

Bree Maternal/Perinatal Mental Health Workgroup  
June 12<sup>th</sup>, 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.
- Consider access and availability of behavioral health resources when making referrals.
- 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.

### Patient-Provider Interactions:

- Provide trauma-informed, patient-centered, and culturally humble maternity care from all obstetricians, midwives, doulas, and other providers who treat pregnant and postpartum people. Specific strategies to improve patient-provider relationships and improve outcomes include:
  - Listening to and understanding pregnant people, especially women of color.
  - Improve communication and collaboration with pregnant people.
- Offer learning and development opportunities to all providers who treat pregnant and postpartum people. Specific learning and development opportunities include:
  - Trauma-informed care principles.
  - Implicit bias and antiracism training.
  - 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.