

# Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

## QI Refresher and PMHC Assessment & Severity

Dr. Ron Iverson & Dr. Uruj Haider

January 21, 2025



# WELCOME!

- Please type your name and institution into the chat.
  - Optional share: What is one thing you are hoping to do more of in 2025?
- Please mute yourselves when not speaking.
- Feel free to type your questions into the chat during the webinar.
- We will record this session and upload the recording and webinar slides to our website afterwards!

## Agenda

12:00–12:10 Welcome & PNQIN Announcements

12:10–12:30 QI Refresher

12:30–12:50 PMHC  
Assessment & Illness  
Severity

12:50–1:00 Discussion,  
Q&A



# AGENDA

**12:00-12:10**

**Welcome & PNQIN  
Announcements**

Kali Vitek

**12:10-12:30**

**Quality Improvement (QI) Refresher**

Ron Iverson, MD

**12:30-12:50**

**PMHC Assessment & Illness Severity**

Uruj Haider, MD

**12:50-1:00**

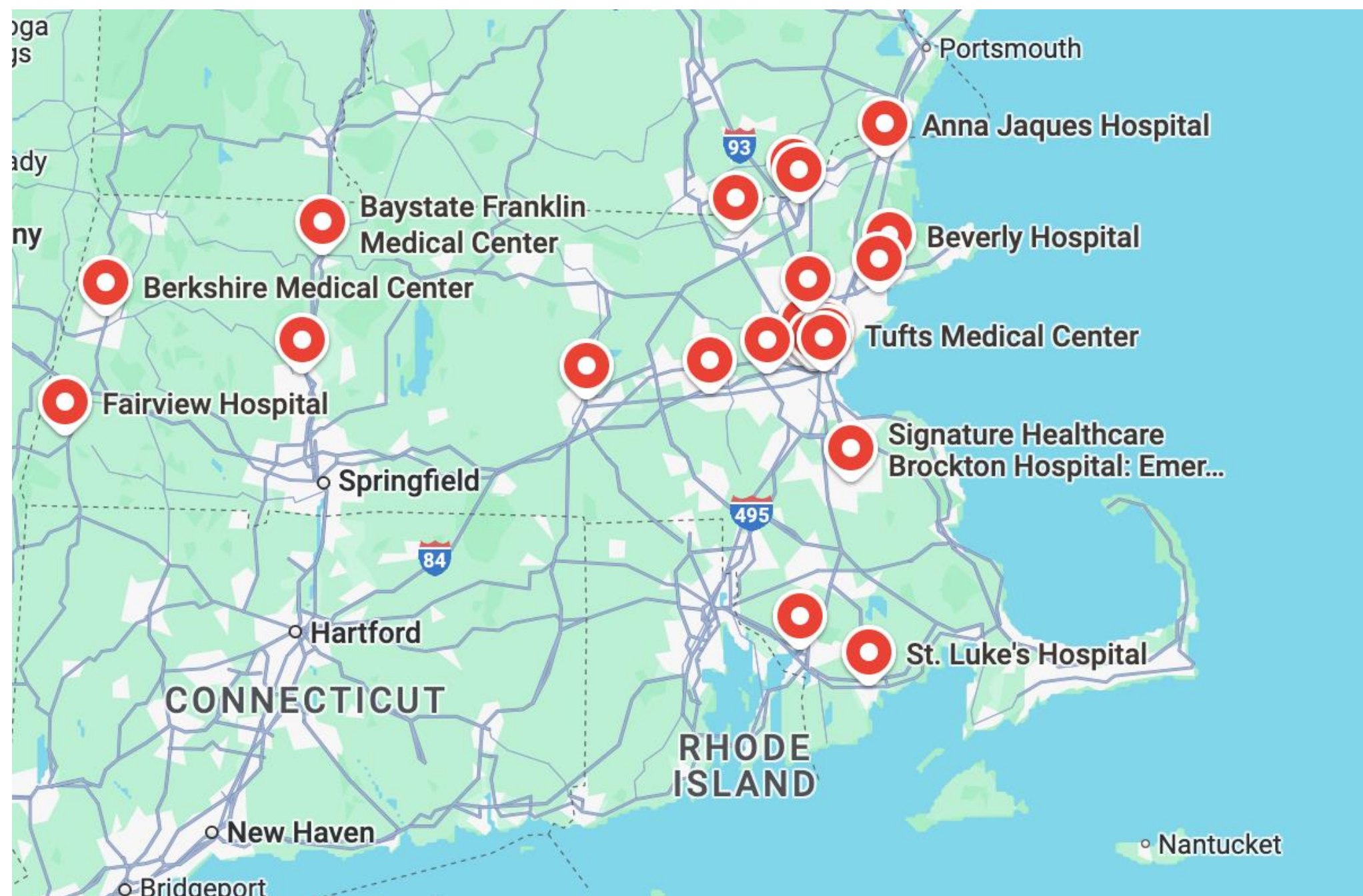
**Discussion, Q&A**

All



# PMHC BUNDLE: PARTICIPATING HOSPITALS

1. Anna Jaques Hospital
2. Baystate Franklin Medical Center
3. Berkshire Medical Center
4. Beth Israel Deaconess Medical Center
5. Beverly Hospital
6. Brigham and Women's Hospital
7. Boston Medical Center
8. Cooley Dickinson Hospital
9. Fairview Hospital
10. Holy Family Hospital
11. Lawrence General Hospital
12. Lowell General Hospital
13. Massachusetts General Hospital
14. MetroWest Medical Center
15. Mount Auburn Hospital
16. Newton-Wellesley Hospital
17. Salem Hospital



18. Signature Healthcare Brockton Hospital
19. Southcoast Charlton Memorial Hospital
20. Southcoast St. Luke's Hospital
21. St. Elizabeth's Medical Center
22. Tufts Medical Center
23. UMass Memorial Medical Center
24. Winchester Hospital



# Participation Checklist

**To be considered fully participating in this bundle between Sept '24 and Sept '25, we ask that you complete:**

1. Onboarding steps
  - a. Team Roster, Pre-Implementation Survey, data sharing agreement
2. Monthly data submission (Goal: 6 months or more)
3. Monthly webinar attendance (Goal: 6 months or more)
4. Implementation feedback survey @ 6mo and 12mo
5. Draft or final sustainability plan
6. Sharing opportunities (webinars presentation, summit posters)





# PNQIN PMHC BUNDLE WORKGROUP



Tiffany Moore Simas, MD  
UMass Memorial Health



Kali Vitek, MPH  
PNQIN



Brooke Fortin  
PNQIN



Amanda Small, RN  
MGH/PPD Survivor



Beth Buxton  
DPH



Bonnell Glass, MN  
PNQIN/UMass



Candice Belanoff, ScD  
BUSPH



Cheryl Slater, RN  
PNQIN/BMC



Christin Price, MD  
PNQIN



Elizabeth Howell, CNM MS  
UMass



Elysia Larson, ScD  
HMS/BIDMC



Hannah Bonoyer  
BIDMC



Jelia Frano  
Deloitte/PPP Survivor



Jess Gaulton, MD  
FamilyWell Health



Jessie Colbert  
Mass PPD Fund



Julia Prentice, PhD  
BLC



Karen Manganaro, DNP  
PNQIN/BWH



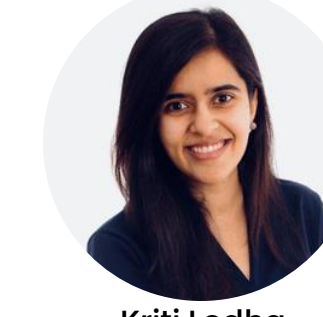
Karen Franklin, MD  
Holy Family



Kettie Louis, DNP  
BMC



Kristie Leeman, MD  
PNQIN/BCH



Kriti Lodha  
PSI-MA/PPP Survivor



Leena Mittal, MD  
MCPAP for Moms



Maithri Ameresekere,  
MD, BMC



Melissa Abell-Bardsley,  
RN, CHA



Molly Fraust-Wylie  
PNQIN/BIDMC



Pratiksha Yalakkishettar, MD  
UMass



Richard Seeber, MD  
MGH



Ron Iverson, MD  
PNQIN/MGH



Salma Mohamed  
MassHealth



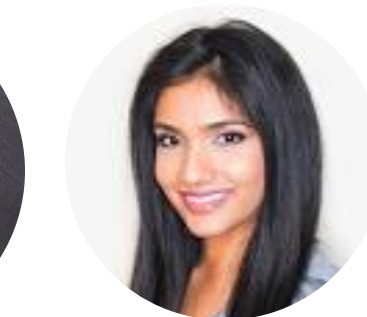
Shaniqua Choice  
Infinity Equity Consulting



Stephanie Crawford  
Propa City  
Community Outreach



Swathi Damodaran  
MassHealth



Uruj Haider, MD  
MCPAP for Moms

# Reminders & Announcements



Kali Vitek, MPH  
PNQIN Project Manager

## Agenda

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# PNQIN Announcements

# PMHC Bundle Implementation Extended!!!

Based on early feedback from hospital teams, PNQIN has decided to **lengthen** the implementation of this bundle from 12 months to 18 months.

- **September 2024** - ~~September 2025~~ **February 2026**

Monthly webinars and data submission will continue.

Please reach out to Kali or Brooke with any questions! We hope this decision comes as good news and we look forward to providing additional support for completion of your projects!



# PMHC Bundle Implementation Feedback Survey

As shared at the start of the bundle, we will distribute an implementation feedback survey every six months. The first survey period will be from **February 1st-28th**.

The survey will ask for your team's feedback on how the bundle is going so far, including the onboarding process, participation requirements, data submission challenges, and usefulness of PNQIN resources and support.

**1. OB or RN Champion and AMB Champion (if applicable) are required to submit a response for your team to be considered fully participating in this bundle. Email reminders will be provided!**

2. Any additional PMHC bundle team members are welcome to submit a response and share feedback as well.

**We take your responses very seriously, as they will help continue to shape implementation of this bundle moving forward!**

**We look forward to hearing from you!**



# WELCOME TO OUR NEW PNQIN PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) MEMBERS!



**Yeradmi (Yera) Gomes**



**Andrea Kelley**



**Jessica Paulino**

# NeoQIC Meetings of Respiratory Care & Tiny Baby Collaboratives

**Date:** February 12th, 2025

**Time:** 9:00am-2:00pm; 2:25-4:00pm

**Place (virtual option available):** The Conference Center at Waltham Woods, 860 Winter St, Waltham, MA 02451

[Register here!](#)

**Questions:** Please contact [hhealy@bidmc.harvard.edu](mailto:hhealy@bidmc.harvard.edu) and [lbernardini@bwh.harvard.edu](mailto:lbernardini@bwh.harvard.edu)

9:00-9:15am	Intro and Welcome
9:15-9:30am	Organization Updates
9:30-9:50am	VON Data Review
9:50-10:00am	Break
10:00-11:00am	QI for introduction of LISA - Katie Fletcher, MD
11:00am-12:00pm	Discussion of LMA surfactant - Zuzanna Kubicka, MD & Megan Aurora, MD
12:00-1:00pm	Lunch (+ hands-on time for LMA use)
1:00-2:00pm	Update presentation on HFJV for ELBWs - BWH Team

2:15-3:00pm	Intro & Small Group Discussions
3:00-3:10pm	Break
3:10-3:50pm	Session on staffing to care for tiny babies
3:50-4:00pm	Wrap up and future directions



# MA Announcements

# MCPAP for Moms: Webinar on Postpartum Psychosis (1/30)

## Webinar Topic:

Postpartum Psychosis: High Yield Clinical Cases

## Description:

In this webinar, Dr. Haider will discuss **four high yield clinical cases on postpartum psychosis** and how health care providers can think about the diagnostic formulation and management of this complicated diagnosis.

## Presented by:

Uruj Kamal Haider, MD

MCPAP for Moms Medical Director

## When:

Thursday, January 30, 2025 from 12:00 - 1:00 PM

[Register at this link!](#)



# Call for Podcast Guests: 'So Glad You Asked' from MGH

The **MGH Center for Women's Mental Health** started a **podcast** called '**So Glad You Asked**' where co-hosts, Dr. Ruta Nonacs, a leading expert in maternal mental health and Alice Hales, a mom of four, answer questions from parents about mental health in motherhood and consult expert guests.

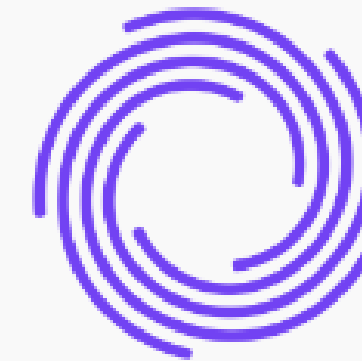
The team is looking for real moms and birthing people to join Season 1. They are looking to cover all things mental health in motherhood - whether you're thinking of starting a family, pregnant, postpartum or already-parents. *No question or topic is off limits!*

If you know someone you think would be interested, please share the application form with them (*application will be sent after this webinar*).

**The team is accepting applications until Jan 31.**



# MASBIRT TTA Motivational Interviewing Virtual Course



HEALTH  
RESOURCES  
IN ACTION

Discover the value of Motivational Interviewing (MI) in our intensive **five-week virtual course**, "Motivational Interviewing: Foundations and Strategies," offered by MASBIRT TTA. Empower individuals to make positive change by exploring and resolving ambivalence through MI's evidence-based communication style. Learn about MI principles, processes and strategies through self-paced learning, partner activities, and live sessions, with personalized written and verbal feedback to support your skill development.

This training course will run for five weeks from **February 24, 2025 – March 28, 2025**. Expect to dedicate 4-5 hours of your time per week.

[READ THE FULL TRAINING COURSE DESCRIPTION HERE](#)  
[CLICK HERE FOR APPLICATION LINK](#)



# Massachusetts Perinatal Team (MAPT): Call for New Members!

The **Massachusetts Perinatal Team (MAPT)** is a **consortium of Massachusetts perinatal nurse leaders consisting of managers and educators**. All active perinatal services managers, educators, and leaders are welcome to attend.

- The purpose of this consortium is to:
  - Provide peer support and networking opportunity related to perinatal care
  - Collectively address emerging issues of perinatal care that has direct outcome on the health of birthing persons and infants
  - Assist and support staff educational needs
  - Provide input and feedback to the Massachusetts Department of Public Health in matters concerning perinatal regulations and program development
  - Serve as a resource to membership by addressing current and emerging trends and professional issues
  - Promote scholarly practices and mentorship

MAPT meets on the **3rd Friday of each month, usually virtually, from 11a-1p.**

**If you are interested in joining please email [MassPerinatalTeam@gmail.com](mailto:MassPerinatalTeam@gmail.com).**

*We can answer any questions you may have and will add you to our list.*



# MCPAP for Moms: Grand Rounds Opportunity

MCPAP for Moms, the Massachusetts State Perinatal Psychiatry Access Program, is available as a resource to providers providing **prenatal, perinatal, birthing, and postpartum care** to individuals in Massachusetts.

MCPAP for Moms helps to build health care providers' capacity to address perinatal mental health and substance use disorders through: **trainings and toolkits, telephone-access to perinatal psychiatric consultation, and facilitation of referral to community resources.**

*You can learn more about their services on their [website](#).*

As part of their training offerings, **MCPAP for Moms is available to come to your institution for Grand Rounds!**

*If you are interested in learning more or would like to schedule a time for Grand Rounds, please contact Beth McGinn at: [Elizabeth.McGinn@carelon.com](mailto:Elizabeth.McGinn@carelon.com)*



# REDACTED: New Memorandum on Maternal Screening from MA DPH

**Jan 27, 2025:**

Hello all, please disregard this announcement regarding DPH's updated guidance for maternal screening. We have been informed that the document is out of date.

We apologize for the error and look forward to sharing the updated guidance with you as soon as it is available!



# PCORI Grant Study Recruitment

- UMass Memorial Health research-community team has developed evidence-based and community-based approaches for **helping OB practices integrate obstetric and mental health care**, implement the new care standards, and support perinatal individuals experiencing mood and anxiety disorders.
- UMass has received funding from the Patient-Centered Outcomes Research Institute (PCORI) to implement and test two approaches with 32 obstetric practices across the US (**6-8 from MA**).
- All participating OB practices will receive **up to \$38,500** in funding across four years of sustained practice involvement.
- *If you are interested in learning more about the study, please contact Nancy Byatt, DO, MS, MBA, DFAPA, FACLP ([Nancy.Byatt@umassmemorial.org](mailto:Nancy.Byatt@umassmemorial.org))*



# Planning or already have a hospital-based doula program? DPH wants to connect with you!

DPH is looking to support reimbursement via certification of the doula workforce. Investment from the Governor's budget has allowed us to stand up a doula certification administrative program within DPH.

**DPH is looking to gain insight on plans for or existing hospital-based doula programs to ensure alignment of the doula workforce as well as doulas' integration into hospital systems. I'd appreciate the opportunity to be connected with systems interested in or that have plans to establish such programs.**

Please use [this link](#) to find a time to meet or email me directly ([adrianajean.louis@mass.gov](mailto:adrianajean.louis@mass.gov)). Thank you in advance and I look forward to hearing from you!



# National Announcements



# 28 DAY ANTI-RACISM CHALLENGE, v3

*Two-thirds of pregnancy-related deaths are preventable, and Black women are three times more likely to die from a pregnancy-related cause than white women.*

*How will you do your part?*

Join us for daily opportunities to reflect, learn, and act.

PNQIN encourages perinatal health professionals and educators across Massachusetts to participate in this challenge from **February 1st-28th**. There are no rules or limits as to who or how many people can participate. These daily emails from PQI will provide you insights and support for your efforts to dismantle racism in your workplace and community.

Learn more and register now for this free educational opportunity at [www.perinatalqi.org/event/NATIONAL2025ANTIRACISMCHALLENGE](http://www.perinatalqi.org/event/NATIONAL2025ANTIRACISMCHALLENGE).



# New Cohort: Community of Learning on Lived Experience Integration into Quality Improvement (QI)

This 4-week program is designed to help healthcare providers better integrate patient family partners into their work to improve maternal care.

- [CLICK TO REGISTER](#) for **Wednesday, February 26 – March 19, 2025:** Hospital and Outpatient Provider Teams

MoMMAs Voices and AIM have collaborated to offer a comprehensive program that guides quality improvement teams. **The classes focus on effectively building a patient engagement culture** and performing work that integrates patients and individuals with lived experiences into QI initiatives.

- Gather virtually with peers each week
- Faculty, including those with lived experience, will lead engaging panel discussions
- Brief but purposeful homework designed to maximize your experience each session

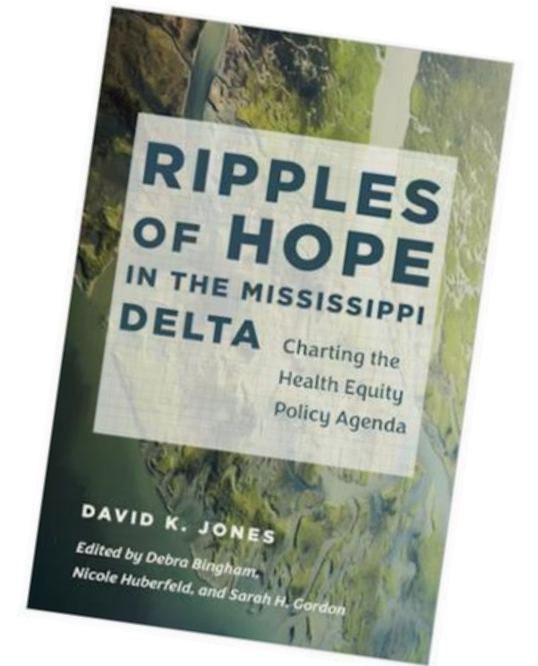


# Now Available: "Ripples of Hope in the Mississippi Delta"

**Purchase:** Amazon, Barnes & Nobles, or UNC Press.

**UNC Discount (30%): Use 01UNCP30 at**

<https://uncpress.org/book/9781469681092/ripples-of-hope-in-the-mississippi-delta/>



**Book website goes live in January:** <https://healthequitypolicy.com/>

For those of you who have taken SPEAK UP Champion training, Dr. Debra Bingham helped finish this book after her son David died from a preventable death in September 2021.

Find below some blog posts, webinars, and videos about the book for more information:

- [Health Affairs Blog](#)
- [Boston University School of Public Health Webinar Recording](#)
- [HealthEquityPolicy YouTube Channel](#)

# Quality Improvement (QI) Refresher



**Ron Iverson, MD, MPH**  
PNQIN OB Co-Chair  
Massachusetts General Hospital

## Agenda

12:00–12:10 Welcome &  
PNQIN Announcements

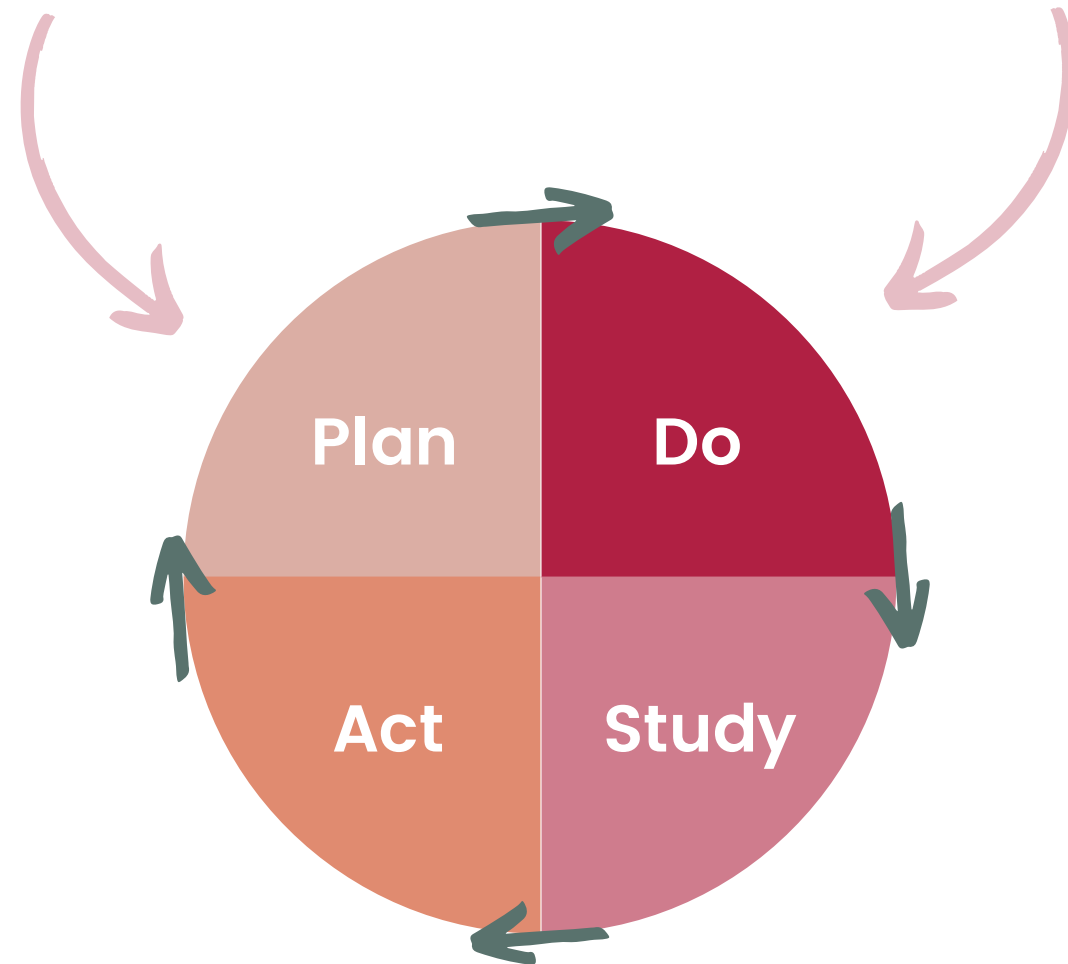
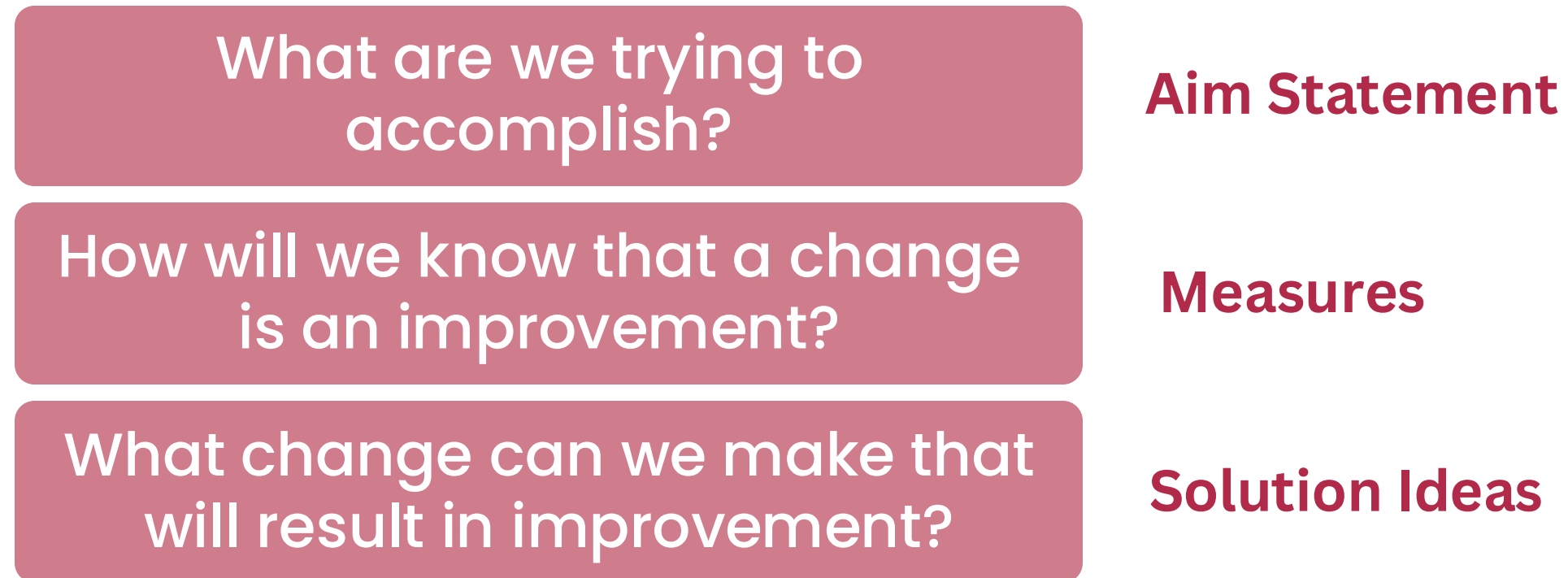
12:10–12:30 QI Refresher

12:30–12:50 PMHC  
Assessment & Illness  
Severity

12:50–1:00 Discussion,  
Q&A



# Model for Improvement



# WHERE DO WE START?

- 1 Identify team and roles
- 2 Review your data
- 3 Review policies and procedures
- 4 Develop Aim statement, Driver Diagram and Process Workflow
- 5 Organize your change concepts

# Identify Team and Roles

1. Identify a **co-champion pair** (we suggest an OB-physician/midwife and nurse pair)
2. Create a **rough aim statement** for your project
  - a. This will be further modified once your team has been created
  - b. Further guidance on how to create an Aim Statement, using the SMARTIE framework, can be found within the “Quality Improvement Resources” section.
3. Think about which **systems might be affected by your aim**, and why these systems, in particular, might be impacted
4. **Identify change agents** that include representatives from the systems brainstormed in the previous step, use the CAST framework (see next slide for an example)

# Identify Team and Roles: CAST Framework

**C**hampion – individual who believes in change, but may or may not be able to implement change at a unit/hospital level

ex: Junior Physician, Midwife, Patient Partner, L&D Unit Director

**A**gent\*\* – individual who is responsible for implementing change at a unit/hospital level

ex: Hospital Team Lead

**S**ponsor – individual with authority who can express, model, and reinforce

ex: Physician Chair, CEO, CNO

**T**arget\*\* – individual to whom change is happening

ex: OBs, L&D nurses, Midwives, Resident Physicians, Anesthesiologist, Patients

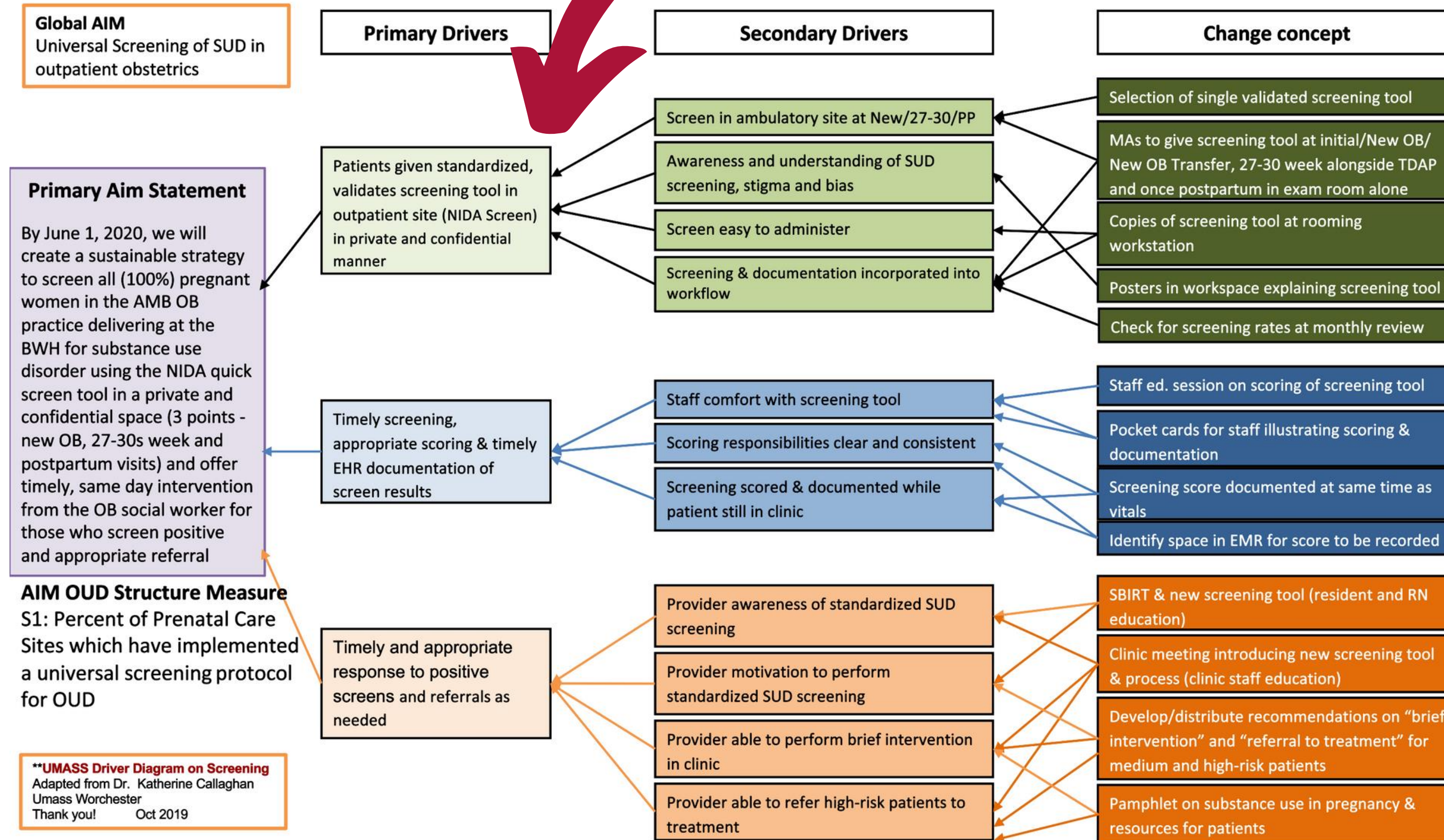
## Example:

- **Champions:** H. Jones, DO, chair of OB & M. Wells, RN, nurse manager
- **Rough aim:** to screen 80% of birthing people for PMHC prior to delivery admission discharge from inpatient obstetrics unit
- **Systems that might be affected by our efforts:**
  - Nursing, physicians, social work, nurse educator, staff educator, medical trainees and students, IT, quality improvement department, pharmacy
- **Invested Parties:**
  - Champion: see above
  - Agent: L&D nurses, resident
  - Sponsor: OBGYN department chair
  - Target: patients, IT, nurses, physicians

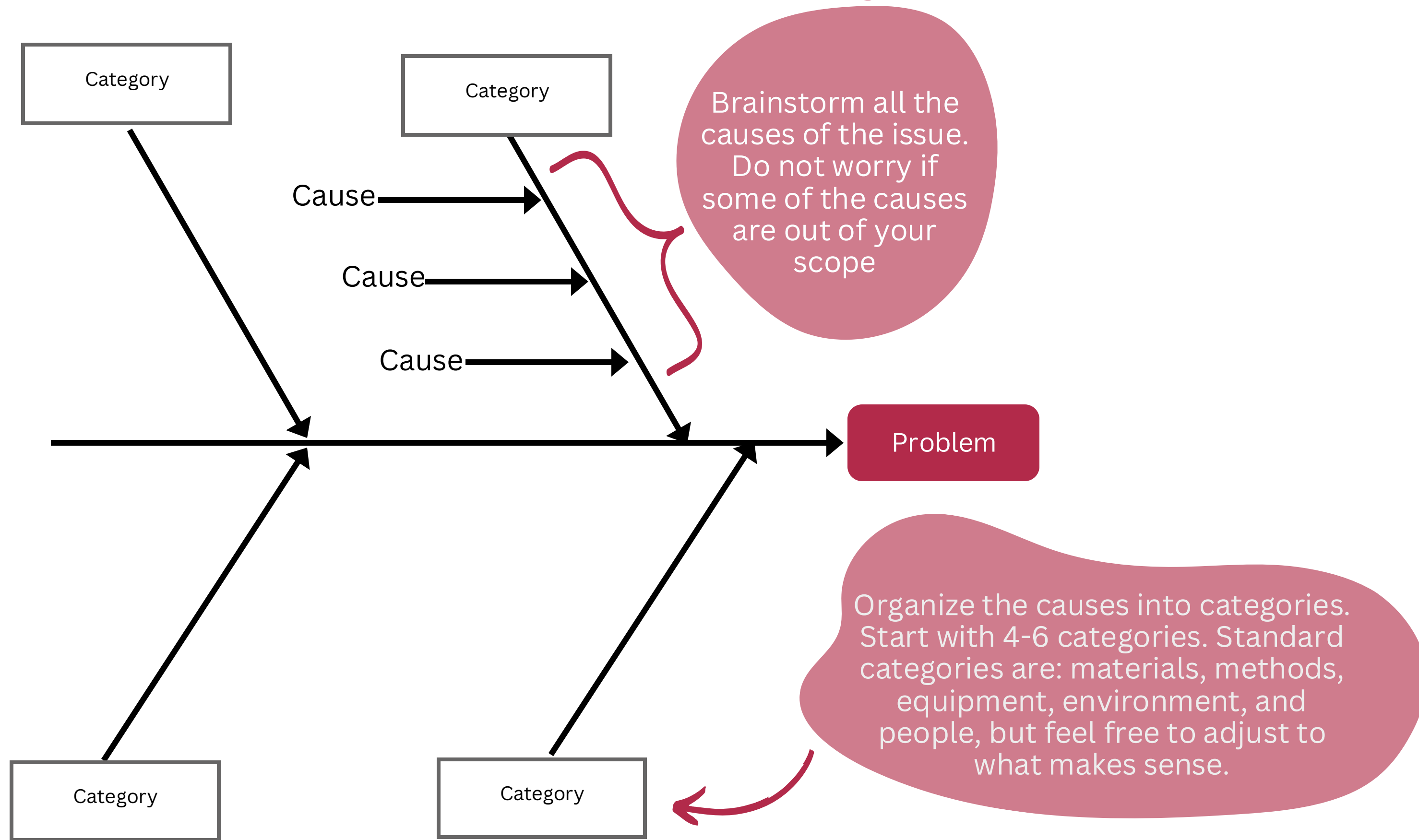
\*\*since the aim of this bundle is BIG the agents and targets may change for each individual project (eg. staff education vs collecting self-reported race/ethnicity data)

# Where to start?: Driver Diagram

## Let's start here!



# Where to start?: Cause-and-Effect (Ishikawa or Fishbone) Diagram



# HOW DO WE ASSESS OUR DATA?



# Ways to Review your Data

## Stratification

- Examine the population by subgroups
- Compare subgroups

## Frequency Histogram

- Display variation in continuous data
- Recognize & analyze patterns

## Scatter Diagram

- Examine association between 2 variables
- See unusual patterns
- How change idea measures affect outcomes
- Determine relationship between measures

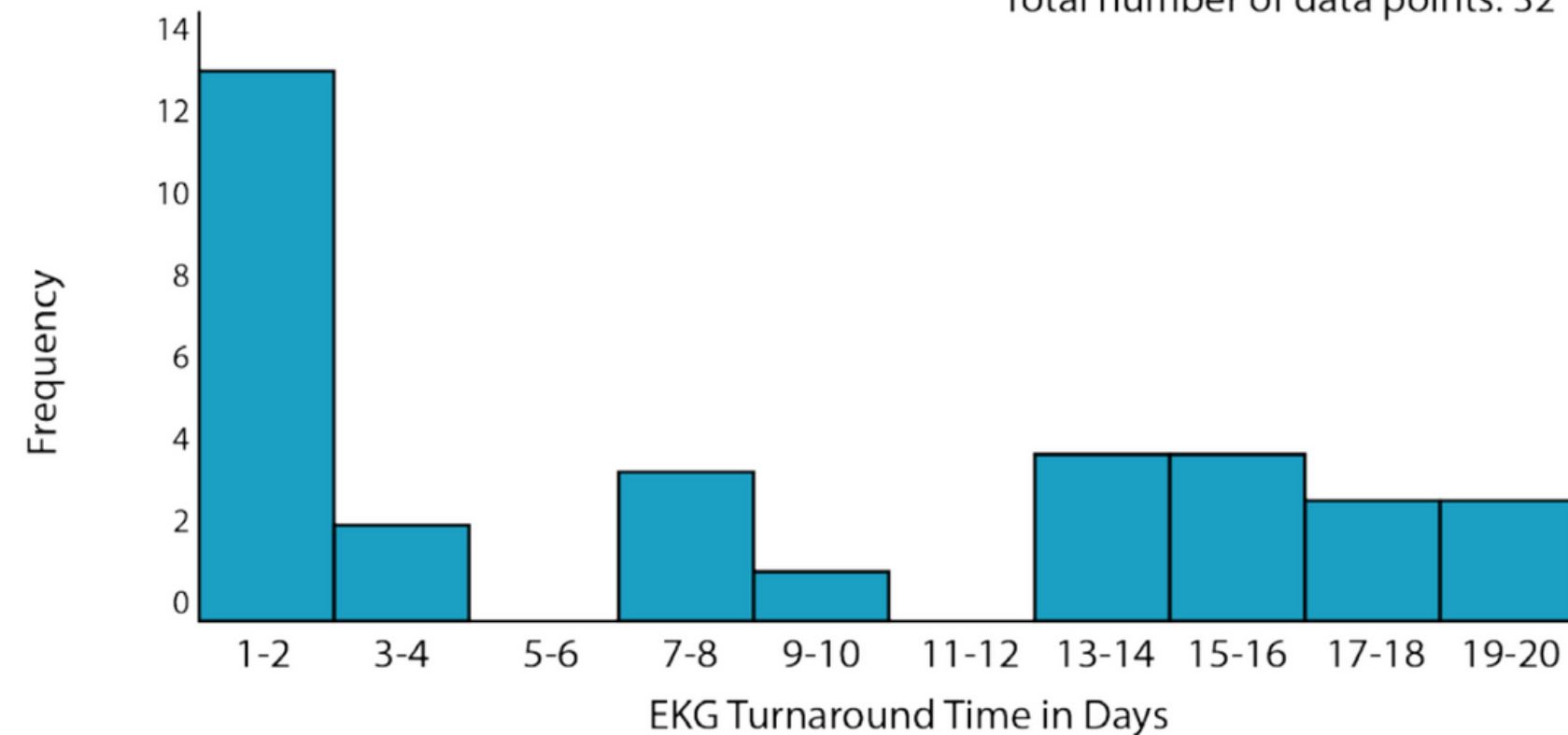
# Ways to Review your Data: Frequency Histogram

## Frequency Histogram

- Display variation in continuous data
- Recognize & analyze patterns

**Sample Histogram: EKG Turnaround Time**

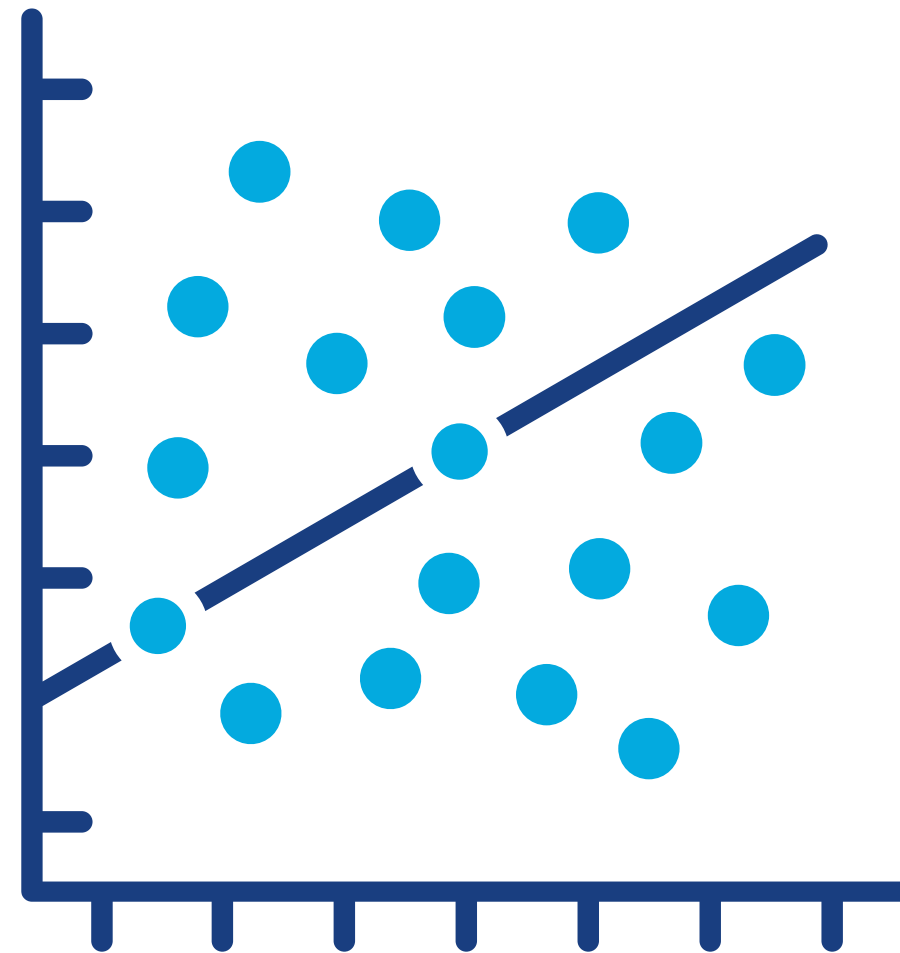
Total number of data points: 32



# Ways to Review your Data: Scatter Diagram

## Scatter Diagram

- Examine association between 2 variables
- See unusual patterns
- How change idea measures affect outcomes
- Determine relationship between measures



# HOW DO WE PRIORITIZE OUR INTERVENTIONS?



# CONSIDERATIONS

## Cost

- People
- Time
- Equipment

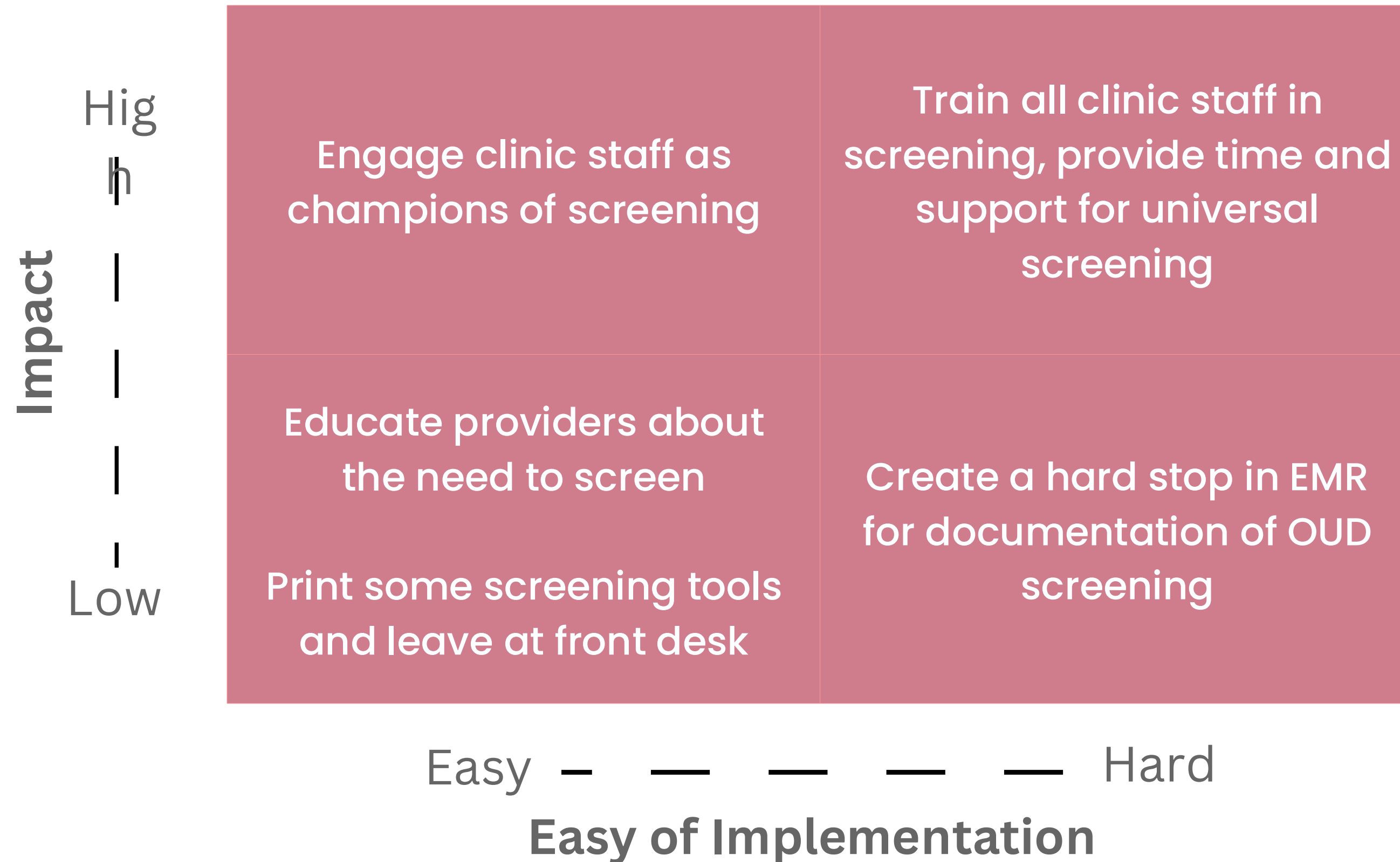
## Safety

## Other projects

## Buy in

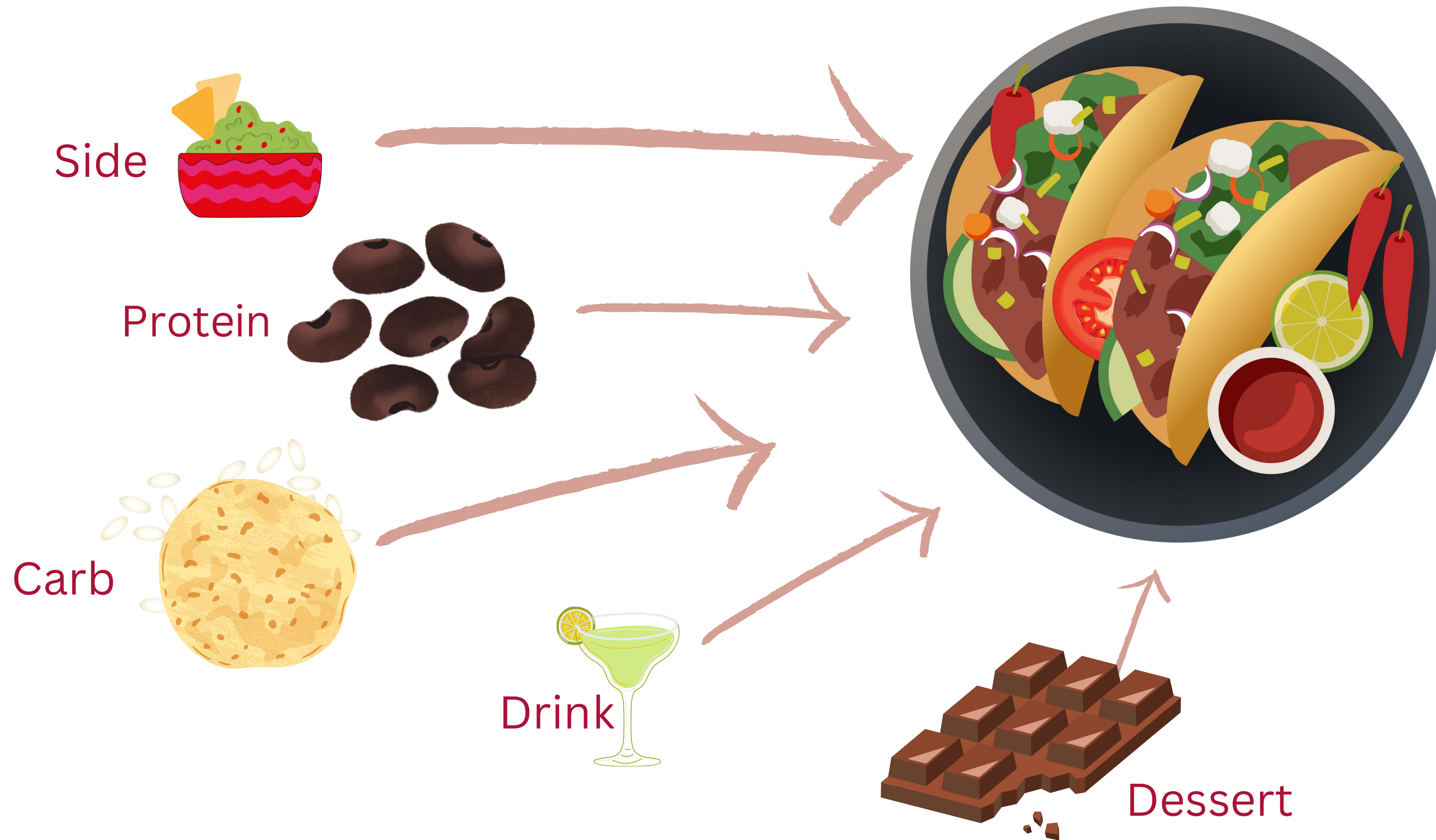
Can you pilot, PDSA quickly?

# Priority Matrix: Use QI tools to identify potential areas for change



# Project starts are not always linear

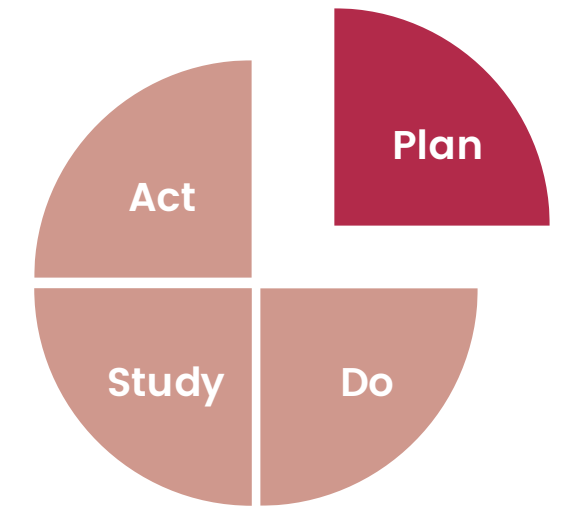
A bundle is like a good meal...



# PDSA OUTLINE

- 1 Preparing for PDSA
- 2 PLAN: Create a plan
- 3 DO: Pilot Test
- 4 STUDY: Analyze Results
- 5 ACT: Adopt, Adapt, or Abandon

# PLAN: For a test of change



**Who is involved in the test?**

Practice/unit/department staff  
Who else needs to know?

**When will the test happen?**

Schedule, duration

**What obstacles or challenges do we anticipate?**

Are there other initiatives/major changes occurring? Resistance to change? Logistical Issues?

**Who needs to know about the test?**

Communication plan  
Elevator Speech

# REVIEW: Measure Definitions



## Outcome Measures

High-level clinical or financial outcomes that concern healthcare organizations.

**Ex. Linkage to addiction care for moms with OUD across the institution**

## Process Measures

Performance measures for specific processes that contribute to a particular outcome.

**Ex. Screening moms for OUD so they can be connected to care.**

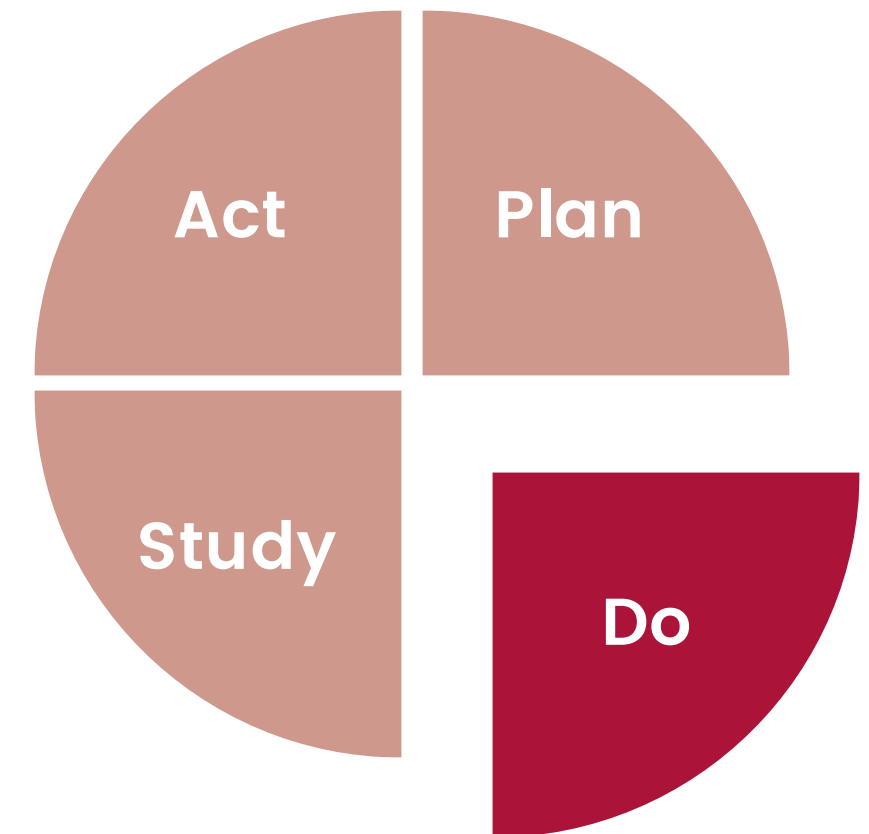
## Balancing Measures

Metrics tracked to ensure improvement in one area isn't negatively impacting another area. Monitors for unintended consequences.

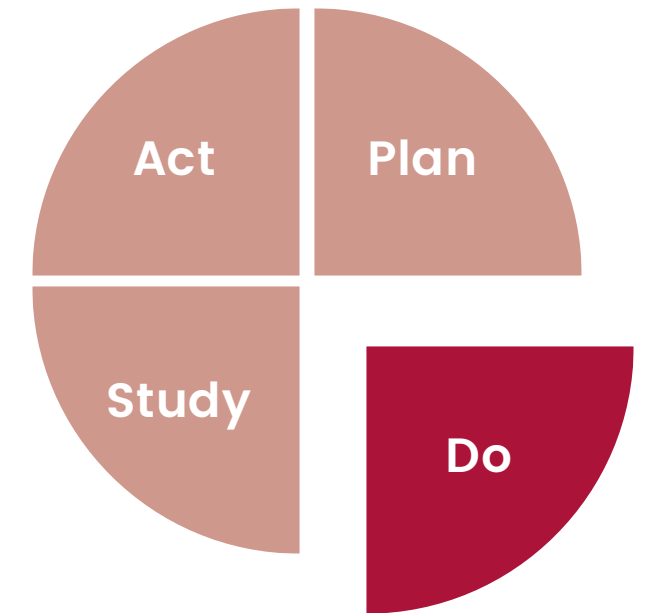
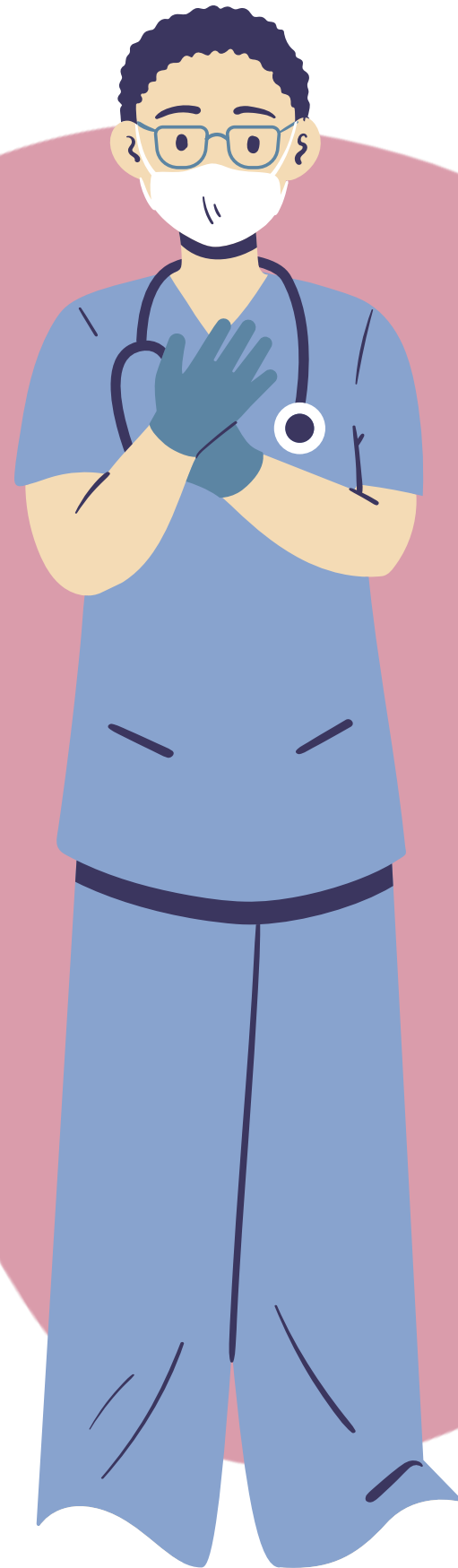
**Ex. OUD Screening slows clinical flow, creates unhappiness in inadequately supported staff.**

# DO: Pilot Test, why work at a small scale?

- Minimizes risk and facilitate learning
- Test a concept quickly in the real environment
- Work out operational details before more robust testing
- Minimize resistance
  - Ask participants to “try” a change temporarily & provide feedback
- Refine measurement / data collection strategy
- Evaluate effort required / identify any unintended consequences of change



# DO: Pilot Test, how to work at a small scale



- Test with willing volunteers
- Limit the # of locations, clinicians, patients, duration, etc.
- Pick easy, non-controversial changes first
- Collect useful data during each test and reflect on the results of every change
- Be prepared to end the test of change

# STUDY: Analyze Results

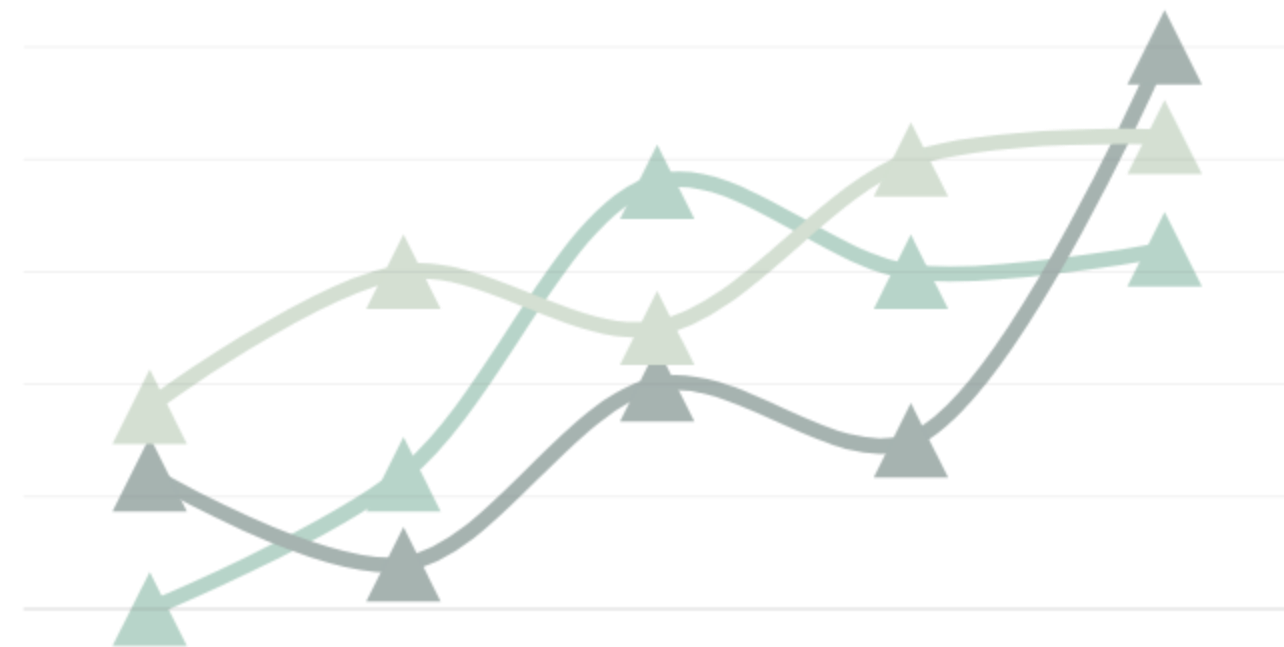
## Qualitative

Gather immediate feedback from everyone involved in the change

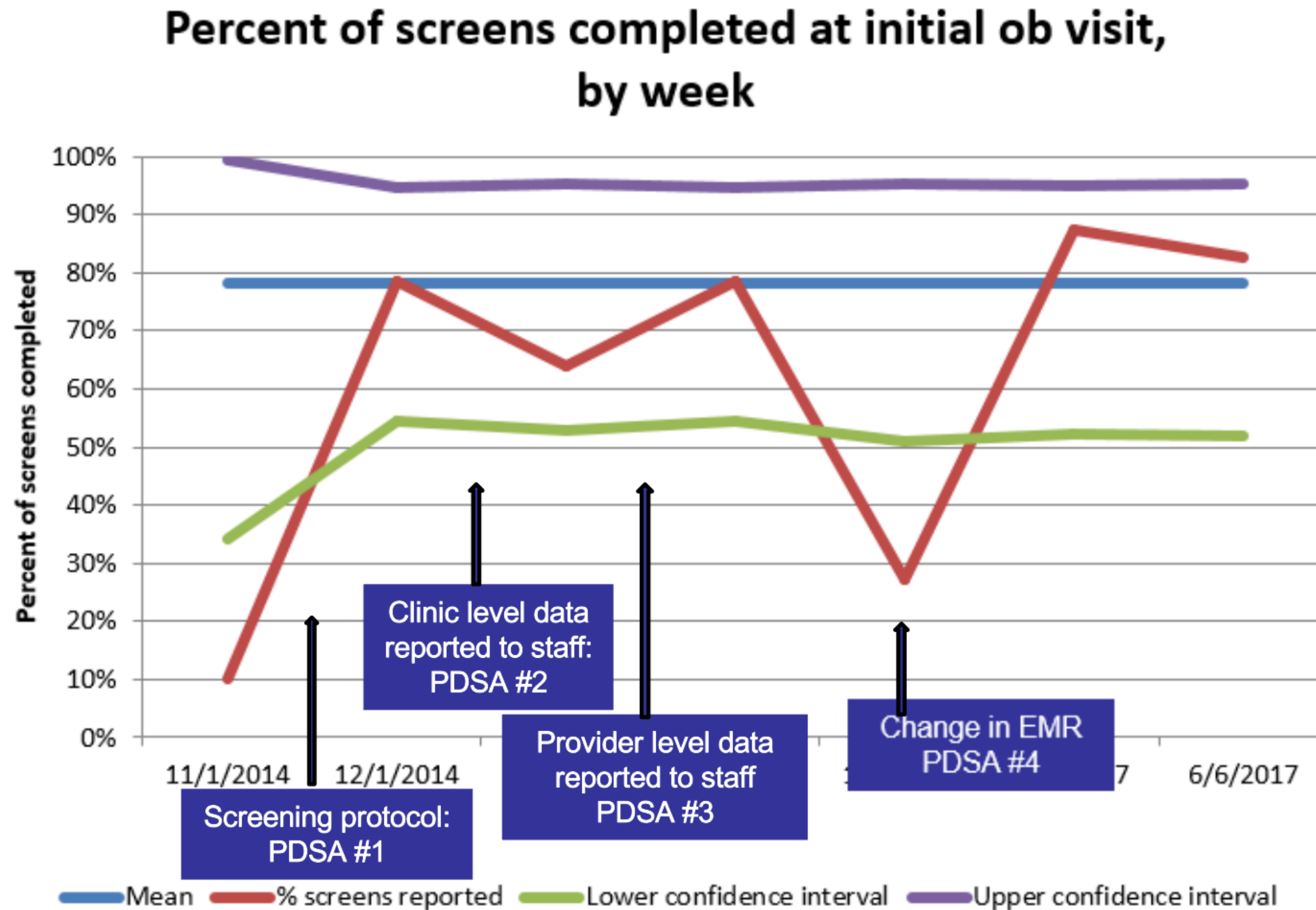


## Quantitative

Track process measures over time using a Run Chart or a Control Chart

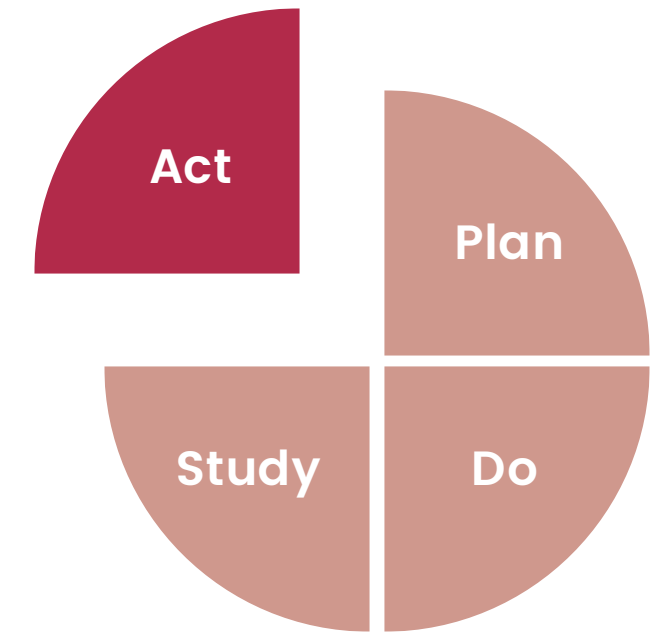


# Example: Data Over Time



# ACT: Adopt, Adapt, or Abandon

**Iterative cycles:** Lessons learned from one cycle link and inform the next cycle.



## ADOPT

If the test was successful, begin to broaden its scope by including other locations, providers, etc.

## ADAPT

If the test did not work as expected, discuss how it could be adjusted and test again

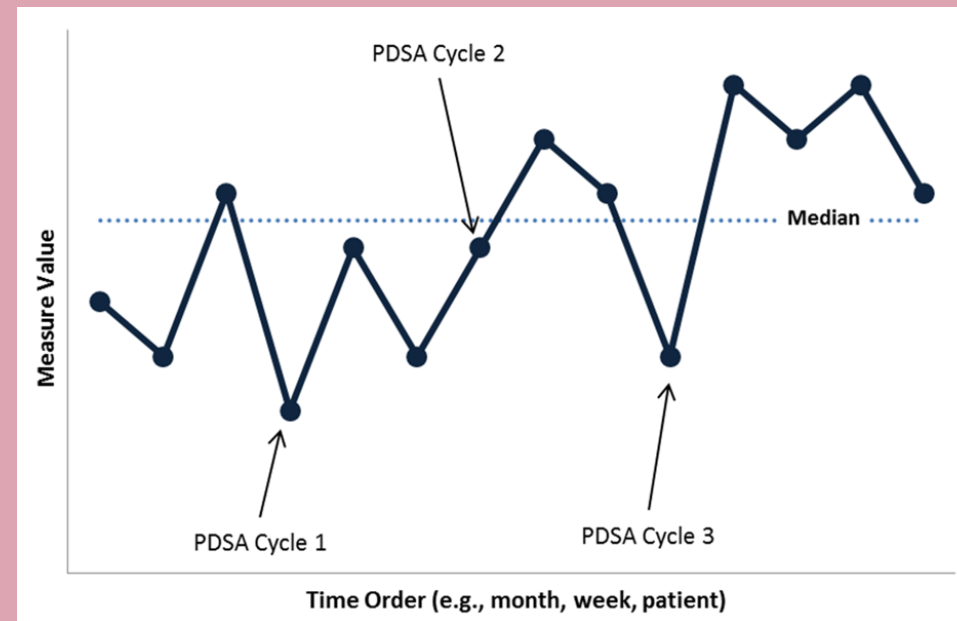
## ABANDON

If idea is not feasible, stop the test & rethink

# QI Nuggets

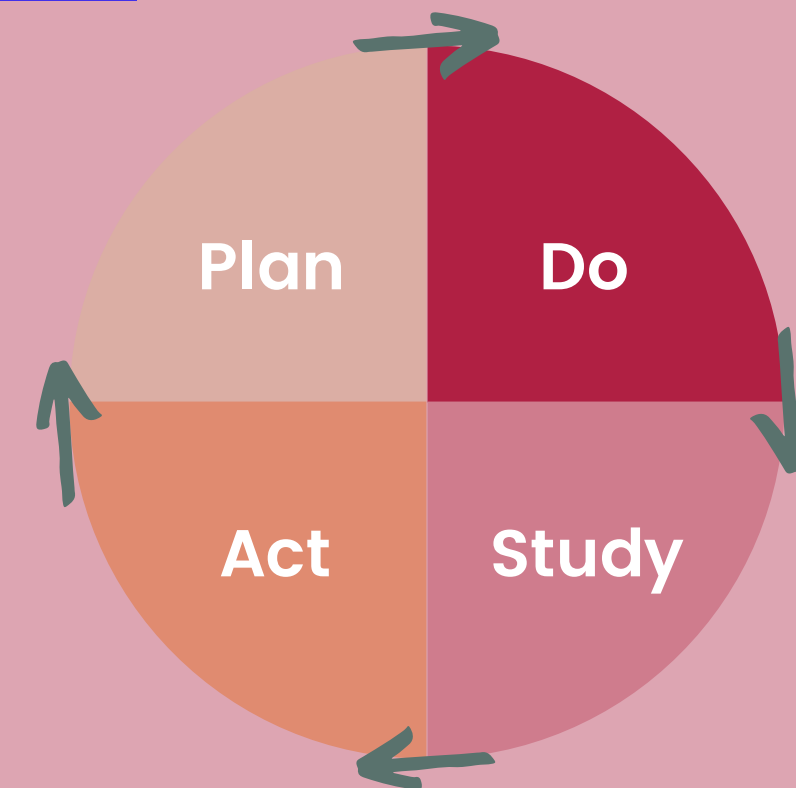
## Run Charts

- Slides taken from [PNQIN QI Starter Pack](#)



## PDSA Cycle: Making Adjustments

- Slides taken from [PNQIN QI Starter Pack](#)

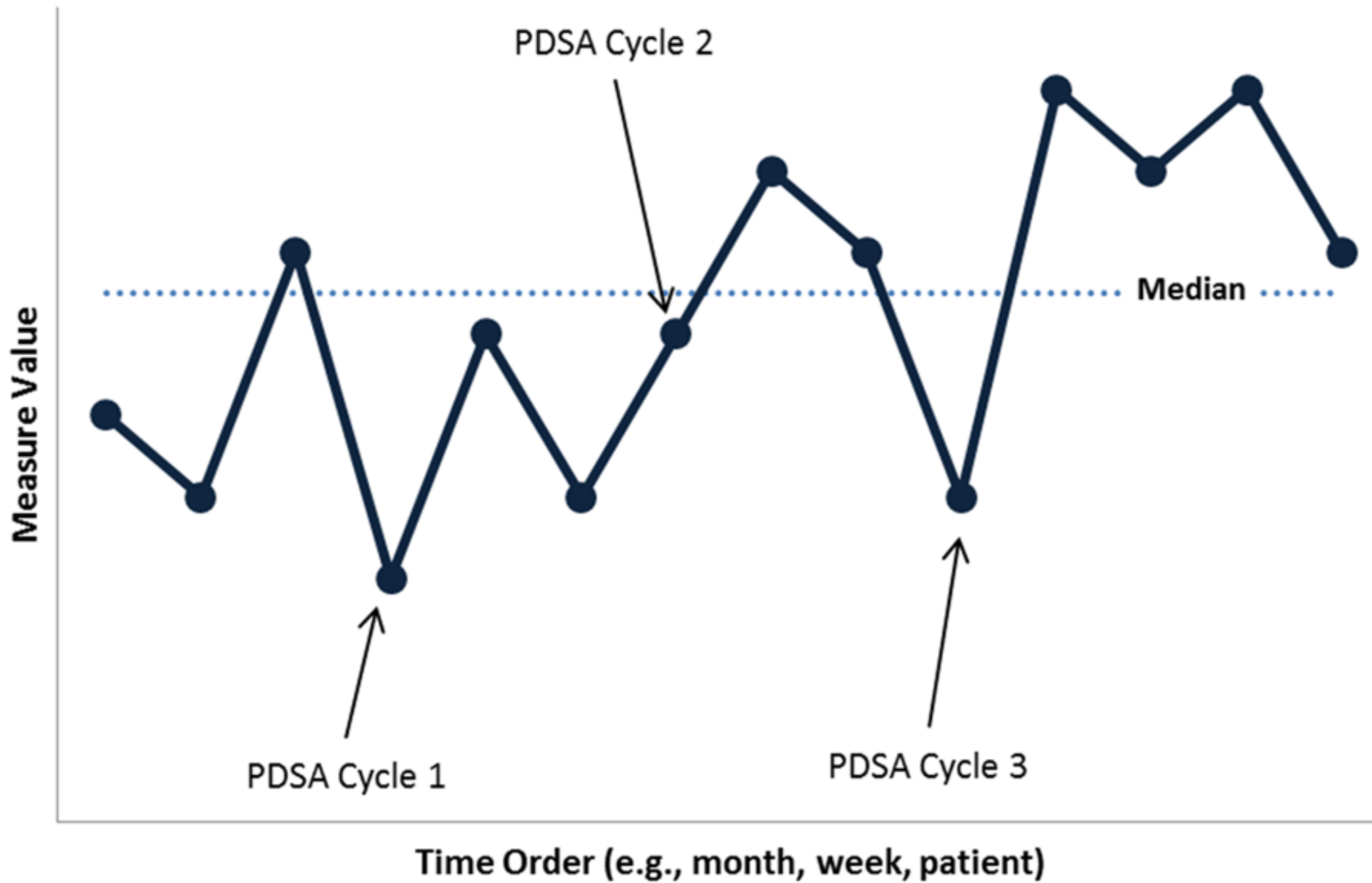


# Run Charts: You can do them!

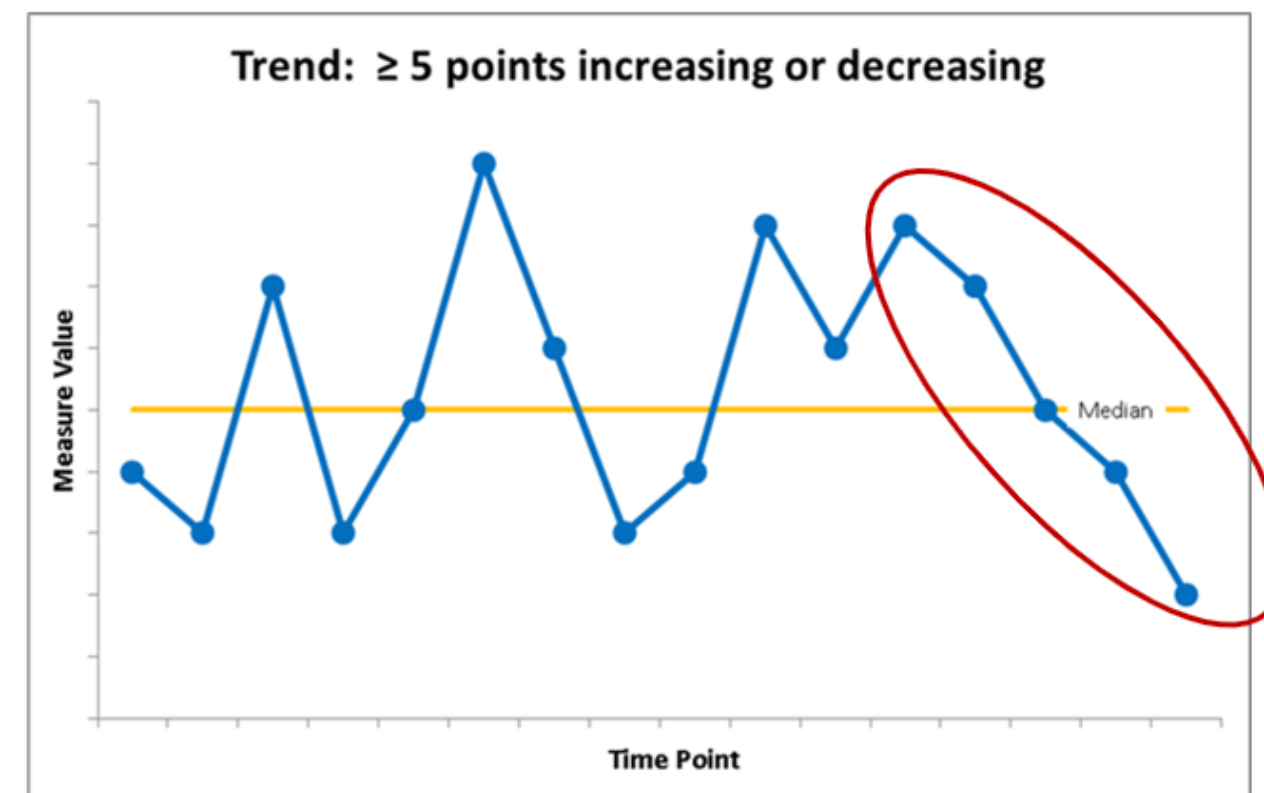
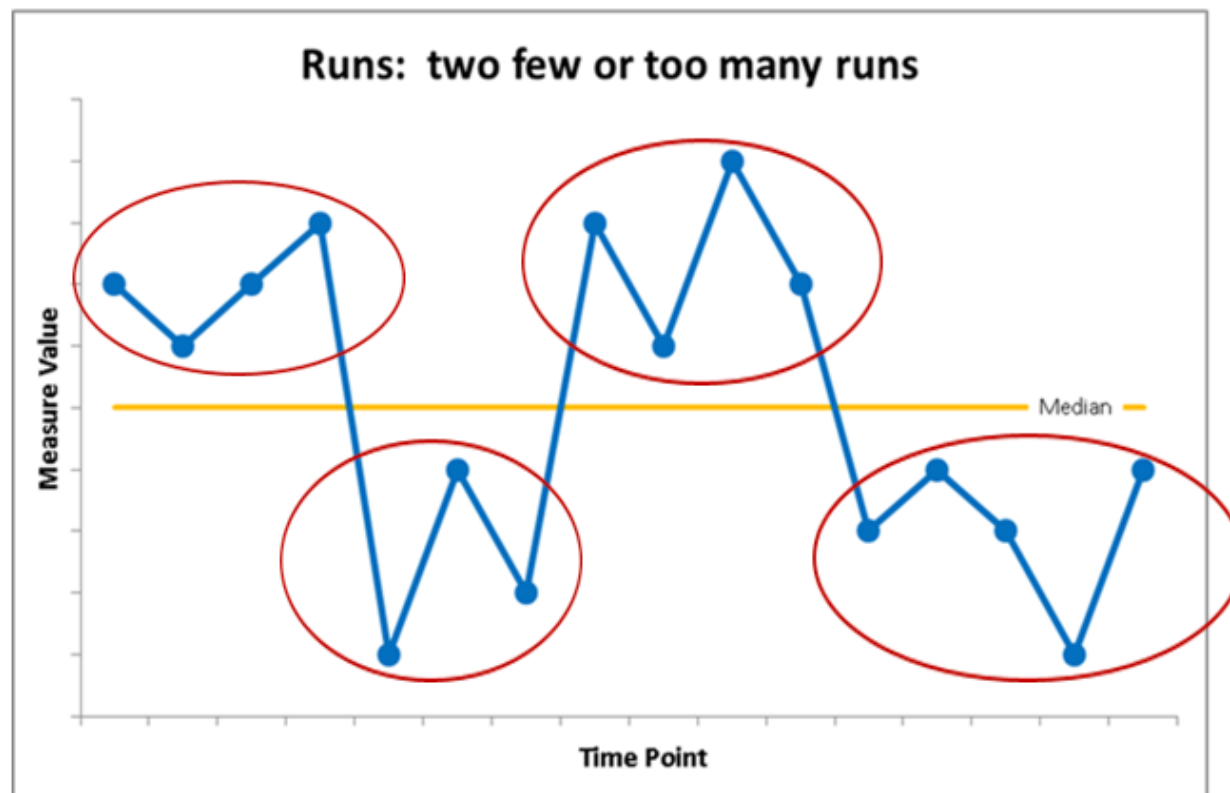
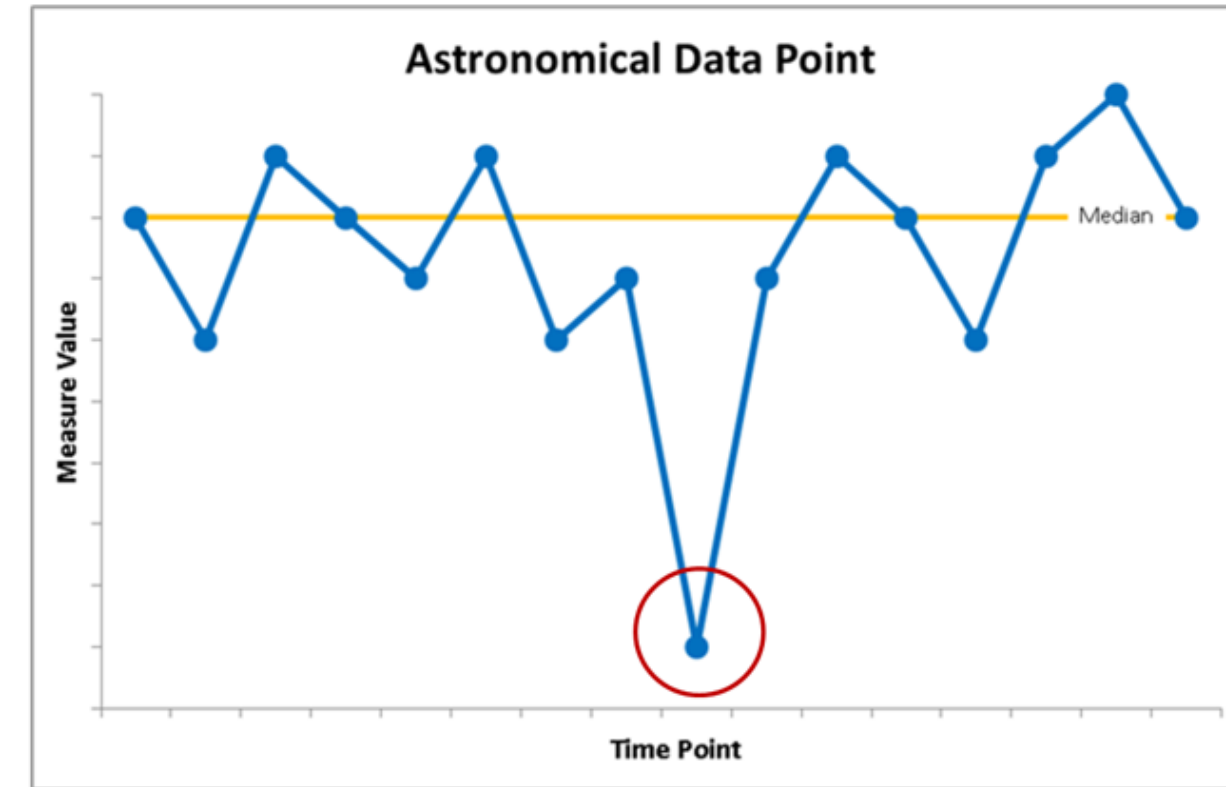
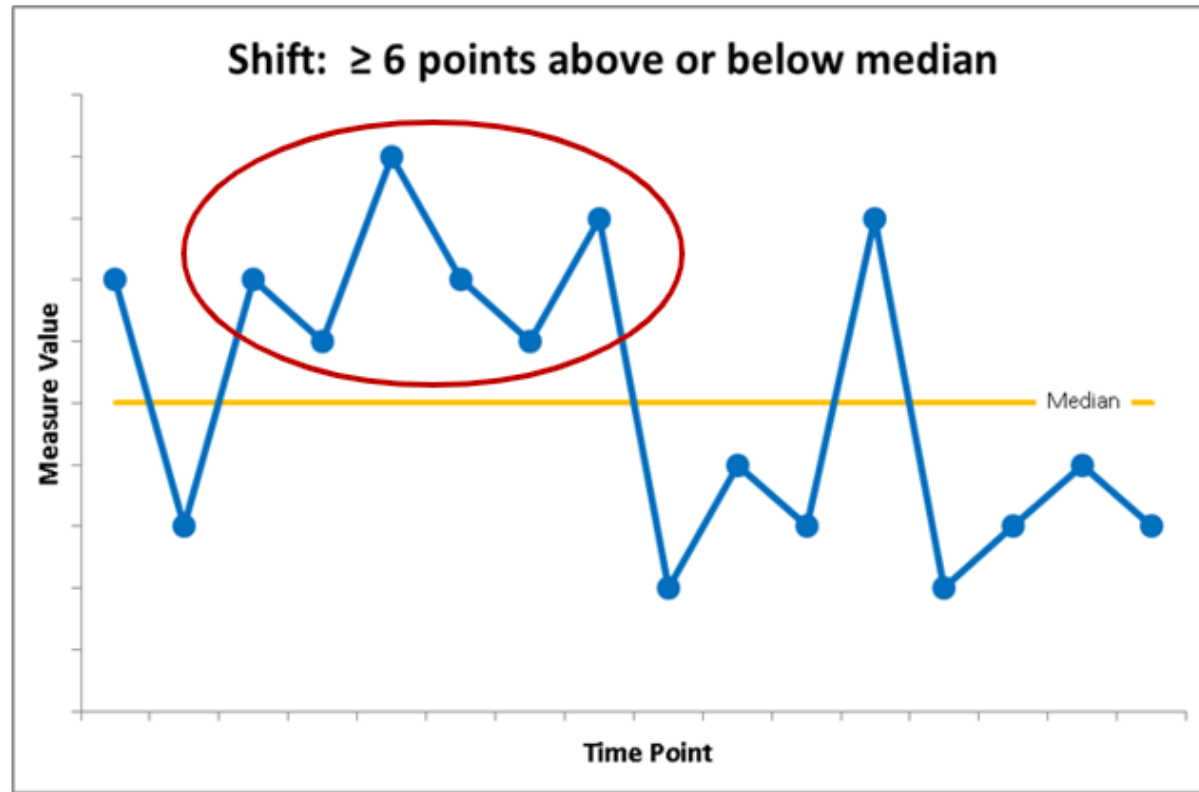


- Plot data as soon as you have it
- Use random sampling for relatively common outcomes
- Calculate and adjust median until you have 10 data points
- After that, use probability-based rules

# What are Run Charts anyway?



# What are probability-based rules?



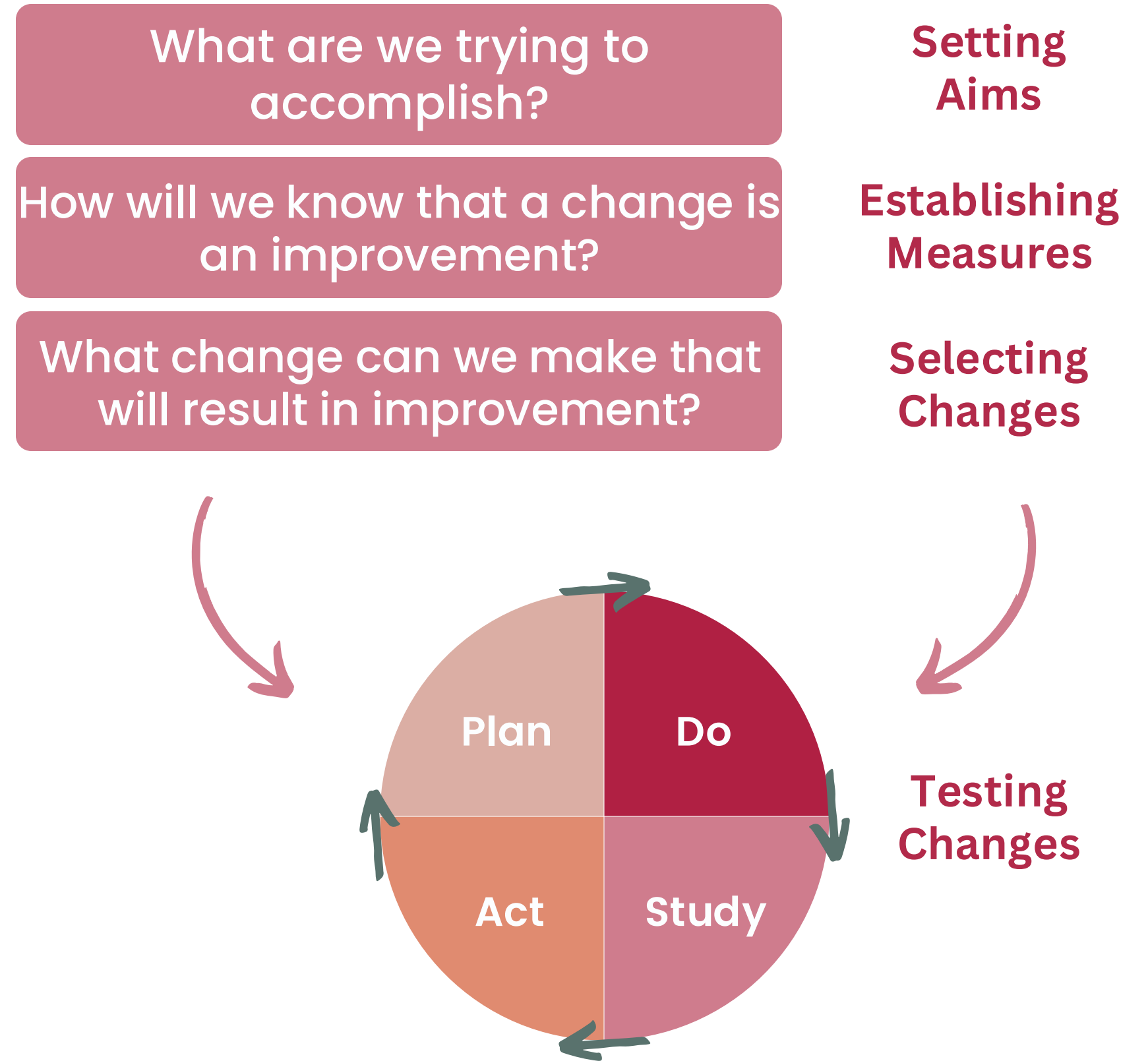
# Post-PDSA Cycle, Round 1: What's Next?



- You've finished your first PDSA cycle, which means you have taken an essential step towards driving change
- Next phase of continuous improvement: your second, third and fourth PDSA cycle, or, as many cycles as needed to reach the final adoption stage
- Utilize the following tips to adjust PDSA

# Stay on Goal

- Modifying an individual test of change—the original PDSA cycle—does not mean your overall project goals should change
- Remember to review your answers to the three fundamental questions and make sure your change modification still supports those goals



# Update Your Learning



- New PDSA cycle means creating a new question that your test answers

Sometimes, that's a "smaller" aim

Don't disregard what you've learned and hope for the best

- Specifically, design a new question that addresses the problem noted in the previous PDSA cycle

# Identify Who Needs To Be Notified

- Change to the initial test will likely impact multiple groups of people
- Meet with all key invested parties to ensure that the adaption will go smoothly during the "Do" phase of your next PDSA cycle
- Review Invested Parties analyses and matrix from first PDSA cycle

## Invested Parties Matrix: Example

Names or Group	Strongly Against	Moderately Against	Neutral	Moderately Supportive	Strongly Supportive
Medical Residents					X
Medical Attendings			X	→	O
Emergency Medicine	X	→		O	
Clinical Directors (Nursing)				X	→ O
Family Medicine				X	
Floor Nurses	X	→		O	
Social Work			X	→	O

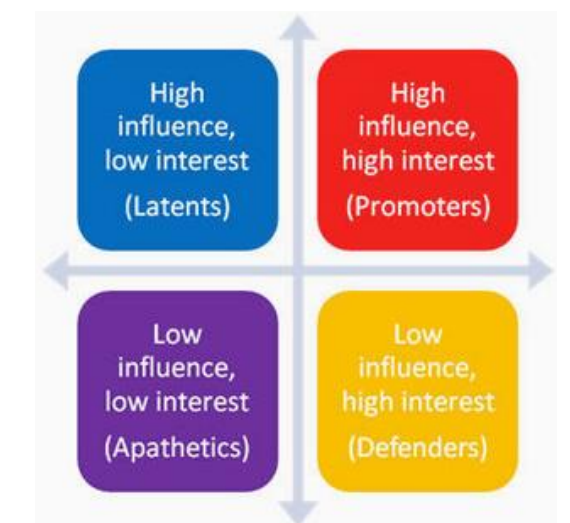
## Invested Parties Analysis

**Latents** have no particular interest or involvement in the effort, but have the power to influence it if they become interested.

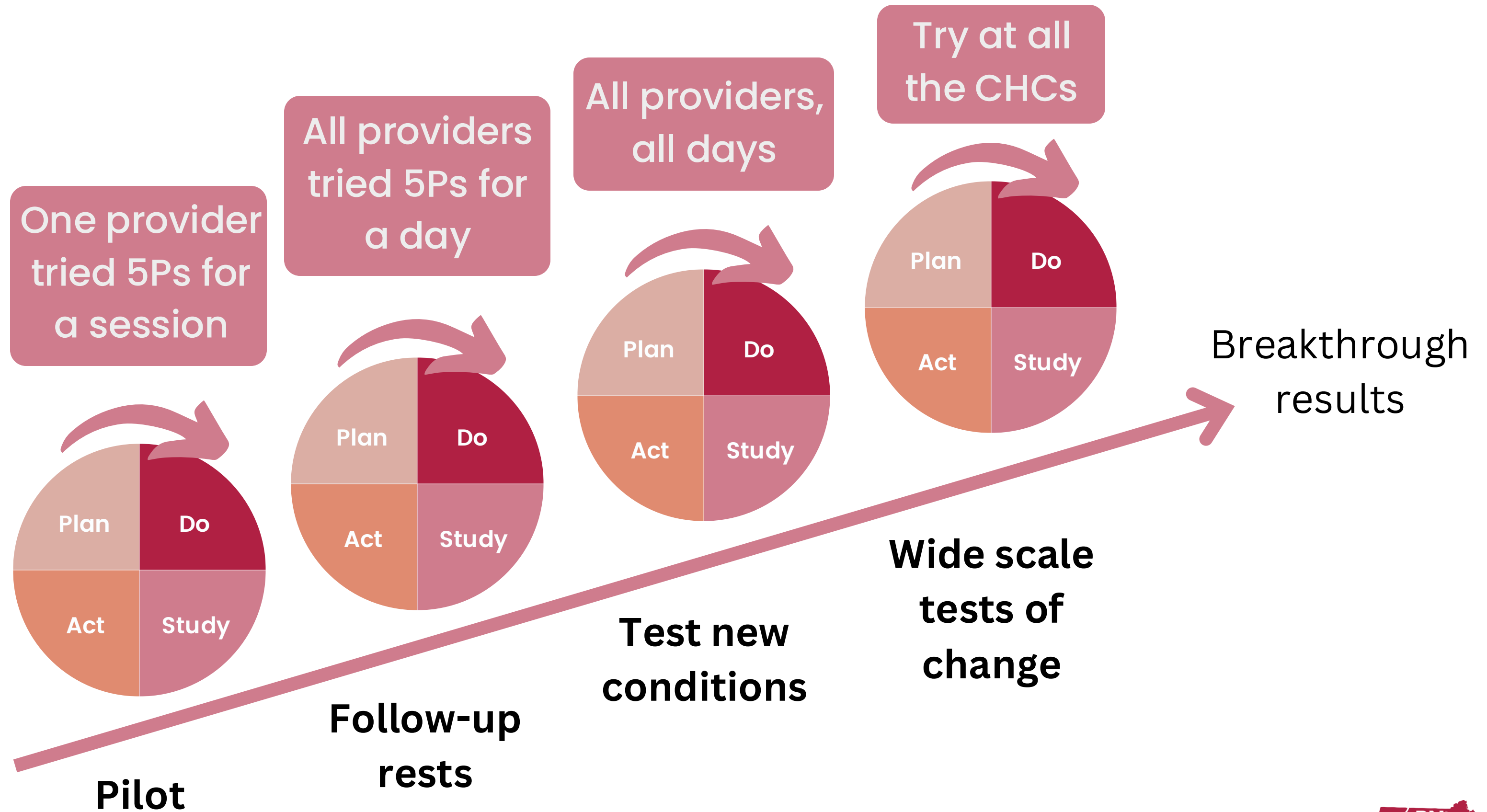
**Promoters** have both great interest in the effort and the power to help make it successful.

**Defenders** have a vested interest and can voice their support in the community, but have little actual power to influence the effort.

**Apathetics** have little interest and little power, and may not even know the effort exists.



# Iterative PDSA Example: 5Ps Initiation into all Prenatal Clinics



Theories,  
hunches and  
best practices

# PDSA Tips

1

## Don't abandon too soon

- Don't make the mistake of discarding a promising idea because of poor execution

2

## Don't adopt too soon either

- When we see improvement that is greater than predicted, we are tempted to adopt it as standard
- Remember if there is still room for improvement, keep adapting and start another PDSA cycle

3

## Don't repeat the cycle

- It can be tempting to re-test the same change if you think the results from the first cycle aren't for sure
- Even if an anomaly occurs, adapt the model based on the cycle's results
- In the next cycle, develop a plan for these exceptions so that you are prepared to deal with them when they occur again in the future

# PMHC Assessment & Illness Severity



**Uruj Haider, MD**  
MCPAP for Moms

## Agenda

12:00–12:10 Welcome &  
PNQIN Announcements

12:10–12:30 QI Refresher

**12:30–12:50 PMHC**

**Assessment & Illness**

**Severity**

12:50–1:00 Discussion,  
Q&A





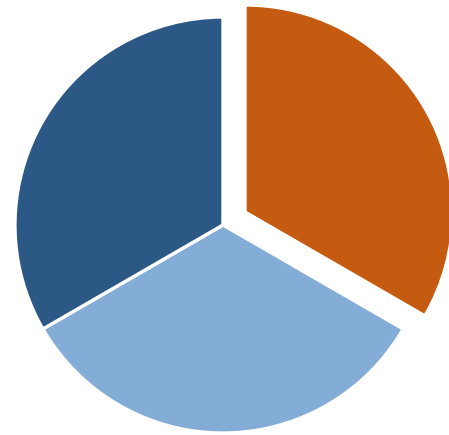
# Perinatal Mental Health: A Focus on Assessment and Illness Severity

Uruj Kamal Haider, MD

Medical Director, MCPAP for Moms

Assistant Professor of Psychiatry, Obstetrics & Gynecology, U Mass Chan/Memorial  
Medical Director of Women's Mental Health Clinical Services, U Mass Chan/Memorial  
Consulting Psychiatrist, Lifeline for Families

# Overview



## Mental Health in Pregnancy



**Assessment:**  
**Perinatal Depression**  
**Perinatal Anxiety**  
**Perinatal Bipolar Affective Illness**



**Illness Severity:**  
**Perinatal Depression**  
**Perinatal Anxiety**  
**Perinatal Bipolar Affective Illness**

Perinatal depression is the most common complication of pregnancy



Perinatal depression affects as many as  
**one in seven women.**

# Mental health conditions are now the leading cause of maternal deaths in the US (23%)

**Table 4.** Underlying causes of pregnancy-related deaths\*, overall and by race or ethnicity<sup>1</sup>, data from Maternal Mortality Review Committees in 36 US states, 2017–2019<sup>1</sup>

	Total		Hispanic		Non Hispanic									
					AIAN		Asian		Black		NHOPI		White	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Mental health conditions <sup>2</sup>	224	22.7	34	24.1	2	-	1	3.1	21	7.0	0	-	159	34.8
Hemorrhage <sup>3</sup>	135	13.7	30	21.3	2	-	10	31.3	33	10.9	1	-	53	11.6
Cardiac and coronary conditions <sup>4</sup>	126	12.8	15	10.6	1	-	7	21.9	48	15.9	0	-	49	10.7
Infection	91	9.2	15	10.6	1	-	0	0.0	23	7.6	0	-	49	10.7
Embolism-thrombotic	86	8.7	9	6.4	0	-	2	6.3	36	11.9	0	-	34	7.4
Cardiomyopathy	84	8.5	5	3.6	0	-	2	6.3	42	13.9	0	-	33	7.2
Hypertensive disorders of pregnancy	64	6.5	7	5.0	0	-	1	3.1	30	9.9	1	-	22	4.8
Amniotic fluid embolism	37	3.8	6	4.3	1	-	7	21.9	10	3.3	2	-	9	2.0
Injury <sup>5</sup>	35	3.6	5	3.6	1	-	1	3.1	15	5.0	0	-	10	2.2
Cerebrovascular accident	25	2.5	2	1.4	0	-	0	0.0	10	3.3	0	-	13	2.8
Cancer	19	1.9	3	2.1	0	-	1	3.1	7	2.3	0	-	7	1.5
Metabolic/endocrine conditions	12	1.2	2	1.4	0	-	0	0.0	6	2.0	0	-	3	0.7
Pulmonary conditions	12	1.2	1	0.7	0	-	0	0.0	4	1.3	1	-	5	1.1

## Mental Health Conditions:

Mental health conditions include deaths of suicide, overdose/poisoning related to substance use disorder, and other deaths determined by the MMRC to be related to a mental health condition, including substance use disorder.

# The perinatal period is ideal for the detection and treatment of mood and anxiety disorders



## CLINICAL PRACTICE GUIDELINE

NUMBER 4

JUNE 2023

REPLACES COMMITTEE OPINION 757, NOVEMBER 2018

### Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

**Committee on Clinical Practice Guidelines—Obstetrics.** This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines—Obstetrics in collaboration with Tiffany A. Moore Simas, MD, MPH, MEd; M. Camille Hoffman, MD, MSc; Emily S. Miller, MD, MPH; and Torri Metz, MD, MS; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD.

The Society for Maternal-Fetal Medicine endorses this document.

The Committee on Women's Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.



## CLINICAL PRACTICE GUIDELINE

NUMBER 5

JUNE 2023

REPLACES PRACTICE BULLETIN NUMBER 92, APRIL 2008

### Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum

**Committee on Clinical Practice Guidelines—Obstetrics.** This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines—Obstetrics in collaboration with Emily S. Miller, MD, MPH; Torri Metz, MD, MS; Tiffany A. Moore Simas, MD, MPH, MEd; and M. Camille Hoffman, MD, MSc; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD.

The Society for Maternal-Fetal Medicine endorses this document.

The Committee on Women's Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.

# Screening for perinatal substance use disorders and SDOH is also recommended



Screening at initial prenatal, at 24-28 weeks and at delivery with self-report screening tool

Screen for structural or social drivers of health

**Screening needs to be coupled with adequate systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up**

# EPDS is a validated depression screening tool for use in pregnancy and the postpartum period

EPDS  $\geq$  10 is positive screen

10 Questions, #10 Self-harm

Anxiety subscale (#4 & #5)

Perinatal Populations

>40 languages

## Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Your Date of Birth: \_\_\_\_\_  
Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- 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.
- No, not at all

In the past 7 days:

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br><input type="checkbox"/> As much as I always could<br><input type="checkbox"/> Not quite so much now<br><input type="checkbox"/> Definitely not so much now<br><input type="checkbox"/> Not at all | *6. Things have been getting on top of me<br><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<br><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br><input type="checkbox"/> No, most of the time I have coped quite well<br><input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br><input type="checkbox"/> As much as I ever did<br><input type="checkbox"/> Rather less than I used to<br><input type="checkbox"/> Definitely less than I used to<br><input type="checkbox"/> Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| *3. I have blamed myself unnecessarily when things went wrong<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, some of the time<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, never                  | *8. I have felt sad or miserable<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| 4. I have been anxious or worried for no good reason<br><input type="checkbox"/> No, not at all<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Yes, very often                                      | *9. I have been so unhappy that I have been crying<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Only occasionally<br><input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason<br><input type="checkbox"/> Yes, quite a lot<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> No, not much<br><input type="checkbox"/> No, not at all                               | *10. The thought of harming myself has occurred to me<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Never   |

<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

GAD-7 is a validated anxiety screening tool for use in general and perinatal populations

**GAD-7 ≥ 5 is a positive screen**

**General and perinatal populations**

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all \_\_\_\_\_
- Somewhat difficult \_\_\_\_\_
- Very difficult \_\_\_\_\_
- Extremely difficult \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

# The Mood Disorder Questionnaire (MDQ) is a self-administered screen for bipolar disorder

Screens for lifetime presence of Bipolar Disorder

Validated during pregnancy

Sensitivity 89% and specificity 84%

Further clinical assessment with a perinatal psychiatrist

**THE MOOD DISORDER QUESTIONNAIRE**

**Instructions:** Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...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?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>

PC-PTSD is a validated PTSD screening tool for use in general and perinatal populations

<b>C</b> In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <u>in the past month</u> , you:		
Have had nightmares about it or thought about it when you did not want to?	No	Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
Were constantly on guard, watchful, or easily startled?	No	Yes
Felt numb or detached from others, activities, or your surroundings?	No	Yes

**≥ 3 “Yes” responses is a positive screen**

**General and perinatal populations**

To **assess**, ask about symptoms and illness severity

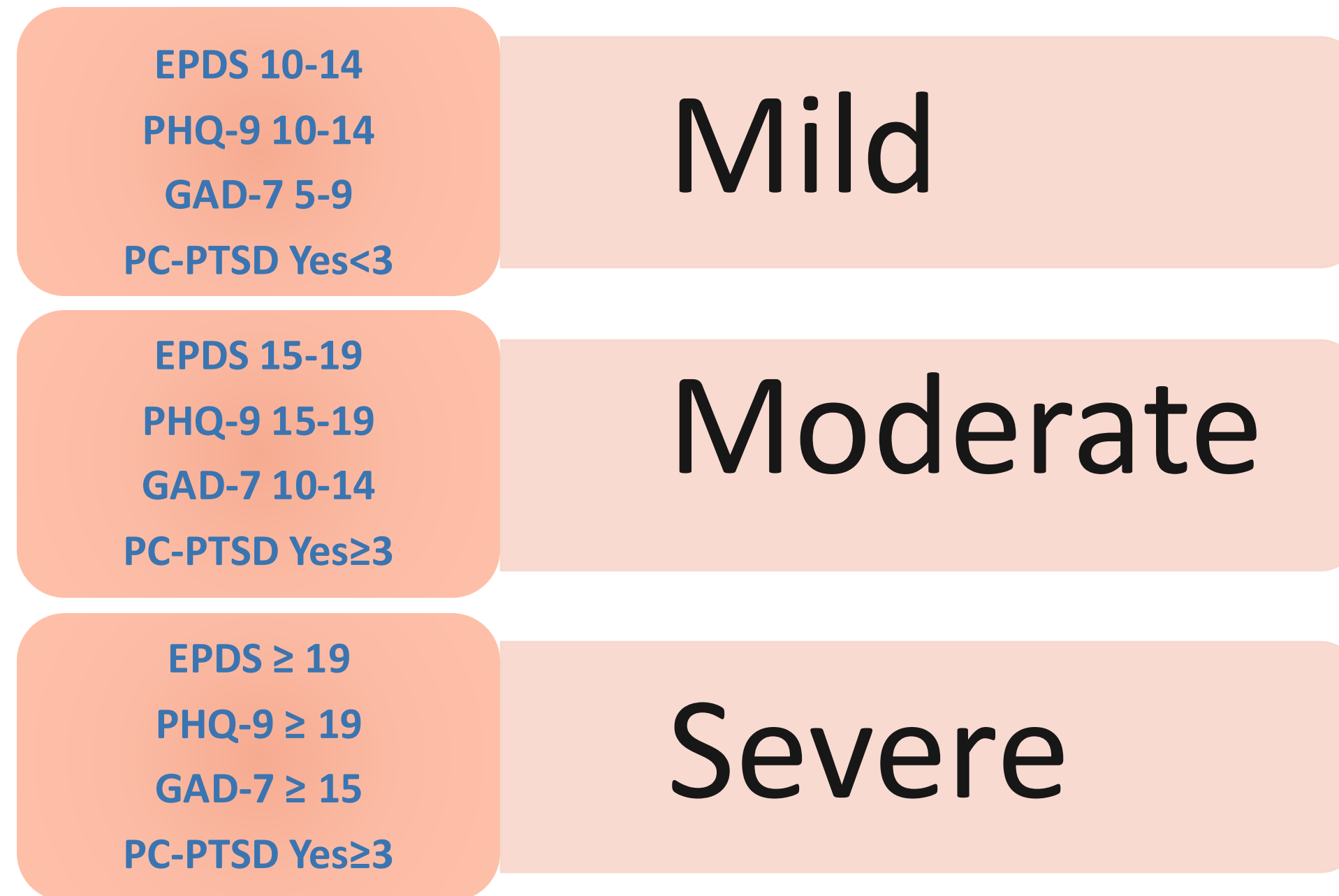
## Recent stressors

- ✓ Duration of symptoms
- ✓ How often symptoms occur
- ✓ Feeling of hopelessness, helplessness
- ✓ Current treatment (medications/therapy)
- ✓ Family history



- ✓ Prior symptoms
- ✓ Previous suicide attempt(s)
- ✓ Past psychiatric treatment (medication/therapy)
- ✓ Previous psychiatric hospitalizations
- ✓ Current suicidal ideation, plan, intent

Scores on screeners correlates with **illness severity** however further assessment is needed



Symptom severity directs treatment intensity

## SEVERE

Depression screener score >19

GAD-7 score  $\geq 15$

PC-PTSD-5 score  $\geq 3$

Suicidal ideation, intent and/or plan

Previous suicide attempt(s)

Often feels hopeless, helpless, worthless

History of multiple psychiatric hospitalization(s)

Often feels unable to care for self or baby

May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features)

History of multiple medication trials

## Steps after a positive screen

- 1 Assess severity and comorbidities**
- 2 Consider all treatment and support options
- 3 Consider patient preference
- 4 Rule out bipolar disorder
- 5 Consider treatment risks/benefits

Consider treatment options based on highest level of **illness severity**

If severity of symptoms overlap, clinical decisions should be based on the assessment, with strong consideration of higher level treatment options.

**MILD**

Therapy referral

Consider medication treatment

**MODERATE**

Therapy referral

Strongly consider medication treatment

If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is <6 months postpartum at screening, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

**SEVERE**

Therapy referral

Medication treatment

If onset of depression symptoms occurs in 3rd trimester to 4 weeks postpartum and if the patient is <6 months postpartum at screening, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

**All patients who screen positive, regardless of illness severity, should be referred to therapy or be advised to continue therapy**



UMass Chan  
MEDICAL SCHOOL



## Assessing Risk of Suicide

Reports thoughts of self-harm and/or +self-harm question on the EPDS/PHQ-9 (any response other than “never”)  
 Follow EPDS/PHQ-9 +self-harm with Patient Safety Screener (suicide risk screener) to further stratify risk

### Assess Risk

#### LOW RISK

Fleeting thoughts of death or wanting to die  
 No current intent\*  
 No current plan\*\*  
 No history of suicide attempt  
 Future-oriented (discusses plans for the future)  
 Protective factors (e.g., social support, religious prohibition, other children, stable housing)  
 No substance use  
 Few risk factors (e.g., mental health or medical illness, access to lethal means, trauma hx, stressful event)

#### MODERATE RISK

Regular thoughts of death or wanting to die  
 Has thoughts of possible plans yet plans are not well-formulated or persistent  
 History of suicide attempt  
 Persistent sadness and tension, loss of interest, persistent guilt, difficulty concentrating, no appetite, decreased sleep  
 Sometimes feels hopeless/helpless  
 Somewhat future oriented  
 Limited protective factors (e.g., social support, religious prohibition, other children)  
 +/-Substance use  
 Anxiety/agitation/impulsivity  
 Poor self-care  
 Some risk factors

#### HIGH RISK

Persistent thoughts of death/that life is not worth living  
 Current intent\*  
 Current well-formulated plan\*\*  
 Hx of multiple suicide attempts, high lethality of prior attempt(s)  
 Hx of multiple or recent psychiatric hospitalizations  
 Continuous sadness, unrelenting dread, guilt, or remorse; not eating, < 2-3 hours of sleep/night, unable to do anything, unable to feel pleasure or other feelings`  
 Hopeless/helpless all or most of the time  
 Not future oriented (no plans for/cannot see future)  
 No protective factors (e.g., social supports, religious prohibition, other children, stable housing)  
 Substance use  
 Not receiving mental health treatment  
 Anxiety/agitation  
 Many risk factors

## Assessing Risk of Harm to Baby

### Assess Risk

#### LOW RISK

*(symptoms more consistent with depression, anxiety, and/or OCD)*

Thoughts of harming baby are scary

Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)

Mother does not want to harm her baby and feels it would be a bad thing to do

Mother very clear she would not harm her baby

#### MODERATE RISK

Thoughts of harming baby are somewhat scary

Thoughts of harming baby cause less anxiety

Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do

Mother is less clear she would not harm her baby

#### HIGH RISK

*(symptoms more consistent with psychosis)*

Thoughts of harming the baby are comforting (ego syntonic)

Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)

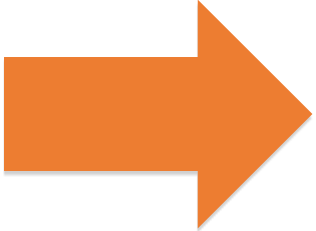
Lack of insight (inability to determine whether thoughts are based on reality)

Auditory and/or visual hallucinations are present

Bizarre beliefs that are not reality based

Perception that untrue thoughts or feelings are real

In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address perinatal mental health and substance use disorders.



# Resources

- **ACOG**  
– [acog.org/programs/perinatal-mental-health](https://acog.org/programs/perinatal-mental-health)
- **MCPAP for Moms**  
– [mcpapformoms.org](https://mcpapformoms.org)
- **MGH Center for Women's Mental Health**  
– [womensmentalhealth.org](https://womensmentalhealth.org)
- **Reprotox**  
– [reprotox.org](https://reprotox.org)
- **Postpartum Support International**  
– [postpartum.net](https://postpartum.net)
- **Lactmed**  
– [Toxnet.nlm.nih.gov/newtoxnet/lactmed.htm](https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)
- **Lifeline for Moms**  
– [umassmed.edu/lifeline4moms](https://umassmed.edu/lifeline4moms)

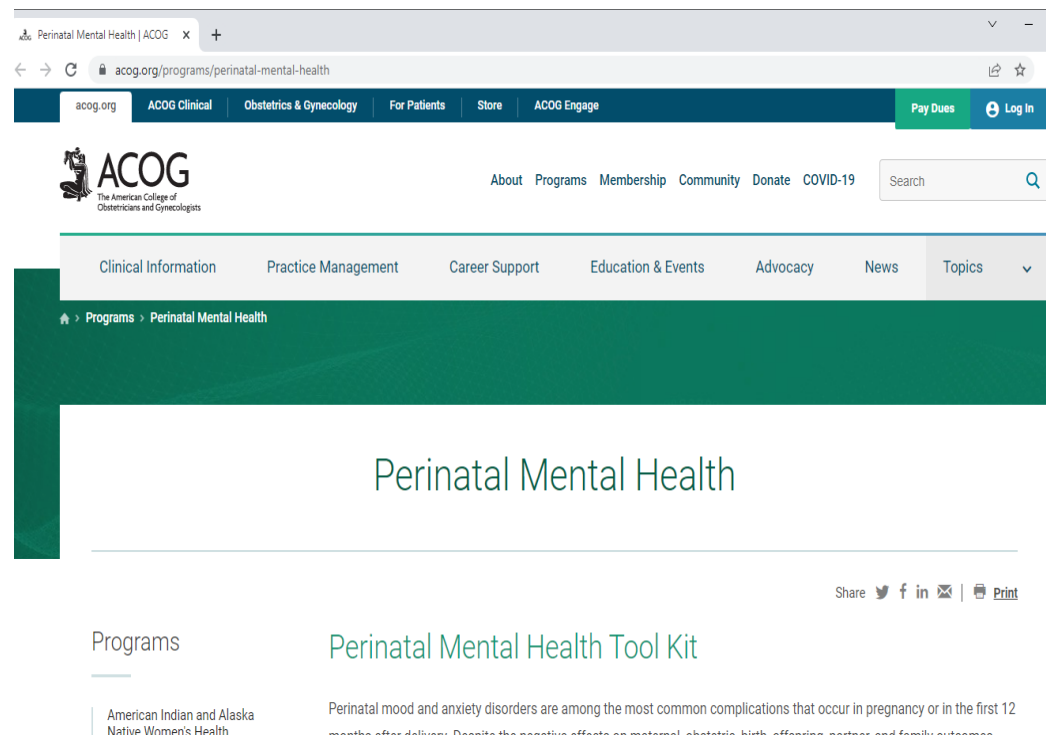
MASSACHUSETTS  
**BEHAVIORAL  
HEALTH  
HELP LINE**

Get help now.

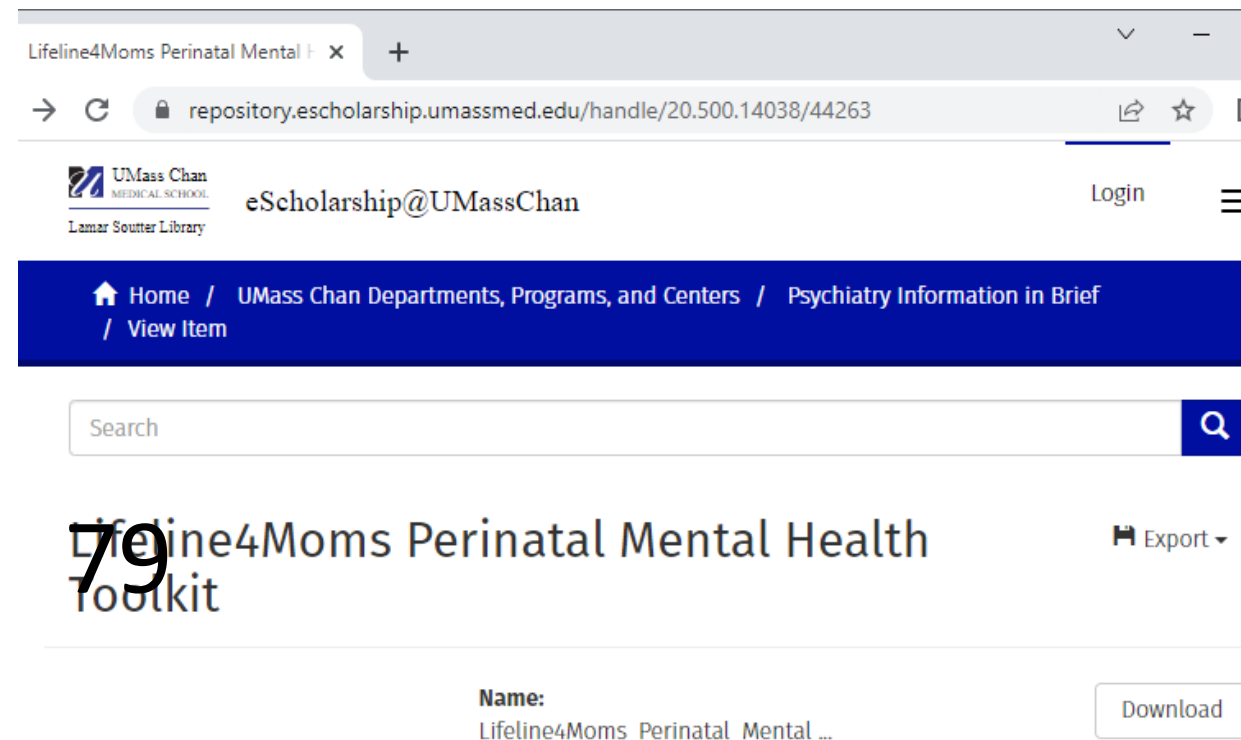
**833-773-2445**



# Toolkit and e-modules are available for provide obstetric clinicians through ACOG



[Perinatal Mental Health | ACOG](https://www.acog.org/programs/perinatal-mental-health)



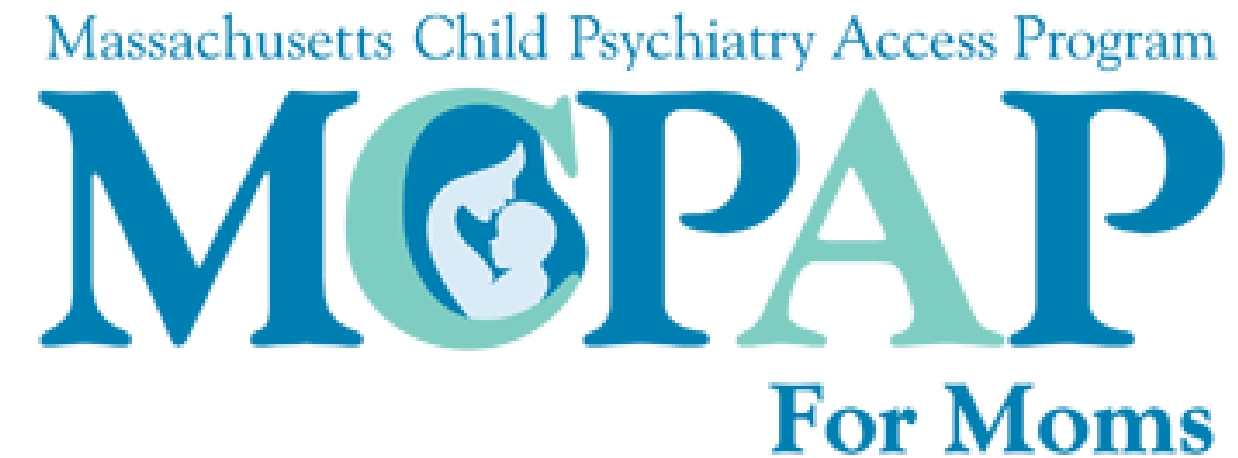
[Lifeline4MomsPerinatal Mental Health Toolkit \(umassmed.edu\)](https://repository.escholarship.umassmed.edu/handle/20.500.14038/44263)



Please call us with any questions. We are to here to help

**1-855-Mom-MCPAP**

**[www.mcpapformoms.org](http://www.mcpapformoms.org)**



# Any Questions?



**Ron Iverson, MD, MPH**  
Massachusetts General Hospital  
PNQIN OB Co-Chair



**Uruj Haider, MD**  
MCPAP for Moms

## Agenda

12:00–12:10 Welcome &  
PNQIN Announcements

12:10–12:30 QI Refresher

12:30–12:50 PMHC  
Assessment & Illness  
Severity

12:50–1:00 Discussion,  
Q&A



***Thanks for joining, see you on  
2/18!***

***Have questions?  
Email [PNQINAdmin@pnqinma.org](mailto:PNQINAdmin@pnqinma.org)!***

