



# Perinatal Mental Health Conditions Change Package



## Authors

**Tiffany Moore Simas, MD, MPH, MEd, FACOG**, Faculty, Institute for Healthcare Improvement

**Deborah Bamel, MPH**, Director, Institute for Healthcare Improvement

**Catherine Mather, MA**, Senior Director, Institute for Healthcare Improvement

## Acknowledgments

The Perinatal Mental Health Conditions Change Package was made possible with the generous funding of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health (AIM). We thank Kelly McCutcheon Adams, LICSW and Lauren Enright for their contributions as members of the Institute for Healthcare Improvement (IHI) core team. We also thank our AIM colleagues, Emily Greenwood and Hannah Kaufman, for their steadfast partnership in this work, as well as our numerous expert faculty who contributed during the foundational expert meeting, interviews, and/or subsequent draft reviews: Kate Boydston; Nancy Byatt, DO, MS, MBA, FACLP; Andrea Carrillo, MA; Cecile Edwards; Daisy J. Goodman, DNP, MPH, CARN-AP, CNM; M. Camille Hoffman, MD, MSc; Courtney Johnson; Anna King, LCSW, PMH-C; Chris Raines, RN, MSN, WHCNP, PMHNP-BC, PMH-C; Felica Turner-Walton; and Amy Ushry, MPH, BSN, RN, CCMC.

---

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.

# Contents

- Introduction** 4
  - Why is this important? 4
  - What is a change package? 5
  - How to prioritize changes? 6
- Change Package** 7
  - A Note on Symbols 7
    - Respectful, Equitable, and Supportive Care** 7
    - Additional Considerations** 7
  - Readiness 8
  - Recognition and Prevention 15
  - Response 18
  - Reporting and Systems Learning 20
  - Respectful, Equitable, and Supportive Care 23
- Appendix A** 25
- Appendix B** 36
  - Implicit Bias and Respectful Care Training Resources 36



# Introduction

The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement (QI) initiative. AIM works through state and community-based teams to align national, state, and hospital-level QI efforts to reduce preventable maternal mortality and severe morbidity across the United States.

The AIM Patient Safety Bundles are a core part of this work. To promote the successful implementation of these bundles, AIM partnered with the Institute for Healthcare Improvement (IHI) to create a series of associated change packages. This specific change package is designed to support Perinatal Quality Collaboratives (PQCs) and other state-based initiatives to leverage the AIM Perinatal Mental Health Conditions Patient Safety Bundle more effectively.

## Why is this important?

The U.S. has the highest maternal mortality rate among high-income countries, and it continues to rise.<sup>1,2</sup> The most recent data from 36 maternal mortality review committees (MMRCs) reveal that perinatal mental health conditions are the leading cause of pregnancy-related deaths.<sup>3</sup> Prior reports from 14 MMRCs determined that all perinatal mental health–related deaths were preventable.<sup>3,4</sup> In addition to mortality and severe morbidity, untreated and undertreated perinatal mental health conditions are associated with other significant negative consequences for perinatal individuals, along with adverse obstetric, fetal, neonatal, infant, partner, and societal outcomes.

Affecting upwards of 1 in 5 perinatal individuals, perinatal mental health conditions are the most common complications of pregnancy and the first year following childbirth.<sup>5–7</sup> Negative consequences can be mitigated if perinatal mental health conditions are detected and treated, especially when done early. However, despite the availability of validated screening instruments and effective treatment, perinatal mental health conditions remain underdiagnosed and untreated or undertreated. Without intervention, less than a quarter of perinatal individuals with depression will receive any treatment, and markedly fewer will receive adequate treatment or achieve remission.<sup>8,9</sup>

Addressing perinatal mental health conditions needs to be done within systems that promote progression through the full mental health care pathway, which includes prevention, detection, assessment, triage and referral, treatment access and initiation, symptom monitoring, and measurement-guided treatment adjustments until symptom remission.<sup>8,10</sup> This can be done by integrating obstetric and mental health care throughout the perinatal period, especially in ambulatory settings. System-level interventions to integrate obstetric and mental health care include collaborative care models and Perinatal Psychiatry Access Programs.<sup>11–15</sup>

It is important to recognize that there are marked disparities in maternal mortality, with especially high rates for those marginalized by racism and socioeconomic disadvantage. Similarly, although depression is more common in these groups, screening and treatment rates are lower. There is no health without mental health; nor is there maternal health equity without perinatal mental health equity.<sup>11,16,17</sup>

This change package aims to aid teams implementing the AIM Perinatal Mental Health Conditions Patient Safety Bundle by preparing them to integrate mental health and obstetric care, and by laying the foundation for respectful, equitable, and supportive care for all.

## What is a change package?

A change package is a document listing evidence-based or best-practice changes specific to a topic and is usually organized around a framework or model. In this case, the Perinatal Mental Health Conditions Change Package is structured around the [Perinatal Mental Health Conditions Patient Safety Bundle](#).<sup>18</sup>

Changes packages, including this one, are structured around the following components:

- **Primary Drivers:** Major processes, operating rules, or structures that will contribute to moving toward the aim. In this change package, the primary drivers are based on AIM's Five Rs Framework (Readiness, Recognition & Prevention, Response, Reporting/Systems Learning, and Respectful Care).
- **Change Concepts:** Broad concepts (e.g., "move steps in the process closer together") that are not yet specific enough to be actionable but that will be used to generate specific ideas for change.
- **Change Ideas:** Actionable, specific ideas for changing a process. Change ideas can come from research, best practices, or from other organizations that have recognized a problem and have demonstrated improvement on a specific issue related to that problem.

Taken as a whole, a change package has the potential to seem overwhelming. Based on the priorities of your state and community, we encourage you to start small by testing a couple of ideas connected to the aim you set. Through iterative tests of change (also known as Plan-Do-Study-Act (PDSA) cycles), you will have an opportunity to learn what works and what does not in your efforts to improve your processes. Initially, these cycles are carried out on a small scale (e.g., one patient on one day) to see if they result in improvement. Teams can then expand the tests and gradually incorporate larger and larger samples until they are confident that the changes will result in sustained improvement.

## How to prioritize changes?

No team is expected to test all the listed change ideas. Consider this a menu of options from which you may choose what to tackle first. Each team will review their baseline data, progress to date, organizational priorities, and select an area(s) to prioritize. For example, some may start with one driver. Others may start by tackling one idea across all drivers. Start by choosing an area that you think could lead to an easy win.


You can also leverage the following tools to help you decide where to start:

1. [Pareto chart](#): A type of bar chart in which the various factors that contribute to an overall effect are arranged in order according to the magnitude of their effect. This ordering helps identify the "vital few" – the factors that warrant the most attention.<sup>19</sup>
2. [Priority matrix](#): A tool that can better help you to understand important relationships between two groupings (e.g., steps in a process and departments that conduct those steps) and make decisions on where to focus.<sup>20</sup>
3. [Impact-effort matrix](#): A tool that helps identify which ideas seem easiest to achieve (least effort) with the most effects (highest impact). The ideas identified via this tool would be a great place to start.<sup>21</sup>


# Change Package

## A Note on Symbols

### Respectful, Equitable, and Supportive Care

In the latest revision of the AIM Perinatal Mental Health Conditions Patient Safety Bundle, a fifth R was added; Respectful, Equitable, and Supportive Care. This R is integrated throughout the change package, and all change ideas that fall under this R are marked with a  symbol.

### Additional Considerations

It is understood that every team utilizing this change package will be at a different point in this work. If your organization is further along in your perinatal mental health conditions improvement work and has found reliability in some of the change ideas below, we suggest testing the additional considerations in *italics* and marked by the  symbol.

## Readiness

| Change Concept  | Change Idea   | Key Resources and Tools  |
|---|---|--|
| <p><b>Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated</b></p> | <p>Standardize screening processes and roles. Identify a member of the care team whose role includes screening for mental health conditions</p> <p><i>Include mental health screening as part of intake and at regular intervals throughout prenatal care. At a minimum, this schedule should include intake, once in the 3<sup>d</sup> trimester, and at the postpartum visit*</i></p> | <p><a href="#">American College of Obstetricians and Gynecologists (ACOG): Perinatal Mental Health: Patient Screening</a><sup>22</sup></p>   |
|   | <p>Develop a standard process for addressing a positive screen (Who makes the referral? How? When?) and have referral pathways ready</p>  | <p><a href="#">Massachusetts Child Psychiatry Access Program (MCPAP) for Moms: Obstetric Provider Toolkit</a><sup>23</sup></p> <p><a href="#">Orange County (OC) Health Care Agency: Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway</a><sup>24</sup></p>  |
|   | <p>As feasible, develop a workflow that allows providers to get support from a mental health clinician when a patient screens positive to allow for real-time guidance on appropriate next steps</p> <p><i>If access to mental health clinicians is limited in your community, explore alternative pathways such as working with primary care*</i></p>                                  | <p><a href="#">UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings: Sample Workflows (pp. 57 - 58)</a><sup>25</sup></p> <p><a href="#">Maternal Mental Health Leadership Alliance (MMHLA): Psychiatry Access Programs</a><sup>26</sup></p> <p><a href="#">Postpartum Support International (PSI): Perinatal Psychiatric Consult Line</a><sup>27</sup></p> |
|   | <p>As feasible, set up mechanisms to pre-schedule mental health care for post-delivery in the event of a positive screen during pregnancy</p>   | <p><a href="#">Increasing Warm Handoffs: Optimizing Community Based Referrals in Primary Care Using QI Methodology</a><sup>28</sup></p>  |



|  |  |   |
|--|--|---|
|  | <p>Where mental health care is not immediately available, work with patients to make a warm handoff to primary care until mental health access is possible</p>   |   |
| <p><b>Identify mental health screening tools to be integrated universally in every clinical setting where patients may present</b></p> | <p>Select one validated screening tool for each category of mental health condition to minimize confusion, and train staff on how to access and administer each one. Ensure that screening tools are readily available and easy to access digitally and on paper</p> |   |
|  | <p>Ensure that screening tools are available in multiple languages, prioritizing commonly spoken languages in the population you serve ◊</p>   | <p><a href="#">National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care</a><sup>29</sup></p> <p><a href="#">Edinburgh Postnatal Depression Scale (EPDS) in multiple languages</a><sup>30</sup></p> <p><a href="#">Patient Health Questionnaire (PHQ) Screeners in Multiple Languages</a><sup>31</sup></p>     |
|  | <p>Partner with clinicians and staff from specialties outside of obstetrics, including primary care, to incorporate screening of pregnant and postpartum patients during routine and specialty visits</p>  | <p><a href="#">MMHLA: Psychiatry Access Programs</a><sup>26</sup></p> <p><a href="#">Advancing Integrated Mental Health Solutions (AIMS) Center: Collaborative Care Implementation Guide</a><sup>32</sup></p> <p><a href="#">Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations</a><sup>33</sup></p> |

|  |   |  |
|--|---|--|
|  |   | <a href="#">Bringing Light to Motherhood: Perinatal Mental Health Community Provider toolkit</a> <sup>34</sup>   |
| <b>Establish a response protocol based on what is feasible for each area of practice and local mental health resources</b>   | Build and maintain relationships among obstetrics, psychiatry, behavioral health, and primary care providers in your community to cultivate awareness of available care options locally, and allow for better coordination among care teams, referrals, and warm handoffs   |  |
|  | Develop a stepped care approach that outlines protocols for mild, moderate, and severe disease identified through mental health screenings  | <a href="#">UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (pp. 26-29)</a> <sup>35</sup><br><br><a href="#">UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings</a> <sup>25</sup><br><br><a href="#">ACOG: Guide for Integrating Mental Health Care into Obstetric Practice</a> <sup>36</sup> |
|  | Train all relevant staff in the stepped care approach, including appropriate responses based on condition and level of severity   |  |
| <b>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</b> | Train providers in delivering screening in a way that is culturally sensitive and in responding appropriately to a positive screen <span style="color: orange;">◇</span><br><br><i>Create scripts for care providers to use while increasing comfort with screening. Ensure that scripts include language that explains why you are screening for mental health conditions and how you will respond to the results*</i> | <a href="#">ACOG: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care</a> <sup>37</sup><br><br><a href="#">UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (pp. 8, 11, and 28)</a> <sup>35</sup>   |
|  | Utilize racially congruent doulas, community health workers, and/or certified peer support specialists to help support and educate families on issues specific to mental health <span style="color: orange;">◇</span>   | <a href="#">Policy Center for Maternal Mental Health: Maternal Mental Health Certified Peer Support</a> <sup>38</sup>  |

|  |   |  |
|--|---|--|
|  | <p><i>Include doulas, community health workers, and other home visitors in health system education and trainings on basic mental health triage* ♦</i></p>   | <p><a href="#">Impact of Doulas on Healthy Birth Outcomes</a><sup>39</sup></p> <p><a href="#">Doula Care and Maternal Health: An Evidence Review</a><sup>40</sup></p> <p><a href="#">National Council for Mental Wellbeing: Mental Health First Aid</a><sup>41</sup></p>   |
|  | <p>Develop or vet existing education materials about perinatal mental health that are culturally relevant and translated into the most common languages spoken by population served ♦</p> <p><i>Create folders pre-filled with culturally appropriate educational materials and referral resources* ♦</i></p> <p><i>Help patients pull up and bookmark resources on their phones so that they can be easily accessed in the future*</i></p> | <p><a href="#">MMHA: Maternal Mental Health Fact Sheet</a><sup>42</sup></p> <p><a href="#">National Child &amp; Maternal Health Education Program: Mom's Mental Health Matters</a><sup>43</sup></p> <p><a href="#">Healthy Start EPIC Center: Mental Health Brochures</a><sup>44</sup></p> <p><a href="#">Maternal Mental Health NOW: Materials and Resources</a><sup>45</sup></p>   |
|  | <p>Educate patient's support system/caregivers on signs and symptoms of common perinatal mental health conditions, especially regarding the difference between "baby blues" and postpartum depression</p>   | <p><a href="#">MCPAP for Moms</a><sup>46</sup></p> <p><a href="#">UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit</a><sup>35</sup></p> <p><a href="#">ACOG: Perinatal Mental Health Tool Kit</a><sup>47</sup></p> <p><a href="#">Talk About Depression and Anxiety During Pregnancy and After Birth: Ways You Can Help</a><sup>48</sup></p> <p><a href="#">Health Resources &amp; Services Administration (HRSA): Depression During and After Pregnancy: A Resource for</a></p> |

|   |   |   |
|---|---|---|
|   |   | <a href="#">Women, Their Families, and Friends</a> <sup>49</sup>  |
|   | <p>Provide training in basic mental health assessment and treatment, including safety assessment, to all types of providers (MDs, CNMs, APRNs, RNs) as well as non-OB providers (e.g., primary care, emergency department staff) to expand recognition and access</p> <p><i>Require annual training and include as part of new hire orientation *</i></p> | <p><a href="#">UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings</a><sup>25</sup></p> <p><a href="#">PSI: Perinatal Mental Health Training for Frontline Providers</a><sup>50</sup></p> <p><a href="#">ACOG Respectful Care eModules</a><sup>51</sup></p> <p><a href="#">ACOG: Assessment and Treatment of Perinatal Mental Health Conditions</a><sup>52</sup></p> <p><a href="#">AIMS Center: Training &amp; Support</a><sup>53</sup></p> |
|   | <p>Include mental health education, both verbally and in the form of written materials, as a standard part of discharge education</p> <p>Ensure that materials are concise and direct, and available in the patient’s preferred language ♦</p>  | <p><a href="#">HRSA: National Maternal Mental Health Hotline</a><sup>54</sup></p> <p><a href="#">Postpartum Support International</a><sup>55</sup></p> <p><a href="#">National Child &amp; Maternal Health Education Program: Mom’s Mental Health Matters</a><sup>43</sup></p>  |
|   | <p>Provide information to all care providers across the continuum on how to be reimbursed for mental health screening</p>   | <p><a href="#">AIMS Center: Billing and Reimbursement Resources</a><sup>56</sup></p> <p><a href="#">HRSA: Billing for Maternal Telehealth</a><sup>57</sup></p>  |
| <p><b>Facilitate trauma-informed trainings and education to address health care team member biases and stigma related to perinatal mental</b></p> | <p>Include mental health conditions, including psychosis and suicidality, as part of drills and simulation in both inpatient and outpatient settings</p>  | <p><a href="#">AIM: Simulation and Drills for Patient Safety</a><sup>58</sup></p>   |
|   | <p>Require training in trauma-informed care for all members of the care team</p>  | <p><a href="#">Trauma-Informed Care Implementation Resource Center</a><sup>59</sup></p>   |

|   |   |   |
|---|---|---|
| <p><b>health conditions, including anti-racism considerations</b></p> |   | <p><a href="#">National LGBTQIA+ Health Education Center: Trauma-Informed Care for Trans and Gender-Diverse Patients</a><sup>60</sup></p> <p><a href="#">Integrating Trauma-Informed Care into Maternity Care Practice: Conceptual and Practical Issues</a><sup>61</sup></p> <p><a href="#">A Trauma-Informed Approach to Postpartum Care</a><sup>62</sup></p> <p><a href="#">MCPAP for Moms: Trauma-Informed Care</a><sup>63</sup></p> |
|   | <p>Offer mental health support to providers to mitigate compassion fatigue and vicarious traumatization</p> <p><i>Develop a system for debriefs after a crisis or challenging situation *</i></p> | <p><a href="#">National Alliance on Mental Illness (NAMI) Resources for Health Care Professionals</a><sup>64</sup></p> <p><a href="#">Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study</a><sup>65</sup></p> <p><a href="#">Schwartz Center for Compassionate Healthcare</a><sup>66</sup></p>   |
|   | <p>Conduct implicit bias and respectful care trainings at least annually for all clinicians and staff ♦</p>   | <p>Summary of implicit bias and respectful care training resources (<a href="#">Appendix B</a>)</p> <p><a href="#">Strategies to Overcome Racism’s Impact on Pregnancy Outcomes</a><sup>67</sup></p> <p><a href="#">Duke University School of Medicine: ALLIED: Antiracism: Learning, Leading and Innovating</a></p>  |

|   |   |   |
|---|---|---|
|   |   | <a href="#">Educational Development for Faculty</a> <sup>68</sup>   |
| <p><b>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</b></p> | <p>Build partnerships with community-based organizations and mental health providers in the community to strengthen referral pathways</p> <p><i>Include local mental and behavioral health providers as part of education and training to form relationships and extend networks*</i></p> <p><i>Work with leaders of communities served by each hospital to identify culturally and linguistically appropriate mental health services*◇</i></p> | <p><a href="#">UMass Chan Medical School: National Network of Perinatal Psychiatry Access Programs</a><sup>14</sup></p> <p><a href="#">Postpartum Support International</a><sup>55</sup></p> <p><a href="#">Center for Health Care Strategies (CHCS): An Inside Look at Partnerships between Community-Based Organizations and Health Care Providers</a><sup>69</sup></p> |
|   | <p>Develop mechanisms to identify mental health providers and programs on resource lists that have immediate availability to more easily make referrals and remove barriers to seeking care</p>   | <p><a href="#">PSI Provider Directory</a><sup>70</sup></p>  |
|   | <p>Make direct links (warm handoffs) to outpatient care and specialist offices instead of relying on postpartum patients to make the connection themselves</p>  | <p><a href="#">Increasing Warm Handoffs: Optimizing Community Based Referrals in Primary Care Using QI Methodology</a><sup>28</sup></p> <p><a href="#">Improving access to perinatal mental health services: the value of on-site resources</a><sup>71</sup></p>  |

## Recognition and Prevention

| Change Concept   | Change Idea   | Key Resources and Tools   |
|--|---|---|
| <p><b>Screen for perinatal mental health conditions consistently throughout the perinatal period, including but not limited to:</b></p> <ul style="list-style-type: none"> <li>○ Obtain individual and family mental health history at intake, with review and update as needed</li> <li>○ Screen for depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits, ideally including pediatric well-child visits</li> <li>○ Screen for bipolar disorder before initiating pharmacotherapy for anxiety and depression</li> </ul> | <p>Conduct mental health screenings universally throughout the perinatal period and up to one year postpartum. Do not make assumptions based on the way a patient presents ♦</p> <p><i>Consider the importance of tone, language, and framing in effective screening* ♦</i></p> | <p><a href="#">Women’s Preventive Services Initiative (WPSI): Screening for Anxiety</a><sup>72</sup></p> <p><a href="#">ACOG Committee Opinion Number 587: Effective Patient–Physician Communication</a><sup>73</sup></p> <p><a href="#">ACOG Committee Opinion Number 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care</a><sup>37</sup></p> |
|  | <p>Use screening tools such as the EPDS or PHQ-9 as regular vital signs at appointments to help normalize mental health conditions as is done with blood pressure, weight, and glucose</p>  | <p><a href="#">Edinburgh Postnatal Depression Scale (EPDS) in multiple languages</a><sup>30</sup></p> <p><a href="#">Patient Health Questionnaire-9 (PHQ-9)</a><sup>74</sup></p>  |
|  | <p>Include discussions and provide resources during first prenatal visits about mental health conditions patients may experience, regardless of screening results, rather than waiting for an event to occur</p>  |   |
|  | <p>Screen for bipolar disorder at intake so that screening results are available in chart prior to prescribing any medications for anxiety and depression</p>   | <p><a href="#">Mood Disorder Questionnaire (MDQ)</a><sup>75</sup></p> <p><a href="#">Composite International Diagnostic Interview (CIDI)</a><sup>76</sup></p>   |
|  | <p>Develop standardized process for collecting patient and family mental health history and follow this process at every intake</p>   |   |

|   |  |  |
|---|--|--|
|   | <p>Screen all patients for past adverse events and trauma, including birth trauma, that could affect care experience and outcomes, and work with patients and their support person(s) to co-design responsive and supportive care plans</p>  | <p><a href="#">City University of London: City Birth Trauma Scale</a><sup>77</sup></p> <p><a href="#">ACOG Committee Opinion Number 825: Caring for Patients Who Have Experienced Trauma</a><sup>78</sup></p> <p><a href="#">HRSA: Primary Care Post-Traumatic Stress Disorder (PTSD) Screen for DSM-5</a><sup>79</sup></p> <p><a href="#">CHCS: Screening for Adverse Childhood Experiences (ACEs) and Trauma</a><sup>80</sup></p> <p><a href="#">ACEs Aware: Screening Tools for ACEs</a><sup>81</sup></p> |
|   | <p>Partner with pediatric practices in your community to share resources and screening tools to encourage mental health screening during well-child visits throughout the first year</p>   | <p><a href="#">American Academy of Pediatrics (AAP): Perinatal Mental Health and Social Support</a><sup>82</sup></p> <p><a href="#">AAP: Integrating Postpartum Depression Screening in Your Practice in 4 Steps</a><sup>83</sup></p> <p><a href="#">Perinatal Mental Health Task Force: Integrating Care Across a Pediatric Hospital Setting</a><sup>84</sup></p>   |
| <p><b>Screen for structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources</b></p> | <p>Develop a list of vetted resources to support SDoH needs (e.g., list of housing stabilization services, transportation support) and share with patients as needs are identified</p> <p><i>Identify a team and designated lead responsible for conducting an annual inventory of community resources and updating resource lists to confirm contact information, hours, eligibility, and other relevant information*</i></p> | <p><a href="#">Illinois Perinatal Quality Collaborative (ILPQC) Mapping Tool: Resources/Services in Hospital's Service Area to Address Patients' Social Determinants of Health (automatic download)</a><sup>85</sup></p>   |



|  |   |  |
|--|---|--|
|  | <p>Conduct screening for SDoH needs for all patients (do not assume any individual's particular situation) throughout the perinatal period; document needs in patient chart, and make referrals based on individual needs ♦</p> <p><i>Ask patients during screening whether the resources suggested, and referrals made, are appropriate and meet their needs *</i></p> | <p><a href="#">ILPQC: SDoH Screening Tools for OB Settings</a><sup>86</sup></p> <p><a href="#">CHCS: Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations</a><sup>87</sup></p> <p>Additional Screening Tools:</p> <ul style="list-style-type: none"> <li>• <a href="#">Protocol for Responding to and Assessing Patients' Assets, Risks &amp; Experiences (PRAPARE) Tool</a><sup>88</sup></li> <li>• <a href="#">CHCS: OneCare Vermont: Self-Sufficiency Outcome Matrix</a><sup>89</sup></li> <li>• <a href="#">American Academy of Family Physicians (AAFP): Social Needs Screening Tool (automatic download)</a><sup>90</sup></li> <li>• <a href="#">Centers for Medicare &amp; Medicaid Services (CMS): The Accountable Health Communities Health-Related Social Needs Screening Tool</a><sup>91</sup></li> </ul> |
|  | <p>Inquire about patient's social support systems and help patients get connected to additional supports as needed</p>  | <p><a href="#">The Health Leads Screening Toolkit</a><sup>92</sup></p> <p><a href="#">The Relationship between Social Support and Postnatal Anxiety and Depression: Results from the Listening to Mothers in California Survey</a><sup>93</sup></p> <p><a href="#">Social Support—A Protective Factor for Depressed Perinatal Women?</a><sup>94</sup></p>  |

## Response

| Change Concept  | Change Idea   | Key Resources and Tools  |
|---|---|--|
| <p><b>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</b></p> | <p>Initiate immediate treatment and/or call for psychiatric consultation as soon as a patient screens positive</p> <p><i>Consider ways in which implicit bias and structural racism may influence response to patient concerns and willingness to treat or refer* ◇</i></p> | <p><a href="#">UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit</a><sup>35</sup></p> <p><a href="#">MCPAP for Moms: Obstetric Provider Toolkit</a><sup>23</sup></p>  |
|   | <p>Consider alternate treatment options in addition to therapy and medication, e.g., psychosocial interventions, lifestyle interventions, stress reduction techniques, in-person and online support groups, etc.</p>  | <p><a href="#">Postpartum Support International</a><sup>55</sup></p> <p><a href="#">Postpartum Progress: Postpartum Depression Support Organizations</a><sup>95</sup></p>  |
|   | <p>Adapt treatment plans based on patient’s and family’s specific needs and circumstances</p>   | <p><a href="#">ACOG Respectful Care eModules</a><sup>51</sup></p> <p><a href="#">Maternal Mental Health Now: Queer &amp; Trans Perinatal Mental Health Toolkit</a><sup>45</sup></p>  |
| <p><b>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</b></p>               | <p>Develop a tiered approach to response based on severity of risk and patient’s specific circumstances, and ensure that staff are trained in the response protocol, including specific roles in activating the response</p>  | <p><a href="#">Columbia Suicide Severity Rating Scale (C-SSRS)</a><sup>96</sup></p> <p><a href="#">Substance Abuse and Mental Health Services Administration (SAMHSA): Patient Safety Screener (PSS-3)</a><sup>97</sup></p> <p><a href="#">UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (p. 28)</a><sup>35</sup></p> <p><a href="#">988 Suicide &amp; Crisis Lifeline</a><sup>98</sup></p> |
| <p><b>Establish care pathways that facilitate coordination and follow-up among multiple</b></p>   | <p>Follow up with patients about mental health referrals to ensure they were able to make an appointment. If not, support them in finding another provider (avoid creating a “bridge to nowhere”)</p>   | <p><a href="#">CHCS: Screening for Social Determinants of Health in</a></p>  |

|  |   |  |
|--|---|--|
| <p><b>providers throughout the perinatal period for pregnant and postpartum people referred to mental health treatment</b></p> | <p><i>If access to mental health clinicians is limited in your community, explore alternative pathways such as working with primary care *</i></p>  | <p><a href="#">Populations with Complex Needs: Implementation Considerations</a><sup>87</sup></p> <p><a href="#">IHI: Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era</a><sup>99</sup></p>  |
|  | <p>Include telehealth visits as an option as part of care plan or follow-up</p> <p><i>Provide support and training for providers on conducting effective telehealth visits *</i></p>  | <p><a href="#">IHI White Paper: Telemedicine: Ensuring Safe, Equitable, Person-Centered Virtual Care</a><sup>100</sup></p> <p><a href="#">Maternal Health Learning and Innovation Center: Maternal Telehealth Access Project (MTAP)</a><sup>101</sup></p> <p><a href="#">American Medical Association (AMA): Digital Health Implementation Playbook Series</a><sup>102</sup></p> <p><a href="#">HRSA: Guidance on Billing for Maternal Telehealth</a><sup>57</sup></p> |
|  | <p>Connect patients with care navigators, community health workers, or peer support specialists to support their needs and follow up on referrals and linkages to care</p>  | <p><a href="#">Policy Center for Maternal Mental Health: Maternal Mental Health Certified Peer Support</a><sup>38</sup></p> <p><a href="#">Using a Patient Navigator to Improve Postpartum Care in an Urban Women's Health Clinic</a><sup>103</sup></p>  |
|  | <p>Connect with patient's primary care provider (PCP) to share screening results and treatment plans, and provide a point of contact for patient follow-up beyond the initial postpartum visit</p> <p><i>Work with patients to identify an appropriate PCP in their community if they do not have one *</i></p> |  |

## Reporting and Systems Learning

| Change Concept  | Change Idea  | Key Resources and Tools  |
|---|--|--|
| <p><b>Incorporate mental health into multidisciplinary rounding to establish a non-judgmental culture of safety</b></p>   | <p>Include mental health screening results, assessment, and treatment plans as a standard part of rounds and bedside huddles</p>   |  |
|   | <p>Provide standard templates for rounds and huddles to address common risks and needs, and identify responsible team members for any action steps</p>   |  |
|   | <p>Include an “equity pause” to look at bias risk within multidisciplinary care planning and to ask, “What are considerations to ensure respectful care without discrimination?” ♦</p> <p>Please note, an equity pause is an emerging idea being tested in different fields. If you are interested in trying it, start small and consider testing on admission, during shift changes, or at transfer to postpartum. The concept is similar to an operating room time-out to prevent harm.</p> <p><i>Consider race, ethnicity, language, gender identity, history of substance use disorder (SUD), obesity, mental health issues, unplanned pregnancy and history of pregnancies, marital status, housing status, education level, etc. as potential areas of bias for providers* ♦</i></p> | <p><a href="#">Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees</a><sup>104</sup></p>  |
| <p><b>Convene inpatient and outpatient providers in an ongoing way to share successful strategies and identify opportunities for prevention and evaluation of</b></p> | <p>Conduct formal after-action reviews for all adverse events and near misses, with a designated leader and standardized content, to identify areas for improvement in care processes</p> <p><i>Establish standardized briefing documentation to capture successes and actionable follow-up*</i></p>   | <p><a href="#">AHRO TeamSTEPPS Pocket Guide: Briefs, Debriefs, and Huddles</a><sup>105</sup></p> <p><a href="#">ILPQC Missed Opportunity Review/Debrief Form (automatic download)</a><sup>106</sup></p> <p><a href="#">ACOG Obstetric Team Debriefing Form</a><sup>107</sup></p> |

|   |   |  |
|---|---|--|
| <p><b>undesired outcomes related to perinatal mental health</b></p>   | <p>Include providers and staff from all relevant departments (obstetrics, emergency medicine, psychiatry, pediatrics, social work, and others as applicable) as a core part of the team in after-action reviews to ensure a multi-disciplinary approach</p>   |  |
|   | <p>Use an equity lens for all case reviews to identify bias and instances of disrespectful care ♦</p>   | <p><a href="#">Health Equity Morbidity and Mortality Conferences in Obstetrics and Gynecology</a><sup>108</sup></p> <p><a href="#">ILPQC: Guide for incorporating discussion of SDoH and discrimination in maternal morbidity reviews</a><sup>109</sup></p>                                |
|   | <p>Engage with regional networks such as Perinatal Quality Collaboratives to learn from other hospitals about best practices and share standard tools and resources for caring for patients with mental health conditions</p>   | <p><a href="#">State Perinatal Quality Collaboratives</a><sup>110</sup></p>  |
| <p><b>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</b></p> | <p>Develop and routinely review reports on mental health screening, treatment, and follow-up rates. Include these metrics on hospital dashboards, and stratify data by race, ethnicity, urban/rural, and insurance status to identify differential experiences at each step in the mental health pathway ♦</p>  |  |
|   | <p>Review all process and outcome data disaggregated by REaL (Race, Ethnicity and Language) to assess for inequities with unit-specific and QI leadership teams ♦</p> <p><i>Engage leaders in identification and discussion of inequities to destigmatize the process and move toward action * ♦</i></p> <p><i>In settings where use of disaggregated data may cause potential patient identifiability or unstable data, identify alternative strategies to integrate equity considerations into reporting and systems learning * ♦</i></p> | <p><a href="#">Urban Institute: Do No Harm Guide: Applying Equity Awareness in Data Visualization</a><sup>111</sup></p> <p><a href="#">Hospitals in Pursuit of Excellence: Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data</a><sup>112</sup></p> |

|  |  |  |
|--|--|--|
|  | <p>Engage individuals with lived experience in conversations about their experiences with mental health screening and treatment, to identify areas for data collection and quality improvement ♦</p> | <p><a href="#">MoMMA's Voices</a><sup>113</sup><br/><a href="#">IHI: Engaging People with Lived Experience of Inequities: Community Transformation Tools</a><sup>114</sup></p> |
|--|--|--|

## Respectful, Equitable, and Supportive Care

| Change Concept   | Change Idea   | Key Resources and Tools   |
|--|---|---|
| <p><b>Include each pregnant and postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team</b></p> | <p>Engage patients and their families in decision making about their care at every point during prenatal visits and in the hospital, from admission through discharge, including during rounds ♦</p> <p><i>Provide tools and scripts for providers to use for shared decision-making conversations* ♦</i></p> | <p><a href="#">AHRO: The SHARE Approach: 5 Essential Steps of Shared Decision Making</a><sup>115</sup></p>  |
|  | <p>Facilitate open conversations to ensure that patient concerns are adequately addressed, and investigate possible causes when patients express that something is "off." Consider ways in which implicit bias and structural racism may influence response to patient concerns ♦</p>                         | <p><a href="#">Centers for Disease Control and Prevention (CDC): HEAR HER Campaign Resources for Healthcare Professionals</a><sup>116</sup></p> <p><a href="#">Hospital Careers: 15 Bedside Manner Techniques to Improve Patient Experience</a><sup>117</sup></p>                             |
|  | <p>Ask patients if they would like to be accompanied by their support person for any exams, procedures, and discussions ♦</p> <p><i>Create and use wall signage to inform patients that they can be accompanied by their support person for any exams/procedures and discussions about their care* ♦</i></p>  |   |
|  | <p>Involve patients and families in process improvement in inpatient and outpatient settings, and co-design tools and resources ♦</p> <p><i>Identify opportunities for patients to share their feedback outside of formal surveys* ♦</i></p>  | <p><a href="#">National Institute for Children's Healthcare Quality (NICHQ): Powerful Partnerships: A Handbook for Families and Providers Working Together to Improve Care</a><sup>118</sup></p> <p><a href="#">IHI: Experience-Based Co-Design of Health Care Services</a><sup>119</sup></p> |

|   |  |  |
|---|--|--|
|   |  | <a href="#">National MCH Workforce Development Center: Successful Engagement With People Who Have Lived Experiences</a> <sup>120</sup>   |
| <p><b>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</b></p> | <p>Provide communication in the patient’s preferred language and support access to interpretation services; provide educational materials for patients in common languages spoken in your community ♦</p>  | <a href="#">National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care</a> <sup>29</sup>   |
|   | <p>Educate clinicians on providing respectful care by engaging in the life-long learning of cultural humility, understanding that individuals cannot learn all aspects of any culture, including their own ♦</p>   | <p><a href="#">Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN): Respectful Maternity Care Implementation Toolkit</a><sup>121</sup></p> <p><a href="#">ACOG Respectful Care eModules</a><sup>51</sup></p> <p><a href="#">The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities</a><sup>122</sup></p> <p><a href="#">Respectful Maternity Care and Maternal Mental Health Are Inextricably Linked</a><sup>123</sup></p> <p><a href="#">AIM Community Care Initiative (AIM CCI): Racial Equity Learning Series (RELS)</a><sup>124</sup></p> |
|   | <p>Talk with patients about mental health in a way that is strength-based and trauma-informed to minimize judgment and stigma ♦</p> <p>Use inclusive and person-centered language ♦</p> <p><i>Avoid using medical jargon and abbreviations and use teach-backs to ensure that patient understands diagnosis and treatment plan</i> * ♦</p> | <p><a href="#">American Psychiatric Association (APA): Stigma, Prejudice, and Discrimination Against People with Mental Illness</a><sup>125</sup></p>  |



## Appendix A

1. The US Maternal Mortality Crisis Continues to Worsen: An International Comparison. The Commonwealth Fund. doi:10.26099/8vem-fc65reb
2. Maternal Mortality Rates in the United States, 2021. National Center for Health Statistics. Centers for Disease Control and Prevention. Published March 16, 2023. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>. Accessed May 31, 2023.
3. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Reproductive Health. Centers for Disease Control and Prevention. Published September 26, 2022. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>. Accessed May 31, 2023.
4. Trost SL, Beauregard JL, Smoots AN, et al. Preventing pregnancy-related mental health deaths: insights from 14 US maternal mortality review committees, 2008-17. *Health Affairs*. 2021;40(10):1551-1559. doi:10.1377/hlthaff.2021.00615
5. Masters GA, Hugunin J, Xu L, et al. Prevalence of bipolar disorder in perinatal women: a systematic review and meta-analysis. *The Journal of Clinical Psychiatry*. 2022;83(5):21r14045. doi:10.4088/JCP.21r14045
6. Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: a multivariate bayesian meta-analysis. *The Journal of Clinical Psychiatry*. 2019;80(4):18r12527. doi:10.4088/JCP.18r12527
7. Wisner KL, Sit DKY, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*. 2013;70(5):490-498. doi:10.1001/jamapsychiatry.2013.87
8. Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. *The Journal of Clinical Psychiatry*. 2016;77(9):1189-1200. doi:10.4088/JCP.15r10174
9. Byatt N, Levin LL, Ziedonis D, Moore Simas TA, Allison J. Enhancing participation in depression care in outpatient perinatal care settings: a systematic review. *Obstetrics and Gynecology*. 2015;126(5):1048-1058. doi:10.1097/AOG.0000000000001067
10. Byatt N, Xu W, Levin LL, Moore Simas TA. Perinatal depression care pathway for obstetric settings. *International Review of Psychiatry*. 2019;31(3):210-228. doi:10.1080/09540261.2018.1534725

11. Snowber K, Ciolino JD, Clark CT, Grobman WA, Miller ES. Associations between implementation of the collaborative care model and disparities in perinatal depression care. *Obstetrics and Gynecology*. 2022;140(2):204-211. doi:10.1097/AOG.0000000000004859
12. Melville JL, Reed SD, Russo J, et al. Improving care for depression in obstetrics and gynecology: a randomized controlled trial. *Obstetrics and Gynecology*. 2014;123(6):1237-1246. doi:10.1097/AOG.0000000000000231
13. Grote NK, Katon WJ, Russo JE, et al. Collaborative care for perinatal depression in socioeconomically disadvantaged women: a randomized trial. *Depression and Anxiety*. 2015;32(11):821-834. doi:10.1002/da.22405
14. National Network of Perinatal Psychiatry Access Programs. Lifeline for Moms. UMass Chan Medical School. Accessed May 31, 2023. <https://www.umassmed.edu/lifeline4moms/Access-Programs/>
15. Byatt N, Straus J, Stopa A, Biebel K, Mittal L, Moore Simas TA. Massachusetts child psychiatry access program for moms: utilization and quality assessment. *Obstetrics and Gynecology*. 2018;132(2):345-353. doi:10.1097/AOG.0000000000002688
16. Bower KM, Geller RJ, Jeffers N, McDonald M, Alhusen J. Experiences of racism and perinatal depression: Findings from the pregnancy risk assessment monitoring system, 2018. *Journal of Advanced Nursing*. 2023;79(5):1982-1993. doi:10.1111/jan.15519
17. Kozhimannil KB, Trinacty CM, Busch AB, Huskamp HA, Adams AS. Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric Services*. 2011;62(6):619-625. doi:10.1176/appi.ps.62.6.619
18. Perinatal Mental Health Conditions. Alliance for Innovation on Maternal Health. Accessed May 31, 2023. <https://saferbirth.org/psbs/perinatal-mental-health-conditions/>
19. Pareto Chart. Institute for Healthcare Improvement. Accessed April 20, 2023. <https://www.ihl.org/resources/tools/pareto-chart>
20. Priority Matrix: An Overlooked Gardening Tool. Institute for Healthcare Improvement. Accessed April 20, 2023. <https://www.youtube.com/watch?v=PtEMrYVGGgI>
21. Impact Effort Matrix. American Society for Quality. Accessed April 20, 2023. <https://asq.org/quality-resources/impact-effort-matrix>
22. Patient Screening. American College of Obstetricians and Gynecologists. Accessed May 31, 2023. <https://www.acog.org/en/programs/perinatal-mental-health/patient-screening>

23. Obstetric Provider Toolkit. Massachusetts Child Psychiatry Access Program (MCPAP) for Moms. Accessed May 31, 2023. <https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>
24. Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway. Orange County (OC) Health Care Agency. Accessed May 31, 2023. <https://www.ochealthinfo.com/sites/hca/files/2021-09/PMAD%20Algorithm%20and%20Resources%20for%20Providers%20%209-15-21.pdf>
25. Resources for Integrating Mental Health into Obstetric Settings. Lifeline for Moms. UMass Chan Medical School. Accessed May 31, 2023. <https://www.umassmed.edu/lifeline4moms/what-we-do/capacity-building/resources-for-integrating-perinatal-mental-health-care-into-obstetric-settings/>
26. Psychiatry Access Programs. Maternal Mental Health Leadership Alliance: MMHLA. Accessed May 31, 2023. <https://www.mmhla.org/psychiatry-access-programs>
27. Perinatal Psychiatric Consult Line. Postpartum Support International (PSI). Accessed May 31, 2023. <https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>
28. Sanderson D, Braganza S, Philips K, et al. Increasing warm handoffs: optimizing community based referrals in primary care using QI methodology. *Journal of Primary Care & Community Health*. 2021;12:21501327211023884. doi:10.1177/21501327211023883
29. National Culturally and Linguistically Appropriate Services (CLAS) Standards. Think Cultural Health. US Department of Health & Human Services. Accessed April 24, 2023. <https://thinkculturalhealth.hhs.gov/>
30. Edinburgh Postnatal Depression Scale (EPDS). Department of Health. Victoria, Australia. Accessed May 31, 2023. <https://www.healthtranslations.vic.gov.au/resources/edinburgh-postnatal-depression-scale-epds>
31. Patient Health Questionnaire (PHQ) Screeners. Pfizer. Accessed June 2, 2023. <https://www.phqscreeners.com/select-screener/>
32. Collaborative Care Implementation Guide. University of Washington AIMS Center. Accessed May 31, 2023. <https://aims.uw.edu/collaborative-care/implementation-guide>
33. Lomonaco-Haycraft KC, Hyer J, Tibbits B, et al. Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations. *Primary Health Care Research & Development*. 2018;20:e77. doi:10.1017/S1463423618000348
34. Bringing Light to Motherhood: Perinatal Mental Health Community Provider toolkit. Maternal Mental Health NOW. Accessed May 31, 2023. <https://pmhp.za.org/wp-content/uploads/MMH-Now-toolkit-2017.pdf>

35. Lifeline4Moms Perinatal Mental Health Toolkit. UMass Chan Medical School. Accessed May 31, 2023. <https://www.umassmed.edu/lifeline4moms/products-resources/toolkits-and-apps/2019/11/lifeline4moms-perinatal-mental-health-toolkit/>
36. Guide for Integrating Mental Health Care into Obstetric Practice. American College of Obstetricians and Gynecologists. Accessed June 2, 2023. <https://www.acog.org/en/programs/perinatal-mental-health/integrating-mental-health-care-into-ob-practice-guide>
37. Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. Committee Opinion 729. American College of Obstetricians and Gynecologists. Accessed May 31, 2023. <https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2018/01/importance-of-social-determinants-of-health-and-cultural-awareness-in-the-delivery-of-reproductive-health-care>
38. Maternal Mental Health Peer Support. Policy Center for Maternal Mental Health. Accessed May 31, 2023. <https://www.2020mom.org/certified-peer-support>
39. Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. *The Journal of Perinatal Education*. 2013;22(1):49-58. doi:10.1891/1058-1243.22.1.49
40. Doula Care and Maternal Health: An Evidence Review. Office of the Assistant Secretary for Planning and Evaluation. Accessed May 31, 2023. <https://aspe.hhs.gov/reports/doula-care>
41. Mental Health First Aid USA. National Council for Mental Wellbeing. Accessed May 31, 2023. <https://www.mentalhealthfirstaid.org/>
42. Maternal Mental Health Conditions. Maternal Mental Health Leadership Alliance: MMHLA. Accessed May 31, 2023. <https://www.mmhla.org/maternal-mental-health-conditions>
43. Moms' Mental Health Matters. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Accessed May 31, 2023. <https://www.nichd.nih.gov/ncmhpep/initiatives/moms-mental-health-matters/materials>
44. Mental Health Brochures. Healthy Start EPIC Center. Accessed May 31, 2023. <https://healthystartepic.org/resources/mental-health-resources/>
45. Materials and Resources. Maternal Mental Health NOW. Accessed May 31, 2023. <https://www.maternalmentalhealthnow.org/materials-resources/>

46. MCPAP for Moms. Massachusetts Child Psychiatry Access Program. Accessed May 31, 2023. <https://www.mcpapformoms.org/>
47. Perinatal Mental Health Tool Kit. American College of Obstetricians and Gynecologists. Accessed June 2, 2023. <https://www.acog.org/en/programs/perinatal-mental-health>
48. Talk About Depression and Anxiety During Pregnancy and After Birth: Ways You Can Help. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Accessed June 2, 2023. <https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/TalkAboutDepressionAnxiety.pdf>
49. Depression During and After Pregnancy. U.S. Department of Health and Human Services. Accessed June 2, 2023. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/depression-during-after-pregnancy-en.pdf>
50. Frontline Provider Trainings. Postpartum Support International (PSI). Accessed May 31, 2023. <https://www.postpartum.net/professionals/frontline-provider-trainings/>
51. Respectful Care eModules. American College of Obstetricians and Gynecologists. Accessed May 31, 2023. <https://www.acog.org/en/education-and-events/emodules/respectful-care>
52. Assessment and Treatment of Perinatal Mental Health Conditions. American College of Obstetricians and Gynecologists. Accessed June 21, 2023. <https://www.acog.org/en/programs/perinatal-mental-health/assessment-and-treatment-of-perinatal-mental-health-conditions>
53. Training & Support. University of Washington AIMS Center. Accessed May 31, 2023. <https://aims.uw.edu/training-support>
54. National Maternal Mental Health Hotline. U.S. Department of Health & Human Services. Health Resources & Services Administration. Accessed May 31, 2023. <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>
55. Postpartum Support International. Postpartum Support International (PSI). Accessed May 31, 2023. <https://www.postpartum.net/home/>
56. Billing & Financing. University of Washington AIMS Center. Accessed May 31, 2023. <https://aims.uw.edu/resources/billing-financing>
57. Billing for maternal telehealth. Health Resources & Services Administration. Accessed May 31, 2023. <https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-maternal-health-services/billing-for-maternal-health>

58. Simulation and Drills for Patient Safety. Alliance for Innovation on Maternal Health. Accessed May 31, 2023. <https://saferbirth.org/aim-resources/aim-cornerstones/simulations/>
59. What is Trauma-Informed Care? Trauma-Informed Care Implementation Resource Center. Accessed April 20, 2023. <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
60. Trauma Informed Care for Trans and Gender Diverse Patients. LGBTQIA+ Health Education Center. Accessed May 31, 2023. <https://www.lgbtqiahealtheducation.org/courses/trauma-informed-care-for-trans-and-gender-diverse-patients/>
61. Sperlich M, Seng JS, Li Y, Taylor J, Bradbury-Jones C. Integrating trauma-informed care into maternity care practice: conceptual and practical issues. *Journal of Midwifery & Women's Health*. 2017;62(6):661-672. doi:10.1111/jmwh.12674
62. White A, Saxer K, Raja S, Hall SL. A trauma-informed approach to postpartum care. *Clinical Obstetrics and Gynecology*. 2022;65(3):550. doi:10.1097/GRF.0000000000000730
63. Trauma-Informed Care. Massachusetts Child Psychiatry Access Program. Accessed May 31, 2023. [https://www.mcpapformoms.org/docs/Trauma\\_Informed\\_Care.pdf](https://www.mcpapformoms.org/docs/Trauma_Informed_Care.pdf)
64. Health Care Professionals. National Alliance on Mental Illness. Accessed May 31, 2023. <https://www.nami.org/Your-Journey/Frontline-Professionals/Health-Care-Professionals>
65. Edrees H, Connors C, Paine L, Norvell M, Taylor H, Wu AW. Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study. *BMJ Open*. 2016;6(9):e011708. doi:10.1136/bmjopen-2016-011708
66. The Schwartz Center for Compassionate Healthcare. The Schwartz Center. Accessed April 20, 2023. <https://www.theschwartzcenter.org/>
67. Strategies to Overcome Racism's Impact on Pregnancy Outcomes. Accessed April 20, 2023. [https://s3.amazonaws.com/cdn.smfm.org/media/2315/Strategies\\_to\\_Overcome\\_Racism\\_Infographic.pdf](https://s3.amazonaws.com/cdn.smfm.org/media/2315/Strategies_to_Overcome_Racism_Infographic.pdf)
68. ALLIED: Antiracism Learning, Leading and Innovating Educational Development for Faculty. Duke University School of Medicine. Accessed May 31, 2023. <https://obgyn.duke.edu/allied>
69. An Inside Look at Partnerships between Community-Based Organizations and Health Care Providers. Center for Health Care Strategies. Accessed May 31, 2023. <https://www.chcs.org/inside-look-partnerships-community-based-organizations-health-care-providers/>

70. PSI Perinatal Mental Health Directory. Postpartum Support International (PSI). Accessed May 31, 2023. <https://psidirectory.com/list-your-practice>
71. Rodriguez AN, Holcomb D, Fleming E, et al. Improving access to perinatal mental health services: the value of on-site resources. *American Journal of Obstetrics & Gynecology*. 2021;3(6):100456. doi:10.1016/j.ajogmf.2021.100456
72. Screening for Anxiety Recommendations. The Women’s Preventive Services Initiative. Accessed May 31, 2023. <https://www.womenspreventivehealth.org/recommendations/screening-for-anxiety/>
73. Committee Opinion No. 587: Effective Patient–Physician Communication. *Obstetrics & Gynecology*. 2014;123(2 PART 1):389. doi:10.1097/01.AOG.0000443279.14017.12
74. Patient Health Questionnaire - 9 (PHQ-9). Accessed May 31, 2023. [apa.org/depression-guideline/patient-health-questionnaire.pdf](https://apa.org/depression-guideline/patient-health-questionnaire.pdf)
75. RMA Hirschfeld, MD. The Mood Disorder Questionnaire (MDQ) - Overview. Accessed May 31, 2023. <https://ibpf.org/wp-content/uploads/2016/11/MDQ.pdf>
76. Composite International Diagnostic Interview (CIDI). Accessed May 31, 2023. [https://www.cdc.gov/nchs/data/nhanes/cidi\\_quex.pdf](https://www.cdc.gov/nchs/data/nhanes/cidi_quex.pdf)
77. City Birth Trauma Scale. Accessed May 31, 2023. <https://blogs.city.ac.uk/citybirthtraumascale/>
78. Caring for Patients Who Have Experienced Trauma. Committee Opinion 825. American College of Obstetricians and Gynecologists. Accessed May 31, 2023. <https://www.acog.org/en/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma>
79. Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Health Resources & Services Administration. Accessed April 20, 2023. <https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5>
80. Meryl Schulman, Alexandra Maul. Screening for Adverse Childhood Experiences and Trauma. Center for Health Care Strategies. Accessed April 20, 2023. [https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma\\_020619.pdf](https://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf)
81. Screening Tools. ACEs Aware. Accessed May 31, 2023. <https://www.acesaware.org/learn-about-screening/screening-tools/>
82. Perinatal Mental Health and Social Support. American Academy of Pediatrics. Accessed May 31, 2023. <https://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/>

83. Integrating Postpartum Depression Screening in Your Practice in 4 Steps. American Academy of Pediatrics. Accessed April 24, 2023. <https://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps/>
84. Jarvis L, Long M, Theodorou P, Barclay Hoffman S, Soghier L, Beers L. Perinatal Mental Health Task Force: Integrating Care Across a Pediatric Hospital Setting. *Pediatrics*. 2021;148(6):e2021050300. doi:10.1542/peds.2021-050300
85. ILPQC Mapping Tool: Resources/ Services in Hospital's Service Area to Address Patients' Social Determinants of Health. [https://ilpqc.org/ILPQC 2020%2B/Birth Equity/Social Determinants Mapping Tool\\_FINAL\\_4.26.docx](https://ilpqc.org/ILPQC%2020%2B/Birth%20Equity/Social%20Determinants%20Mapping%20Tool_FINAL_4.26.docx). Accessed April 24, 2023.
86. ILPQC Social Determinants Screening Tool Comparison. Accessed April 24, 2023. [https://ilpqc.org/ILPQC 2020%20%2B/Birth %20Equity/Social %20Determinants %20Screening %20Tool %20Comparison\\_6.9.21\\_FINAL.pdf](https://ilpqc.org/ILPQC%2020%2B/Birth%20Equity/Social%20Determinants%20Screening%20Tool%20Comparison_6.9.21_FINAL.pdf)
87. Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations. Center for Health Care Strategies. Accessed May 31, 2023. <https://www.chcs.org/resource/screening-social-determinants-health-populations-complex-needs-implementation-considerations/>
88. About Us. PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences. Accessed May 31, 2023. <https://prapare.org/>
89. OneCare Vermont: Self-Sufficiency Outcomes Matrix. Center for Health Care Strategies. Accessed May 31, 2023. [https://www.chcs.org/media/OneCare-Vermont-Self-Sufficiency-Outcome-Matrix\\_102517.pdf](https://www.chcs.org/media/OneCare-Vermont-Self-Sufficiency-Outcome-Matrix_102517.pdf)
90. Social Needs Screening Tool. Accessed May 31, 2023. [https://www.aafp.org/dam/AAFP/documents/patient\\_care/everyone\\_project/patient-short-print.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/patient-short-print.pdf)
91. The Accountable Health Communities Health-Related Social Needs Screening Tool. Centers for Medicare & Medicaid Services. Accessed May 31, 2023. <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
92. The Health Leads Screening Toolkit. Health Leads. Accessed May 31, 2023. <https://healthleadsusa.org/communications-center/resources/the-health-leads-screening-toolkit/>
93. Feinberg E, Declercq E, Lee A, Belanoff C. The relationship between social support and postnatal anxiety and depression: results from the listening to mothers in California survey. *Women's Health Issues*. 2022;32(3):251-260. doi:10.1016/j.whi.2022.01.005



94. Milgrom J, Hirshler Y, Reece J, Holt C, Gemmill AW. Social support—a protective factor for depressed perinatal women? *International Journal of Environmental Research and Public Health*. 2019;16(8):1426. doi:10.3390/ijerph16081426
95. Postpartum Depression Support Organizations. Postpartum Progress. Accessed May 31, 2023. <https://postpartumprogress.com/postpartum-depression-support-organizations-in-the-us-canada-uk-south-africa-australia-new-zealand>
96. Columbia Suicide Severity Rating Scale (C-SSRS). The Research Foundation for Mental Hygiene, Inc. Accessed May 31, 2023. [https://cssrs.columbia.edu/wp-content/uploads/C-SSRS\\_Pediatric-SLC\\_11.14.16.pdf](https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf)
97. The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings. Substance Abuse and Mental Health Services Administration (SAMHSA). Published February 2, 2023. Accessed May 31, 2023. <https://www.samhsa.gov/resource/dbhis/patient-safety-screener-pss-3-brief-tool-detect-suicide-risk-acute-care-settings>
98. 988 Suicide & Crisis Lifeline. Accessed May 31, 2023. <https://988lifeline.org/>
99. Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era. Institute for Healthcare Improvement. Accessed May 31, 2023. <https://www.ihl.org/resources/publications/closing-loop-guide-safer-ambulatory-referrals-ehr-era>
100. *Telemedicine: Ensuring Safe, Equitable, Person-Centered Virtual Care*. Institute for Healthcare Improvement. Accessed April 20, 2023. <https://www.ihl.org/resources/white-papers/telemedicine-ensuring-safe-equitable-person-centered-virtual-care>
101. Maternal Telehealth Access Project (MTAP). Maternal Health Learning and Innovation Center. Accessed April 20, 2023. <https://maternalhealthlearning.org/resources/maternal-telehealth-access-project-mtap/>
102. Digital health implementation playbook series. American Medical Association. Accessed April 20, 2023. <https://www.ama-assn.org/practice-management/digital/digital-health-implementation-playbook-series>
103. Yee LM, Martinez NG, Nguyen AT, Hajjar N, Chen MJ, Simon MA. Using a patient navigator to improve postpartum care in an urban women’s health clinic. *Obstetrics and Gynecology*. 2017;129(5):925-933. doi:10.1097/AOG.0000000000001977
104. Perdomo J, Tolliver D, Hsu H, et al. Health equity rounds: an interdisciplinary case conference to address implicit bias and structural racism for faculty and trainees. *MedEdPORTAL*. 15:10858. doi:10.15766/mep\_2374-8265.10858
105. Pocket Guide: TeamSTEPS. Agency for Healthcare Research and Quality. Accessed April 24, 2023. <https://www.ahrq.gov/teamsteps/instructor/essentials/pocketguide.html>

- 106.MNO-OB Mothers with OUD: Missed Opportunities review / Debrief Form. [https://ilpqc.org/ILPQC 2020%2B/MNO-OB/ILPQC Missed Opportunity Review MNO OB\\_FINAL\\_1.16.2020.docx](https://ilpqc.org/ILPQC%202020%2B/MNO-OB/ILPQC%20Missed%20Opportunity%20Review%20MNO%20OB_FINAL_1.16.2020.docx). Accessed April 24, 2023.
- 107.Obstetric Team Debriefing Form. Accessed April 24, 2023. <https://www.acog.org/-/media/project/acog/acogorg/files/forms/districts/smi-ob-hemorrhage-bundle-debriefing-form.pdf>
- 108.Reisinger-Kindle K, Dethier D, Wang V, et al. Health equity morbidity and mortality conferences in obstetrics and gynecology. *Obstetrics & Gynecology*. 2021;138(6):918. doi:10.1097/AOG.0000000000004575
- 109.Guide for incorporating discussion of social determinants of health and discrimination as potential factors in hospital-level maternal morbidity reviews. Accessed April 24, 2023. [https://ilpqc.org/ILPQC%202020%2B/Birth%20Equity/Incorporating%20SDoH%20in%20hospital%20maternal%20morbidity%20reviews%20fact%20sheet\\_2.16.22\\_FINAL.pdf](https://ilpqc.org/ILPQC%202020%2B/Birth%20Equity/Incorporating%20SDoH%20in%20hospital%20maternal%20morbidity%20reviews%20fact%20sheet_2.16.22_FINAL.pdf)
- 110.State Perinatal Quality Collaboratives. Centers for Disease Control and Prevention. Accessed April 24, 2023. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>
- 111.Do No Harm Guide: Applying Equity Awareness in Data Visualization. Urban Institute. Accessed April 24, 2023. <https://www.urban.org/research/publication/do-no-harm-guide-applying-equity-awareness-data-visualization>
- 112.Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data. Hospitals in Pursuit of Excellence. Accessed April 24, 2023. [http://www.hpoe.org/Reports-HPOE/Equity\\_Care\\_Report\\_August2013.PDF](http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF)
- 113.MoMMA's Voices. Accessed April 24, 2023. <https://www.mommasvoices.org/>
- 114.Engaging People with Lived Experience of Inequities: Community Transformation Tools. Institute for Healthcare Improvement. Accessed April 24, 2023. <https://www.ihl.org/resources/tools/engaging-people-lived-experience-inequities-community-transformation-tools>
- 115.The SHARE Approach. Agency for Healthcare Research and Quality. Accessed April 24, 2023. <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>
- 116.HEAR HER Campaign: Healthcare Professionals. Centers for Disease Control and Prevention. Accessed May 31, 2023. <https://www.cdc.gov/hearher/healthcare-providers/index.html>

- 117.15 Bedside Manner Techniques to Improve Patient Experience. HospitalCareers.com. Accessed April 24, 2023. <https://hospitalcareers.com/blog/bedside-manner/>
118. Powerful Partnerships: Working Together to Improve Care. National Institute for Children’s Health Quality (NICHQ). Accessed April 24, 2023. <https://www.nichq.org/resource/powerful-partnerships-handbook-families-and-providers-working-together-improve-care>
119. Experience-Based Co-Design of Health Care Services. Institute for Healthcare Improvement. Accessed April 24, 2023. <https://www.ihl.org/resources/publications/experience-based-co-design-health-care-services>
120. Successful Engagement With People Who Have Lived Experiences. National MCH Workforce Development Center. <https://mchwdc.unc.edu/resources/successful-engagement-with-people-who-have-lived-experiences/>. Accessed April 24, 2023.
121. Respectful Maternity Care Implementation Toolkit. AWHONN. Accessed April 24, 2023. <https://www.awhonn.org/respectful-maternity-care-implementation-toolkit/>
122. Green CL, Perez SL, Walker A, et al. The cycle to respectful care: a qualitative approach to the creation of an actionable framework to address maternal outcome disparities. *International Journal of Environmental Research and Public Health*. 2021;18(9):4933. doi:10.3390/ijerph18094933
123. Respectful Maternity Care and Maternal Mental Health are Inextricably Linked. New Security Beat. Accessed May 31, 2023. <https://www.newsecuritybeat.org/2021/09/respectful-maternity-care-maternal-mental-health-inextricably-linked/>
124. Inculcating Equity. Alliance for Innovation on Maternal Health Community Care Initiative. Accessed May 31, 2023. <https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/>
125. Stigma, Prejudice and Discrimination Against People with Mental Illness. American Psychiatric Association. Accessed May 31, 2023. <https://www.psychiatry.org/443/patients-families/stigma-and-discrimination>

# Appendix B

## Implicit Bias and Respectful Care Training Resources

| Tier/type of education process   | Resource/tool available   | Brief description  |
|--|---|--|
| <p><b>E-modules:</b> Free maternal health–focused equity and bias e-module trainings for independent completion in about an hour or less</p> | <p><a href="#">Diversity Science</a></p>  | <p>Three e-modules focused on implicit bias and reproductive justice. Option to integrate into hospital learning management systems through ILPQC access.</p>  |
|  | <p><a href="#">The Office of Minority Health: Think Cultural Health</a></p>                 | <p>Four e-modules focused on Culturally and Linguistically Appropriate Services (CLAS) in maternal health care</p>   |
| <p><b>Programs:</b> Fee-based day or multi-day trainings</p>   | <p><a href="#">Birthing Cultural Rigor: Basic Training in Obstetric Racism™</a> (BTOR™)</p> | <p>BTOR™ is a 12-week online course. The online BTOR™ is organized into six two-hour interactive modular units and six corresponding 60-minute coaching sessions.</p>  |
|  | <p><a href="#">Perinatal Quality Improvement SPEAK UP Against Racism Training</a></p>       | <p>SPEAK UP training is a day-long interactive workshop that outlines strategies to help individuals and groups dismantle racism, provide high-quality, equitable care, and reduce perinatal health disparities.</p> |
| <p><b>Other Supportive Resources</b></p>   | <p><a href="#">Professionalism: Microaggression in the Healthcare Setting</a></p>           | <p>Article provides strategies for health care professions to address microaggressions when they come up in day-to-day interactions with other health care professionals.</p>  |
|  | <p><a href="#">Addressing the Elephant in the Room: Microaggressions in Medicine</a></p>    | <p>Article describes common microaggressions at the intersection of gender and race, and strategies providers and staff can use to respond to them.</p>  |
|  | <p><a href="#">Protecting Your Birth: A Guide for Black Mothers (and OB care team)</a></p>  | <p>Guide on how racism / bias can affect pre- and postnatal care, and ideas to facilitate optimal patient-provider communication and promote respectful care</p>   |

|  |  |  |
|--|--|--|
|  | <a href="#"><u>CDC HEAR HER Campaign</u></a>                     | <p>Resources to raise awareness of life-threatening warning signs during and after pregnancy and improve patient-provider communication, including patient story videos and discussion tools</p> |
|  | <a href="#"><u>Harvard Project Implicit Association Test</u></a> | <p>Test to check implicit bias before participating in equity training and/or health care hiring/candidate selection</p>   |