



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



Perinatal Mental Health Conditions



Perinatal Mental Health Conditions

For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.

* = see implementation details document for more information

Readiness — Every Unit

Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated, including:*

- ▶ Identify mental health screening tools to be integrated universally in every clinical setting where patients may present.*
- ▶ Establish a response protocol based on what is feasible for each area of practice and local mental health resources.
- ▶ Educate clinicians, office staff, patients, and patients' designated support networks on optimal care across the preconception and perinatal mental health pathway including prevention, detection, assessment, treatment, monitoring, and follow-up best practices.*

Facilitate trauma-informed trainings and education to address health care team member biases and stigma related to perinatal mental health conditions, including anti-racism considerations.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to address patient needs, including social drivers of mental and physical health.*

Recognition & Prevention — Every Patient

Screen for perinatal mental health conditions consistently throughout the perinatal period, including but not limited to:

- ▶ Obtain individual and family mental health history at intake, with review and update as needed.*
- ▶ Screen for depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits, ideally including pediatric well-child visits.*
- ▶ Screen for bipolar disorder before initiating pharmacotherapy for anxiety and depression.*

Screen for structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources.



Perinatal Mental Health Conditions

Response — Every Event

Initiate an evidence-based, patient-centered response protocol that is tailored to condition severity, and is strength-based, culturally relevant*, and responsive to the patient's values and needs: *

- ▶ Activate an immediate suicide risk assessment and response protocol as indicated for patients with identified suicidal ideation, significant risk of harm to self/others or psychosis.

Establish care pathways that facilitate coordination and follow-up among multiple providers throughout the perinatal period for pregnant and postpartum people referred to mental health treatment.*

Reporting and Systems Learning — Every Unit

Incorporate mental health into multidisciplinary rounding to establish a non-judgmental culture of safety.

Convene inpatient and outpatient providers in an ongoing way to share successful strategies and identify opportunities for prevention and evaluation of undesired outcomes related to perinatal mental health.*

Identify and monitor data related to perinatal mental health care, with disaggregation by race and ethnicity at a minimum, to evaluate disparities in processes of care.*

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Include each pregnant and postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team. *

Engage in open, transparent, empathetic, and trauma-informed communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.

These materials were developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement with the American College of Obstetricians and Gynecologists under grant number UC4MC28042, Alliance for Innovation on Maternal Health. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

© 2022 American College of Obstetricians and Gynecologists. Permission is hereby granted for duplication and distribution of this document, in its entirety and without modification, for solely non-commercial activities that are for educational, quality improvement, and patient safety purposes. All other uses require written permission from ACOG.