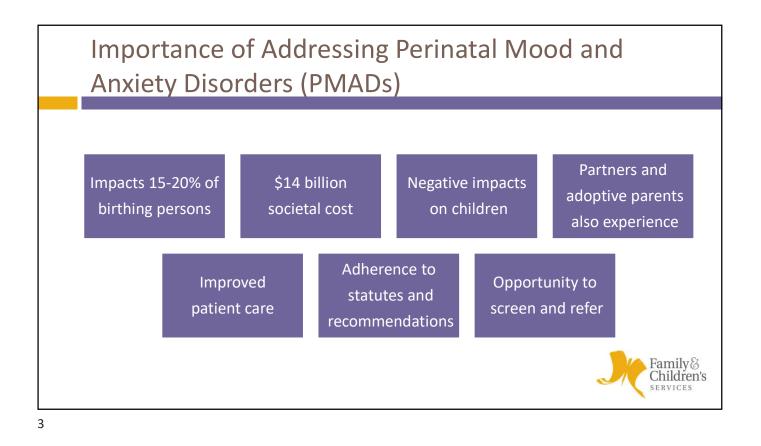
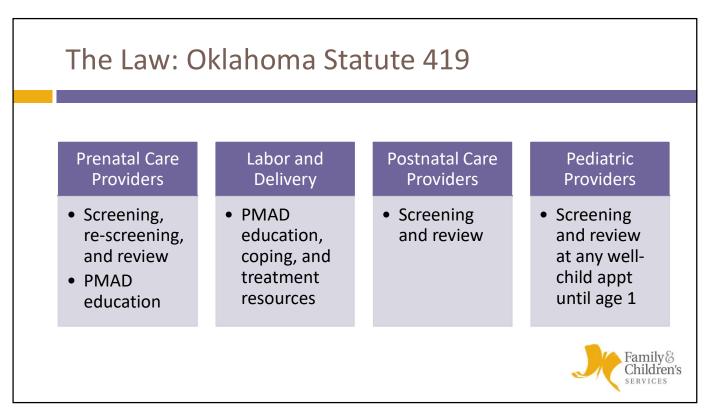


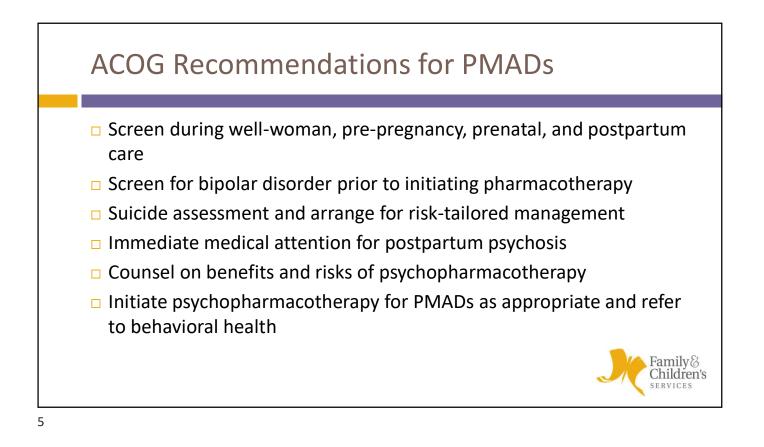
Agenda

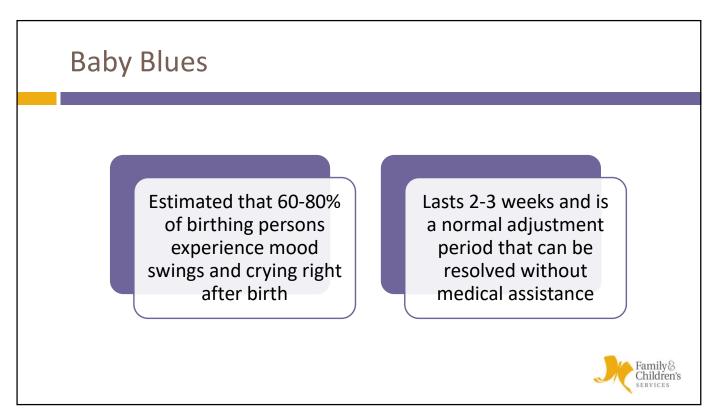
- Impacts of maternal mental health and benefits of addressing
- □ The law and ACOG recommendations
- □ Key mental health differences in the perinatal period
- Screening and educational options
- Talking to patients with positive screeners
- Community resources

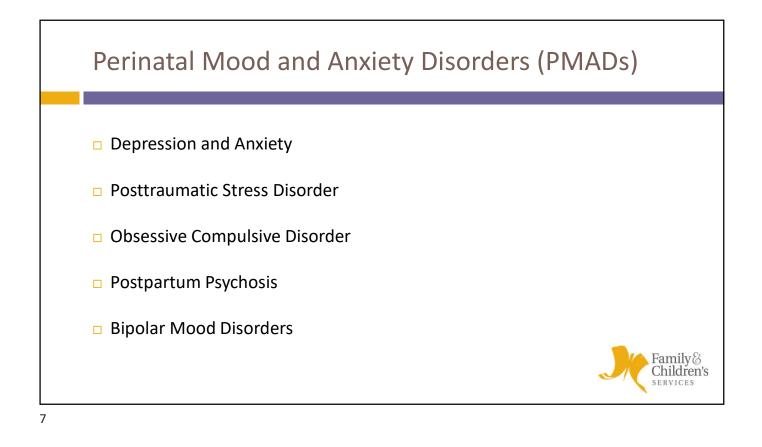




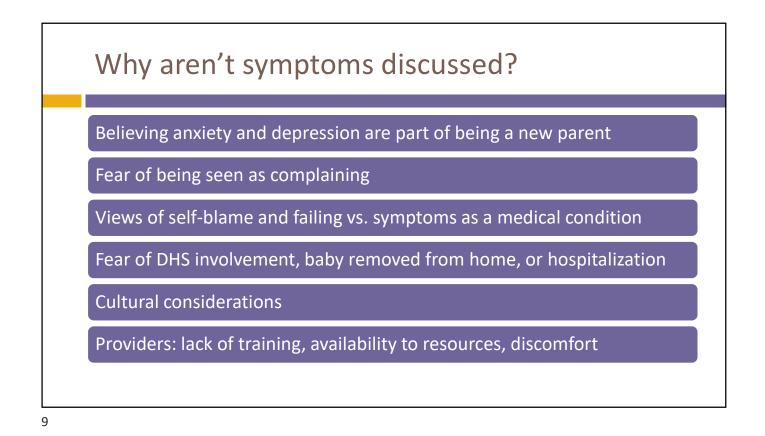








| PMAD Risk Factors | | | | | | | |
|---|--|---------------------------------------|---|--|--|--|--|
| Mental health history (personal or familial) | Low social support | Financial stress | Unplanned pregnancy | | | | |
| Teen parent | Birth of multiples | Pregnancy or infant loss | Use of assisted reproductive technologies | | | | |
| Poor / lack of relationship with their mother | Trauma history (physical/sexual abuse) | Traumatic pregnancy or delivery | Breastfeeding challenges | | | | |



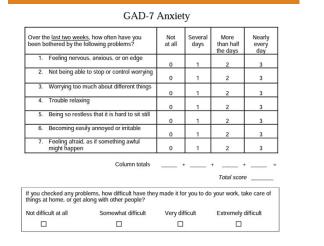
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|--------------------|--|------------|-----------------|-----------------------|---------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| atient Healt | h Question | nai | 0 | (PI | -0- | Edinburgh Postnatal Depression Scale (EPDS |
| attent near | in Question | iran | | | 1Q- | Edinburgh i Ostnatar Depression State (El De |
| | | | | | | |
| | PATIENT HEALTH QUESTION | NNAIRE (P | HQ-9) | | | Edinburgh Postnatal Depression Scale ¹ (EPDS) |
| NAME: | | | DATE: | | | Name: Address: |
| | weeks, how often have you been | | | | | Your Date of Birth: |
| | y of the following problems? cate your answer) | Not at all | Several days | More than half the | Nearly every day | Baby's Date of Birth: Phone: |
| 1. Little internet | or pleasure in doing things | 0 | 1 | days 2 | 3 | let entropy is for the later of the rest of the rest on the second second second second second second second se |
| | , depressed, or hopeless | 0 | 1 | 2 | 3 | As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today. |
| | | | | 2 | 3 | Here is an example, already completed. |
| 3. Trouble failin | g or staying ssleep, or sleeping too much | | | | | I have feit happy: |
| 4. Feeling tred | or having little energy | 0 | 1 | 2 | 3 | Yes, most of the time This would mean: 'I have felt happy most of the time' during the past week. No, not very often Please complete the other questions in the same way. |
| 5. Poor appeils | or overeating | ٥ | 1 | 2 | 3 | No, not at all |
| | about yourselfor that you are a failure or | ٥ | 1 | 2 | 3 | In the past 7 days: |
| have let your | self or your family down | | | | | I have been able to laugh and see the funny side of things of "6. Things have been getting on top of me As much as I always could on Yess, most of the time I haven t been able Not quite so much now to cope at all To a set of the time I haven t been able |
| | entrating on things, such as reading the rwatching television | ٥ | 1 | 2 | 3 | Definitely not so much now Yes, sometimes I haven't been coping as well Not at all as usual |
| 8. Moving or sp | eaking so slowly that other people could | | | | | I have looked forward with enjoyment to things As much as lever did No, I have been coping as well as ever |
| | Or the opposite - being so figety or you have been moving around a lot more | ٥ | 1 | 2 | 3 | Rather less than I used to Thave been so unhappy that I have had difficulty sleeping Definitely less than I used to Yes, most of the time |
| than usual | you have been moving around a lot more | | | | | Ilerdly et all Ilerdly et all Inve blamed myself unnecessarily when things No, not st all |
| 9. Thoughts the | t you would be better off dead, or of | | 1 | 2 | 3 | Yes, most of the time '8 I have feit sad or miserable |
| hurting yours | li | Ŭ | | • | | Yes, some of the time Yes, most of the time Not very often Yes, quite often |
| | | add column | a - | • | • | No, never No, never No, not en No, not at ell |
| (Hoalth | care professional: For interpretation of TOT | AL TOTAL | | | | A. Thate been anotas of wome of his good reason No, not at all Yo I have been so unhappy that I have been oying Hardy wor Yes, most of the time |
| | refer to accompanying scoring card). | | | | _ | Yes, sometimes Yes, quite often Yes, very often Only occasionally |
| | ked off any problems, how difficult | | Not diff | cult at all | | 5 I have felt scared or paniciky for no very opod reason |
| | problems made it for you to do take care of things at home, or get | | | hat difficult | | Yes, quite a lot Yes, sometimes Yes, quite a lot Yes, quite a lot Yes, quite a lot Yes, quite a lot |
| | | | Very dif | | | n No. not much n Sometimes |

Screening Options

Mood Disorder Questionnaire (MDQ)

| s | tructions: | | | | | |
|----|---|--------------|------------------|------------------|-----------------|--|
| 35 | there ever been a period of time when you | were not you | r usual self and | L | | |
| | ſ | | 75 | 1 | 5.0 | |
| | | , | 'es | | 0 | |
| | you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | | 1 | |) | |
| | you were so initiable that you shouted at people or started lights or arguments? | | 1 | 0 | | |
| | _you felt much more self-confident than usual? | | 1 | 0 | | |
| | you got much less sleep than usual and found you didn't really miss it? | | 1 | | . | |
| | _you were much more talkative or spoke faster than usual? | - | 1 | 0 | | |
| | thoughts raced through your head or you couldn't slow your mind down? | | 1 | 0 | | |
| | _you were so easily distracted by things around you that you had trouble concentrating or staying on track? | | 1 | | | |
| 1 | you had much more energy than usual? | | 1 | | | |
| | you were much more active or did many more things than usual? | | 1 | 0 | | |
| | you were much more social or outgoing than usual, for example, you telephoned fitends in the middle of the night? | | 1 | 0 | | |
| | you were much more interested in sex than usual? | | 1 | | | |
| | you did things that were unusual for you or that other people might have thought were excessive, foolist, or tisky? | | 1 | | , | |
| | _spending money got you or your family into trouble? | | 1 | | • | |
| | If you checked YES to more than one of the above, have several of these ever happened during the same period of time? | 1 | | 0 | | |
| | | No problem | Minor problem | Moderate problem | Serious problem | |
| | How much of a problem did any of these cause you like being unable to work having family, money, or legal troubles; petting into arguments or fights? | 0 | 1 | 2 | 3 | |

Generalized Anxiety Disorder 7-item (GAD-7)



11

Screening Options

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

| С | Sometimes things happen to people that are unusually or especially frightening, horrible, or traum. A serious accident or fire A physical or sexual assault or abuse A nearthquake or flood A war Seeing someone be killed or seriously injured Having a loved one die through homicide or suicide | atic. For e | kampl |
|---------|--|-------------|-------|
| Have y | ou ever experienced this kind of event? Please circle the response that indicates your answer: | NO | Y |
| If NO, | you are finished. Thank you for completing this survey! If YES, please continue: | | |
| In the | past month, have you | | |
| have h | ad nightmares about the event(s) or thought about the event(s) when you did not want to? | NO | Y |
| | ard not to think about the event(s) or went out of your way to avoid situations that reminded you event(s)? | NO | Y |
| been c | onstantly on guard, watchful, or easily startled? | NO | Y |
| felt nu | mb or detached from people, activities, or your surroundings? | NO | Y |
| | ity or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may aused? | NO | Y |

Combo Screener Pack from ACOG

- Screening for Mood Changes
 During Pregnancy and After
 Giving Birth
 - EPDS, MDQ, GAD-7, and PC-PTSD-5
 - PHQ-9, MDQ, GAD-7, and PC-PTSD-5

| As many as 1 in 7 moms (1 in 10 dads) exp postpartum period. People of every age, Disorders (PMDs) during pregnancy and v | ental Health Discussion Tool perfence symptoms of depression and anxiety during the income level, race and culture can develop Perinatal Mood within the first year after delivery. This tool can help track your clical provider, being your own advocate is okay and you mptoms: (please mark all that apply) Anablacks regarding the pregnancy or delivery Anablacks regarding the pregnancy or delivery | Perinatal Mental Health Discussion Tool 18 Symptoms 18 Risk Factors PSI resources listed |
|---|--|---|
| | ciated with postpartum depression (PPD) and postpartum ahead of time can help you communicate more effectively d put a strona self-care plan in place. | |
| Please mark all risk factors that apply: | | |
| Histary of depression or anxiety Histary of bipolar disorder Histary of psychosis Histary of diabetes or thyroid issues Histary of PMS History of sexual trauma or abuse Traumatic pregnancy or delivery Pregnancy or infant loss | O Birth of Multiples Baby in the NICU O Relationship issues O Financial struggles O Single mother O Teen mother O No or filler social support O Nord way from home country O challenges with breastleeding | |

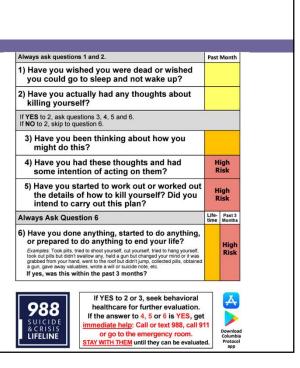
Positive Screening

- Review screener scores
- Normalize, educate, and validate
- □ Incorporate the family
- Refer to behavioral health provider
 Ideally trained in perinatal mental health
- Discuss medication options

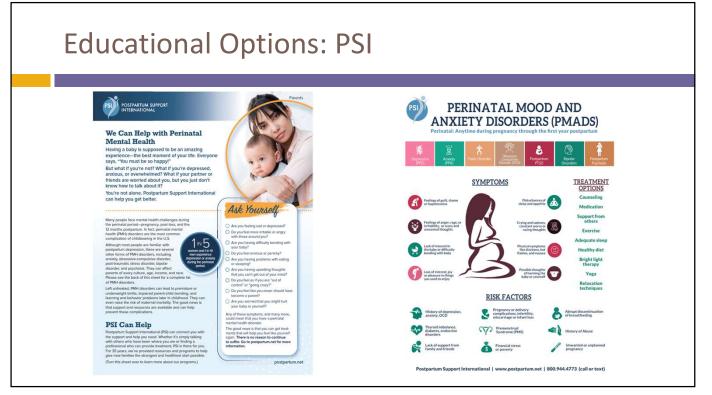


Navigating Suicidality

- Clarify questions about suicide
- Columbia Suicide Severity Rating Scale
- Inpatient vs outpatient
- Least restrictive environment



15



| Treatment Options | |
|--------------------------------------|---|
| Peer, family, and community supports | |
| Wellness | |
| Postpartum planning | Early connection to treatment for those with risk factors |
| Individual and/or group therapy | |
| Medication management | |
| | Family& Children's SERVICES |

Resources
ACOG's Perinatal Mental Health Toolkit
Postpartum Support International Psychiatric Consult Line
Postpartum Support International Provider Directory
National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

National Suicide Prevention Lifeline

988



Creating a culture of excellence, safety and equity in perinatal care

Evaluation Link

We want your feedback! Please take a few minutes to let OPQIC know how we can improve our future meetings and how we can better meet the needs of your organization.





https://tinyurl.com/2p9f3d72