Quality Provider Program Maternal Mental Health Screening Algorithm

Make postpartum depression screening a priority in your practice to identify women who may benefit from mental health interventions.

The American College of Obstetricians and Gynecologists (ACOG) recommends depression screening twice during pregnancy and once in the postpartum period using a standardized and validated screening tool. These tools typically take less than 5 minutes for a patient to complete and help normalize mental health discussions with their provider.

The algorithm on the next page guides you thought using the Edinburgh Postnatal Depression Scale (EPDS) in your practice.

Acronyms used in this algorithm include:

- EMR: Electronic medical record
- EPDS: Edinburgh Postnatal Depression Scale
- ED: Emergency Department
- C-SSRS: Columbia Suicide Severity Rating Scale
- PCP: Primary Care Provider
- RN: Registered Nurse
- OB/GYN: Obstetrics/Gynecology Provider
- PPD Postpartum Depression
- CPT: Current Procedural Terminology

Focus on follow-up care when screening is positive.

According to the American Psychiatric Association, "Upwards of 75% of pregnant persons affected by mental health symptoms remain untreated" and are often termed "therapeutic orphans."³

Access these other stand-alone resources to help with follow-up care:

- <u>Depression Resources for Providers</u>: Overview of organizations that support care management, referrals, best practices, and education
- Depression Resources for Patients and Parents:
 A downloadable, standalone resource to connect patients and families with local, national, and online support

As your partner in maternal mental health, the Women's Health Quality Provider Program provides referral resources, educational opportunities, and workflow solutions to make follow-up care possible. Also consider referring patients with maternal mental health needs to the **Select Health Healthy Beginnings** program for assistance with care management.

REFERENCE:

American Psychiatric Association. Perinatal Mental and Substance Use Disorders. psychiatry.org. https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf. Accessed April 24, 2024.

Find out how the **Quality Provider Program** can help your clinic implement maternal mental health screenings and follow-up care by contacting either:

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- Chanda Clift, Provider Quality Performance Manager
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Quality Provider Program

Maternal Mental Health Screening Algorithm

▶ ALGORITHM: SCREENING WITH EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Administer EPDS (paper questionnaire)* at Well-Child Care Visits (2 weeks and 2, 4, and 6 months) Is EPDS score >/= 10 or did patient answer "yes" yes to question #10? Use the printed C-SSRS** to assess risk of self Follow guidance based on score breakdown harm/risk to infant, children, or others Is there imminent Is score </= 6 or 7-9? danger? 7-9 < l = 6no yes Assess if patient has current Implement There is no Refer to a PPD mental health mental health support with clinics crisis plan/ direct referral provider an OB/GYN, PCP, or mental emergent referral required. **AND** health provider. (contact family Administer the Recommend that patient member to assist Refer to a local PPD mental EPDS at the follows up by phone with their with transfer to health provider. next scheduled OB/GYN or PCP to further nearest ED). Assess need for mental interval. discuss their EPDS results. Document EPDS health referral access Consider response in the Assess need for mental health support. giving the progress note. referral access support. Send notification of stand-alone (PCP or RN) the EPDS results to the Assist with self-referral **Depression** Follow up in 3-5 preferred OB/GYN or PCP. If to Select Health Healthy Resources for days to check no OB/GYN or PCP, consider Beginnings. Patients and PPD and referral referral to Select Health Parents. Document EPDS response in status. Advocates. the progress note. Document Fax a referral Document EPDS response appropriate (PCP or RN) Follow up within notification to and interventions in **EPDS** 1-2 weeks to check PPD and member's OB/ progress note. response in the referral status. GYN or PCP Follow up within 1 week progress note. Refer to care to check PPD and referral management: status.

* CPT code 96161

NOTE: Access <u>Depression Resources for Providers</u> when EPDS scores are positive.

Send a care management

Beginnings for Select Health

referral to Healthy

members.



Healthy

Beginnings for

Select Health

members.

** Do not chart C-SSRS in the infant's EMR; instead, use a

printed form to send with the EPDS