PERIPAN PERINATAL

MENTAL HEALTH TOOLKIT

FOR OBSTETRIC CLINICIANS

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Texas Child Mental Health Care Consortium

PeriPAN
Perinatal Psychiatry Access Network

ACKNOWLEDGEMENTS

We wish to acknowledge the foundational work of Lifeline for Moms and Massachusetts Child Psychiatry Access Program (MCPAP) for Moms, supported by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG), in paving the way for the creation of Texas PeriPAN and similar networks across the United States.

We wish to acknowledge and thank our partners and collaborators in Texas for the development and adaptation of this toolkit for Texas PeriPAN clinicians, including the Center for Health Communication at The University of Texas at Austin and our four PeriPAN pilot programs at health-related institution (HRI) hubs: The University of Texas Southwestern Medical Center, Baylor College of Medicine, Dell Medical School at The University of Texas at Austin, and Texas Tech University Health Sciences Center.

CONTENTS

Standalone versions of these resources and tools are available at: **TXPeriPAN.org**

INTRODUCTION, PURPOSE, AND VALUE

> This toolkit includes actionable information, screening tools, and clinical pearls to build capacity among obstetric clinicians so that they can successfully address perinatal mental health conditions.

Texas PeriPAN, or the Perinatal Psychiatry Access Network, is a statewide, no-cost program offering clinicians and health professionals:

- Real-time consultations with reproductive psychiatrists and other mental health experts.
- Vetted and individualized referrals and resources.
- Free CMEs and collaborative learning opportunities.

PeriPAN aims to enhance your clinical capacity in mental health care for your pregnant and postpartum patients and address the persistent and growing needs among perinatal women in the state. Collaborative care consultation is an emerging best practice that PeriPAN is ready and equipped to provide.

Perinatal mental health challenges are **the most common conditions complicating pregnancy and the first postpartum year**. One in 5 postpartum women has a mental health condition, and 50,000 Texas mothers experience depression after giving birth each year. Mental health conditions are a leading cause of pregnancy-related deaths in the United States, according to the Centers for Disease Control and Prevention (CDC)[1] as well as the 2022 report[2] by the Texas Maternal Mortality and Morbidity Review Committee and the Texas Department of State Health Services. Although women's mental and behavioral health is linked directly to the well-being outcomes of infants, children, and families, perinatal mental health disorders often remain **underdiagnosed, untreated, or under-treated**.

> Mental Health conditions are **treatable and preventable causes of maternal morbidity and mortality**.

The American College of Obstetricians and Gynecologists (ACOG) recommends:[3]

1. Everyone receiving well-woman, pre-pregnancy, prenatal, and postpartum care is **screened for depression and anxiety using standardized, validated instruments**.
2. Screening for perinatal depression and anxiety occurs at the initial prenatal visit, later in pregnancy, and at postpartum visits.
3. Mental health screening is implemented with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow up, based on severity.

4. Screening for bipolar disorder is done before initiating pharmacotherapy for anxiety or depression, if not previously done.
5. When someone answers a self-harm or suicide question affirmatively, clinicians immediately assess for likelihood, acuity, and severity of the risk of a suicide attempt and then arrange for risk-tailored management.
6. Clinicians provide immediate medical attention for postpartum psychosis.

Prior to the initiation of screening, it is critical to **establish practice workflows and referral networks** so that all women who screen positive for perinatal mental health conditions have **timely access to assessment and both non-pharmacologic and pharmacologic treatment**.

To facilitate screening, clinical practices should 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 the loved ones who support them. ACOG recommends that obstetric providers be prepared to respond appropriately to a positive screen, which includes providing educational materials for the patient and family that outline relevant symptoms and resources, including the Action Plan for Mood Changes During Pregnancy and After Giving Birth and Self-Care Plan, both of which are included in this toolkit in **Section 4: Clinical and Educational Resources**. ACOG Clinical Practice Guideline 5 recommends that obstetricians be prepared to counsel patients on the benefits and risks of psychopharmacotherapy, initiate psychopharmacotherapy, and refer patients to appropriate behavioral health resources and services when indicated.

Before or after screening, Texas PeriPAN is the place to turn to support frontline clinical decision-making. We have a team of reproductive psychiatry experts at regional medical school hubs across Texas to guide you in next steps in care.

Alliance for Innovation on Maternal Health (AIM) Bundles:

The Alliance for Innovation on Maternal Health (AIM) from the Council on Patient Safety in Women's Health Care, convened by ACOG, has developed a maternal mental health patient safety bundle informing how obstetric providers should detect, assess, and treat these conditions.

- Maternal Mental Health: **https://saferbirth.org/psb_categories/maternal-mental-health**
- Postpartum Basics: **https://saferbirth.org/psbs/archive-postpartum-basics-from-birth-to-postpartum-visit**
- Care for Pregnant Postpartum People with Substance Use Disorder: **https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder**

Section References

1 Centers for Disease Control and Prevention. (2022, September 19). *Four in 5 pregnancy-related deaths in the U.S. are preventable* [Press release]. https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

2 Texas Health and Human Services & Texas Department of State Health Services. (2022, December). *Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services joint biennial report 2022*. https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMMRC-DSHS-Joint-Biennial-Report.pdf

3 ACOG. (2023, June). *Assessment and treatment of perinatal health conditions*. https://www.acog.org/programs/perinatal-mental-health/patient-screening

Texas PeriPAN Overview and Contact Information

PeriPAN can assist you in enhancing maternal mental health care in your practice and meeting the standard of care for patient screening and treatment plans.

PeriPAN can offer support for implementing this toolkit, new workflows, or an AIM patient safety bundle. We can be a collaborative partner through peer consultations with you, one-time direct telehealth diagnostic assessments with patients to guide you in treatment planning and by locating tailored resources for a specific setting, insurance, patient, or symptom. Find more resources and educational materials at **TXPeriPAN.org**.

Launched statewide in 2023 after a successful pilot, Texas PeriPAN, or the Perinatal Psychiatry Access Network, is a program available through medical school hubs across Texas. Designed to enhance maternal mental health care in light of the growing need and reproductive psychiatry shortage, PeriPAN offers no-cost consultation and education to health care professionals serving new mothers—think quick curbside consults or peer-to-peer advice on your patient cases; timely, vetted referrals; and free CMEs on perinatal mental and behavioral health topics.

It is designed for:

- OB/GYNs
- Pediatricians
- Family Practice Clinicians
- Psychiatrists
- Psychologists
- Midwives
- Other Primary Care Physicians
- Nurses and Other Clinicians

Texas PeriPAN is funded by the Texas Child Mental Health Care Consortium and is an extension of the successful Texas Child Psychiatry Access Network or CPAN program.

Call or visit our website to learn more or enroll in 5 minutes.

888-901-2726 | TXPeriPAN.org

- Real-time, clinician-to-clinician consultation.
- Rapid response via phone or text.
- Vetted and individualized referrals in 1 day.
- Call **888-901-2726** to start a consult or enroll in 5 minutes.
- Free CMEs, including ethics.
- One-time direct consults.

SECTION 1:

OVERVIEW AND BASICS

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IMPLEMENTING PERINATAL MENTAL HEALTH SCREENING

Who should be screened for perinatal mental health conditions?

ALL perinatal women should be screened for mental health conditions. The American College of Obstetricians and Gynecologists (ACOG) recommends that everyone receiving well-woman, pre-pregnancy, prenatal, and postpartum care be screened for depression and anxiety using standardized, validated instruments. Read more about screening and related care on the **ACOG website**.[1]

When should screening occur?

Screening is recommended to identify mental and behavioral health conditions that may present across the perinatal period. **ACOG Clinical Practice Guideline #4 (June 2023)** recommends the following timing.

- Screening for perinatal depression and anxiety:
  - At the **initial prenatal visit** to identify onset before pregnancy.
  - **Later in pregnancy** to identify onset during pregnancy.
  - At **postpartum visits** (4th trimester) to identify onset in late pregnancy or early postpartum.
- Screening for bipolar disorder should be done before initiating pharmacotherapy for anxiety or depression, if not previously done.

In addition to guidance from ACOG, the **American Academy of Pediatrics (AAP) recommends** [2] **screening for maternal depression at well-child visits in the pediatric treatment setting during the first postpartum year**. Obstetric providers should expect women to be referred to them for care if a positive screen is identified in the pediatric setting. **AAP** also offers guidance on how to integrate maternal screening in pediatric practice in four steps.

PeriPAN recommends more frequent monitoring for: women with a history of depression or other mental health conditions, women who take or have previously taken medications for these conditions, and women who have screened positive in a previous or current pregnancy/postpartum period. In addition, re-administering screening tools at each visit after a positive screen can facilitate monitoring of symptom response to intervention.

What screening tools should be used?

There are many validated tools available. ACOG does not endorse specific screening instruments. Texas PeriPAN recommends screening instruments that are:

- Validated for use in pregnancy and postpartum.
- Routinely used.
- Freely available.
- Easy to administer and score.
- Available in numerous languages.

Texas PeriPAN recommends the following tools while acknowledging that research-driven advances will continue in mental health screening and care over time, necessitating updates. The tools are reproduced in this toolkit unless otherwise noted.

SCREENING TOOLS OVERVIEW

Depression

Edinburgh Postnatal Depression Screen (EPDS), 10 questions – This tool has historically been used most often in the postpartum period. It was developed in Scotland and validated on women in the postpartum period. The wording of the questions does include some phrasing that can be confusing. Screening scores may be unstable, varying by 9 points across the pregnancy trimester and the postpartum period.[3] In addition, because some EPDS items are reverse-scored, tabulation of the EPDS in busy clinics can be challenging relative to other depression scales.

Patient Health Questionnaire-9 (PHQ-9), 9 questions – This depression screening tool is multipurpose for screening, diagnosing, monitoring, and measuring the severity of depression. Question 9 on the PHQ-9 screens for the presence of suicidal ideation. The tool is completed by the patient in minutes and rapidly scored. Its diagnostic validity was established in studies involving both primary care and obstetric clinics. It has been validated across practice environments and for more populations than the EPDS.[4]

Anxiety

General Anxiety Disorder 7 Screen (GAD-7), 7 questions – A valid and efficient self-report questionnaire for screening for generalized anxiety disorder and assessing its severity in clinical practice and research.[5]

Bipolar Disorder

Mood Disorder Questionnaire (MDQ), 14 questions – This tool is a brief self-report measure to screen for bipolar disorder.[6] It takes about 5 minutes to complete.

We recommend screening all women for bipolar disorder. However, this and other bipolar-related screeners have low specificity and should be followed by a diagnostic interview. The MDQ should be administered only once in the perinatal period as it queries lifetime experience.

We recommend screening prior to initiating an antidepressant[7] because 1 in 5 women who screen positive for depression may have bipolar disorder.[8] Treatment of bipolar disorder with an antidepressant alone is contraindicated and is associated with worsening of mood symptoms. In general, if bipolar disorder is suspected, consultation with or referral to psychiatry for further assessment is indicated.

Texas PeriPAN is a resource for one-time direct consult to clarify diagnosis as well as for clinician guidance in ongoing care.

Post-Traumatic Stress Disorder (PTSD)

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), 5 questions – This tool was designed to be used in primary care settings to identify individuals with probable PTSD. If positive, additional assessment with the PCL-5 is appropriate.[9]

PTSD Checklist for DSM-5 (PCL-5), 20 questions – This tool can be utilized for screening for PTSD, making a provisional diagnosis of PTSD, and monitoring symptoms change during and after treatment.[10] This tool can be found at: **https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp**

Additional Vetted Screening Tools

For additional vetted screening tools (including those for **substance use** and **obsessive-compulsive** symptoms), see the Policy Center for Maternal Mental Health: **https://www.2020mom.org/mmh-screening-tools**

Section References

1 Learn more on the ACOG website: https://www.acog.org/programs/perinatal-mental-health

2 Learn more on the AAP website: https://doi.org/10.1542/peds.2018-3259

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10 Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5).

Who hands out, scores, and responds to the screening tools?

Every office is different, and the workflow for addressing perinatal mood and anxiety disorders needs to be tailored to each practice environment.

Clinical support staff can often provide the screening tools to a patient at the time of check in, such as while the patient is waiting in the waiting or exam room. Patients should be given time to complete a tool thoughtfully. Many electronic health records have these screeners available already, or the electronic health record (EHR) can be customized with templates for these tools.

After your patient completes screening, the tools should be scored by clinical staff and entered into the chart if not already included in the EHR. Scoring is straightforward and can be done by any level of professional. It is imperative that tools are scored before a patient leaves the appointment so that positive screens can be promptly addressed.

Information on **scoring** the various screening tools listed on the prior pages is located in **Section 3** of this toolkit.

ACOG offers an algorithm for *Starting Treatment for Perinatal Mental Health Conditions* at: **https://www.acog.org/programs/perinatal-mental-health/assessment-and-treatment-of-perinatal-mental-health-conditions**

How do you talk about mental health conditions and care in a strengths-based manner?

Patients may be reluctant to discuss mental health conditions for many reasons including fear and stigma. Since various staff at your practice interact with patients and clinical support office staff are often the first to do so during screening for mental health, there must be an inclusive, strengths based approach and culture at the practice that emphasizes:

- Mental health conditions are common.
- Mental health conditions are medical conditions (like diabetes) and are treatable.
- Caring for the whole patient means your practice screens every patient during pregnancy and the postpartum period.

For more information and practical tips, see **Creating a Supportive Setting for Mental Health Conversations & Care** in **Section 4** of this toolkit.

When discussing treatment options, **provide a balanced perspective of treated versus untreated illness and associated risks and benefits**. Untreated illness has significant risk. Let patients know that a healthy mother is critical to the health of the baby, and it is important to prioritize a mother's health and mental health. Because of this, you will be checking in with her and assessing her mental health regularly throughout her obstetric and postpartum care.

In addition, women, their families, and members of their support system should be encouraged to contact the practice if concerned about the patient's mental health. **Remind everyone that you are there to help and you want them to reach out to you or your colleagues at the practice**.

Where can I find educational materials for patients and families?

With the first administration of perinatal mental health screening tools, the patient and family should receive educational materials, including an outline of relevant symptoms and resources. Provide education proactively to patients and their families, or other members of the identified support system so that they are aware of signs and symptoms of perinatal mood and anxiety disorders. Having these conversations early in the pregnancy and again in the early postpartum period can decrease stigma, normalize screening and detection, and encourage and empower patients to discuss any mental health concerns.

To further decrease stigma and encourage engagement in assessment and treatment, Texas PeriPAN recommends that you place posters, pamphlets, and other materials throughout your practice. PeriPAN would be happy to support you in obtaining any resources that you need related to mental health.

Additionally:

- Postpartum Support International (PSI) has many educational resources for patients and families and online support groups to facilitate wellness. Patients and families can access PSI online 24/7 at **https://www.postpartum.net/**
- The National Maternal Mental Health Hotline is facilitated by PSI, available 24/7 in 60 languages at **1-833-852-6262**.
- **Section 4** of this toolkit includes a list of Additional Educational Resources for Patients and Families related to mental health conditions, such as an Action Plan for Mood Changes During Pregnancy or After Giving Birth, a Self-Care Plan, and a Safety Plan.
- For your quick clinical reference, **Section 4** also has a Perinatal Mental Health Conditions Summary Chart with mental health condition and treatment information.

SECTION 2:

PATIENT SCREENING TOOLS

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For convenience, PeriPAN has compiled basic perinatal mental health screening tools into two packets that can be administered to patients in your clinical setting. **Packet 1** varies from **Packet 2** in the choice of depression screener. You can choose Packet 1 or Packet 2.

The packets are included on the following pages. A packet can be given directly to a perinatal patient to screen for mental health conditions and provide related information about mental and behavioral health.

Packet 1	Packet 2
» Edinburgh Postnatal Depression Scale (EPDS) » General Anxiety Disorder-7 (GAD-7) » Mood Disorder Questionnaire (MDQ) » Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)	» Patient Health Questionnaire-9 (PHQ-9) » General Anxiety Disorder-7 (GAD-7) » Mood Disorder Questionnaire (MDQ) » Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
Packet 1 varies from Packet 2 in the choice of depression screener tool only.	

Considerations

- Your EHR may have mental health screening questionnaires available to send to the patient electronically to fill out prior to the appointment. Having the questionnaires electronically can be very helpful for tracking changes over time to aid in clinical decision-making.
- Texas PeriPAN is here to help you build capacity in mental health screening and care. If you have any questions or concerns about protocols or patient care, call us at **888-901-2726**. Or sign up for our free CME opportunities. Enrolled clinicians can also text their regional PeriPAN team with timely requests. No call is too small. We want to assist you in screening your patient and responding to their mental health distress.

The original standalone versions of the screening tools in the patient packets can be found here:

- EPDS - **https://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf**
- PHQ-9 - **https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf**
- GAD-7 - **https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf**
- MDQ - **https://www.ohsu.edu/sites/default/files/2019-06/cms-quality-bipolar_disorder_mdq_\screener.pdf**
- PC-PTSD-5 - **https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf**

Standalone versions of these resources and tools are available at: TXPeriPAN.org

PATIENT PACKET 1

Screening for Mood Changes During Pregnancy and After Giving Birth

- Mood changes are very common during pregnancy and after giving birth. 80% of women experience baby blues after delivery.
- 1 in 5 women have depression, anxiety, or distressing thoughts during pregnancy and in the year after giving birth. They can affect your health and your baby's health.
- If you are having mood changes, getting help is the best thing you can do for yourself, your baby, and your family. You are not alone. We can help.
- Because mood changes are common and are important to your health, we are going to be asking about them. And because they can happen at any time during pregnancy and after giving birth, we will ask you some of the same questions again at future visits.
- **Please complete the following questionnaires, all questions and sections**. Your answers will help us understand what you are experiencing and figure out how to help you.

TURN PAGE TO GET STARTED ⟶

Your Name _____ Date ____/____/_____

For staff use only - EPDS version: initial mid postpartum

Please circle one of the four answers that comes closest to how you have felt <u>in the past 7 days</u>, not just how you feel today.				PART A EPDS
	0	**1**	**2**	**3**
I have been able to laugh and see the funny side of things*	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
I have looked forward with enjoyment to things*	As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all
	3	**2**	**1**	**0**
I have blamed myself unnecessarily when things went wrong	Yes, most of the time	Yes, some of the time	Not very often	No never
	0	**1**	**2**	**3**
I have been anxious or worried for no good reason*	No, not at all	Hardly ever	Yes, sometimes	Yes, very often
	3	**2**	**1**	**0**
I have felt scared or panicky for no good reason	Yes, quite a lot	Yes, sometimes	No, not much	No, not at all
Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	Yes, sometimes I haven't been coping as well as usual	No, most of the time I have coped quite well	No, I have been coping as well as ever
I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	Yes, sometimes	Not very often	No, not at all
I have felt sad or miserable	Yes, most of the time	Yes, quite often	Not very often	No, not at all
I have been so unhappy that I have been crying	Yes, most of the time	Yes, quite often	Only occasionally	No, never
The thought of harming myself has occurred to me	Yes, quite often	Sometimes	Hardly ever	Never

Please continue to Part B (next page)

*Please note the numbers are in reverse order for scoring purposes.

Your Name _____ Date ____/____/_____

Keep going... Over the past 2 weeks, how often have you been bothered by any of the following problems? Circle one of the four answers.				PART B GAD-7
	0	1	2	3
Feeling nervous, anxious or on edge	Not at all	Several days	More than half the days	Nearly every day
Not being able to stop or control worrying	Not at all	Several days	More than half the days	Nearly every day
Worrying too much about different things	Not at all	Several days	More than half the days	Nearly every day
Trouble relaxing	Not at all	Several days	More than half the days	Nearly every day
Being so restless that it is hard to sit still	Not at all	Several days	More than half the days	Nearly every day
Becoming easily annoyed or irritable	Not at all	Several days	More than half the days	Nearly every day
Feeling afraid, as if something awful might happen	Not at all	Several days	More than half the days	Nearly every day
If you checked any problems, how difficult have they 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

Please continue to Part C (next page)

Your Name _____ Date ____/____/_____

Circle the letter that indicates your answer to the following questions:	PART C MDQ	
	NO	YES
Has there ever been a period of time **in your life** 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?	N	Y
...you were so irritable that you shouted at people or started fights or arguments?	N	Y
...you felt much more self-confident than usual?	N	Y
...you got much less sleep than usual and found you didn't really miss it?	N	Y
...you were much more talkative or spoke much faster than usual?	N	Y
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
...you had much more energy than usual?	N	Y
...you were much more active or did many more things than usual?	N	Y
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
...you were much more interested in sex than usual?	N	Y
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
...spending money got you or your family into trouble?	N	Y
Circle the letter that indicates your answer the following two questions:		
If you checked **YES** to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Please continue to Part D (next page)

Your Name _____ Date ____/____/_____

Keep Going...

PART D
PC PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? Please circle the response that indicates your answer:	**NO**	**YES**
If NO, you are finished. If YES, please continue.		
In the past month, have you...		
...had nightmares about the event(s) or thought about the event(s) when you did not want to?	**NO**	**YES**
...tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	**NO**	**YES**
...been constantly on guard, watchful, or easily startled?	**NO**	**YES**
...felt numb or detached from people, activities, or your surroundings?	**NO**	**YES**
...felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	**NO**	**YES**

Thank you. We are glad you took the time to complete this questionnaire.

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PATIENT PACKET 2

Screening for Mood Changes During Pregnancy and After Giving Birth

- Mood changes are very common during pregnancy and after giving birth. 80% of women experience baby blues after delivery.
- 1 in 5 women have depression, anxiety, or distressing thoughts during pregnancy and in the year after giving birth. They can affect your health and your baby's health.
- If you are having mood changes, getting help is the best thing you can do for yourself, your baby, and your family. You are not alone. We can help.
- Because mood changes are common and are important to your health, we are going to be asking about them. And because they can happen at any time during pregnancy and after giving birth, we will ask you some of the same questions again at future visits.
- **Please complete the following questionnaires, all questions and sections**. Your answers will help us understand what you are experiencing and figure out how to help you.

TURN PAGE TO GET STARTED ⟶

Your Name _____ Date ____/____/_____

For staff use only - EPDS version: initial mid postpartum

Please circle one of the four answers that most closely indicates: Over the last 2 weeks, how often have you been bothered by any of the following:				**PART A** **PHQ-9**
	0	**1**	**2**	**3**
Little interest or pleasure in doing things?	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, or hopeless?	Not at all	Several days	More than half the days	Nearly every day
Trouble falling or staying asleep, or sleeping too much?	Not at all	Several days	More than half the days	Nearly every day
Feeling tired or having little energy?	Not at all	Several days	More than half the days	Nearly every day
Poor appetite or overeating?	Not at all	Several days	More than half the days	Nearly every day
Feeling bad about yourself or that you are a failure or have let yourself or your family down?	Not at all	Several days	More than half the days	Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all	Several days	More than half the days	Nearly every day
Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?	Not at all	Several days	More than half the days	Nearly every day
Thoughts that you would be better off dead, or of hurting yourself?	Not at all	Several days	More than half the days	Nearly every day

Please continue to Part B (next page)

Your Name _____ Date ____/____/_____

Keep going... **Over the past 2 weeks, how often have you been bothered by any of the following problems? Circle one of the four answers.**				**PART B** **GAD-7**
	0	**1**	**2**	**3**
Feeling nervous, anxious or on edge	Not at all	Several days	More than half the days	Nearly every day
Not being able to stop or control worrying	Not at all	Several days	More than half the days	Nearly every day
Worrying too much about different things	Not at all	Several days	More than half the days	Nearly every day
Trouble relaxing	Not at all	Several days	More than half the days	Nearly every day
Being so restless that it is hard to sit still	Not at all	Several days	More than half the days	Nearly every day
Becoming easily annoyed or irritable	Not at all	Several days	More than half the days	Nearly every day
Feeling afraid, as if something awful might happen	Not at all	Several days	More than half the days	Nearly every day
If you checked any problems, how difficult have they 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

Please continue to Part C (next page)

Your Name _____ Date ____/____/_____

Circle the letter that indicates your answer to the following questions:	PART C MDQ	
	NO	YES
Has there ever been a period of time **in your life** 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?	N	Y
...you were so irritable that you shouted at people or started fights or arguments?	N	Y
...you felt much more self-confident than usual?	N	Y
...you got much less sleep than usual and found you didn't really miss it?	N	Y
...you were much more talkative or spoke much faster than usual?	N	Y
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
...you had much more energy than usual?	N	Y
...you were much more active or did many more things than usual?	N	Y
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
...you were much more interested in sex than usual?	N	Y
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
...spending money got you or your family into trouble?	N	Y
Circle the letter that indicates your answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Please continue to Part D (next page)

Your Name _____ Date ____/____/_____

Keep Going...

PART D
PC PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? Please circle the response that indicates your answer:	**NO**	**YES**
If NO, you are finished. If YES, please continue.		
In the past month, have you...		
...had nightmares about the event(s) or thought about the event(s) when you did not want to?	**NO**	**YES**
...tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	**NO**	**YES**
...been constantly on guard, watchful, or easily startled?	**NO**	**YES**
...felt numb or detached from people, activities, or your surroundings?	**NO**	**YES**
...felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	**NO**	**YES**

Thank you. We are glad you took the time to complete this questionnaire.

SECTION 3:

SCORING OF SCREENING TOOLS

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OFFICE USE ONLY

The following pages are for staff in your practice to use when scoring the mental health screening packet. They are for office use only. Following this introductory information, there is a **Cut Score Summary Chart**. The chart is a reference guide to scores, illness severity indicated, and proposed treatment actions for obstetricians.

Packet 1	Packet 2
» Edinburgh Postnatal Depression Scale (EPDS) » General Anxiety Disorder-7 (GAD-7) » Mood Disorder Questionnaire (MDQ) » Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)	» Patient Health Questionnaire-9 (PHQ-9) » General Anxiety Disorder-7 (GAD-7) » Mood Disorder Questionnaire (MDQ) » Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
Packet 1 varies from Packet 2 in the choice of depression screener tool only.	

To Score Packet 1 or Packet 2:

- Reference the table above to identify which four screeners are in the packet you are scoring.
- Follow the instructions in the header rows of the **Cut Score Summary Chart for Perinatal Mental Health Screening** using the patient's responses. (The chart is next in this section.)
- Total each section as indicated on the screener form completed by the patient.
- Note any positive screens.
- Review the Cut Score Summary Chart for Perinatal Mental Health Screening again for further guidance on next steps.

If There is a Positive Screen for Any Mental Health Conditions:

- Refer to our quick reference guide **Summary of Perinatal Mental Health Conditions**, available in **Section 4** of this toolkit.
- For more in-depth treatment guidance, refer to **ACOG's practice guidelines and algorithms**: **https://www.acog.org/programs/perinatal-mental-health/assessment-and-treatment-of-perinatal-mental-health-conditions**
- Reach out to **Texas PeriPAN** any time you have patient care, screening, or scoring questions; want to discuss your treatment ideas; or need vetted and timely referrals. No call is too small.
  - Call us at **888-901-2726**.
  - Enrolled clinicians can also send a text directly to your regional PeriPAN hub to start a consult.

Cut Score Summary Chart for Perinatal Mental Health Screening

Depression

EPDS Scoring: Sum the 4 columns and then sum the column totals into a grand total.
A **score ≥ 10 and/or a non-zero response on the last question** (self-harm question in red) is a positive screen.

EPDS Score	Severity of Illness	Proposed Treatment Actions
0–8	Depression Not Likely	Re-screen in next trimester or postpartum
9–11	Depression Possible	Continue support, provide psychoeducation Re-screen within 4 weeks **Call PeriPAN with any questions: 888-901-2726**
12–13	Fairly High Possibility of Depression	Monitor, support, and offer education **Call PeriPAN**
14+ Positive Screen	Probable Depression	Diagnostic assessment and treatment by PCP and/or specialist **Call PeriPAN**
Positive Score (1, 2, or 3) on Question 10 (Suicidality Risk)	Immediate Discussion Required	Refer to your crisis protocols and emergency/crisis resources for further assessment and intervention as appropriate, complete a safety plan (provided in this toolkit)

PHQ-9 Scoring: Sum the 4 columns and then sum the column totals into a grand total.
A score ≥ 10 and/or a non-zero response on the last question (self-harm question in red) is a positive screen.

PHQ-9 Score	Severity of Illness	Proposed Treatment Actions
0–4	None	Rescreen in next trimester or postpartum
5–9	Mild	Continue support, provide psychoeducation Re-screen within 4 weeks **Call PeriPAN with any questions: 888-901-2726**
10–14	Moderate	Psychoeducation, consider counseling, follow-up, and/or pharmacotherapy **Call PeriPAN**
15–19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy **Call PeriPAN**
20–27	Severe	Consider initiation of pharmacotherapy **AND** if severe impairment or poor response to therapy, expedite referral to a mental health specialist for psychotherapy and/or collaborative care management **Call PeriPAN**

Anxiety

GAD-7 Scoring: Sum the ratings for the 7 items, then sum the totals for a grand total.
A **score ≥ 5** is a positive screen.

GAD-7 Score	Severity of Illness	Proposed Treatment Actions
0–4	None	Rescreen in next trimester or postpartum
5–9	Mild	Continue support, provide psychoeducation Re-screen within 4 weeks **Call PeriPAN with any questions: 888-901-2726**
10–14	Moderate	Treatment plan, consider counseling, follow-up, and/or pharmacotherapy. **Call PeriPAN**
15–19	Severe	Consider initiation of pharmacotherapy **AND** if severe impairment or poor response to therapy, expedite referral to a mental health specialist for psychotherapy and/or collaborative care management **Call PeriPAN**

Cut Score Summary Chart for Perinatal Mental Health Screening

Bipolar Disorder

MDQ Scoring: Total the number of Y responses in Section 1. A **score ≥ 7** is a positive screen.

MDQ Score	Severity of Illness	Proposed Treatment Actions
0–6	None	None
7–14	Further Assessment Indicated	Consider PeriPAN Direct Consult **Call PeriPAN at 888-901-2726**

PTSD

PC-PTSD-5 Scoring: If the first item response is NO, the score is 0. If the first item response is YES, sum the number of YES answers for the last 5 questions. A **score ≥3** indicates a positive screen for PTSD. If the score is **≥3,** Texas PeriPAN recommends screening more thoroughly with the **PCL-5** which can be found at **https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp**

PC-PTSD-5	Severity of Illness	Proposed Treatment Actions
0–2	None	None
≥ 3	Moderate/Severe	Administer PCL-C

PCL-5 Scoring: A total symptom severity score can be obtained by summing the scores for each of the 20 items.

PCL-C	Severity of Illness	Proposed Treatment Actions
17–29	None	None
28–29	Some PTSD Symptoms	Consider counseling, follow-up, and/or pharmacotherapy **Call PeriPAN at 888-901-2726**
30–44	Moderate to Moderately High Severity of PTSD Symptoms	Active treatment with pharmacotherapy **Call PeriPAN**
45–85	High Severity of PTSD Symptoms	Consider initiation of pharmacotherapy **AND** if severe impairment or poor response to therapy, expedite referral to a mental health specialist for psychotherapy and/or collaborative care management **Call PeriPAN**

SECTION 4:

CLINICAL AND EDUCATIONAL RESOURCES

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Perinatal Psychiatry Access Network

This section includes two reference documents for clinicians, select resources to use with patients as indicated, and links to additional educational resources to review and consider providing in your practice to raise awareness of mental health needs/conditions and support mental health care.

Clinical Guidance

- **Creating a Supportive Setting for Mental Health Conversations & Care**
- **Perinatal Mental Health Conditions Summary Chart**

Psychoeducational Resources for Patients

- **Action Plan for Mood Changes During Pregnancy or After Giving Birth**
- **Self-Care Plan**
- **Safety Plan**

Additional Resources

- **Additional Educational Resources for Practices, Patients, and Families**

Texas PeriPAN offers additional resources and education at no cost to you. This includes guidance and tools on our website and featured in our social media and other communication. PeriPAN also has free CMEs and collaborative learning opportunities scheduled regularly, including an ethics CME offering scheduled at your convenience.

Learn more at: **TXPeriPAN.org**

CREATING A SUPPORTIVE SETTING FOR MENTAL HEALTH CONVERSATIONS & CARE

Women can be reluctant to discuss mental health symptoms and conditions for many reasons, including fear and stigma. Here are some tips to have conversations with patients about mental and behavioral health and create an environment at your practice that is mental health friendly.

Office Culture

As clinical support office staff are often the first to interact with patients during screenings for mental health, it is important that there is **an inclusive, strengths-based approach** that emphasizes:

- Mental health conditions are common.
- They are medical conditions, like diabetes, which need to be treated.
- They are treatable.
- Your practice screens **every woman** during pregnancy and the postpartum period.
- The practice cares for the whole woman.

How to Talk to Patients About Their Mental Health

Ask open-ended questions.

- *"How are you feeling, mood-wise?"*
- *"How is it managing the challenges of a new baby in the house?"*
- *"What is sleep like these days?"*
- If attending therapy or a support group/program already, *"How are you managing to free yourself up to attend appointments?"*

Use reflective listening.

- *"It's been harder than you expected to adjust to this new normal."*
- *"You're really not sure if* [your new therapist, the medication, the support group, or program] *can be helpful."*

Reinforce action, changes, and strengths.

- *"With all the obstacles you've described, it's impressive what you are still doing to take care of yourself and your baby. This really speaks to your commitment to yourself and to being the best mom you can be."*
- *"It was difficult, and you still were able to make it to your visit today. That didn't just magically happen; you had to take specific, concrete actions to get to where you are right now."*

Normalize concerns.

- *"It's common to feel concerned about how getting help for depression will affect your life."*
- *"Based on everything you're going through, it would be atypical for you not to feel overwhelmed."*

Summarize the conversation.

- *"So, based on what you've described, it sounds like you're concerned about your depression because it affects your relationship with your baby and your partner. You also said that you must put in a lot of effort to attend therapy appointments, and it costs money to get there, which makes you doubt the process. Do I have that right?"*

Ask permission before providing advice/feedback and follow-up.

- *"Would it be ok if we talk about your depression?"*
- *"I have some thoughts about strategies to address this. Would you be interested in hearing them?"*
- *"What's it like for you to hear this feedback?"*
- *"What questions do you have for me?"*

Avoid saying, "I understand."

- Say instead, *"I can't imagine what you're going through,"* or *"That must be very difficult,"* or *"This is a really big transition."* Sometimes, patients are looking for simple validation rather than a solution.

Avoid using the word "but" because it negates what came before it.

- Avoid saying something like, *"You're working really hard, but you still feel overwhelmed."* Instead, use the word *"and"* to acknowledge both truths: *"You're working really hard, and it's important to keep focusing on your mental health and self-care. You've already made progress by being here."*

Avoid talking about yourself and your personal challenges or situations.

- No matter how well-intentioned or seemingly appropriate, patients often perceive this as you not hearing them.

> Texas PeriPAN is here to help.
>
> If you have questions or want to enhance your clinical capacity for perinatal mental health care, contact Texas PeriPAN for free, real-time consults with reproductive psychiatrists and vetted referrals and resources.

Call us at **888-901-2726** or visit **TXPeriPAN.org**

PERINATAL MENTAL HEALTH CONDITIONS SUMMARY CHART

Baby Blues

What is it?	Common and temporary experience right after childbirth when a new mother may have sudden mood swings, feeling very happy and then very sad, or cry for no apparent reason. This is not considered a psychiatric illness but is a risk factor for postpartum depression.
When does it start?	First week after delivery. Peaks 3–5 days after delivery and usually resolves 10–12 days postpartum.
Susceptibility factors	N/A
How long does it last?	A few hours to two weeks.
How often does it occur?	Occurs in up to 85% of women.
What happens?	Dysphoric mood, crying, mood lability, anxiety, sleeplessness, loss of appetite, and irritability.
Resources and treatment	Resolves on its own. Resources include support groups, psychoeducation, and sleep hygiene (e.g., asking/accepting others' help during nighttime feedings). Address infant behavioral dysregulation – crying, sleep, feeding problems – in the context of perinatal emotional complications.

Unipolar or Major Depression

What is it?	Depressive episode that occurs during pregnancy or within 1 year of giving birth.
When does it start?	Most often occurs in the first 3 months postpartum. May also have started before pregnancy or during pregnancy, after weaning baby, or when menstrual cycle resumes.
Susceptibility factors	Personal history of depression or postpartum depression. Family history of postpartum depression. Fetal/newborn loss. Lack of personal/community resources. Substance use/addiction. Complications of pregnancy, relationship stress, labor/delivery, or infant's health. Unplanned pregnancy. Domestic violence or abusive relationships. Adverse Childhood Experiences (ACEs).
How long does it last?	2 weeks to a year or longer. Symptom onset may be gradual.
How often does it occur?	1 in 7 women.
What happens?	Change in appetite, sleep, energy, motivation, and concentration. May experience negative thinking, including guilt, hopelessness, helplessness, and worthlessness. May also experience suicidal thoughts, evolution of psychotic symptoms, and/or thoughts of harming baby. Low self-care.
Resources and treatment	For depression, treatment options include individual therapy, dyadic therapy for mother and baby, group therapy, and medication treatment. Encourage self-care and engagement in social and community supports. Encourage sleep hygiene and asking/accepting help from others during night feedings.

PERINATAL MENTAL HEALTH CONDITIONS SUMMARY CHART

Perinatal Anxiety Disorders

What is it?	A range of anxiety disorders, including generalized anxiety, panic disorder, and social anxiety disorder, experienced during pregnancy or the postpartum period.
When does it start?	Immediately after delivery to 6 weeks postpartum. May also begin during pregnancy, after weaning baby, or when menstrual cycle resumes. May have existed and been untreated before pregnancy.
Susceptibility factors	Personal history of anxiety. Family history of anxiety. Life changes, lack of support, and/or additional challenges (e.g., difficult pregnancy, birth, health challenges for mother or baby). Prior pregnancy loss. Adverse Childhood Experiences (ACEs).
How long does it last?	From weeks to months or longer.
How often does it occur?	Generalized anxiety occurs in 6–8% of women in first 6 months after delivery. Panic disorder occurs in 0.5–3% of women 6–10 weeks postpartum. Social anxiety occurs in 0.2–7% of early postpartum women.
What happens?	Fear and anxiety, panic attacks, shortness of breath, rapid pulse, dizziness, chest or stomach pains, fear of detachment/doom, fear of 'going crazy' or dying. May have intrusive thoughts, fear of going out, and/or checking behaviors. May also have bodily tension, sleep disturbances, and/or irritability.
Resources and treatment	Treatment options include individual therapy, dyadic therapy for mother and baby, and medication treatment. Encourage self-care, exercise, and nutritious eating. Behavioral exercises can be taught to decrease nervous system dysregulation. Encourage engagement in social and community supports (including support groups). Address infant behavioral dysregulation as needed.

Bipolar Disorder

What is it?	Bipolar disorder, previously known as manic-depressive illness, is a brain condition that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.
When does it start?	The average age of onset is about 25 years old, but this condition can occur in the teens or, more uncommonly, in childhood. Some women can have a first onset in pregnancy or in the postpartum period.
Risk factors	No single cause. Likely that many factors contribute to the illness or increase risk (e.g., brain structure and functioning, genetics, and family history).
How long does it last?	Lifelong, can be well managed.
How often does it occur?	The condition affects all genders equally, with about 2.6% of the U.S. population diagnosed with bipolar disorder and nearly 83% of cases classified as severe.
What happens?	Manic or hypomanic episodes alternate with depressive episodes. A manic (week+) or hypomanic (few days) episode is a sustained period of elevated or irritable behavior that is out of character for the person and impairs their functioning.
Resources and treatment	Bipolar disorder responds well to treatment with individual therapy and medication management. Encourage stability in daily routine and sleep hygiene and asking/accepting help from others during nighttime feedings. Emphasize consistency with medication regime as early hypomanic episodes can be associated with medication non-compliance and overall decompensation.

PERINATAL MENTAL HEALTH CONDITIONS SUMMARY CHART

Schizoaffective and Schizophrenia

What is it?	Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania or depression. Schizophrenia is a psychotic illness without mood episodes.
When does it start?	Symptoms of schizoaffective disorder and schizophrenia usually start between ages 16 and 30.
Risk factors	The exact causes of schizoaffective disorder and schizophrenia are not known. A combination of factors may contribute to development of either condition (e.g., genetics, variations in brain chemistry and structure, and environment).
How long does it last?	Lifelong, can be well managed.
How often does it occur?	1% of the population is diagnosed with schizophrenia. One in every 200 people (0.5%) develops schizoaffective disorder.
What happens?	Schizoaffective disorder: hallucinations, delusions, disorganized thinking, depressive and/or manic episodes. Schizophrenia: hallucinations, delusions, thought disorder, disorganized thinking, restricted affect, and cognitive symptoms (e.g., poor executive functioning skills, trouble focusing, 'working memory' problems).
Resources and treatment	These conditions can be well managed with a careful regimen of medication and support. Medication should be continued during pregnancy and closely monitored by a psychiatric provider in combination with outpatient therapy or support groups. When well managed, women with these conditions can absolutely be skillful and caring parents.

Postpartum Psychosis

What is it?	Very rare and serious. Sudden onset of psychotic symptoms following childbirth (increased risk with bipolar disorder). Usually involves poor insight about illness/symptoms, making it extremely dangerous. Psychotic symptoms include auditory hallucinations, delusions, paranoia, disorganization, and rarely visual hallucinations. May put baby at risk.
When does it start?	Onset is usually between 24 hours to 3 weeks after delivery. Watch carefully if sleep deprived for ≥48 hours.
Risk factors	Bipolar disorder, history of psychosis, history of postpartum psychosis (80% will relapse), family history of psychotic illness, sleep deprivation, medication discontinuation for bipolar disorder (especially when done quickly), and prior pregnancy loss.
How long does it last?	Until treated.
How often does it occur?	Occurs in 1–3 of 1,000 births.
What happens?	Mood fluctuation, confusion, and marked cognitive impairment. Bizarre behavior, insomnia, visual and auditory hallucinations, and less frequently other types of hallucinations (e.g., tactile and olfactory). May have moments of lucidity. May include altruistic delusions about infanticide, homicide, and/or suicide that need to be addressed immediately.
Resources and treatment	An emergency that requires immediate psychiatric help. Hospitalization is usually necessary. Medication is indicated. If history of postpartum psychosis, preventative treatment is needed in subsequent pregnancies. Encourage sleep hygiene for prevention (e.g., consistent sleep/wake times, help with feedings at night). When well managed, women with these conditions can absolutely be skillful and caring parents.

PERINATAL MENTAL HEALTH CONDITIONS SUMMARY CHART

Borderline Personality Disorder

What is it?	Borderline personality disorder is a condition marked by an unstable sense of self with rapidly shifting moods, impulsive actions, and tumultuous relationships. People with borderline personality disorder may experience intense fluctuating feelings, especially in response to external stimuli. This is not a mood disorder, yet women are often misdiagnosed with bipolar disorder. Borderline personality disorder is a pervasive, developmental condition that is not specific to the perinatal period.
When does it start?	Begins early and develops through life, though symptoms typically manifest in late adolescence or young adulthood. However, many women go through their entire lives without an accurate diagnosis.
Risk factors	The cause of borderline personality disorder is not clear. Research suggests that genetics; brain structure and function; and environmental, cultural, and social factors play a role, or may increase the risk for it. Adverse childhood experiences (ACEs) are also associated with borderline personality disorder.
How long does it last?	Until treated.
How often does it occur?	Occurs in 6.2% of women.
What happens?	May experience mood swings and display uncertainty about how they see themselves and their role in the world. Tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly, leading to intense and unstable relationships. Rejection sensitivity, anger, paranoia, self-harm, and impulsivity may be seen.
Resources and treatment	The gold standard treatment is Dialectical Behavior Therapy (DBT). DBT uses individual, group, and phone therapy to teach mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness skills to help manage symptoms. Medication can also be helpful in addressing comorbid mental health conditions. A typical course of DBT lasts one year. Treatment is accessible through many community mental health outpatient settings.

Posttraumatic Stress Disorder (PTSD)

What is it?	Distressing anxiety symptoms experienced after traumatic event(s). Symptoms generally cluster around intrusion, avoidance, hyperarousal, and negative worldview.
When does it start?	Onset may be related to labor and delivery process, traumatic delivery, or poor OB outcome. Underlying PTSD can also be worsened by traumatic birth.
Risk factors	Depression or trauma/stress during pregnancy, obstetrical emergency, subjective distress during labor and birth, fetal or newborn loss, and infant complication. Prior trauma or sexual abuse. Lack of partner support. History of ACEs.
How long does it last?	1 month or longer.
How often does it occur?	Occurs in 2–15% of women. Occurs after childbirth in 2–9% of women.
What happens?	Change in cognition, mood, arousal associated with traumatic event(s) and avoidance of stimuli associated with traumatic event. Constantly feeling keyed up.
Resources and treatment	Treatment options include individual therapy and group therapy. Encourage self-care, exercise, and healthy eating. Monitor avoidance patterns and emphasize engagement in social and community supports (including support groups). Follow up on traumatic birth experiences with women. Can refer to Council on Patient Safety in Women's Healthcare "Perinatal Mental Health Conditions" safety bundle: **https://saferbirth.org/psbs/perinatal-mental-health-conditions/**

PERINATAL MENTAL HEALTH CONDITIONS SUMMARY CHART

Obsessive-Compulsive Disorder (OCD)

What is it?	Intrusive repetitive thoughts, urges, or images that are scary and do not make sense to mother/expectant mother. May include rituals (e.g., counting, cleaning, hand washing). May occur with or without depression. Perinatal examples include obsessively weighing diapers, checking if baby is breathing, taking infant's temperature, reviewing infant's feeding intake even when no concerns exist around malnourishment, and/or not allowing others to touch the baby.
When does it start?	1 week to 3 months postpartum. Occasionally begins after weaning baby or when menstrual cycle resumes. May also occur in pregnancy.
Risk factors	Personal history of OCD. Family history of OCD. Comorbid depression. Panic or generalized anxiety disorder. Premenstrual dysphoric disorder. Prior pregnancy loss. Preterm delivery. Cesarean delivery. Postpartum worsening.
How long does it last?	From weeks to months to longer.
How often does it occur?	Occurs in up to 4% of women.
What happens?	Disturbing repetitive and invasive thoughts, urges, or images (which may include harming baby), compulsive behaviors (such as checking behaviors) in response to intrusive thoughts, or in an attempt to make thoughts go away.
Resources and treatment	OCD can be successfully treated with behavior therapy alone, medication, or a combination of behavior therapy and medication. Encourage consistency with daily routines that include self-care, exercise, and nutritious diet. Encourage engagement in social and community supports (including support groups). Encourage sleep hygiene and asking/accepting help from others during nighttime feedings.

Adapted from: Susan Hickman, Ph.D., Director of the Postpartum Mood Disorder Clinic, San Diego; Valerie D. Raskin, M.D., Assistant Professor of Clinical Psychiatry at the University of Chicago, IL ("Parents" September 1996) and O'Hara, M.W. & Wisner, K.L. (2014). Perinatal mental illness: Definition, description and aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*; 28(1), 3-12. doi: 10.1016/j.bpobgyn.2013.09.0022013

PATIENT RESOURCE

Action Plan for Mood Changes During Pregnancy or After Giving Birth

Having mood swings, as well as feeling down, anxious, overwhelmed, and scared, are very common during and after pregnancy. If your feelings are impacting your life or your ability to care for yourself or your baby, we want to make sure you have the resources and support you need.
If you can relate to these feelings, see below for what you can do.

If you...

Aren't feeling like yourself	Have slight difficulty falling asleep
Have trouble managing emotions (ups and/or downs)	Have occasional difficulty focusing on a task
Feel overwhelmed, but still able to care for yourself and baby	Are less hungry than usual
Feel mild irritability	

To help yourself... You may be experiencing mood changes that happen to many pregnant and postpartum individuals.

Take care of yourself.	Monitor your mood.
Ask someone (family, friend, babysitter) to help with childcare so that you can rest and exercise.	Find a health professional to talk to if things get worse.

If you...

Feel intense uneasiness that hits with no warning	Are overwhelmed with worry
Feel foggy and have more difficulty completing tasks than usual	Sometimes feel really "up" or high and doing more than usual
Stop doing things that you used to enjoy	Are taking risks you usually wouldn't
Have scary or upsetting thoughts that don't go away	Are on edge and cannot relax
Have difficulty falling or staying asleep, even when your baby is asleep	Feel numb or detached, like you are just going through the motions
Feel guilty, or like you're a bad mother	Have no interest in eating
Are falling behind with job or schoolwork, or struggling in relationships with family or friends	Have thoughts of hurting yourself without a plan
Have family/friends mention that you're not acting like yourself	

Find help... You may be experiencing mood changes that happen to many pregnant and postpartum individuals.

Contact us. We are here to help.	See the Anxiety and Depression Association of America's telehealth provider list: https://adaa.org/finding-help/telemental-health/provider_listing
Contact your insurance company for mental health resources.	
Talk to loved ones about these feelings.	Search the National Center for Posttraumatic Stress Disorder (PTSD) website for information and resources: https://www.ptsd.va.gov/
Contact Postpartum Support International (PSI) for support and resources in your area: » Call **800-944-4773** (English or Spanish) » Texting in English: **800-944-4773** » Texting in Spanish: **971-203-7773** Or search their online mental health directory: https://psidirectory.com/	Read or complete workbook materials: Pregnancy & Postpartum Anxiety Workbook by Pamela S. Wiegartz and Kevin Gyoerkoe [Available for purchase or in libraries.]

If you...

Feel hopeless	Have thoughts or plans about hurting yourself or your baby
Feel out of touch with reality including seeing or hearing things that others do not	Have family/friends who are worried about your safety or baby's safety due to your mood

Get help now!

Go to a local emergency room or call **911** for immediate help.	Call the National Suicide and Crisis Lifeline at **988.**
Call or text the National Maternal Mental Health Hotline for free and confidential support: **1-833-TLC-MAMA** (1-833-852-6262)	Text the U.S. Crisis Line at **741741.**

Getting help is the best thing you can do for yourself and your baby.
Your mental health is important to us, please call us with any concerns or questions. We are here to help.

Self-Care Plan

When you're pregnant or have a baby, your life can feel very different. It's normal to feel overwhelmed, stressed, or sad. It can be tough to deal with problems when you're feeling down and low on energy. Creating a self-care plan can be helpful for taking care of yourself and your baby's needs.

1. **Simple goals and small steps**. Break your goals down into small steps and give yourself credit for each step you finish.

2. **Make time for pleasurable activities**. Commit to scheduling a simple and enjoyable activity each day.

   Things I find pleasurable include:

   _____ _____

   _____ _____

   During this week, I will spend at least _____ minutes doing (choose one or more activities to try):

   _____ _____

3. **Stay physically active**. Make time to move your body and be active, even if it's only a few minutes.

   During this week, I will spend at least _____ minutes doing (write in ways you'll be active):

   _____ _____

   _____ _____

4. **Ask for help**. Look to the people in your life who may help you – for example, your partner, your parents, other relatives, your friends.

   People I can ask to help me:

   _____ _____

   _____ _____

   During this week, I will ask at least _____ person/people for help.

5. **Talk or spend time with people who can support you**. Explain to friends or loved ones how you feel. If you can't talk about it, that's OK – you can still ask them to be with you or join you for an activity.

   People I find supportive:

   _____ _____

   _____ _____

   During this week, I will contact (name/s):

   _____ _____

   _____ _____

   And try to talk with them _____ times.

6. **Belly breathing** is about breathing in a certain way that triggers your body's natural calming response.
   - » Begin by slowly bringing your breath to a steady, even pace.
   - » Focus on breathing in from the very bottom of your belly, almost as if it's from your hips/pelvis.
   - » See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the out-breath. Your chest and shoulders should stay quite still. It's all about breathing with your belly.
   - » Any amount of time you can find to do this can help. Aim to practice for 10–15 minutes at least 2x/day.

7. **Mindful breathing** helps bring awareness into the present moment using our body's natural rhythm of breath. Bring your attention to your own natural rhythm of breath.
   - » Notice physical sensations with breathing, such as the textures of clothing, feet on floor, or movement of your body.
   - » When your mind offers a distraction, notice it and bring your attention back to the physical sensation of natural breath. Try and notice the temperature of the in-breath and out-breath. Notice the precise moment in the rhythm where an in-breath becomes an out-breath.
   - » Practice this when you feel like you could use some present-moment grounding.

8. **Sleep is a very important part of self-care**. Here are some tips to help you sleep better at night:
   - » Watch how much caffeine you take in. Caffeine stays in the body for 10–12 hours. Consider limiting coffee, tea, soda, chocolate, and energy drinks – and setting a cutoff point during the day (such as lunchtime) to stop drinking or eating caffeine.
   - » Set a routine. Set regular times for going to bed and waking up, even if you slept poorly the night before. Set up a relaxing routine 1–2 hours before bed where you do something calming and limit your exposure to electronics and light. Getting into a routine will train your body to prepare for sleep near bedtime.
   - » Keep the bedroom mellow. Only use your bed for sleep and sexual activity. This helps your body link the bed with sleep rather than other things that keep you awake. Keep your bedroom dark and cool and move your clock to prevent you from constantly checking it throughout the night.

Safety Plan

A suicidal crisis can be hard to predict. Sometimes, these thoughts can come on suddenly, but often they go away on their own. Safety planning is a way to help you become more aware of your feelings when a crisis is building so you can act as soon as possible to decrease your distress and get through the suicidal crisis safely.

My Warning Signs

What thoughts, moods, images, situations, and/or behaviors tell me I might be headed for crisis?

1. _____
2. _____
3. _____

My Coping Strategies

What can I do on my own to take my mind off of my problems? (examples: journaling, exercise)

1. _____
2. _____
3. _____

Who can provide a positive distraction for me when I am feeling bad? (name/contact #)

1. _____
2. _____

What places or social settings can provide a positive distraction when I am feeling bad?

1. _____
2. _____

My Environmental Safety

Research has shown that **limiting access to dangerous objects saves lives**.
Please review the Suicide Prevention Resource Center handout on limiting access to lethal means.
https://www.sprc.org/sites/default/files/Handout-WhatClientsOrFamilies.pdf

My Crisis Response

Who can I ask for help to get me safely through the crisis? (name/contact #)

1. _____
2. _____
3. _____

What is the name and contact number for my doctor, therapist, and/or counselor?

1. _____
2. _____
3. _____

What are my reasons for living?

1. _____
2. _____
3. _____

What are urgent/crisis and educational resources if I am in need or a loved one is in need?

National Resources

- National Suicide and Crisis Lifeline: call **988**
- Call or text the National Maternal Mental Health Hotline for free and confidential support: **1-833-TLC-MAMA** (1-833-852-6262)
- Crisis Text Line: Text **HOME** to **741741**
- Suicide Prevention Resource Center: **www.sprc.org**
- National Institutes of Health: **www.nimh.nih.gov**
- Substance Abuse and Mental Health Services Administration: **www.samhsa.gov**

We recommend having your **safety plan** somewhere **you can see it** and access it when you are at risk of a suicidal crisis. Post a copy at home and keep a copy with you. You can take a picture of your safety plan on your phone, have a hard copy, or download a safety planning mobile app on your phone. You can search "Safety Plan" in your app store and see which ones have the components of our recommended safety plan here.

Do whatever it takes to stay safe and make it through the crisis. You are worth it.

Adapted with permission from Texas Tech University Health Sciences Center Department of Psychiatry.

ADDITIONAL EDUCATIONAL RESOURCES FOR PRACTICES, PATIENTS, AND FAMILIES

Clinicians, your office can review and use materials from the vetted programs and entities listed in this resource to display or give to patients and family members.

Educational Resources and Awareness Materials for Your Practice

Resources From the National Institutes of Health: Moms' Mental Health Matters

Order free copies or download a PDF of these materials (link 🔗). All materials are available in English and Spanish.

Posters:

- What if the "happiest time of your life" doesn't feel so happy?
- You're Prepared for ALMOST Anything...

Tear Pad: *Action Plan for Depression and Anxiety Around Pregnancy Tear Pad* is designed for patients to understand the signs of depression and anxiety and take steps to feel better.

Postcard: *Conversation Starter Postcard* is for partners and family members who are concerned about a loved one. It offers ways to provide support.

Resources From Postpartum Support International (PSI)

Download and print materials for free or order copies (click on each linked item; charges apply). All materials are available in English and Spanish.

Video (Link 🔗): *Healthy Mom, Happy Family: Understanding Pregnancy and Postpartum Mood and Anxiety Disorders.* Four women who have recovered from perinatal mood disorders share their experiences and help reassure and educate new mothers, their family members and friends, and health care professionals. Their poignant stories are complemented by information from experts in the field. Movie length: 13 minutes.

Brochure (Link 🔗): A resource about perinatal mood and anxiety disorders for families, groups, clinics, and hospitals.

Posters (Link 🔗): Raise awareness of pregnancy and postpartum mental health and provide messages of help and hope.

Help for Moms (Link 🔗): A variety of educational resources for patients and families and online support groups to facilitate wellness. The National Maternal Mental Health Hotline is facilitated by PSI, available 24/7 in 60 languages at **1-833-852-6262.**

Resources for Fathers (Link 🔗): A resource for dads supporting their partners and for the 1 in 10 dads who get postpartum depression or the 18% who may develop other significant mental health disorders.

Resources From the American College of Obstetricians and Gynecologists

Frequently Asked Questions (FAQs): Print each PDF for free.

- **Postpartum Depression (Link)**
- **Depression (Link)**

Brochures: Order copies (charges apply).

- **Postpartum Depression (Link)**: This brochure explains the difference between postpartum blues and postpartum depression; reasons for postpartum depression; signs and symptoms; and treatment and prevention.
- **Depression (Link)**: This brochure explains the definition of depression, symptoms, causes, diagnosis and treatment, and concerns during pregnancy.

Crisis Resources

National Maternal Mental Health Hotline offers free posters, magnets, and wallet cards with the hotline number.

- **Click here to order (free)**.
- **Click here to download**.

The **988 National Suicide and Crisis Lifeline** has posters, magnets, wallet cards, and handouts available for download or to order (free) through the **SAMHSA store**.

Texas Resources for Clinicians, Practices, Patients, and Families

Resources From Texas Health and Human Services and Texas Family Resources

Educational Resources:

- **So You're Pregnant, Now What? (Link)** Print PDF for free.
- **From Pregnancy Brain to Postpartum: Taking Care of Mom (Link)** is an article on learning how to recognize the difference between 'pregnancy brain' and postpartum depression and get the support you need.
  Video: **Recognizing Postpartum Depression (Link)**

Resources From Hear Her Texas

The Hear Her maternal health campaign aims to empower women to know their health risks and warning signs and speak up when they have concerns. The campaign is also dedicated to encouraging everyone, including providers, caregivers, friends, and family to listen to her concerns and take action.

- **Pregnant and Postpartum women (Link)**
  - Print Urgent Maternal Warning Signs free PDF:
    - **Learn about urgent warning signs and how to talk to your healthcare provider (Link)**
    - **Warning Signs Explained (Link)**

  On the **campaign website (Link)**, view personal stories of pregnancy-related complications and information for the partners, friends, and family of pregnant and postpartum women.

tcmhcc
Texas Child Mental Health Care Consortium

PeriPAN
Perinatal Psychiatry Access Network

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