Perinatal Behavioral Health Guideline Checklist

Outpatient Care Clinic
Level 3

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]

Integrated Behavioral Health

- [ ] Change clinic/facility policy to address structural barriers in care.
  - [ ] Increase clinic hours to accommodate late or early appointments.
  - [ ] Create child-friendly waiting and examination rooms.
  - [ ] Adopt telehealth modalities of delivering care.
  - [ ] Provide translation and/or interpretation services to all patients.
- [ ] Integrate behavioral health into routine perinatal care. This can include integration of perinatal care into behavioral health settings, such as substance use disorder clinics, the full Collaborative Care Model that includes telehealth or virtual modalities for consultation and use of the registry, or other models of integrated care.
- [ ] Co-locate behavioral healthcare with perinatal care providers to allow for same-day interventions for behavioral health.
- [ ] Align clinic protocols with guidance from AIM Perinatal Mental Health Conditions Safety Bundle and AIM Care of Pregnant and Postpartum People with Substance Use Disorders Safety Bundle
- [ ] Ensure all behavioral health, SDOH, IPV and ACES screening are universally and equitably administered.
- [ ] Consider integrating perinatal care into behavioral health settings, such as substance use disorder clinics.

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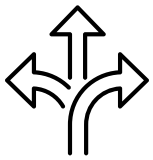
Care Coordination

- [ ] Establish perinatal and postpartum patients with a PCP and when applicable, ensure an appropriate perinatal care team member communicates directly with the primary care team, especially during transitions of care.
- [ ] Create systems for supported referrals to a setting offering methadone or buprenorphine rather than withdrawal management or abstinence. Hospitalization during initiation may be advisable.

Community Linkages & Social Programs

- [ ] Develop pathways to identify, address and consider individual social needs, such as transportation to and from clinics, connection to resources for food insecurity, nutrition assistance, childcare assistance, and housing assistance. Follow Foundation for Health Care Quality Guidance on Social Needs Screening and Social Needs Intervention.



Data

- [ ] Develop a perinatal patient registry with the ability to track individuals from intake through 12 months postpartum. Use registry to track system level behavioral health screening, intervention, and referrals
  - [ ] Consider stratifying data by interoperable REaL data, SOGI data and payer status to identify, track and close inequities.
  - [ ] If system quality goals are not met, use quality improvement efforts to achieve screening, treatment and follow up goals and outcome standards.
- [ ] Develop capabilities to measure and track a set of performance measures related to behavioral health in the perinatal period. Measures should be stratified by race, ethnicity, language, SOGI, disability, and age, as able. Measures should include but are not limited to:
  - [ ] Patient-reported outcome measures on perceived discrimination and mistreatment during pregnancy (e.g., PREM-OB).
  - [ ] HEDIS Perinatal/postnatal Depression Screening and Follow-up, by race, ethnicity/language, SOGI, disability, age
  - [ ] SUD rate among pregnant patients, by race, ethnicity/language, SOGI, disability, age
- [ ] Develop a perinatal patient registry with the ability to track individuals from intake through 12 months postpartum. Use registry to track system level behavioral health screening, intervention, and referrals
  - [ ] Consider stratifying data by interoperable REaL data, SOGI data and payer status to identify, track and close inequities.
  - [ ] If system quality goals are not met, use quality improvement efforts to achieve screening, treatment and follow up goals and outcome standards.

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