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| --- | --- | --- | --- |
| **Chart Spot Check Form:**  **Perinatal Mental Health Screening, Assessment and Treatment** | | | |
| *Using the questions below, extract data from* ***10-20*** *charts of perinatal individuals who are at least 3 months (12 weeks) postpartum.* | | | |
| **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ Chart **number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Initial Visit Gestational Age** \_\_\_\_\_\_\_\_\_weeks | | | |
|  | **Yes**  Place a check in the boxes below for each Yes response | **No**  Place a check in the boxes below for each No response | **N/A**  Place a check in the boxes below for each not applicable response |
| **PART I - DETECTION** | | | |
| **I-A. Detection of Depression** | | | |
| **Early pregnancy screening (0-20 weeks GA)** | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score?) |  |  |  |
| **Late pregnancy screening (21 weeks or more GA)** | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score? |  |  |  |
| **Early postpartum screening (0-3 months pp** | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score? |  |  |  |
| **I-B. Detection of Anxiety** | | | |
| **Early pregnancy screening (0-20 weeks GA)** | | | |
| Are there anxiety screening results in the patient medical record (i.e., scanned GAD-2, GAD-7, or PASS form or documented score)? |  |  |  |
| **Late pregnancy screening (21 weeks or more GA)** | | | |
| Are there anxiety screening results in the patient medical record (i.e., scanned GAD-2, GAD-7, or PASS form or documented score)? |  |  |  |
| **Early postpartum screening (0-3 months pp** | | | |
| Are there anxiety screening results in the patient medical record (i.e., scanned GAD-2, GAD-7, or PASS form or documented score)? |  |  |  |
| **I-C. Detection of PTSD** | | | |
| **Early pregnancy screening (0-20 weeks GA)** | | | |
| Are there PTSD screening results in the patient medical record (i.e., scanned PC-PTSD or PCL-C form or documented score)? |  |  |  |
| **Late pregnancy screening (21 weeks or more GA)** | | | |
| Are there PTSD screening results in the patient medical record (i.e., scanned PC-PTSD or PCL-C form or documented score)? |  |  |  |
| **Early postpartum screening (0-3 months pp)** | | | |
| Are there PTSD screening results in the patient medical record (i.e., scanned PC-PTSD or PCL-C form or documented score)? |  |  |  |
| **I-D. Detection of Bipolar Disorder** | | | |
| Are there bipolar disorder screening results in the patient medical record (i.e., scanned MDQ or CIDI form or documented score) at any time point? |  |  |  |
| If there are any antidepressant medications prescribed for mood or anxiety conditions (such as SSRIs, SNRIs, NDRIs), is there a completed bipolar screen administered at any time before prescribing? |  |  |  |

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| **PART II - ASSESSMENT** | | | |
|  | **Yes**  Place a check in the boxes below for each Yes response | **No**  Place a check in the boxes below for each No response | **N/A**  Place a check in the boxes below for each not applicable response |
| If **any perinatal mental health condition** (e.g., EPDS, GAD, MDQ) screen was positive at any time point: | | | |
| was the positive screen **assessed** by a licensed independent practitioner (e.g., Ob/Gyn NP, midwife) as noted in the progress notes (e.g., documentation of symptoms, SIGECAPS, presence/absence of SI/HI, etc.) or on the screening instrument (e.g., signature/date on the instrument)? |  |  |  |
| did the obstetric care clinician check any labs to ***rule out* *medical causes of the condition*** (e.g., TSH, B12, folate, etc.)? |  |  |  |
| Is there documentation of asking about whether the patient had a **prior history of psychiatric illness and/or treatment**? |  |  |  |
| If yes, is there documentation that the obstetric care clinician addressed this or gave psychoeducation? |  |  |  |
| **PART III - TREATMENT** | | | |
| If **any perinatal mental health condition** (e.g., EPDS, GAD, MDQ) screen was positive at any time point: | | | |
| is willingness to engage in treatment noted at any time point? |  |  |  |
| is there documentation of current therapy or offering a referral to therapy at any time point? |  |  |  |
| is there documentation of current medication treatment or medication treatment offered at any time point? |  |  |  |
| is there documentation about providing psychoeducation at any time point? |  |  |  |
| **PART IV – FOLLOW-UP & MONITORING** | | | |
| If **any perinatal mental health condition** (e.g., EPDS, GAD, MDQ) screen was positive at any time point: | | | |
| was the positive screen(s) addressed by obstetric care clinician during follow-up visits (e.g., mention of symptoms or illness in progress note, notes indicating that symptoms were re-assessed, SIGECAPS, presence/absence of SI/HI, screening tool re-administered to assess changing severity)? |  |  |  |
| is there any documentation of a repeat screen after a positive screen? |  |  |  |
| **PART V – ONGOING CARE** | | | |
| **V-A/B/C. Ongoing care for perinatal mental health conditions** | | | |
| If **any perinatal mental health condition** screen was positive at any time point, is the positive screen(s) noted in the treatment plan at the comprehensive postpartum visit? |  |  |  |
| Was medication for **any perinatal mental health condition** prescribed by an obstetric care clinician at any point in this pregnancy or postpartum period? |  |  |  |
| If yes, was prescription(s) continued after care was complete to help the patient avoid gaps in medication treatment? |  |  |  |
| If the screener for **any perinatal mental health condition is still positive** at the postpartum visit, was follow-up care with another health care provider noted (e.g., psychiatrist, therapist, PCP, other OB, etc.) ***AND/OR*** was it noted that the obstetric care clinician plans to continue care until transfer to another provider could be arranged? |  |  |  |
| **V-D. Ongoing care specific to bipolar disorder** | | | |
| If bipolar disorder screen is positive at any time point, is there documentation of referral to or consultation with a psychiatrist for further evaluation and treatment, if the patient is not already under the care of a psychiatrist? |  |  |  |

*Now that you have completed this form, enter the results in the Tool to Schedule Implementation Meetings and Create Practice Goals*

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