**Workflow for Perinatal Mental Health Care**

*Possible verbal or written* ***verbiage for first OB visit:*** *Mood changes are very common during pregnancy and/or after giving birth. 1 in 5 perinatal individuals experience depression, anxiety, or frightening thoughts during this time. It is important that we screen for mood changes because they can affect you and your baby’s health. If needed, getting help is the best thing you can do for you and your baby. We can help. Moods can change at any time during pregnancy and after giving birth. Because of this we will ask you to answer some questions now and again at future visits.*

*Possible verbal or written* ***verbiage for follow-up visit:*** *At your first prenatal visit we asked you to complete some questionnaires about mood changes. We would like you to fill out some questionnaires again because mood changes are common, can happen at any time during pregnancy and after giving birth, and can affect you and your baby’s health. Please complete these questionnaires so that if help is needed we can figure out how to help you.*

*Insert name or role* **scores the Perinatal Mental Health Screening**

Results reside *where*

*Insert name and role* **reviews results** *when*

*Insert name or role* **puts the completed Screening form** *where***, or,** *insert name or role* **enters Screening results in the EMR (EPDS, MDQ, GAD, PC-PTSD-5 utilities)** *when*

**Request is introduced to the patient** *insert how (cover letter, blurb on screener, message in portal…)*

*Insert name or role* **explains screening**

Request for patient to complete screener is made in person

Request for patient to complete screener is made via email or portal

Scoring is automated

Screener is scored manually

Paper screener was completed in person

Patient printed screener from portal or email and brought to visit

Patient completed and submitted screener via portal or email

Electronic screener was completed in person

**Individual completes Perinatal Mental Health Screening**

**If screen is negative for all conditions**

*Insert name or role* educates/ when and *how* and when is patient educated about the importance of emotional wellness:

*From the screen it seems like you are doing well. Having a baby is always challenging and everyone deserves support. Do you have any concerns that you would like to talk to us about?*

**If screen is positive for any condition**

*Insert name or role* talks to the patient:

*Thank you for completing the screener. Your provider will be in shortly to discuss the results with you.*

**If EPDS question 10 or PHQ9 question 9 is 1, 2, or 3**

*Insert name or role* talks to the patient:

*Thank you for completing the screener. Your provider will be in shortly to discuss the results with you.*

**Do not alarm patient (reinforce her honesty). Do not leave mother and baby alone or let them leave until assessment is complete. Call another staff member.**

If concerned about the safety of the individual/baby: *You and your baby deserve for you to feel well. Let’s talk about ways we can support you*.

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*Insert name or role* **Informs provider**

**EPDS or PHQ9, MDQ\*, GAD-7, and PC-PTSD-5**

At the time of the first OB visit, around 24-28 weeks GA, and at the comprehensive postpartum visit

\*administer only once, preferably at the first OB visit

**Workflow for Perinatal Mental Health Care (Page 2)**

**If EPDS question 10 or**

**PHQ9 question 9 is 1,2, or 3**

**If screen is positive for any condition**

*Insert name or role* **assesses perinatal individual’s need for emergency psychiatric evaluation**

*It sounds like you are having a lot of strong feelings. It is really common for women to experience these kinds of feelings. Many effective support options are available. I would like to talk to you about how you have been feeling recently*

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If positive screens at conclusion of postpartum care, transfer mental health care to another provider

Repeat mental health screening monthly to monitor status until two repeat negative screens

Site-specific procedure for getting individual to emergency psychiatric evaluation (e.g., institutional) safety protocol, practice procedures for obtaining emergency mental health evaluation for patient

*Both are often indicated*

Non-complex treatment or diagnosis (Ob/Gyn comfortable treating)

Site-specific procedure for referring perinatal individuals to therapy\*

Provider prescribes medication

Site-specific procedure for referring individual to psychiatrist care\*

Complex treatment or diagnosis

Emergency psychiatric evaluation is indicated (see *Lifeline for Moms Toolkit Obstetric Care Clinician Algorithms*, p 7)

Emergency psychiatric evaluation is **NOT** indicated

**Provider uses the *Lifeline for Moms Toolkit Obstetric Care Clinician Algorithms* to evaluate screening results and plan response.**

*You may be having a difficult time or be depressed or anxious. Getting help is the best thing you can do for yourself and your baby. It can also help you cope with the stressful things in your life (give examples). You may not be able to change your situation right now; you can change how you cope with it. Many effective support options are available.*

Therapy referral indicated

Medication treatment indicated

**\*Consider contacting your state perinatal psychiatry access program to understand what services and resources are available to address perinatal mental health as you are developing your practice workflow. See an access program list at this URL: https://www.umassmed.edu/lifeline4moms/Access-Programs**