

Perinatal Behavioral Health Guideline Checklist

Outpatient Care Clinic
Level 2



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

- ☐ Ensure screening is universally and equitably administered.
- ☐ Develop protocols and procedures to support care team screening for intimate partner violence (IPV) according to ACOG guidance, including providing private and safe setting for the birth parent alone for screening, integrating screening into routine protocols and providing available resources for providers and patients.

Integrated Behavioral Health

- ☐ Use a multidisciplinary team to care for all perinatal patients.
 - ☐ Facilitate communication and inclusion in care planning across members of the care team, including perinatal clinicians, community-based providers such as doulas, community services, and behavioral health providers.
- ☐ Enable perinatal providers to provide care for mild behavioral health concerns by supporting training and continuing education on perinatal behavioral health.
- ☐ Establish protocols and procedures for all prescribers to be empowered to prescribe medications for opioid use disorder, as an x waiver is no longer required to prescribe.
- ☐ Include resources such as the Perinatal Psychiatry Consultation Line in protocols.
- ☐ Consistently provide trauma-informed, patient-centered, and culturally humble perinatal care from all staff (e.g., obstetricians, midwives, other clinicians, and other community service supporters of pregnant and postpartum people.)
- ☐ Provide care in alignment with harm reduction principles.
- ☐ Have screening accessible to complete online via patient portals prior to visits.
- ☐ Connect medical residents to providers currently providing perinatal behavioral health care.
- ☐ Establish protocols for screening, brief intervention, treatment and referral that follow most up-to-date clinical guidelines, align with onsite available resources and/or known community resources, and incorporate protocols into routine clinical practices during routine visits. Ensure screening is universally and equitably administered.

- ☐ Utilize a treat-to-target approach.
- ☐ Incorporate access to psychiatric consultation in protocols, including resources such as the [Perinatal Psychiatry Consultation Line](#).
- ☐ Offer an easy-to-access specialty behavioral health referral list for perinatal care teams to conduct a warm handoff when transitions of care are necessary

Care Coordination

- ☐ Facilitate communication and inclusion in care planning across members of the care team, including perinatal clinicians, community services, and behavioral health providers.
- ☐ Offer an easy-to-access specialty behavioral health referral list for perinatal providers to conduct a warm handoff.

Expanded Team Roles

- ☐ Facilitate doulas' inclusion in the care team when applicable and/or chosen by the patient.

Patient Education

- ☐ Provide screening and educational materials in Languages commonly used in your patient s at a 6th grade reading level.
- ☐ Offer to connect perinatal patients to a racial, cultural or gender-identity concordant provider when possible.

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>