

Recognition and Management of Perinatal and Postpartum Mental Health Conditions in Primary Care

Guidance on Support Systems, Screening, and Resources

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Maternal Mental Health Screening

Who

Members:
Mother – After delivery, delivery date to 365 days following the delivery date
Baby – 365 days from date of birth

What

Screening: Women of childbearing age for clinical maternal depression using a validated standardized depression screening tool and if positive, have a follow-up plan documented on the date of the positive screening with follow-up care within 30 days of screening.

Where

Primary Care Clinics
Family Medicine Clinics
Obstetric Services
Pediatric Clinics
Behavioral Health Clinics

Beacon Customer Service:

1. 1(855) 371-8117
2. provider.inquiry@beaconhealthoptions.com
3. PCP Referral Form
4. Care Management Referral Form

Community and In-Network Resources

Postpartum Depression Resources in San Francisco [Link](#)

When

At each adult visit
At each postpartum visit, up to one year after delivery
At 1-, 2-, 4-, and 6-month baby visits
(At least 4 times during baby's first 6 months)
Pediatric baby visits, up to one year after delivery

Why

To identify mothers and assess severity of symptoms and functional status, including ability to care for and relate to the newborn; AND
Provide ongoing care or BH referral in cases of severe symptoms, esp. if suspicion of psychosis

How

Screen using an age-appropriate standardized tool:
Edinburgh Postnatal Depression Scale- Total Score ≥ 9
Patient Health Questionnaire (PHQ-2) - Total Score ≥ 10
Patient Health Questionnaire (PHQ-9) - Total Score ≥ 10

DHCS Criteria for Maternal Mental Health Screening

All women have contact with their childbirth providers within the first 3 weeks postpartum.

Maternal depression screening can occur at baby's provider visits at 1-, 2-, 4-, and 6-month visits, or any visit within the first year after birth.

Screen for depression in the general adult population, including pregnant and postpartum women.

A comprehensive postpartum visit is timely and no later than 12 weeks after birth.

Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Psychosocial Assessment includes mood and emotional wellbeing; sleep and fatigue.

Edinburgh Postnatal Depression Scale (EPDS) is most commonly used has been translated in 50 different languages.

Counseling, referrals or any interventions is documented.

Provide guidance on local resources for monitoring and support.

Timely follow-up is particularly important for women with chronic medical conditions.



Presentation and Symptoms

Postpartum Blues

50-85% of mothers in first 2 weeks postpartum

Symptoms: irritability, anxiety, fluctuating mood, & crying spells, lose appetite, have trouble sleeping

Mild & spontaneously remits in generally 3-5 days after they start, not considered psychiatric disorder

Postpartum Depression

10-15% of new mothers in first year postpartum

Symptoms: excessive guilt, anxiety, anhedonia, depressed mood, insomnia/hypersomnia, suicidal ideation, & fatigue

Moderate to severe symptoms, prolonged course, usually starts within the 1st month after childbirth, but can begin up to 1 year after birth

Postpartum Psychosis

Occurs up to 4 new mothers out of every 1,000 births. Usually begins in the 1st 2 weeks after childbirth.

Symptoms: mixed or rapid cycling, agitation, delusions, hallucinations, disorganized behavior, cognitive impairment, and low insight

Severe, considered psychiatric emergency; Often necessitates hospitalization

Screening Tools

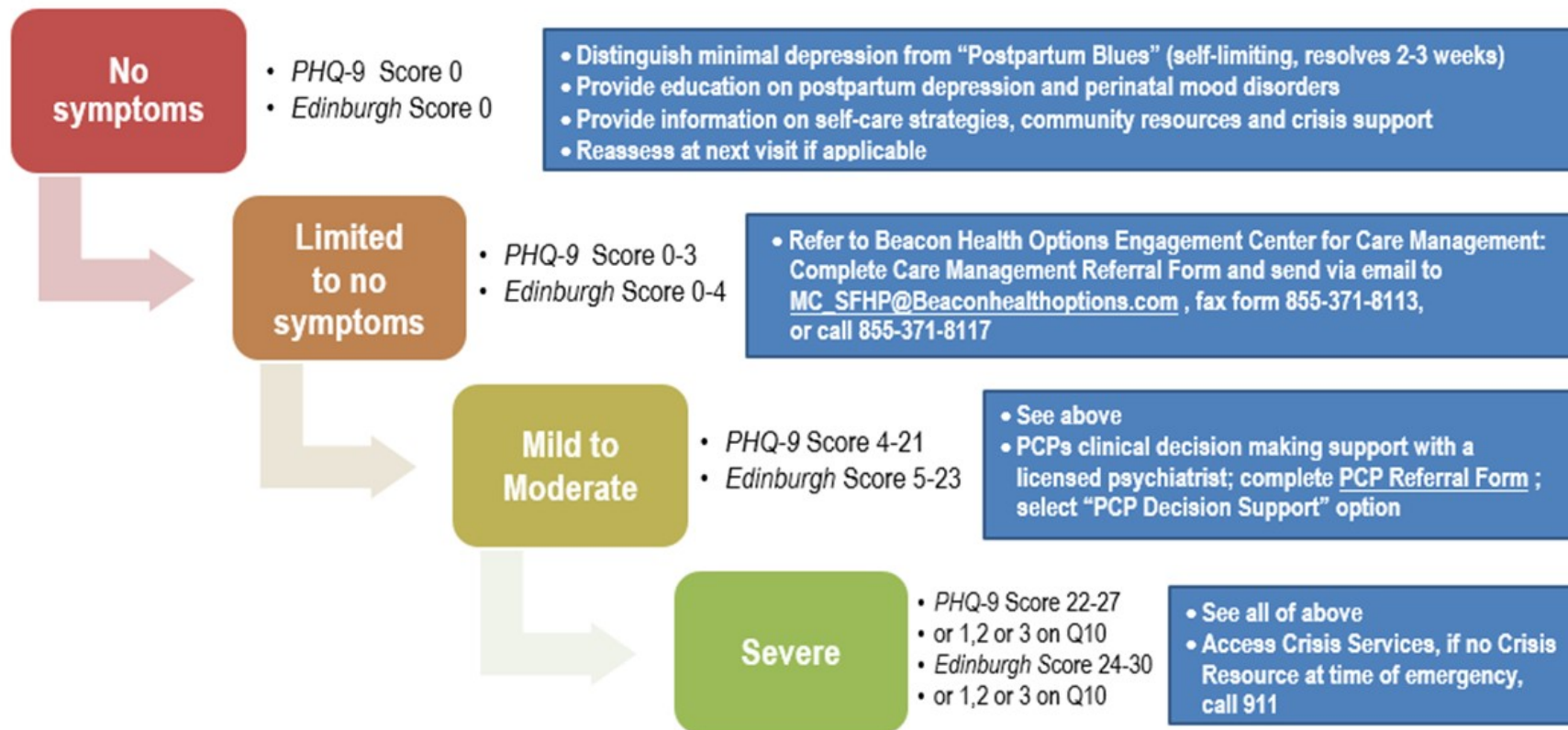
**Medicaid Maternal Depression Screening (MDS)
Primary Care Well-Child Visits and Post-Partum Visits**

Screening mothers for postpartum depression is appropriate for the general postpartum population and is recommended within the first few months following birth, up to the infant's first birthday.

Maternal depression screening per AAP Infant Well-Visit at 1-, 2-, 4-, and 6-months and/or Postpartum Visit at 2- and 6-week visits

Choose Appropriate Screening Tool & Visit Intervals

Choose when to refer, when to treat, and how to treat, and follow-up

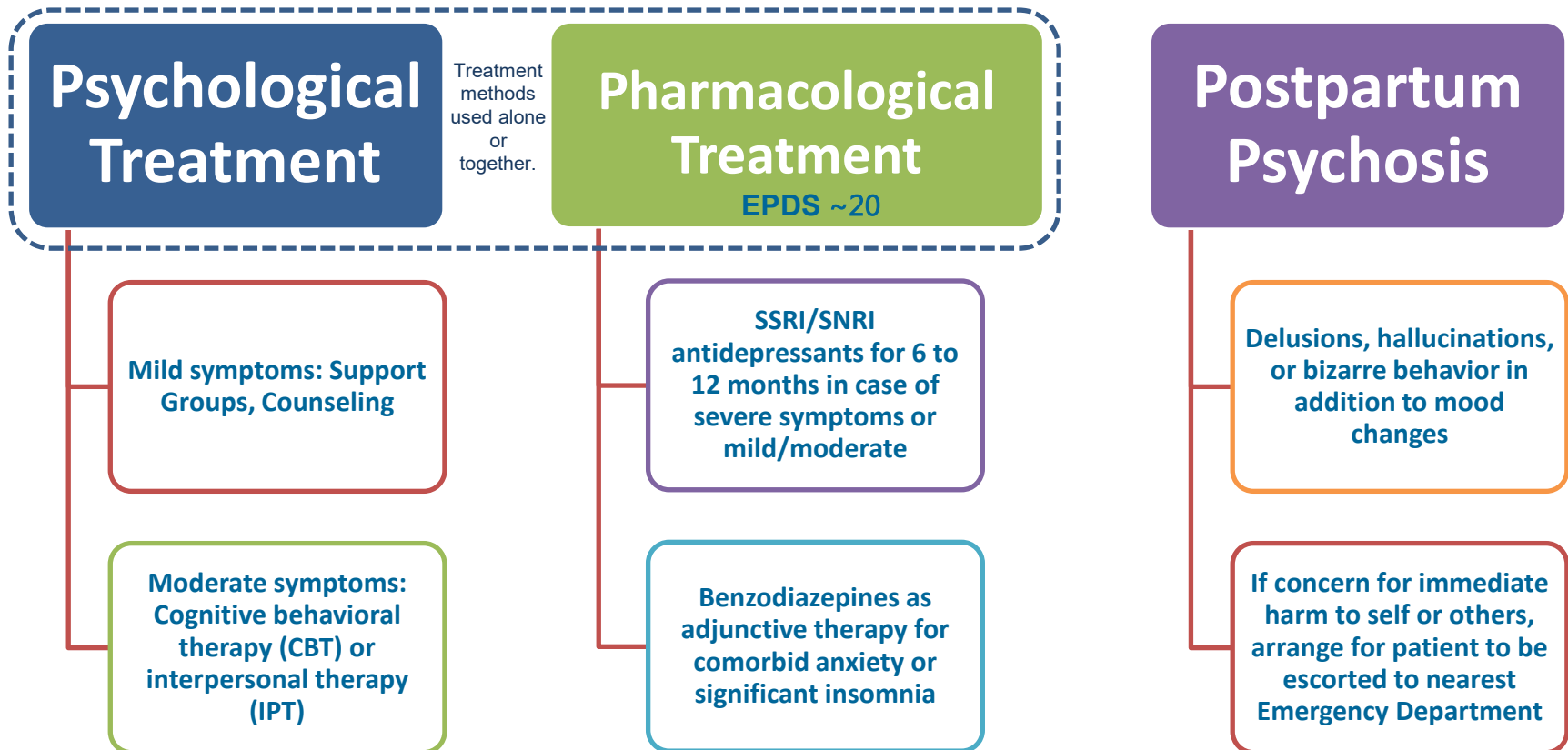


Women who sought help within 1 month of delivery had more favorable outcomes and were less likely to suffer a long-term disability as compared to women with late-onset

- The documented follow-up plan must be related to positive depression screening, for example: “Patient referred for psychiatric evaluation due to positive depression screening.”
- Follow up for positive depression screening then is to include one (1) or more of the following:
 - Additional evaluation
 - Suicide risk assessment
 - Referral to a practitioner who is qualified to diagnose and treat depression.
 - Pharmacological interventions
 - Other interventions or follow-up for the diagnosis of depression

Treatment

- Assess severity of symptoms and functional status, including ability to care for and relate to the newborn
- Refer to psychiatry in cases of severe symptoms, especially if suspicion of harm to self or others or of psychosis



Beacon Referral Forms

Beacon Health Options/Gold Coast Health Plan Primary Care Provider Referral Form



Referral Date: _____ PCP Name: _____ PCP Phone #: _____
Referring Provider: _____
Member Name: _____ Member ID #: _____ DOB: _____
Member's Preferred Language: _____ Member Phone #: _____ (home) _____ (cell) _____
 Please check to confirm member eligibility was verified

TO RECEIVE A CONFIRMATION OF THIS REFERRAL'S OUTCOME,

PLEASE CHECK THE BOX BELOW NOTING YOUR PREFERRED METHOD AND CONTACT DETAILS.

Email Address: _____
 FAX Number: _____

Requested Referral (please use separate forms for mul

PCP Decision Support: Request a phone call (curbside or prescribing support. **Include** med list and 2 PCP pro
• Please note preferred date/time for consult:
• Best phone number to **directly** call PCP:
Fax form to: 866.422.3413 OR secure email: mscd-caf@sf

Outpatient Behavioral Health Services: Refer member Beacon's network when needs are outside PCP scope. E
Fax form to: 866.422.3413 OR secure email: mscd-caf@sf

Behavioral Health Treatment (BHT)/Applied Behavior under age 21 with diagnosis of Autism Spectrum Disorder physician order requesting ABA services.

If there is a suspected but not yet established ASD diagn
 I am submitting a Diagnostic Evaluation Form (attach
 I am recommending a referral for Comprehensive Di
Fax form to: 800.596.2712 OR secure email: cam.mando

Request Reason (check all that apply):

Depression/Anxiety
 Poor self-care due to mental health
 Psychosis (auditory/visual hallucinations, delusions)
 PTSD/Trauma
 Violence/Aggressive Behavior
 Substance use type: _____
 Other BH symptoms: _____

Assessments:

Difficult/Unable to complete ADLs
 Difficult/Unable to go to work/school
 Other: _____

Medications (list below or send medication list with this fo



Care Management Referral Form Beacon Health Options/Central California Alliance for Health

Referral Date: _____ Member Name: _____ Member ID#: _____
DOB: _____ Member Phone #: _____ (home) _____ (cell) _____
Member's Preferred Language: _____ Please check here to confirm member eligibility was verified

REFERRAL SOURCE:

Hospital PCP Behavioral Health Provider Specialty Provider Community Partner

Referring Provider: _____

Submitted by: _____ Contact Phone #: _____

Facility/Clinic: _____ Fax #: _____

Email address for confirmation of referral outcome: _____

Requested Referral

Referral for Care Management: Local behavioral health care coordination services to link members to mental health providers, support transition between levels of care (Beacon to County or vice-versa), engage members with history of noncompliance and/or link them to community support services (food, shelter, transportation), and assist with coordination between multiple agencies.

Fax referral form to: 255-371-8117 OR secure email: MC_CCAH@beaconhealthoptions.com
(MC_CCAH@beaconhealthoptions.com)

Request Reason (check all that apply):

Symptoms:

Depression/Anxiety Abuse/CPS
 Poor self-care due to mental health Suicidal Ideation
 Psychosis (auditory/visual hallucinations, delusions) Homicidal Ideation
 PTSD/Trauma Chronic Pain
 Perinatal Anxiety and/or Depression
 Postpartum Anxiety and/or Depression
 Violence/Aggressive Behavior
 Substance use type: _____
 Other BH symptoms: _____

SFHP Network Providers' Beacon Contacts

Beacon Customer Service Number, Call 1(855) 371-8117 or Email provider.inquiry@beaconhealthoptions.com

PCP Referral Form – Referral for mental health professional

Care Management Referral Form - When need to add case management support

Establishing Office Protocol for MDS Screening

- Establish an office protocol for MDS screening
 - Determine when to conduct MDS screenings
 - Consider providing each postpartum mother a printed or electronic screening tool to complete when presenting for appointment
 - Select validated tool(s)
 - Score screening tool using standards provided for each tool
 - Determine follow-up pathways depending on positive or negative result
 - Review screening results with mother
 - Provide appropriate referral for positive screens
 - Emergent evaluation for risk to mother or her infant
- Train providers and medical support staff on MDS screening
 - See the next slide showing a pilot MDS Coding Tip Sheet for providers
- Create mechanism of reproductive psychiatry support for perinatal care providers
- Ensure knowledge of community resources

Pilot MDS Coding Tip Sheet

Maternal depression screening (MDS) is recommended at infant 1-, 2-, 4-, and 6-month visits, or at the postpartum visit, or for up to one year after delivery captured when patient(s) present for care. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, guidance on local resources for monitoring and support, and follow-up. Ensure documentation in medical records are clear and concise related to screening, interventions, counselling, and/or all appropriate care rendered to mother-baby dyad patients.

Key Takeaways: Validated Screening Tool, Accurate Diagnosis, Effective Treatment, Appropriate Follow-up, Coordination of Care.

Medicaid Maternal Depression Screening (MDS) Coding Tip Sheet, Primary Care Well-Child Visits and Post-Partum Visits									
1	2	3	4	5	6	7	8	9	10
Population	Visit Type	Age	Exam Type	Exam Type	Health Risk Assessment	Findings	Outcome	Procedural Service	Documentation
		Values	Preventive CPT Code	Eval & Management CPT Code	EPSDT CPT	ICD-10	HCPCS	Modifier	
Well-child visits	Preventive visit, age < 1 year	3-5 Days old	99381-new 99391-est	"Medically appropriate history or examination" 99202 Level 2 New Pt Visit 99203 Level 3 New Pt Visit 99204 Level 4 New Pt Visit 99205 Level 5 New Pt Visit 99211 Level 1 Est Pt Visit 99212 Level 2 Est Pt Visit 99213 Level 3 Est Pt Visit 99214 Level 4 Est Pt Visit 99215 Level 5 Est Pt Visit	96161 (96161-EP)	Z00.110	G8510-neg G8431-pos Et al.		Follow up for positive depression screening to include one (1) or more of the following: • Additional evaluation • Suicide risk assessment
Well-child visits	Preventive visit, age < 1 year	1-month old	99381-new 99391-est		96161 (96161-EP)	Z00.111	G8510-neg G8431-pos Et al.		
Well-child visits	Preventive visit, age < 1 year	2-month old	99381-new 99391-est		96161 (96161-EP)	Z00.129- Z00.121-			
Well-child visits	Preventive visit, age < 1 year	4-month old	99381-new 99391-est		96161 (96161-EP)	Z00.129- Z00.121-			
Well-child visits	Preventive visit, age < 1 year	6-month old	99381-new 99391-est		96161 (96161-EP)	Z00.129- Z00.121-			
Well-child visits	Preventive visit, age 1 to 4	1-4 years *Cut off age 1	99382-new 99392-est		96161 (96161-EP)	Z00.129- Z00.121-			
Postpartum Patient	Preventive visit, age 12 to 17	Adolescent 12-17	99384-new 99394-est	59400 Routine OB Package Code 59510 Routine OB Package Code 59610 Routine OB Package Code	96127	Z00.129- Z00.121- Z13.32			<p>Should any provider consider testing this tip sheet, please contact Jackie Hägg at jhagg@sfhp.org</p> <p>ers Beacon Contacts: Service Number 1(855) sanfranciscohealthoptions.com 5. *PCP Referral form PCP Referral Form 6. *Case Management support, complete a Care Management referral form Care Management Referral Form * Forms also available from the SFHP website</p>
Postpartum Patient	Preventive visit, age 18 to 20	Adult 18-20	99385-new 99395-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos Et al.		
Postpartum Patient	Preventive visit, Age, 18-39 years	Adult 18-39	99385-new 99395-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos Et al.		
Postpartum Patient	Preventive visit, Age, *40-64 years	Adult 40-49 *Cut off age 49	99386-new 99396-est		96127	Z00.00-nl Z00.01-abnl Z13.32	G8510-neg G8431-pos Et al.		