<https://mmhntoolkit.netlify.com/>

**Title:** Screening for Perinatal Mood & Anxiety Disorders: Best Practices & Guidance

1. **Perinatal Mental Health Disorders**

* Shouldn’t this be included in the left-side navigation?
* Perinatal Mental Health Disorders can occur from conception through two years after birth – Change to one year after birth. If left untreated, women can experiences symptoms of depression and anxiety through two years after birth and beyond.
* Move bullets under key points up above the table. You can delete ‘key points’.

1. **Screening**

* Delete the boxes with screening recommendations. Instead write: ACOG recommends mental health screening take place in the hospital post-delivery before discharge home, in addition to the following: the first prenatal visit, at least once in the second trimester, once in the third trimester, at the six-week postpartum visit and annually at well women exams. It is also recommended that screening take place in the pediatrician’s office at the baby’s 3, 6 and 12 month well child visits and in the primary care office.
* Move bullets in blue box to bullets below Screening header
* Add a bullet: It’s a mother’s right to be screened or not screened. It’s important to provide the opportunity for informed consent.
* Add a bullet: Ideally, the screen takes place privately without family members in the room.
* Replace this bullet: Screen may be completed verbally or written. With “It is best practice for screening to be conducted verbally. However, if your hospital administers the screen by paper, you can introduce it the same way.
* Before the first script add: “To facilitate screening, hospitals need to create welcoming and non-stigmatizing environments that display information about perinatal mental health, thus educating and creating awareness about this important issue for every patient and their support person(s). It is important that screening is done with an inclusive, strength-based approach that emphasizes:
  + Perinatal mental health conditions are common.
  + They are medical conditions, like diabetes, that need to be treated.
  + They are treatable.
  + That the hospital screens every woman after childbirth and before discharge.
  + The hospital cares for the whole woman.
* When administering the screening tool, provide the patient with educational materials that outline relevant symptoms and resources (link to HQI brochure). <https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>
* Delete ‘Sample script for provider on first contact with patient in preparation for administering screening tool’ and replace with ‘On first contact with patient after delivery …’

1. **Screening Tools**

* No edits

1. **Follow Up**

* Move validation and presence box below screening tools.
* Move basic tips below screening tools.
* Move 3 scripts below screening tools.
* Delete ‘Case scenarios with sample scripts/phrases to use’
* Mother is scared to be discharged home. (add be and discharged)

1. **Referral Resources (replace Strategies with Resources)**

* Replace link to MMHN brochures to HQI brochures - <https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>
* Rename MMHN Resource directory to Los Angeles County Maternal Mental Health Resource Directory
* Psychiatric Units – link to <https://www.postpartum.net/get-help/intensive-perinatal-psych-treatment-in-the-us/>
* Add County Departments of Mental or Behavioral Health - <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>
* Add CommonSpirit Health Perinatal Psychiatric Consultation Line – CommonSpirit Health is offering a provider-to-provider psychiatric telephone consultation service to all community providers in California (regardless of affiliation with CommonSpirit Health or Dignity Health), enabling providers to speak in real-time with perinatal psychiatrists for coaching on diagnosis, management, and pharmacology. This service is funded by the Dignity Health Maternal Mental Health Project, **at no cost** to providers, medical groups, patients or payers. Please see a short video (found [here](https://vimeo.com/360390182)) for more information. Service Hours: Call, toll-free 1-833-205-7141, Monday - Friday, 1 p.m. - 5 p.m. to speak with a consultant immediately or to receive call back within 30 minutes.
* Add PSI Provider Psychiatric Consultation Line - <https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

1. **High Risk Guidelines**
2. **Child Abuse & Neglect**

* No edits

1. **Suicide/Risk Assessment**

* Add Emily’s Title and Affiliation: Director of Women’s Health & Reproductive Psychiatry, Los Angeles County Department of Mental Health
* Spell out Danger to Self (DTS) / Danger to Others (DTO)
* Move the following below Suicide Risk table:
  + A patient who describes suicidal ideation, but indicates no clear plan, no clear wish to be dead, no history of self-injury, and fair social and family support may be appropriate to manage without immediate hospitalization.
  + Do not assume low risk = no risk.
  + Asking about suicidality does not encourage suicidality.

1. **Psychosis**

* Add history of bipolar disorder to bulleted list
* In the pink box: replace Call 911 bullet with ‘Order a Psych Consult or accompany her to the ER’.

1. **Substance Use**

* Add ‘Substance use during pregnancy exacerbates signs and symptoms of depression and anxiety. As intro text.
* More content to come

1. **Cultural Humility and Considerations (replace Competence with Humility)**
2. **Additional Resources – can you upload here? Or just link?**

* AB 3032 bill language
* AB2193 bill language
* LifeLine4Moms Toolkit (or at least the pages 21-23)

**About**

This online toolkit is designed to accompany online training developed as a part of the Hospital Quality Initiative’s Perinatal Mental Health Learning Community project. It is not meant to replace hospital policies and protocols. Always follow your hospital’s policies and procedures.

**Credits**

Can be the same as the app with the following edits:

This free maternal mental health resource is made available through the generous support the California HealthCare Foundation and in Partnership with the Hospital Quality Institute

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**Topics Not Included (Yet)**

Breastfeeding considerations

* Should we include the MDQ screening for bipolar disorder? Maybe under Suicide Assessment
* Or PTSD screening tool?