Perinatal Behavioral Health Guideline Checklist

Clinician
Level 1

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The current state of the issue

The perinatal period, **defined here as including the time from conception until the end of the first year after birth,** involves significant physiological and psychosocial change. **The term behavioral health includes both mental health and alcohol or other substance misuse (e.g., opioids).** Pregnancy and parenting are both life altering events that may result in new or increased behavioral health symptoms for the gestational parent and their families.[1] Postpartum depression is common, impacting 10-15% of gestational parents, while postpartum anxiety disorders are estimated to occur in 21% of gestational parents.[2,3,4] Pregnant and postpartum individuals with mental health concerns are at greater risk for substance use and abuse.[5] According to the Washington State Maternal Mortality Review Panel: Maternal Death 2017-2020 Report, the leading underlying causes of pregnancy-related deaths were behavioral health conditions (32%), predominantly by suicide and overdose.[6]

Education and Communication

- ☐ Educate patients and family/support system on signs and symptoms of mental health concerns that may arise during pregnancy and after, the importance of integrated behavioral health care and how they can participate in care planning and shared decision-making. See the Center for Disease Control's (CDC) Hear Her Campaign for resources to support conversations.
  - ☐ Educate patient and family/support system that intrusive thoughts, including those of infant harm, may be a normal part of the postpartum experience. Providers should use ACOG Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum on wording that can be used to obtain information about whether these thoughts are present and how current and concerning they are.

- ☐ Educate on the risks of any alcohol exposure on the developing fetus.
- ☐ Educate on the risks of tobacco use when pregnant.
- ☐ Share your identities in your professional bios to facilitate patients' ability to choose a racially and/or culturally concordant provider.

Created: February 2024

Integrated Behavioral Health

- [ ] Inquire about patient's mental health, life stressors and well-being, and ongoing healthcare in the postpartum period through trauma-informed, culturally humble care during each visit.
- [ ] Consistently provide trauma-informed, patient-centered, and culturally humble perinatal care.
- [ ] Provide care in alignment with harm reduction principles.
- [ ] Take a comprehensive medical and behavioral health history at initial contact, including personal or family history of behavioral health conditions such as perinatal depression.
  - [ ] Identify those patients at higher risk for perinatal mood and anxiety disorders (personal or family history of depression especially in the perinatal period, history of physical or sexual abuse, unplanned or unwanted pregnancy, those undergoing stressful life events, intimate partner violence, experiencing complications during pregnancy, low socioeconomic status, lack of social support or pregnancy during adolescence)
  - [ ] If a patient has a history of postpartum psychosis or bipolar disorder, they are at increased risk for postpartum psychosis – the multidisciplinary team should coordinate a postpartum psychosis prevention plan, including psychoeducation about postpartum psychosis, observation, support, adequate sleep strategies and pharmacotherapy. Document this plan in the medical record and provide a copy to patients and their support system.
- [ ] If someone is undergoing active treatment for a behavioral health diagnosis, check for any contraindicated medication in pregnancy, and do not unnecessarily stop treatment.
- [ ] Provide numbers for crisis resources (e.g., 988, Native and Strong Lifeline, Maternal Mental Health Hotline 1-833-TLC-MAMA (1-833-852-6262), see Appendix B for more information)
- [ ] Keep patients in an acute suicidal crisis in an observed, safe environment.
- [ ] Address lethal means safety (e.g., guns, medications).
- [ ] For patients with postpartum psychosis, conduct immediate psychiatric consultation and evaluation. If emergency psychiatric consultation is not possible, ensure the patient is transferred to emergency services. Postpartum psychosis is a psychiatric emergency which requires inpatient stabilization due to increased risks for suicide and infanticide.
  - [ ] Do not leave the patient alone or with their infant alone.
  - [ ] Administer a short-term benzodiazepine or antipsychotic medication while awaiting psychiatric consult to not delay treatment.
  - [ ] Follow **American College of Obstetrician and Gynecologists' Guideline on the Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum**

Screenings

- [ ] Explain the purpose of screening for depression, anxiety, suicidality, alcohol misuse, and substance use including the safety and security of the information to patients.
  - [ ] Patients may not disclose behavioral health concerns to healthcare workers for fear of losing custody of their child, especially those from historically marginalized communities. Providers should identify and mitigate this concern, and introduce the idea of creating a Plan of Safe Care for them and their infant especially if the patient screens positive for substance use.
- [ ] Screen every pregnant person for and/or review prior diagnoses of depression, anxiety, suicidality, and tobacco, marijuana, alcohol, and other substance use at intake, at least every trimester, and in the postpartum period, at a minimum **screen patient within 3 weeks of delivery and at a comprehensive visit no later than 12 weeks after delivery** using a validated instrument(s), as recommended by the American Academy of Obstetricians and Gynecologists (ACOG) and the US Preventive Services Task Force (USPSTF)
- [ ] Screen every pregnant or postpartum person at **initial prenatal visit, later in pregnancy, and postpartum visits** for Intimate Partner Violence (IPV).
- [ ] Screen every pregnant or postpartum person at **initial prenatal visit, later in pregnancy, and postpartum visits** for social needs.
- [ ] Screen every pregnant or postpartum person at **initial prenatal visit, later in pregnancy, and postpartum visits** for Intimate Partner Violence (IPV), and social needs.

- [ ] Consider screening for adverse childhood experiences (ACEs).
- [ ] Consider using culturally relevant screening tools if they are validated in your patient population.
- [ ] Educate the patient and support system on the purpose of screening for social determinants of health (SDOH), IPV and ACEs.
- [ ] Document screenings in the medical record using structured data fields.
- [ ] Document patient information related to suicide care and referrals.
- [ ] If positive on behavioral health screening, tailor brief intervention and treatment to screening results.

Community Linkages and social programs

- [ ] Inquire about connection to community resources and birthing support, such as doulas.
- [ ] Be aware of community and culturally aligned resources available to perinatal individuals. Educate patients on benefits that these resources can provide. See Appendices B and C for a non-exhaustive list.
  - [ ] Provide educational and community resources to patients to support perinatal and postpartum needs as appropriate. A non-exhaustive list is included in Appendix E.

Resources

- The Bree Report on Perinatal Behavioral Health is meant to supplement these resources.
- Full Bree Report on Perinatal Behavioral Health: https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2024/02/Bree-Perinatal-Behavioral-Health-FINAL-012424.pdf
- Perinatal Support Washington: https://perinatalsupport.org/
- Perinatal Psychiatry Consultation Line for Providers (Perinatal PCL): https://perc.psychiatry.uw.edu/perinatal-pcl/
- MAP ECHO: Perinatal Psychiatry Case Conference Series: https://perc.psychiatry.uw.edu/map-echo-perinatal-psychiatry-case-conference-series/
- Maternal* Mental Health Access (MaMHA): https://waportal.org/partners/maternal-mental-health-access-mamha/resources
- Training Interprofessional Teams to Manage Miscarriage: https://www.miscarriagemanagement.org/get-trained-folder
- Washington State Perinatal Collaborative (WSPC): https://doh.wa.gov/you-and-your-family/womens-health/washington-state-perinatal-collaborative-wspc#ParentID-9337
- 988 Suicide & Crisis Lifeline: https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention/988-suicide-crisis-lifeline

Read the full Bree Report on Perinatal Behavioral Health online by scanning the QR code:

Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1.Garcia, E.R., & Yim, I.S. (2017). A systematic review of concepts related to women's empowerment in the perinatal period and their associations with perinatal depressive symptoms and premature birth. BMC Pregnancy Childbirth, 17(Suppl 2), 347. 2. Centers for Disease Control and Prevention. (n.d.). Mental health of children and parents — a strong connection. Retrieved from https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html 3. Anokye, R., Acheampong, E., Budu-Ainooson, A., Obeng, E.I., & Akwasi, A.G. (2018). Prevalence of postpartum depression and interventions utilized for its management. Ann Gen Psychiatry, 17, 18. 4. Bauman, B.L., Ko, J.Y., Cox, S., et al. (2020). Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. MMWR Morb Mortal Wkly Rep, 69, 575–581. 5. American Psychiatric Association. (2023). Perinatal Mental and Substance Use Disorders [Whitepaper]. Retrieved from https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf. 6. Stein, B.S., Sedano, C. Gardner, D., Silverman, E., Mentzer, K., Tibbs Christensen, T. (2023) Washington State Maternal Mortality Review Panel: Maternal Deaths 2017–2020. Washington State Department of Health Prevention and Community Health Division. Olympia, WA. Retrieved from: https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf