Bree Maternal/Perinatal Mental Health Workgroup
July 17th, 2023

Draft Recommendations – Perinatal Mood Disorder Screening and Patient/Provider Interactions

Perinatal Mood Disorder Screening and Interventions:

- Implement perinatal mood disorder screening for pregnant people during routine prenatal visits, pregnancy, routine postpartum visits, and at well-child pediatric visits, as recommended by the American Academy of Obstetricians and Gynecologists and the US Preventive Services Task Force.
  - Use a validated mental health screening tool such as the PHQ-9, PHQ-2 and Generalized Anxiety Disorder 2 item, or the EPDS.
- In order to successfully implement perinatal mood disorder screening:
  - Engage with multidisciplinary staff members and partner with program champions.
  - Incorporate screening into routine clinical practices during routine visits.
  - Train staff to appropriately administer screening.
  - Train staff on providing behavioral health referrals, and offer an easy-to-access referral list for providers to use with pregnant people who screen positive.
  - Ensure screening is universally and equitably administered. Track inequities in screening rates among racial/ethnic groups and among patients with private insurance compared to Medicaid/Medicare.
- Screening for perinatal mood disorders is most effective when connected to interventions. Develop a plan for intervening when perinatal mood disorders or other mental health concerns are identified.
  - For clinical providers, follow the American College of Obstetrician and Gynecologists' Guideline on the Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum.
  - In the absence of readily accessible behavioral health resources or referrals, brief intervention could include motivational interviewing and planning for next steps.
  - Address access and availability of behavioral health resources.
- Include screening for substance use and opioid use following the SBIRT (Screening – Brief Intervention – Referral to Treatment) model.
- In addition to screening, provide pre-conception counseling services that acknowledge the risk of perinatal mood disorders with pregnant people, and work to identify pregnant people who will need additional mental health resources or support.
  - Schedule pregnant people a mental health consultation as part of perinatal health care and post-delivery in recognition of pregnancy being a significant life event.

Patient-Provider Interactions:

- Provide trauma-informed, patient-centered, and culturally humble maternity care from all obstetricians, midwives, other clinicians, and other community service supporters of pregnant and postpartum people. Specific strategies to improve patient-provider relationships and improve outcomes include:

- o Listening to and understanding pregnant people, especially women of color.
  - o Improve communication and collaboration with pregnant people.
- Offer learning and development opportunities to all providers who treat pregnant and post-partum people. Specific learning and development opportunities include:
  - o Trauma-informed care principles.
  - o Implicit bias and antiracism training.
  - o Patient-centered care.
- Offer to connect pregnant and perinatal patients to a racial or gender-identity concordant provider when possible.
- Track patient-reported outcome measures (PROMs) on perceived discrimination and mistreatment during pregnancy. Track inequities along socioeconomic status and race/ethnicity.

Clinical Structure:

- Consider alternative models of maternal care delivery to address maternal mental health concerns. Potential models include:
  - o Integrated behavioral health and maternal health care
  - o Collaborative care models with a team made up of a provider, a care manager, and a psychiatric consultant
  - o Home visits by a doula for psychosocial support, feeding, parenting and sleep support
    - ▪ Information, emotional support and practical care
  - o Home visits by nurse for perinatal care
  - o Group prenatal care
  - o Telemedicine
  - o Community midwife models
  - o Community health workers

Access:

- Work to increase access to prenatal care, regular perinatal care, and behavioral health services.
- Strategies to increase access can be individual, social, and structural.
  - o Strategies to address individual barriers to care include:
    - ▪ Increase education around perinatal mental health to reduce stigma and increase awareness of existing services.
    - ▪ Increase coverage for perinatal mental health services to reduce financial barriers to care, such as Medicaid programs offering behavioral health consultations, address coverage and reimbursement
    - ▪ Develop pathways to address or take into account individual social need, such as transportation to and from clinics.
  - o Strategies to address social barriers to care include:
    - ▪ Increase communication across members of the care team, including clinicians, community services, and behavioral health.
    - ▪ Increase community education through partnerships with community organizations and public health agencies to reduce stigma and increase awareness.
  - o Strategies to address structural barriers to care include:

- Change clinical policy to address structural barriers in care. Suggested strategies include increasing hours or creating child-friendly waiting and examination rooms.
- Consider new clinical delivery models that better integrate behavioral health into routine perinatal care, such as integrated behavioral health or collaborative care models.
- Consider co-locating behavioral health services to improve referrals and increase access to behavioral health providers.
- Consider adopting telehealth modalities of delivering care to improve access to regular perinatal care visits.