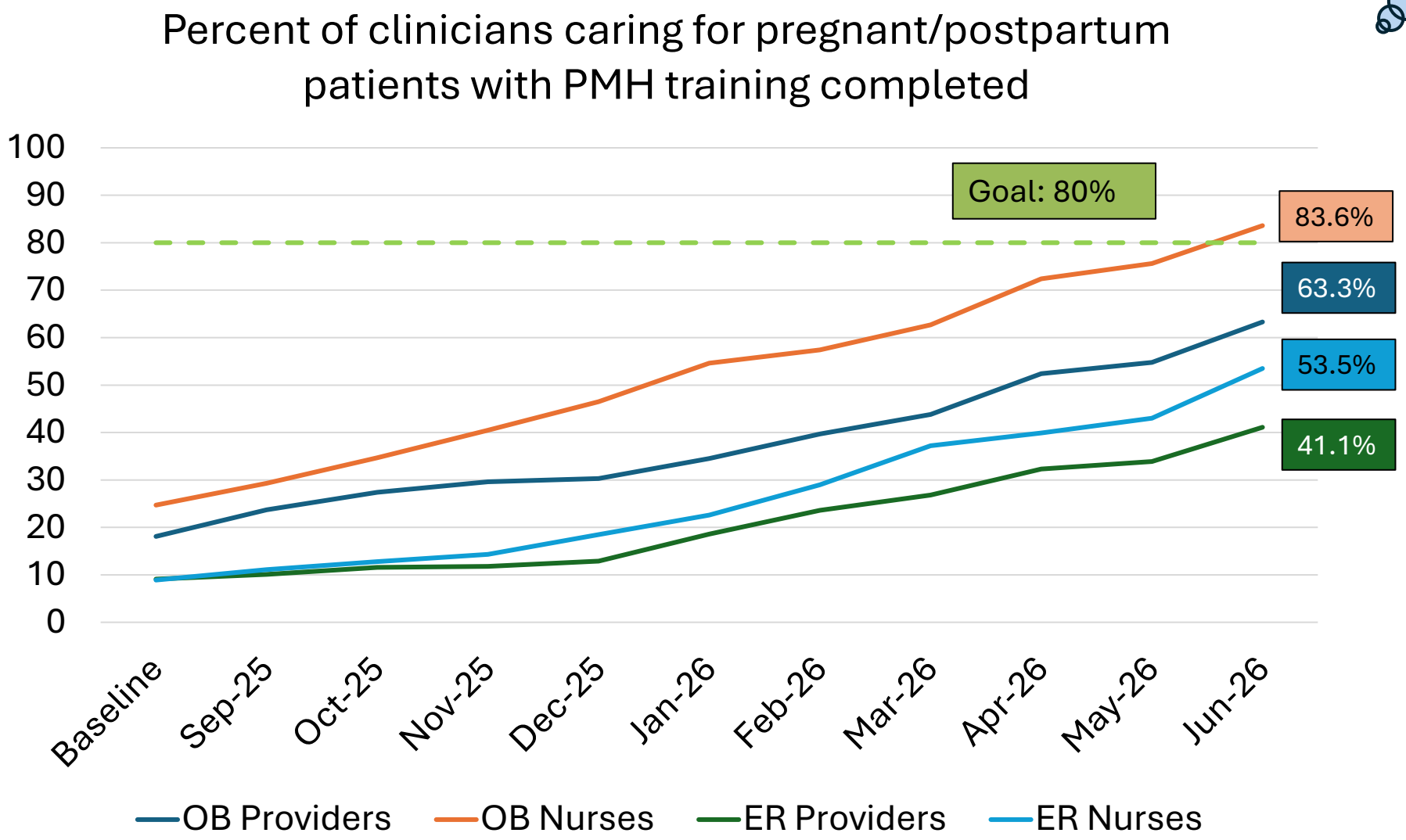
Hospital has created a PMH access workgroup



PMH Process Measures

Clinical Team PMH Education: OB staff and ER staff

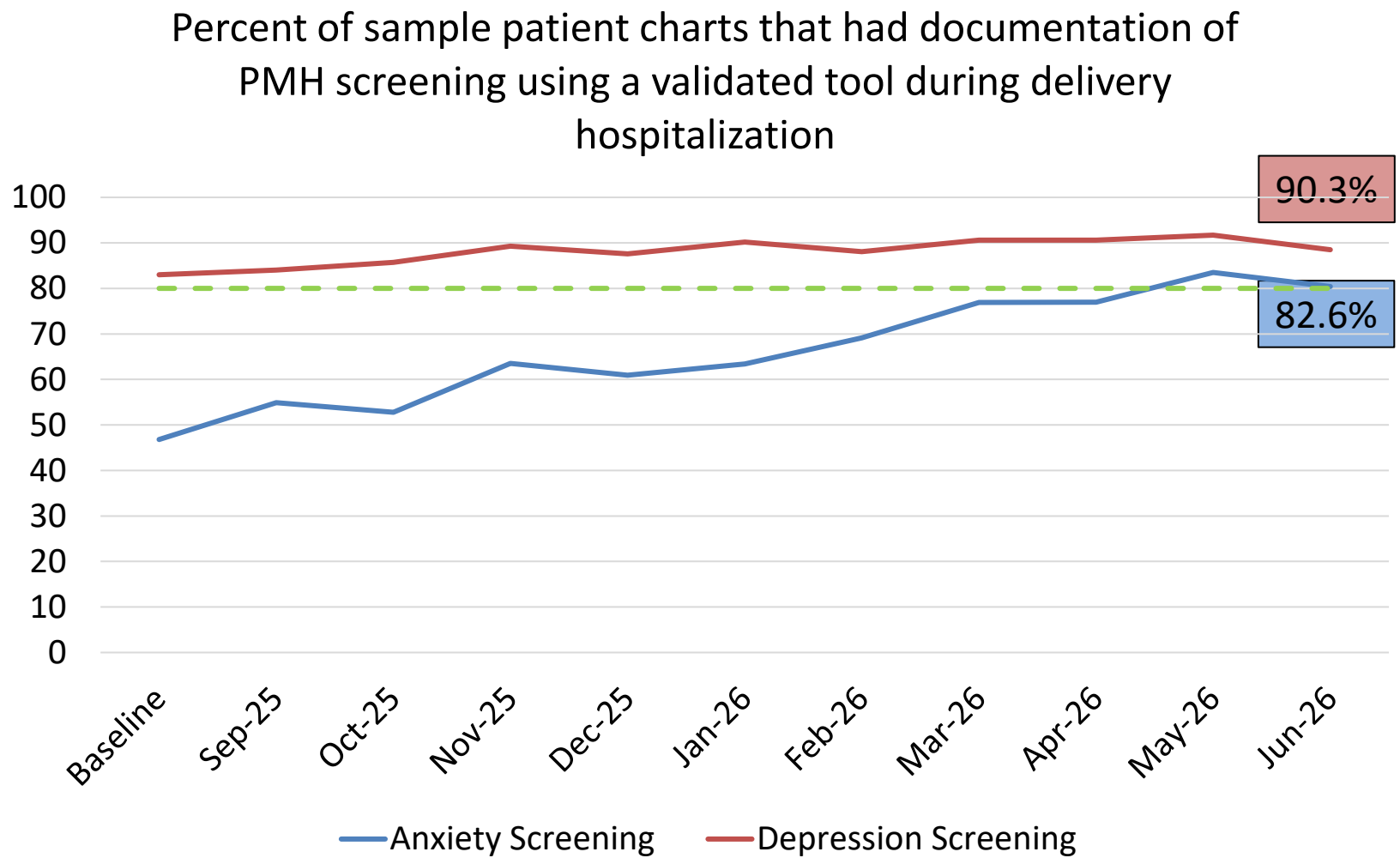
So much amazing progress in clinician education!!



What are your next steps to increase education?
Who can you engage to help increase education rates across OB and ER?
Do you have the **ER module C** to share with ER teams? Do you have the **ACOG e-module** for OB? Consider grand rounds for ER staff / OB staff

PMH Screening During Delivery Hospitalization

Monthly data from a random sample of all delivered patients

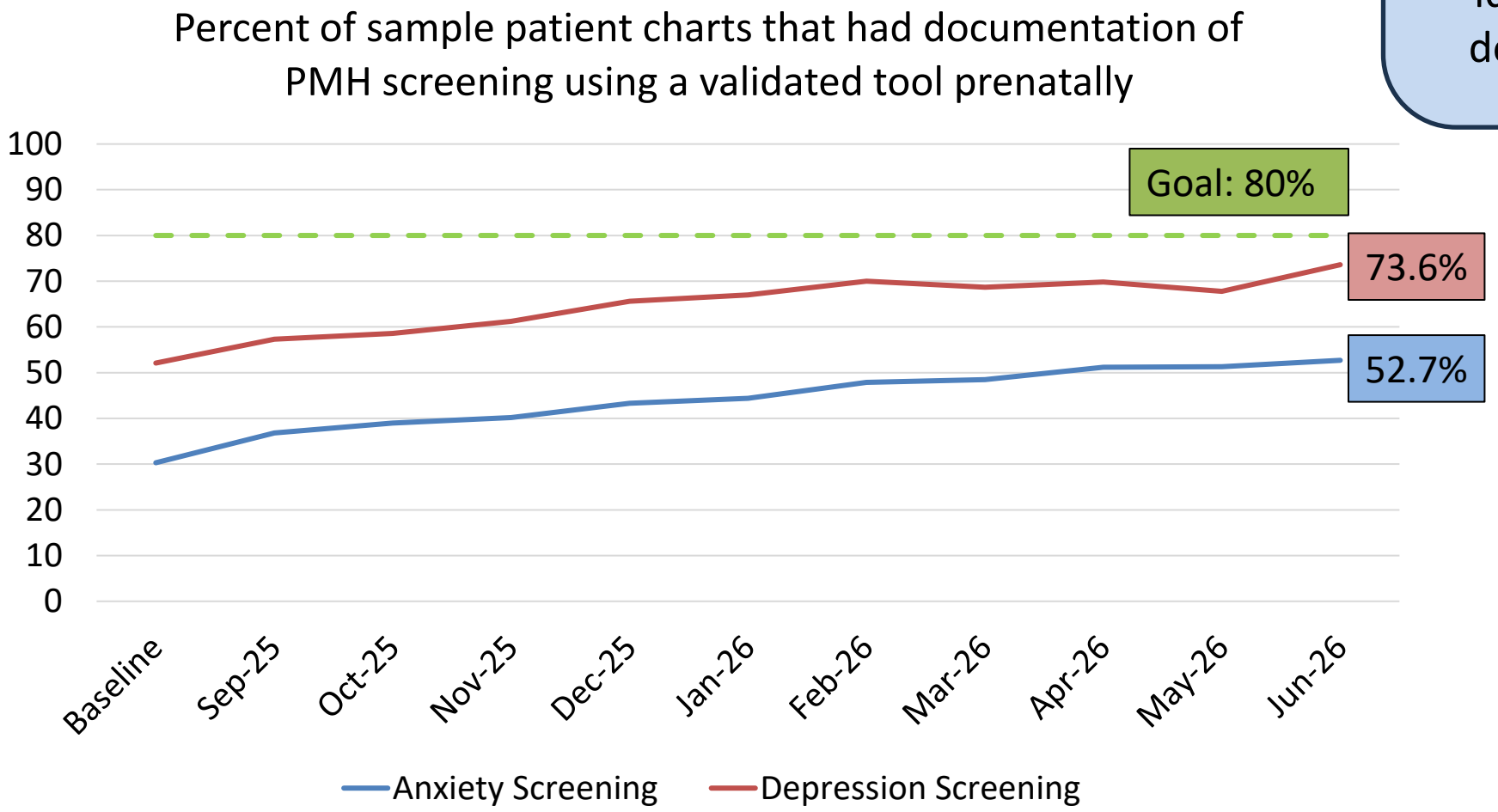


Both screening rates are above 80%! Great work! Review depression / anxiety response to + screen to confirm clinical teams are responding to both + depression and +anxiety screens, do providers get results identified by score as mild/moderate / severe?

PMH Screening Prenatally

Monthly data from a random sample of all delivered patients

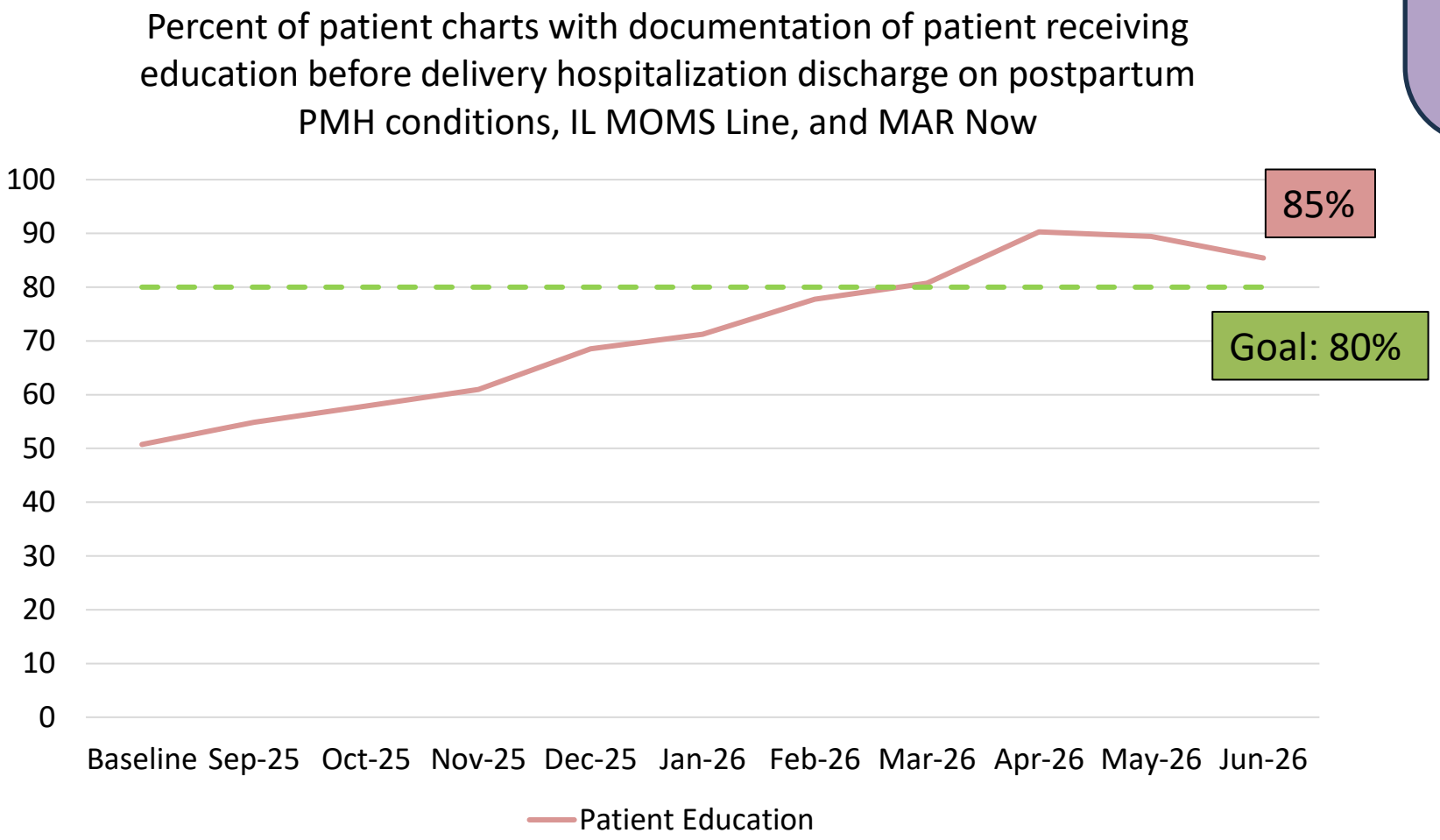
Great opportunity to engage outpatient prenatal care sites – confirm documenting PMH screens and sharing with L&D! Use random sample data, identify which sites are not documenting prenatal PMH screens & give feedback



Patient PMH Education

Monthly data from a random sample of all delivered patients

We've achieved 80%!
Great work!
Can you hit 100% of patients and sustain your efforts?

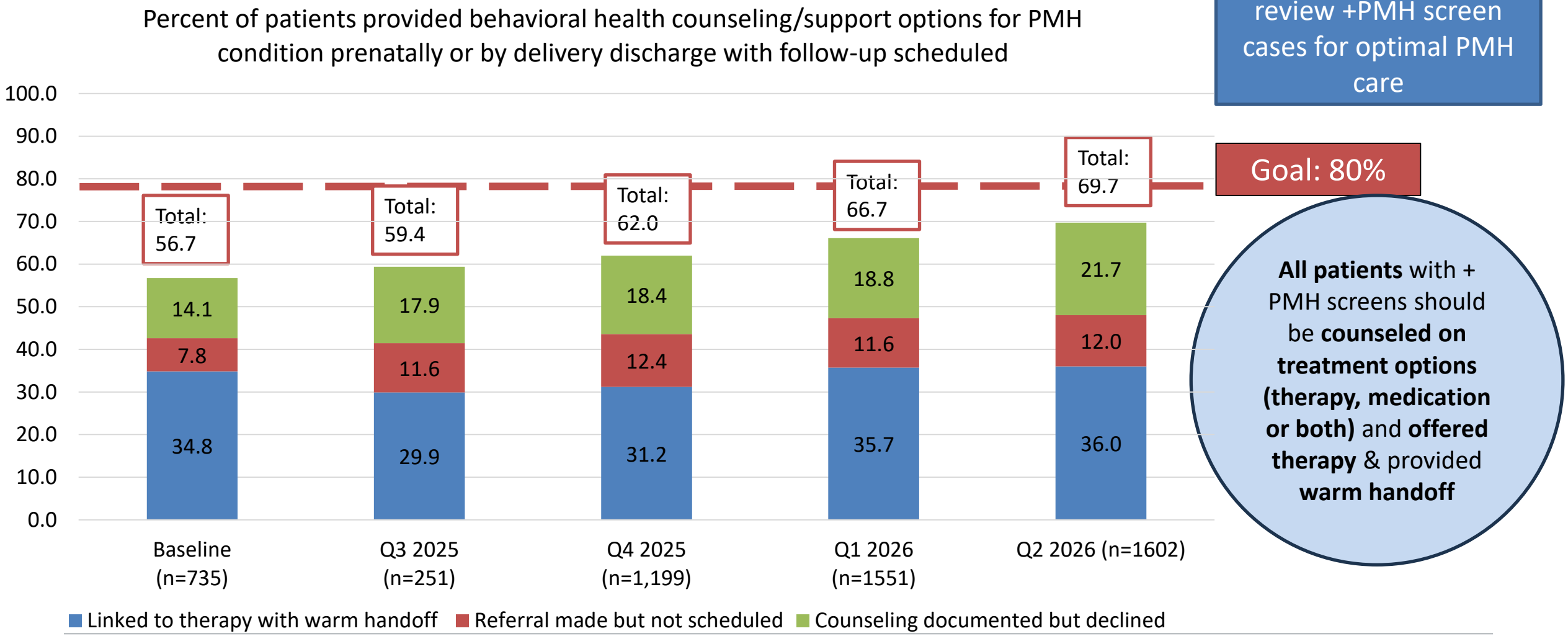


PMH Outcome Measures

% patients + PMH screen with offered/linked to therapy

Monthly data from random sample of patients <u>with positive PMH screen</u>

Great opportunity to use Fall Out Review Form to review +PMH screen cases for optimal PMH care

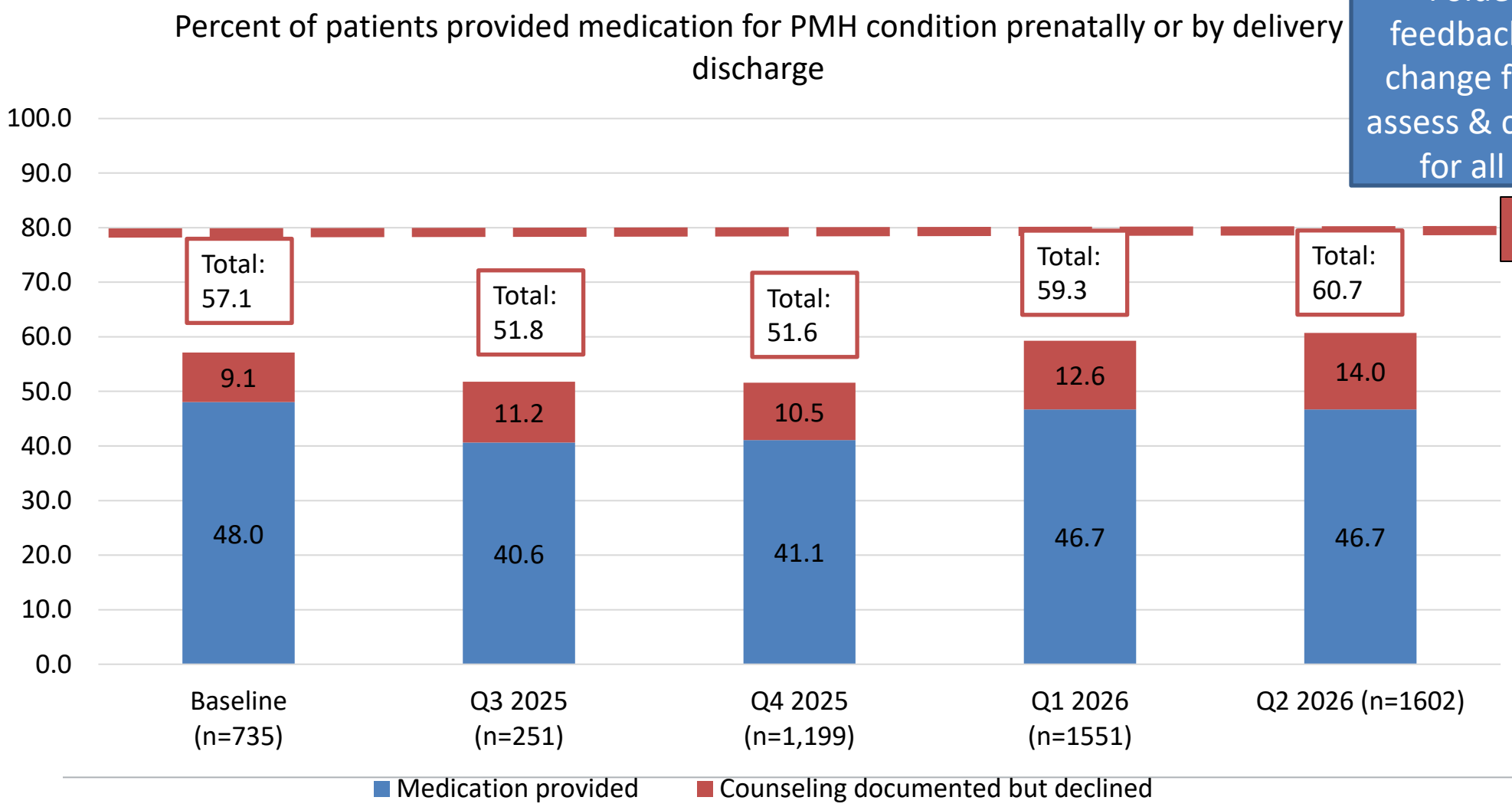


All patients with + PMH screens should be **counseled on treatment options (therapy, medication or both)** and **offered therapy** & provided **warm handoff**

% patients + PMH screen offered/provided medication

Monthly data from random sample of patients <u>with positive PMH screen</u>

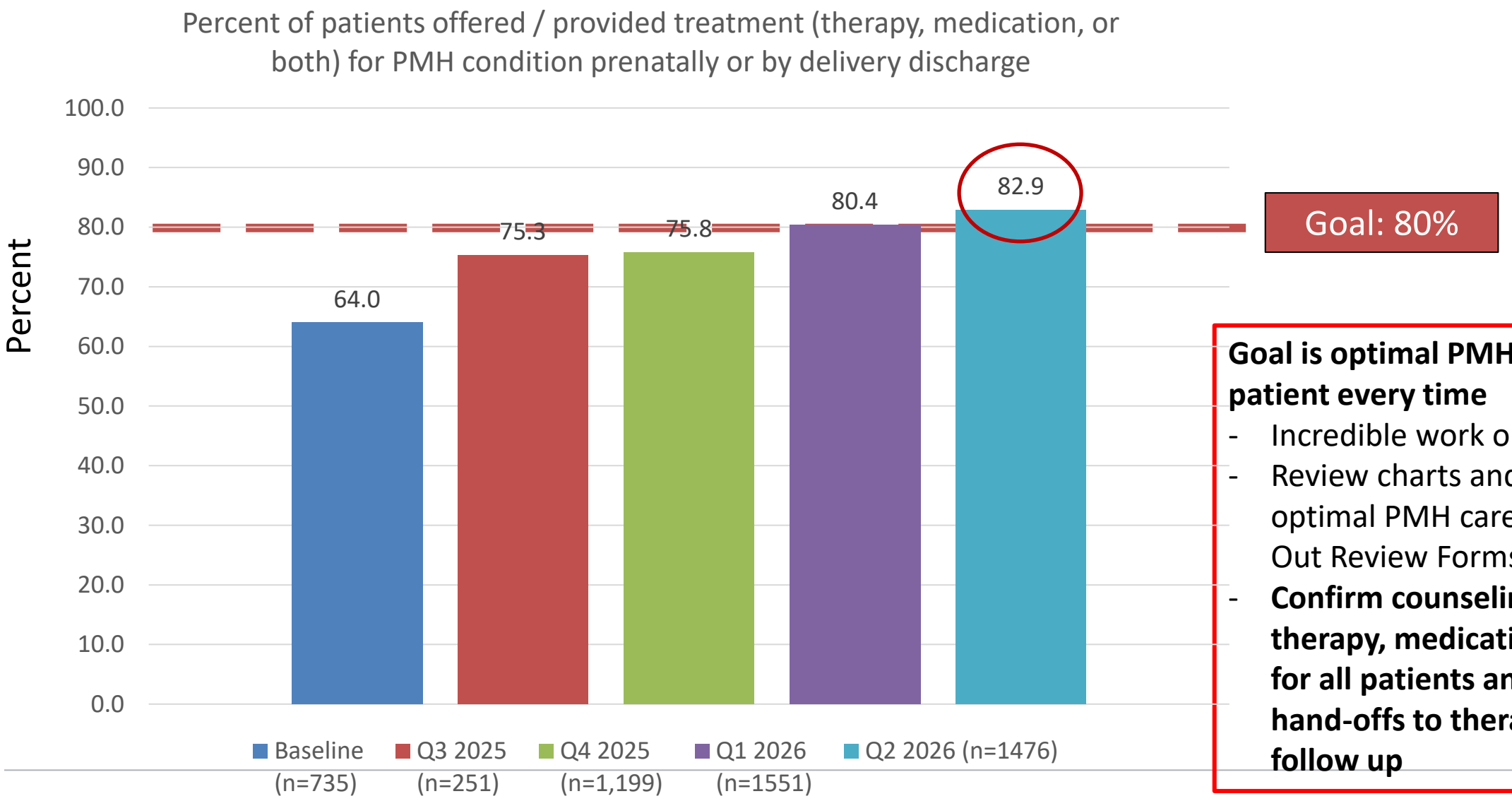
Use new OB Provider PMH Education Posters in OB spaces, PMH order sets, PMH Purple Folder, Fall Out case review feedback to drive clinical culture change for OB providers, need to assess & counsel treatment options for all patients with + screen



100% of patients with + PMH screen should be counseled and offered treatment (therapy, medication or both). **How do you help your OB providers do this for every +PMH screen?**

% of patients with +PMH screen offered/provided treatment & follow up

Monthly data from random sample of patients <u>with positive PMH screen</u>

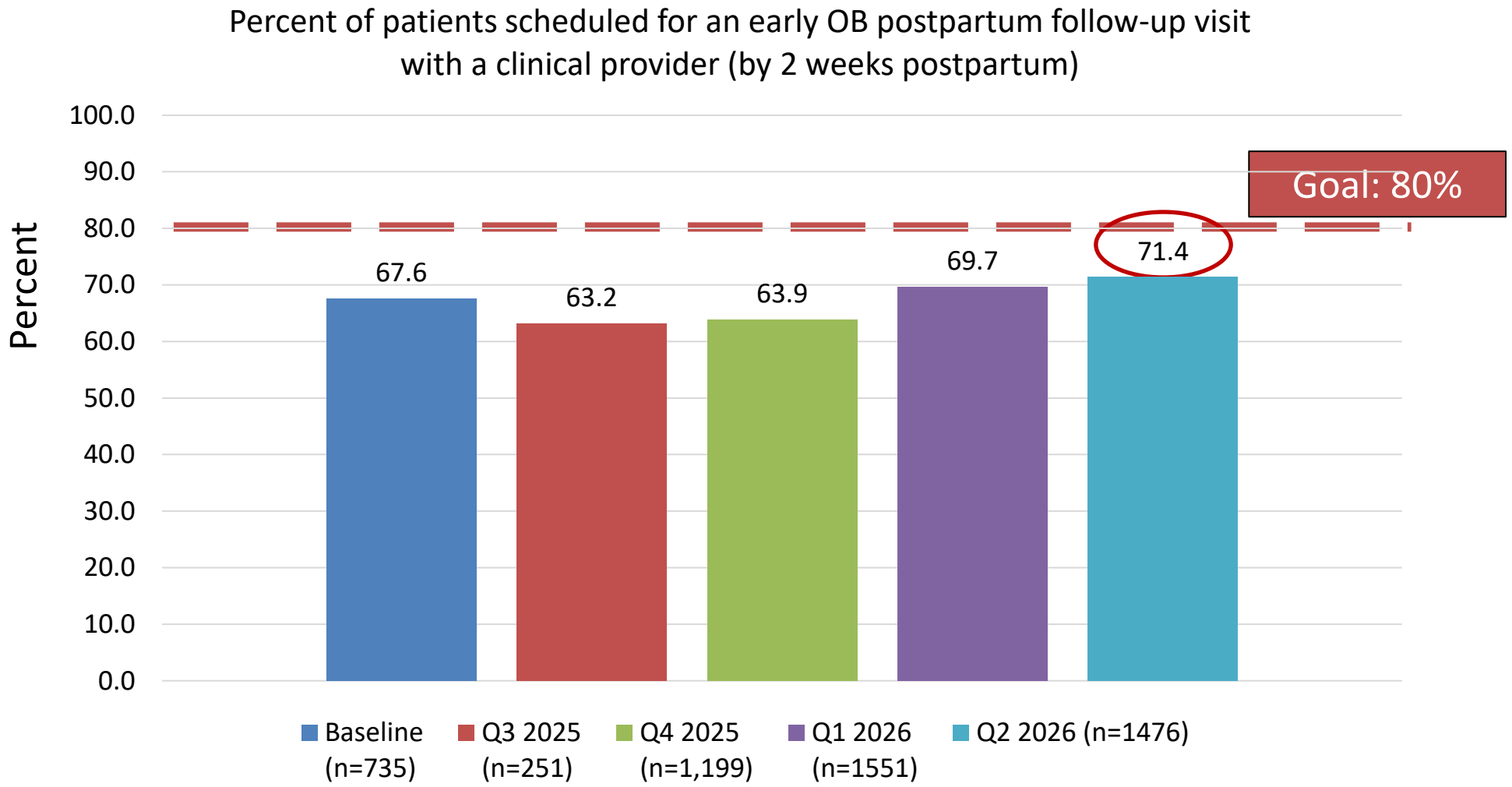


Goal is optimal PMH care every patient every time

- Incredible work on this!
- Review charts and confirm optimal PMH care using Fall Out Review Forms
- **Confirm counseling includes: therapy, medication or both for all patients and warm hand-offs to therapy & close follow up**

% of patients with +PMH screen early OB follow-up visit scheduled

Monthly data from random sample of patients <u>with positive PMH screen</u>



100% of patients with + PMH screen should have close OB follow up scheduled within 2 weeks

What Does Optimal PMH Care Look Like?

- ✓ Counsel treatment options (therapy, medication or both)
- ✓ Provide warm handoff for therapy / behavioral healthcare follow up
- ✓ Schedule close OB follow-up within 2 weeks
- ✓ Provide patient with PMH educational resources and support services

*Call IL DocAssist for clinical consultation help with treatment/follow up plan
*Engage with IL MOMS Line for help with therapy referral

How can we get OB providers to respond to a positive PMH screen?

- Schedule a grand rounds with ILPQC
- Have ILPQC present at an OB provider meeting
- Assign the ACOG modules the OB providers (add the link to the modules to your LMS)
- Complete the ILPQC Fallout Case Review Form
  - Give feedback to providers and present cases at OB meetings

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Engaging Emergency Departments in PMH Work

PMH Key Drivers Diagram

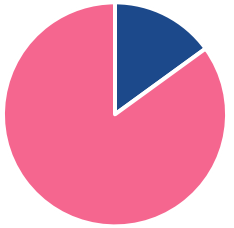
Drivers	Change Ideas / System Changes
Provider Education & Engagement	Create PMH Access Workgroup with inpatient and **outpatient care team representatives** and community stakeholders to identify barriers, opportunities to enhance care coordination, and innovative strategies to improve access to behavioral health care.
Patient & Community Education and Engagement	Have a process to share PMH patient education resources with **outpatient clinical settings**.
Screening and Assessment	Have a process to share validated PMH screening tools and screening & treatment algorithms and process flow for linkage to PMH follow up with **outpatient settings** (i.e. prenatal clinics, **ERs**, pediatric sites).

Why is this Important?

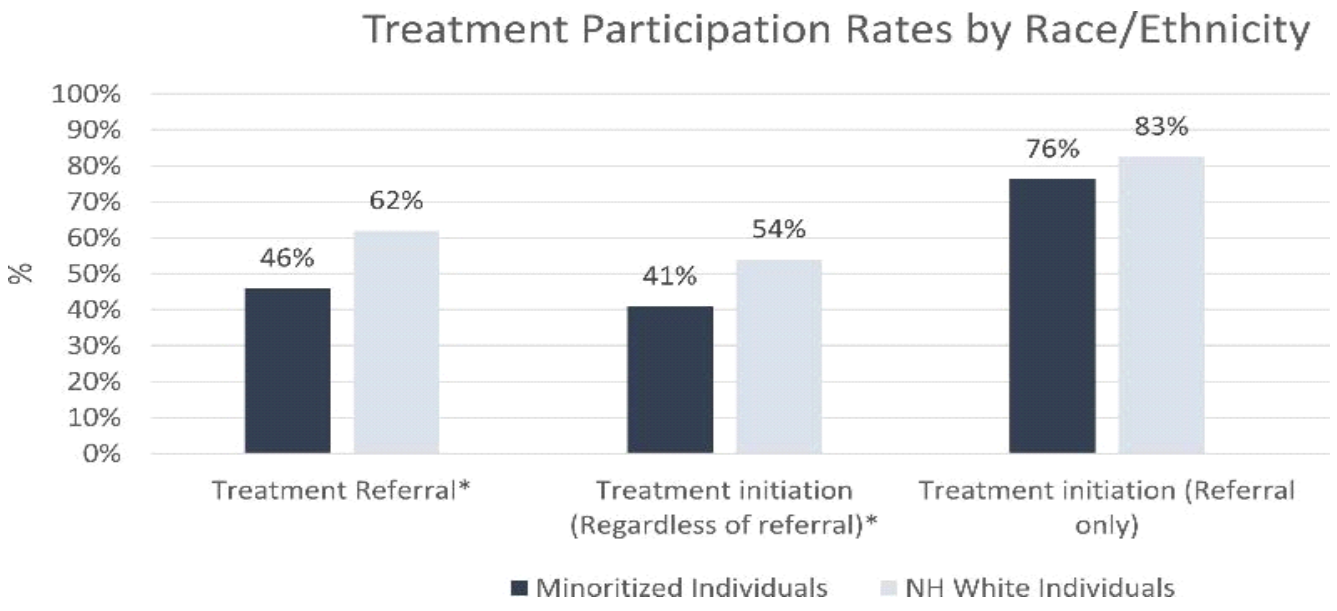
Perinatal Mental Health: The Problem

1 in 5 will suffer with anxiety or depression

<20% screened for depression



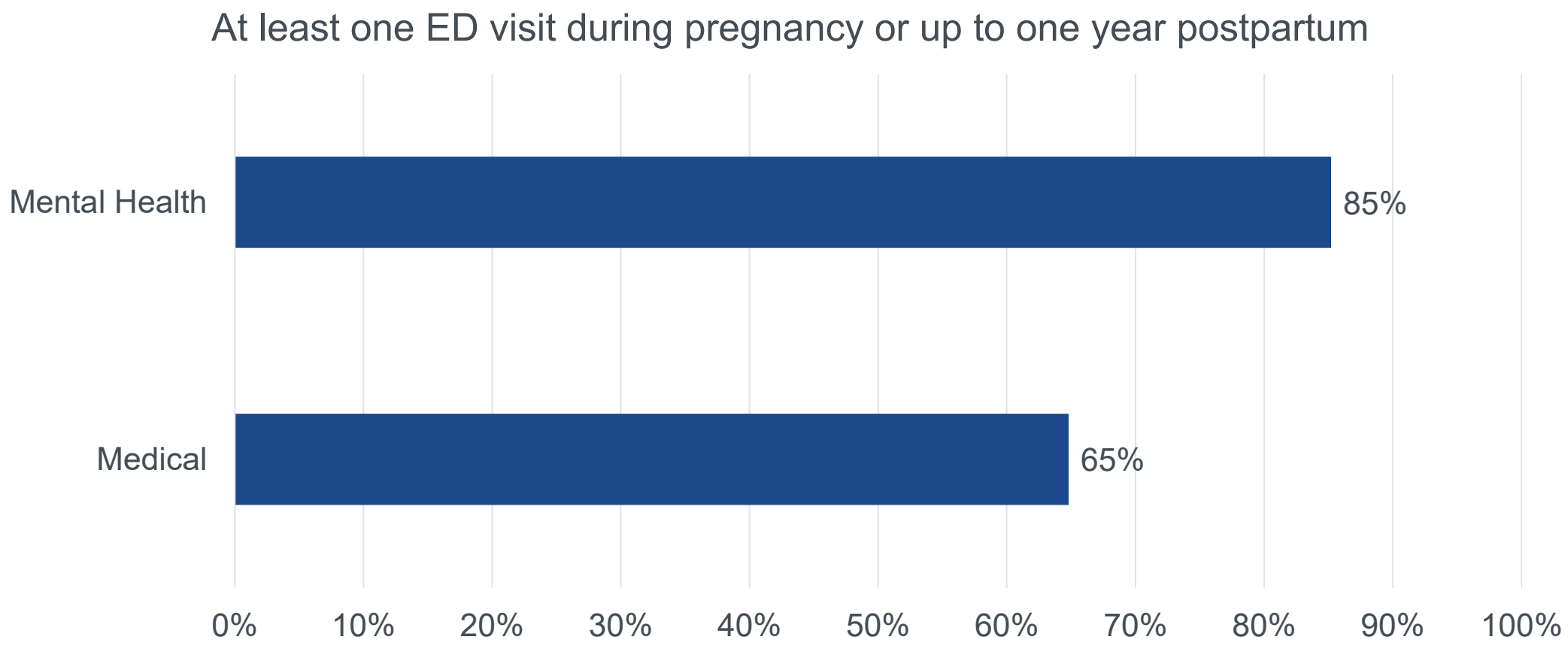
<15% will receive treatment



Untreated PMH is a leading cause of pregnancy mortality and morbidity.

Source: Gavin, et al., 2005

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



IDPH, 2023 Illinois Maternal Mortality and Morbidity Report

Contributing Factors to Death seen in the ED

Standard of Care

- EDs lacking a formal protocol on obstetric best practices
- ED did not address substance use disorder or mental health concern or start treatment
- ED did not perform proper resuscitation

Delay in care

- ED did not consult with OB
- No OB provider available to ED

Lack of care coordination

- No systems in place for continuity of care for women with complex conditions
- Communication and coordination issues between ED and other providers

Lack of knowledge

- No family education on Narcan
- Providers not knowing woman was postpartum

Steps to Implement PMH Workflow in the ED

Steps to Implement PMH Workflow in the ED

1. Train ED staff (nurses and providers) on perinatal mental health

- Assign staff Maternal Health ED Toolkit Module C
  - 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 to access the toolkit:

UIC UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Maternal Health Emergency Department Toolkit

Steps to Implement PMH Workflow in the ED

2. In ED triage, identify all patients who are pregnant or have been pregnant in last year

- Emergency departments (ED) in Illinois are a place of opportunity to improve pregnant and postpartum outcomes, with the potential to substantially reduce maternal mortality and morbidity
- 66% of pregnancy-related deaths visit the ED at least once and most visit the ED 3 or more times
- Ask all women of reproductive age whether they are pregnant or have been pregnant in the past year

PDSA Example: Implementing Treatment Algorithms

Objective: By October 2026, 80% of ED patients will have documentation of pregnancy or postpartum status in their patient chart.

Plan

- Implement a standardized workflow requiring ED staff to document pregnancy or pregnant in last year status during triage for all patients of reproductive age.

Do

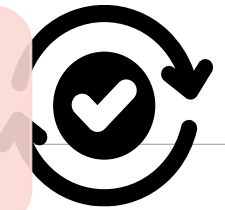
- Train **2 ED nurses or registration/triage staff** on the documentation workflow to use on patients in one shift for one day.

Study

- Key Questions:
  - Was pregnancy or 1 year postpartum status documented consistently for eligible patients?
  - Was the documentation field easy to locate and complete in the EHR?
  - Did the workflow fit naturally into the triage process?

Act

- Successful: Scale-up
- Partially successful: Adjust
- Unsuccessful: Test new strategy



Steps to Implement PMH Workflow in the ED

3. Screen all pregnant and postpartum patients (up to 1 year pp) for depression and anxiety; substance use disorder; assess for suicide risk

Depression
- PHQ-9
- EPDS

Anxiety
- GAD-7

SUD
- 5 P's screening tool
- NIDA quick screen
- Institute for Health and Recovery Integrated screening tool

Suicide
- Columbia – Suicide Severity Rating Scale (C-SSRS)

PDSA Example: Implementing Screening Protocols

Objective: By December 2026, 80% of pregnant and postpartum patients in the ED will be screened for depression and anxiety.

Plan

- Implement a standardized workflow to ensure all identified pregnant and postpartum patients in the ED receive a validated depression and anxiety screening (e.g., EPDS or PHQ-9 and GAD-7) during their visit.

Do

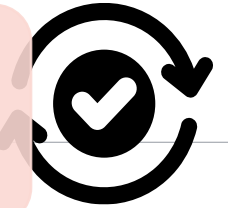
- Train **2 ED nurses or clinical staff** on the screening process and documentation requirements to trial on patients during one shift on one day.

Study

- Key Questions:
  - Was the workflow realistic in practice?
  - What barriers or workflow challenges limited screening completion? What was feedback from the nurses? Any patient feedback?

Act

- Successful: Scale-up
- Partially successful: Adjust
- Unsuccessful: Test new strategy



Steps to Implement PMH Workflow in the ED

4. Assess patient for symptom severity and safety

- Determine severity based on screening score below. Can also ask patient about intrusive thoughts, thoughts of self-harm.
- A positive score on the C-SSRS (Columbia Suicide Screen) or an answer of anything but “no” on the last question of the EPDS and PHQ-9 requires intervention and evaluation for safety. Ask for thoughts of SI/HI, or other intrusive thoughts. Call psychiatry for assessment.

MILD	MODERATE	SEVERE
Depression screen 10-14 Anxiety screen 5-9 C-SSRS 0	Depression screen 15-19 Anxiety screen 10-14 C-SSRS 1-2	Depression screen > 19 Anxiety screen ≥ 15 C-SSRS ≥ 3

Steps to Implement PMH Workflow in the ED

5. Counsel patient on treatment options (therapy, medication, or both)

MILD	MODERATE	SEVERE
Depression screen 10-14 **Anxiety screen 5-9**	**Depression screen 15-19** **Anxiety screen 10-14**	**Depression screen > 19** **Anxiety screen ≥ 15**
Therapy Referral	Therapy referral	Therapy referral
Consider medication treatment	Strongly consider medication treatment	Medication treatment

Have all ED providers register for IL DocAssist for free perinatal psychiatric consultation to support providers Mon-Friday 9-5pm

Steps to Implement PMH Workflow in the ED

6. Link patient to therapy / behavioral healthcare

- Call IL MOMS Line (866-364-6667) perinatal social workers available 24/7 to assist with assessment and warm hand-off to therapy referrals or can use on-line warm hand-off referral program

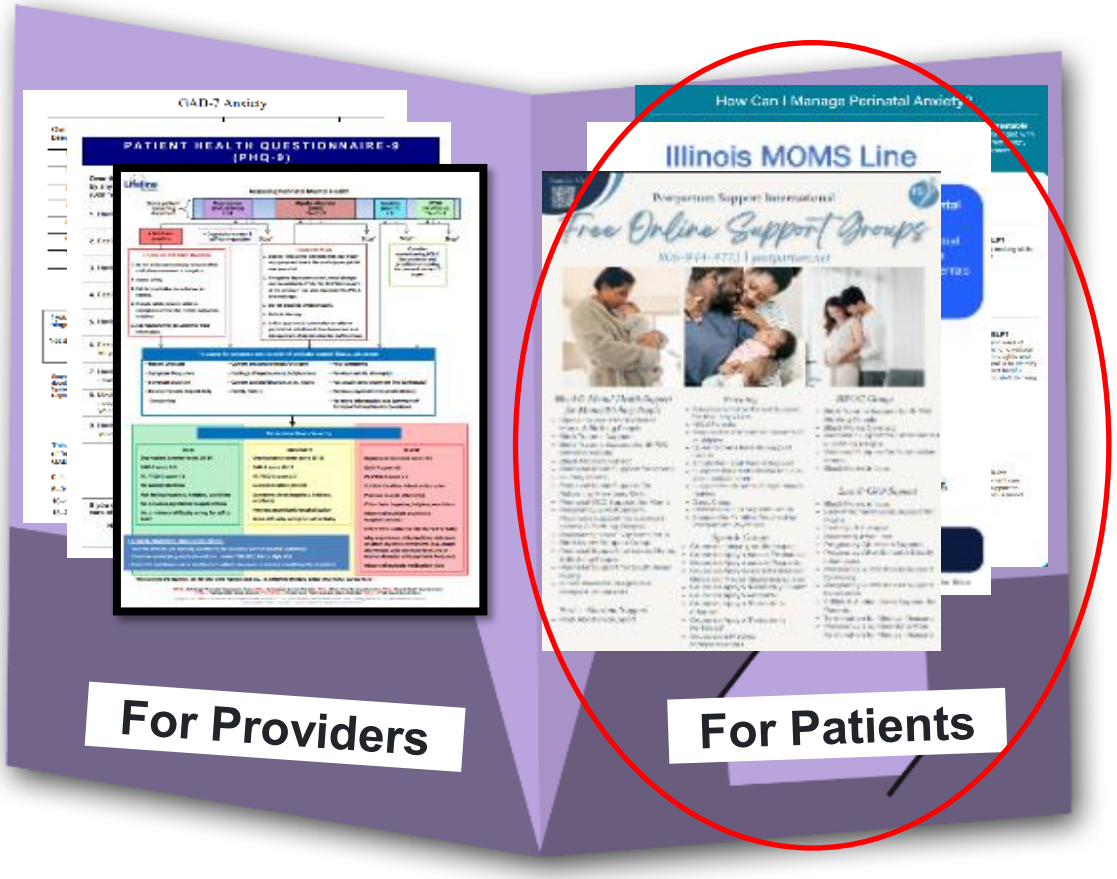
7. Connect patient to their OB provider or primary care physician

- Patient should be seen by OB (or PCP) within 2 weeks to assess positive PMH score, start meds as needed, and confirm any follow-up
- **For moderate and severe scores, create protocol to consult with OB / psychiatry to see patient in ED, assess and start medication and plan admission vs close follow up**

Steps to Implement PMH Workflow in the ED

8. Provide patient PMH education and resources for support services

- Utilize the patient side of the purple folder for handouts to give to patients
- Provide IL MOMS Line flyer to all patients
- Encourage online PSI peer support groups and referral for home visiting resources



Who Can Provide Optimal Care in Emergency Departments?

IL PQC
Illinois Perinatal Quality Collaborative

Nursing Staff

- Provides PMH screening
- Documents score in chart
- Notifies provider
- Follow up call to check on patient

ER Provider

- Assesses for severity, safety
- Counsels on treatment options, offers (therapy, medication or both)
- Provides referral to therapy warm hand-off
- Referral for OB-follow up appt within 2 weeks

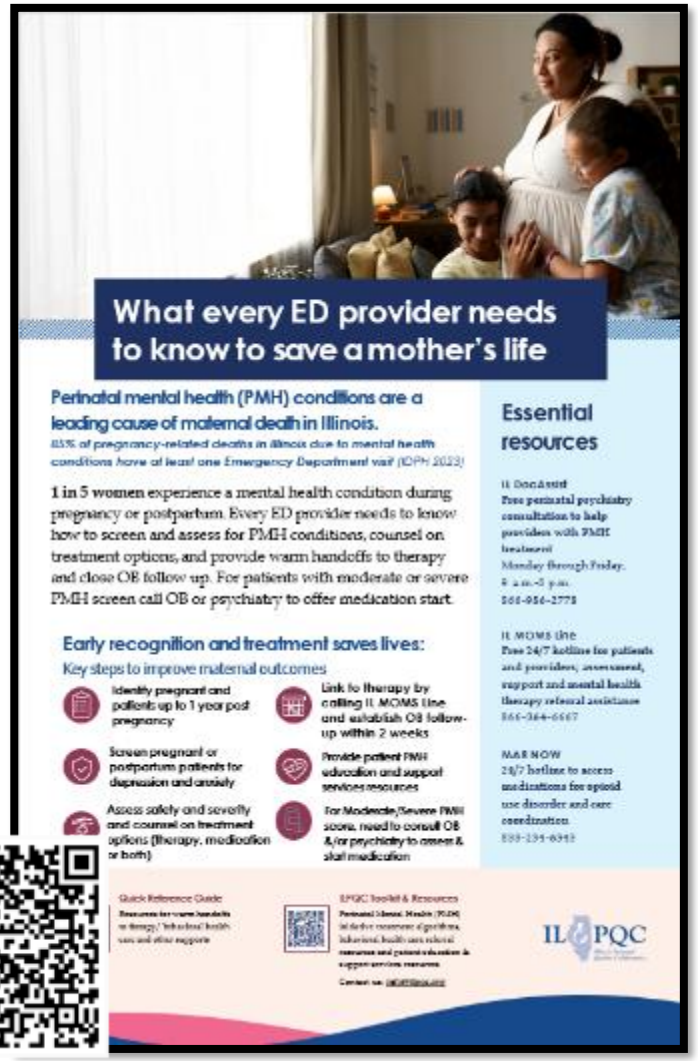
OB Consult or Psychiatry Consult if needed

- Consulted for all patients with + Moderate or Severe PMH screen to offer/start medication and arrange close follow up or consider admit

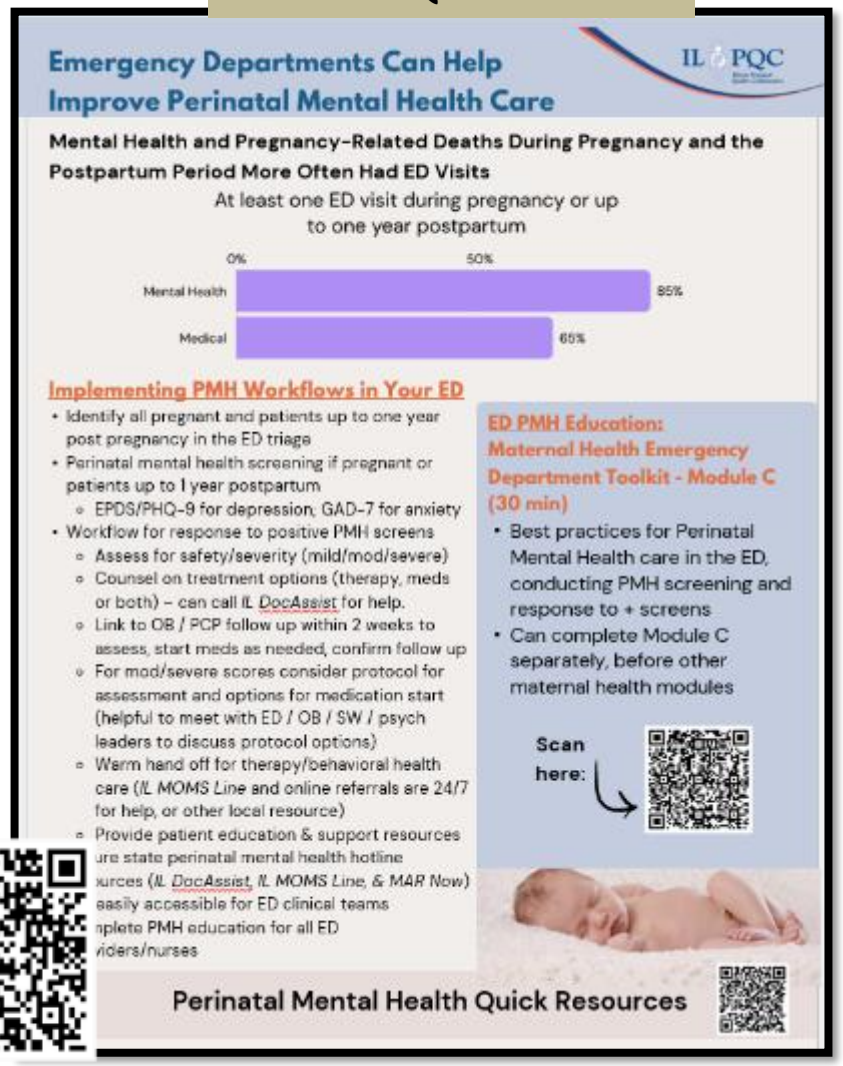
PMH in the Emergency Department

New resources!

ED Provider Poster



ED Implementation Flyer for QI Team



For optimal PMH care in ER: get started!

1) Identify your ER leadership team (ER provider and Nurse leader) and get buy-in, share data on urgency of improving ED care for PMH conditions for pregnant / postpartum patients to save lives
2) Work on completing PMH training for all PMH ED providers, residents and nurses. Is a 30-minute training and is important!
3) Protocol to identify all patients pregnant or pregnant in last year
4) Screening for depression and anxiety for pregnant & pp patients
5) Build plan for moderate / severe screen + and to call OB to counsel and offer treatment
6) Incorporate resources including IL MOMS Line, IL DocAssist, and MAR Now into response to positive screen protocols
7) Train on optimal PMH care response to + screen with your clinical team for all patients

Illinois DocAssist

Call Illinois DocAssist M-F 9AM – 5pm with ANY questions around diagnosis, treatment, or follow up for patients with mental health or substance use conditions

What is Illinois DocAssist?

- Consult line for **free perinatal mental health technical/clinical support** for all Illinois **clinicians** (not a patient line)
- **Psychiatric consultants** can quickly assist you with addressing the mental health and substance use of perinatal women over the phone.
- Available to all clinicians **Monday through Friday, 9–5pm**. During non-business hours, messages can be left and will be answered the next business day.

866-986-2778

ILLINOIS DocAssist

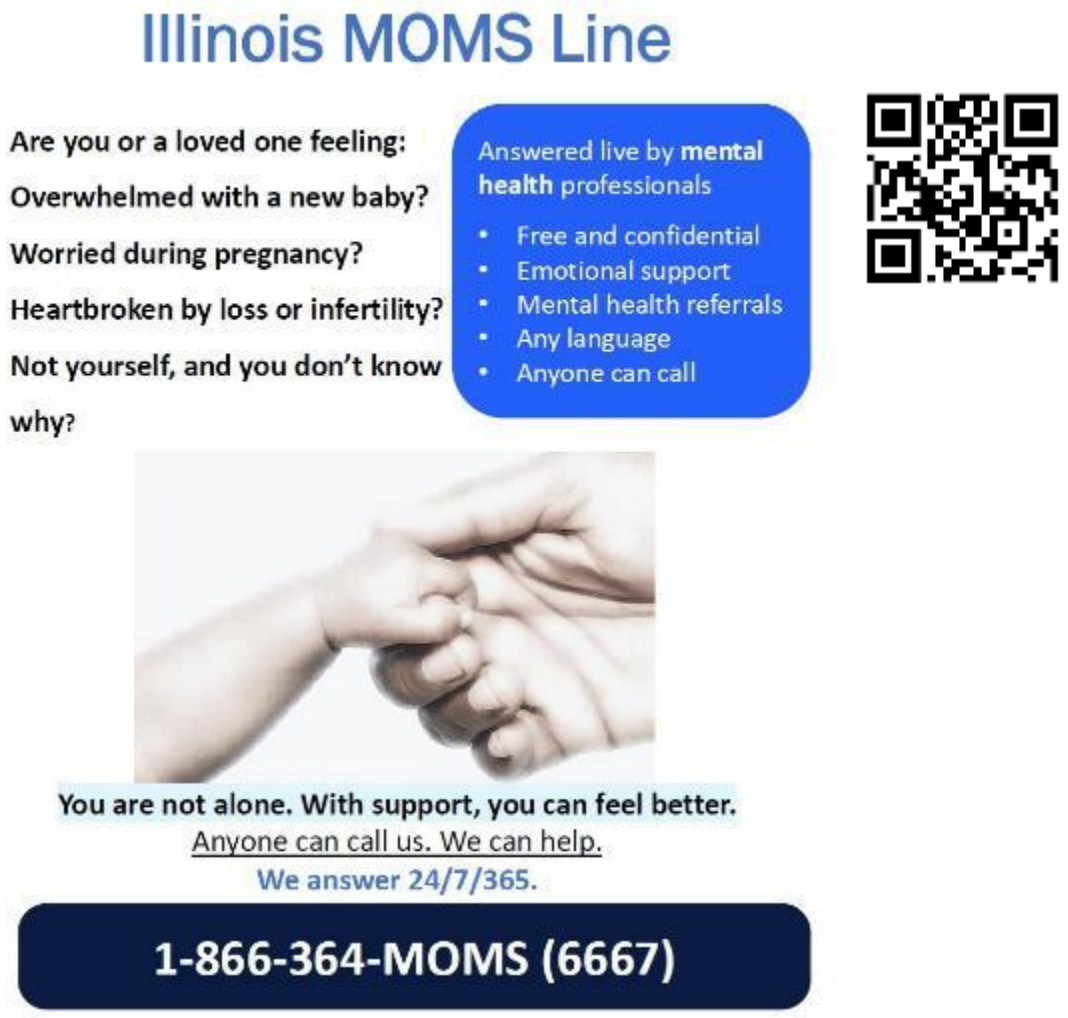
IL MOMs Line

Provide pregnant/postpartum patients a handout or phone number for the IL MOMS Line to call 24/7 for support and for help navigating to follow up mental health care, therapy care, and other PMH services

What is IL MOMs Line?

- Free, 24/7 hotline answered live by licensed mental health professionals, can call with your patient to provide info on score and reason for call or patient can call for support
- Provides immediate support, crisis management, and navigation to mental health services
- IL MOMs Line staff are trained in cultural humility and support pregnant and postpartum patients and their families during pregnancy and up to one year postpartum

866-364-MOMS (6667)



MAR Now

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.

What is MAR Now?

- Free, 24/7 hotline answered live by a healthcare professional for **patients** with OUD/AUD to call
- MAR Now offers medication on demand to Illinois residents seeking treatment for OUD and AUD
- MAR Now also provides in-person or telehealth appointments, transportation assistance to pharmacy or clinic, and coordinated follow-up

833–234–6343

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

1. Identify barriers and challenges in current workflows
   - Example QI tools: Pareto Chart and Fishbone Diagram
2. Focus on where to start
   - Example QI tool: Prioritization Matrix

Institute for Healthcare Improvement

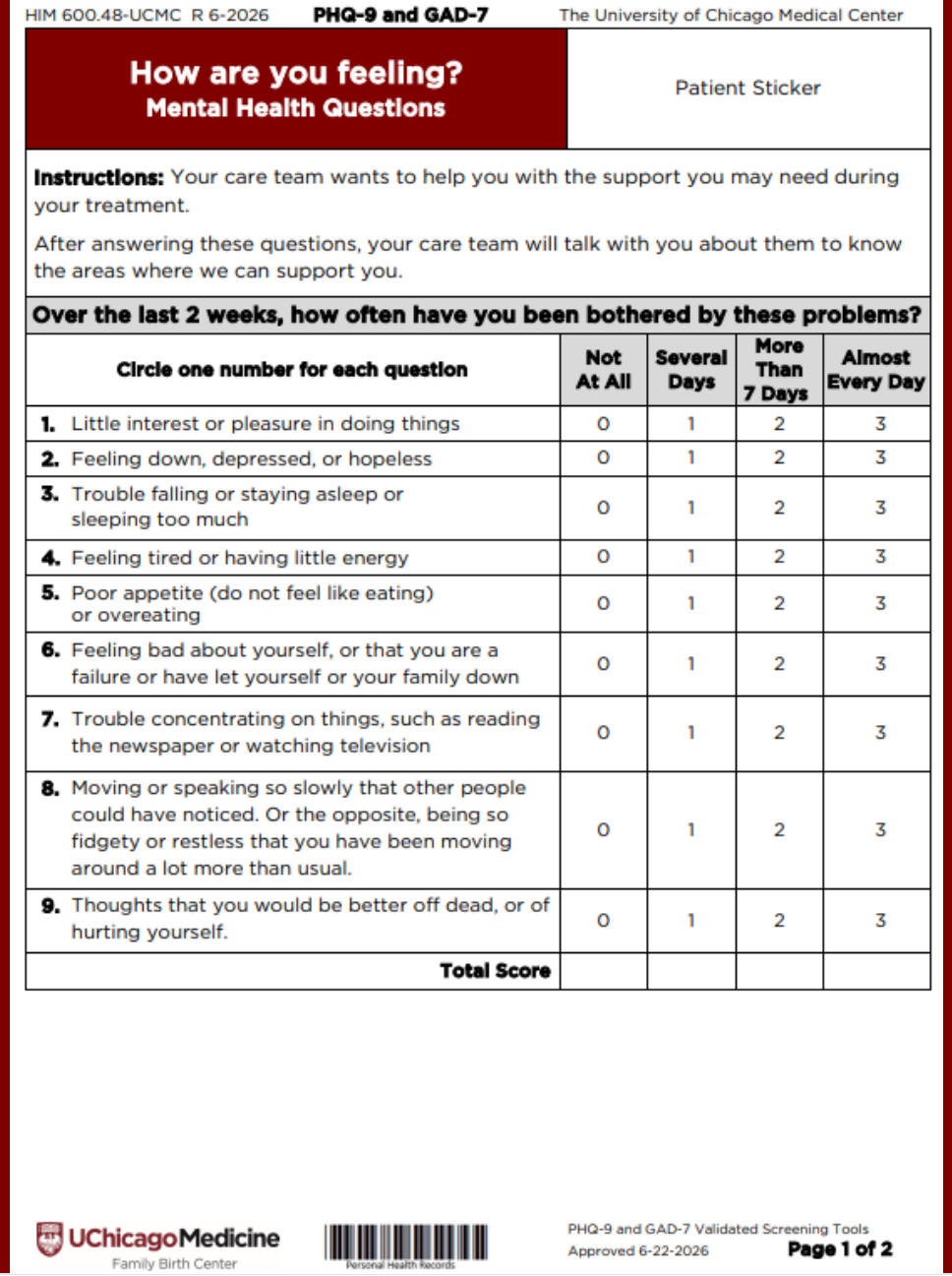
Quality Improvement Essentials Toolkit

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

Perinatal Mental Health at UChicago Medicine

Anna Marzano, BSN, RN, C-EFM, CBC
Perinatal Services Quality Specialist

UChicago Medicine



HIM 600.48-UCMC R 6-2026 **PHQ-9 and GAD-7** The University of Chicago Medical Center

How are you feeling?
Mental Health Questions

Patient Sticker

Instructions: Your care team wants to help you with the support you may need during your treatment.

After answering these questions, your care team will talk with you about them to know the areas where we can support you.

Over the last 2 weeks, how often have you been bothered by these problems?

Circle one number for each question	Not At All	Several Days	More Than 7 Days	Almost Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. 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. Poor appetite (do not feel like eating) 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. 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. Thoughts that you would be better off dead, or of hurting yourself.	0	1	2	3
Total Score				

UChicagoMedicine Family Birth Center

Personal Health Records

PHQ-9 and GAD-7 Validated Screening Tools
Approved 6-22-2026 **Page 1 of 2**

Screening

- Outpatient
  - First visit
  - 28 weeks
  - 6 weeks postpartum
- Antepartum admission
  - On admission
  - Every Wednesday
    - “Weigh-In Wednesday”
- Delivery admission
  - After delivery, once stable

Screening Improvements

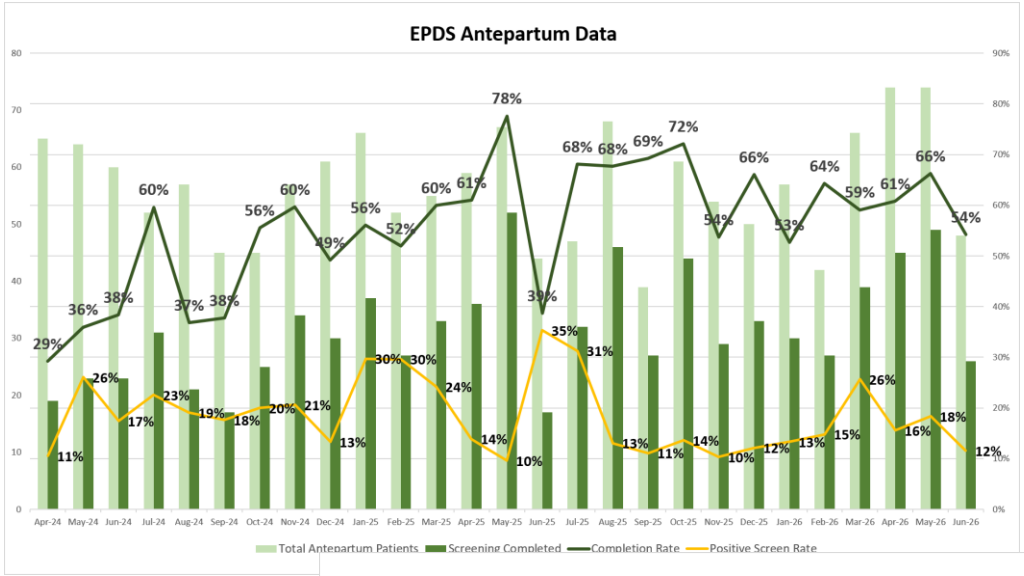
Automated screenings via MyChart Bedside

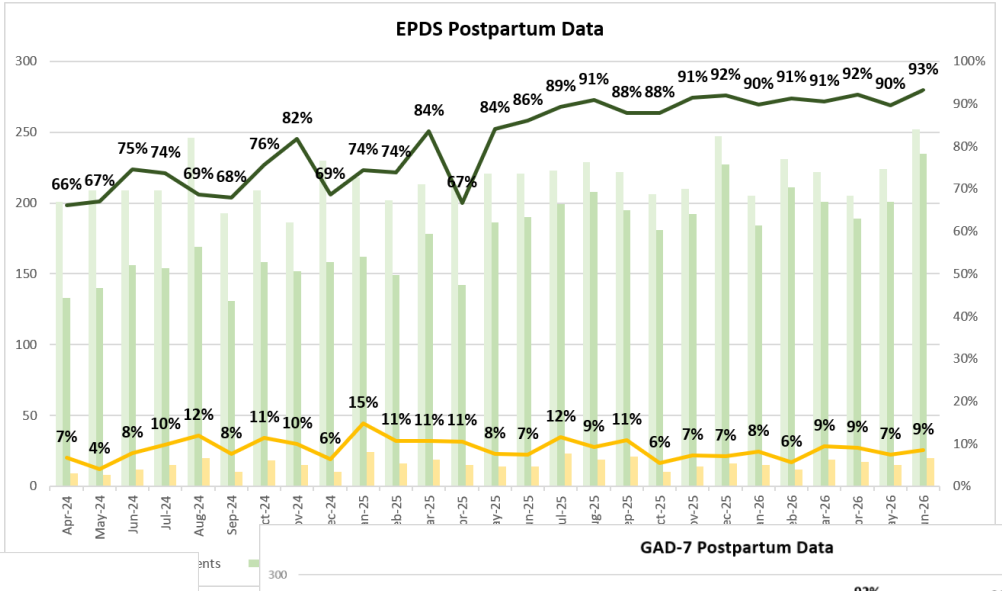
- Antepartum patients with MyChart Bedside (~80%)
- Repeat screening sent to phones for completion every Wednesday
- Implementing for postpartum screenings in August

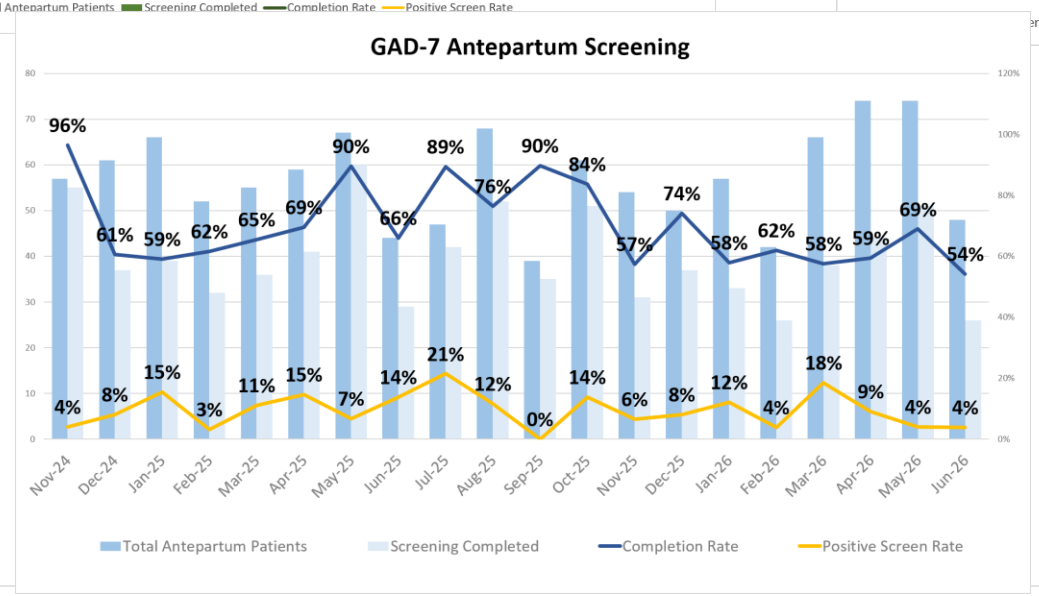
All of UCM transitioning to PHQ-2/9 and GAD-7

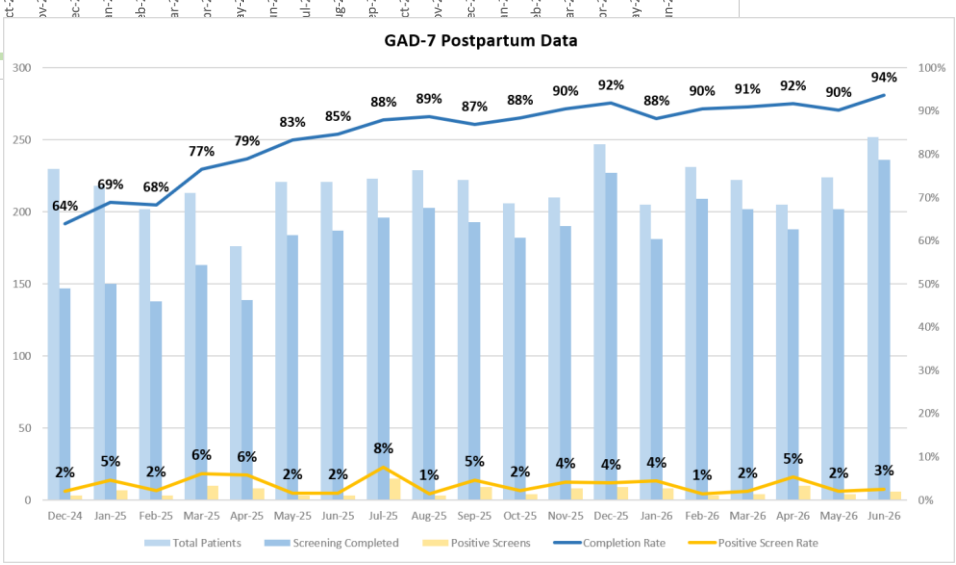
- Improved longitudinal care between care sites and through pregnancies

Antepartum & Postpartum Depression & Anxiety Screening





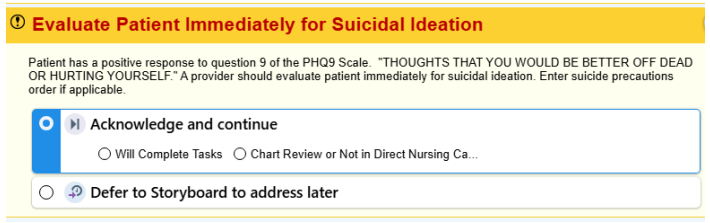




Identification

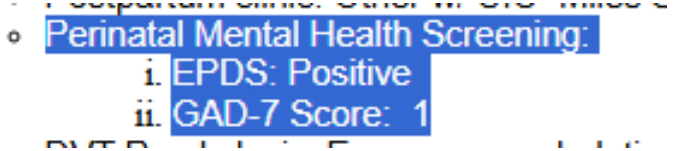
1

Pop up alert for suicidal ideation screening



2

Auto-populate into provider note templates



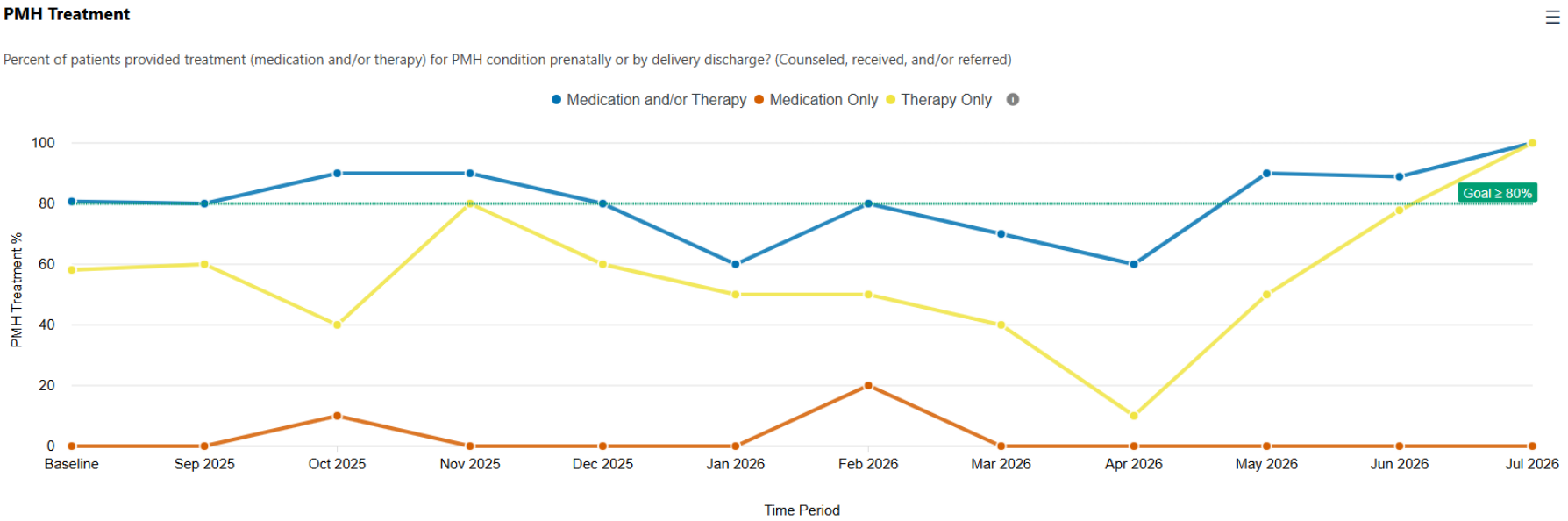
3

Grease board indicators for positive screens

PP Depressi	GAD-7
Negative	None
Negative	Minimal
Negative	None
Negative	None
Positive	Minimal
Negative	Minimal

Follow-Up

- Therapy and Self Care:
  - Instant orders for Social Work consults
  - Consult to UCM Behavioral Health follow-up
  - Standardized handouts for education and resource lists
  - Postpartum support groups for birthing persons and support persons
  - Antepartum Community and Education group
  - Doula support
- Follow-up:
  - 2-week postpartum mental health check-in if positive screen while inpatient
  - Patient list automatically populated for UCM's scheduling team



UChicagoMedicine

Work in progress…

Alert staff to positive screenings with Epic push notifications

Real time access to mental health self care videos on in-room TVs

Standardze provider note templates to indicate medication treatment, therapy referrals

ED Partnership – Barriers and Solutions

Connections

- Social Work, Nurse Educator, Nursing Management, ED Physician
- Scheduled routine standing meetings

Education

- Long term solution for sustainability = computer-based training with other OB required education
- Short but sweet messaging:
  - **Who**: All inpatient and outpatient clinical areas that see pregnant or postpartum patients within one year of delivery
  - **What**: Screening for perinatal depression and anxiety
  - **Why**: Perinatal mental health conditions (like suicide and overdose) are the number one reason pregnant and postpartum people die in Illinois.
  - **How**: Using the PHQ (Patient Health Questionnaire) -2 or -9 depending on your clinical area for depression and the GAD-7 (Generalized Anxiety Disorder) questionnaires built into Epic
  - **So what?:** Standardized screening with intervention saves lives. Positive responses should trigger follow-up from social work and providers. These teams should assess and consult to talk therapy, UCM behavioral health, or medication treatment as needed. All staff can provide the handout and discuss self-care.

ED Partnership

Screening – automate where possible

- Populate screening in EHR only for pregnant or postpartum patients
  - Are you pregnant or have you been pregnant in the last year?
  - Start with PHQ-2 and GAD-7
- Use patient self-reported questionnaires
- Add instant orders for consults if scores are positive
- Fire pop-up alerts/push notifications to alert staff to positive scores with suicidal ideation
- Trigger inclusion of relevant patient resource handouts into discharge paperwork

Ensure retention of human component in treatment despite automation

PMH Next Steps

IL PQC
Illinois Perinatal Quality Collaborative

PMH Next Steps

- July PMH monthly data is due August 15th
- Attend August 24th webinar

Upcoming PMH Webinars

August 24th, 2026, 12:00pm-1:00pm	• Creating Clinical Culture Change in PMH Care
September 28th, 2026, 12:00pm-1:00pm	• Optimizing Substance Use Disorder Care
October 26th, 2026, 12:00-1:00pm	• Perinatal Loss and Trauma Informed Care
November 2026	• Annual Conference!

Register for monthly webinars here

ILPQC QI Summer Series:

Small Steps, Big Impact

A Hands-On Summer Series to Drive Change at the Bedside, Learn QI strategies you can use!

Scan here to register for the series!

SESSION DATE	SESSION TITLE	SESSION FOCUS
~~**Tuesday, June 30th at 12 PM**~~	~~**"Workshopping Small Tests of Change"**~~	~~Develop focused, inclusive change ideas and PDSA cycles to guide your QI efforts.~~
Tuesday, July 28th at 12 PM	**"PDSA in Action"**	Explore how PDSA (Plan, Do, Study, Act) cycles can be used to test changes and drive results.
Tuesday, August 25th at 12 PM	**"Telling Stories with Data"**	Learn how to effectively use your data to tell a clear, compelling story about progress and impact.

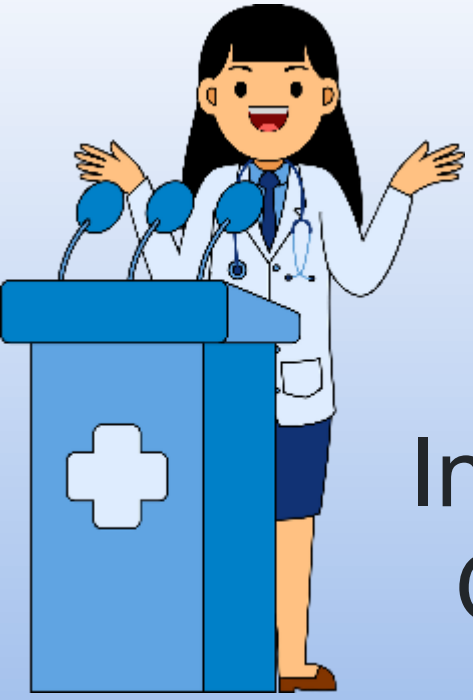
ILPQC Illinois Perinatal Quality Collaborative

ILPQC SUMMER OFFICE HOURS ARE HERE

Every Thursday

at 1 p.m. CST

Register here or go to ILPQC Website under “All Events”



Interested in having a PMH Grand Rounds or OB or ED Provider Meeting PMH update at your hospital? We've got you!

Reach out to rebecca.ainis@northwestern.edu to be connected with a speaker from our Perinatal Mental Health Grand Rounds Speakers Bureau

ILPQC

14TH ANNUAL CONFERENCE

NOVEMBER 10TH, 2026

THE WESTIN LOMBARD YORKTOWN CENTER

Thank you for everything you do to make change happen for Illinois moms and babies!

TOGETHER we can improve Perinatal Mental Health care across Illinois!

If you are watching this webinar as a recording, please complete the attestation form here to receive ILPQC participation credit:

Note: you will have 2 weeks to watch the webinar and complete the attestation to receive credit

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