

Optimal Perinatal Mental Health (PMH) Care

responding to a positive screen for perinatal depression or anxiety

- ✓ Assess safety / severity (mild, moderate, severe)
- ✓ Counsel on treatment options (therapy, medication or both)
- ✓ Provide treatment, with warm handoff for therapy
- ✓ Schedule close OB follow-up within 2 weeks
- ✓ Provide patient with PMH educational resources and support services (ie. IL MOMS Line, PSI support groups, Home Visiting)

Example Dot Phrase: (.PMHRESPONSE)

- Patient screened positive for XXX (dropdown: depression, anxiety, depression and anxiety, other)
- With XXX screening tool (dropdown: PHQ-9, EPDS, GAD-7, EPDS anxiety subscale, MDQ, other).
- Screening score XXX (fill in number) consistent with XXX (dropdown: mild, moderate, severe) symptom severity.
- Patient safety was assessed and there were no safety concerns.
- Provided counseling on treatment options (therapy, medication, or both).
- The patient elects for XXX (dropdown: therapy, medication, or both).
- Provided referral with warm handoff to XXX (dropdown: therapy, other behavioral health, social work, other support services).
- Scheduled close OB follow up appointment to see the patient back within 2 weeks.
- Perinatal mental health education and support services resources (such as home visiting programs, PSI peer support, IL MOMS Line) provided.

MILD

Depression screen 10-14
Anxiety screen 5-9

Therapy Referral

Consider medication
treatment

MODERATE

Depression screen 15-19
Anxiety screen 10-14

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)

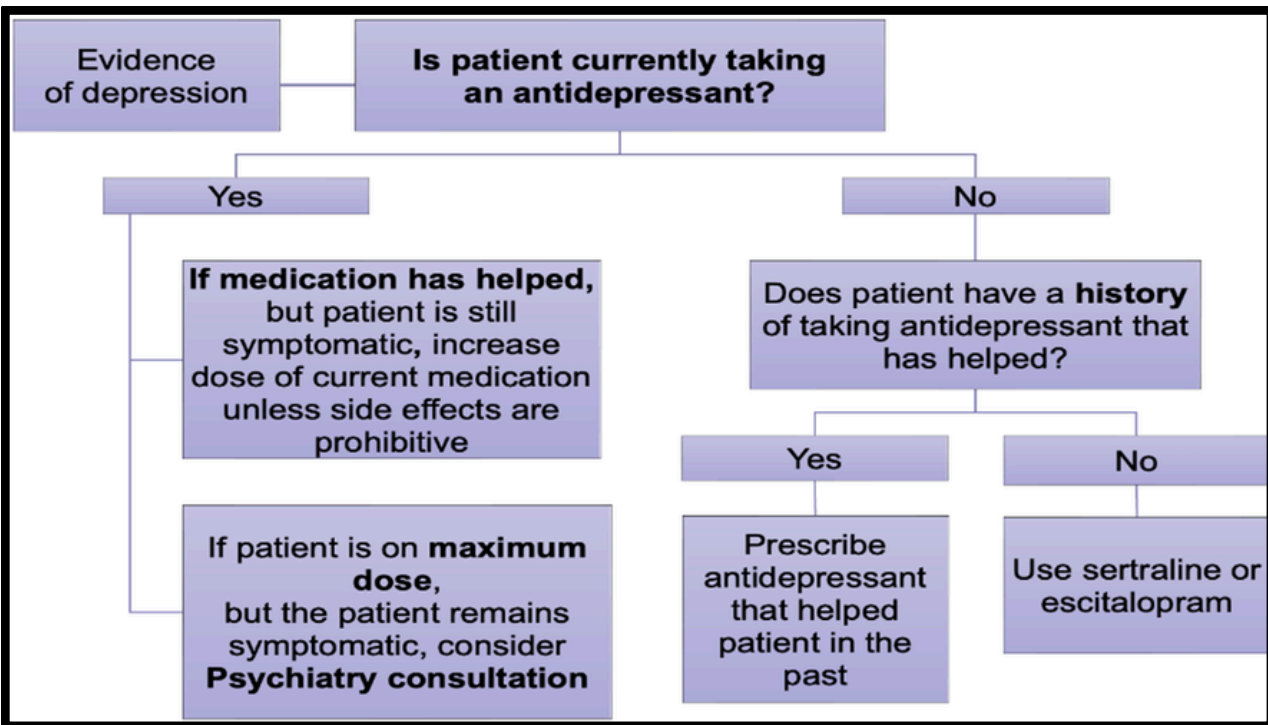
SEVERE

Depression screen > 19
Anxiety screen > 15

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)



Example Order Set

Assess safety and severity. Counsel on treatment options (therapy, medication or both)

Referral with warm handoff to therapy / behavioral healthcare follow-up

- Can call IL MOMS Line with patient for support and help with therapy referral (866-364-6667)
- Can submit an online referral from list of resources for scheduling help or use local referral
- Link to PSI peer support groups and/or home visiting program for additional support
- Provide education on perinatal depression/anxiety including self-care and support resources

Medication orders for depression/anxiety

- Screen for bipolar disorder using the MDQ (link to screen) before starting treatment
- If patient has used med before that worked, use that

- If treatment naïve, see ACOG resource for **first line treatment options**, including:

- a. Sertraline (Zoloft) 25mg qAM (if sedating, change to qHS)
- b. Initial increase after 4 days – increase to 50 mg
- c. Second increase after 7 more days – increase to 100 mg
- d. Slower titration (every 10-14 days) can be helpful if antidepressant naïve or with anxiety symptoms
- e. Reassess monthly (increase as needed until symptoms remit) – increase by 50mg
- f. Therapeutic range = 50-200 mg

- Call **IL DocAssist** for clinical consultation (866-986-2778) help with treatment plans
- Consider postpartum Zuranolone within 12 months of delivery if moderate/severe symptoms started 3rd trimester through 4 wks postpartum, check insurance coverage; it is administered orally for 14 days

PMH Resources

IL DocAssist

Free perinatal psychiatry consultation to help providers with PMH treatment
Monday through Friday, 9am-5pm
866-986-2778

IL MOMS Line

Free 24/7 hotline for patients or providers can call with patient for assessment, support and mental health referral assistance
866-364-6667

MAR Now

Free 24/7 hotline to access medications for opioid use disorder and care coordination
833-234-6343

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for example
dot phrase



Scan here for
PMH Quick
Reference
Guide

