

Perinatal Behavioral Health Guideline Checklist

Outpatient Care Clinic
Level 1



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

Screenings

- ☐ Prior to implementing perinatal behavioral health screening, engage with multidisciplinary staff members and partner with program champions.

Integrated Behavioral Health

- ☐ Ensure that all staff who interact or treat pregnant and postpartum people understand and/or have received training on: **(see Appendix D: Provider and Allied Professionals Trainings for Training Resources)**
 - ☐ Implicit bias and antiracism training.
 - ☐ Patient-centered care.
 - ☐ Gender-neutral/gender-inclusivity.
 - ☐ Mental health and substance use disorders among individuals who are pregnant and postpartum, and screening and treatment protocols for individuals identified as experiencing these behavioral health concerns.
 - ☐ Protocols and procedures related to integration of behavioral health into perinatal care at their facility.
 - ☐ Evidence-based counseling interventions for parents at higher risk of perinatal depression (eligible providers)

- ☐ Ensure that all staff who interact with or treat pregnant and postpartum people understand and/or receive training on and consistently provide trauma-informed, patient-centered, and culturally humble perinatal care from all staff (e.g., obstetricians, certified nurse midwives, licensed midwives, other clinicians, and other community service supporters of pregnant and postpartum people.)
- ☐ Provide care in alignment with harm reduction principles. See **Appendix A: Culturally Humble Care**

Community Linkages and social programs

- ☐ Educate and provide resources to patients on the role of doulas and other community birth supports.

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>