



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

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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.^{1,2} 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.³ Prior reports from 14 MMRCs determined that all perinatal mental health–related deaths were preventable.^{3,4} 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.^{5–7} 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.^{8,9}

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.^{8,10} 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.^{11–15}

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.^{11,16,17}

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](#).¹⁸

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.¹⁹
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.²⁰
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.²¹

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>Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated</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 3rd trimester, and at the postpartum visit *</i></p>	<p>American College of Obstetricians and Gynecologists (ACOG): Perinatal Mental Health: Patient Screening²²</p>
	<p>Develop a standard process for addressing a positive screen (Who makes the referral? How? When?) and have referral pathways ready</p>	<p>Massachusetts Child Psychiatry Access Program (MCPAP) for Moms: Obstetric Provider Toolkit²³</p> <p>Orange County (OC) Health Care Agency: Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway²⁴</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>UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings: Sample Workflows (pp. 57 - 58)²⁵</p> <p>Maternal Mental Health Leadership Alliance (MMHLA): Psychiatry Access Programs²⁶</p> <p>Postpartum Support International (PSI): Perinatal Psychiatric Consult Line²⁷</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>Increasing Warm Handoffs: Optimizing Community Based Referrals in Primary Care Using QI Methodology²⁸</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>Identify mental health screening tools to be integrated universally in every clinical setting where patients may present</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>National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care²⁹</p> <p>Edinburgh Postnatal Depression Scale (EPDS) in multiple languages³⁰</p> <p>Patient Health Questionnaire (PHQ) Screeners in Multiple Languages³¹</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>MMHLA: Psychiatry Access Programs²⁶</p> <p>Advancing Integrated Mental Health Solutions (AIMS) Center: Collaborative Care Implementation Guide³²</p> <p>Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations³³</p>

		Bringing Light to Motherhood: Perinatal Mental Health Community Provider toolkit ³⁴
Establish a response protocol based on what is feasible for each area of practice and local mental health resources	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	UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (pp. 26-29) ³⁵ UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings ²⁵ ACOG: Guide for Integrating Mental Health Care into Obstetric Practice ³⁶
	Train all relevant staff in the stepped care approach, including appropriate responses based on condition and level of severity	
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	<p>Train providers in delivering screening in a way that is culturally sensitive and in responding appropriately to a positive screen ◇</p> <p><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></p>	ACOG: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care ³⁷ UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (pp. 8, 11, and 28) ³⁵
	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 ◇	Policy Center for Maternal Mental Health: Maternal Mental Health Certified Peer Support ³⁸

	<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>Impact of Doulas on Healthy Birth Outcomes³⁹</p> <p>Doula Care and Maternal Health: An Evidence Review⁴⁰</p> <p>National Council for Mental Wellbeing: Mental Health First Aid⁴¹</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>MMHA: Maternal Mental Health Fact Sheet⁴²</p> <p>National Child & Maternal Health Education Program: Mom's Mental Health Matters⁴³</p> <p>Healthy Start EPIC Center: Mental Health Brochures⁴⁴</p> <p>Maternal Mental Health NOW: Materials and Resources⁴⁵</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>MCPAP for Moms⁴⁶</p> <p>UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit³⁵</p> <p>ACOG: Perinatal Mental Health Tool Kit⁴⁷</p> <p>Talk About Depression and Anxiety During Pregnancy and After Birth: Ways You Can Help⁴⁸</p> <p>Health Resources & Services Administration (HRSA): Depression During and After Pregnancy: A Resource for</p>

		Women, Their Families, and Friends ⁴⁹
	<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>UMass Chan Medical School: Resources for Integrating Mental Health into Obstetric Settings²⁵</p> <p>PSI: Perinatal Mental Health Training for Frontline Providers⁵⁰</p> <p>ACOG Respectful Care eModules⁵¹</p> <p>ACOG: Assessment and Treatment of Perinatal Mental Health Conditions⁵²</p> <p>AIMS Center: Training & Support⁵³</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>HRSA: National Maternal Mental Health Hotline⁵⁴</p> <p>Postpartum Support International⁵⁵</p> <p>National Child & Maternal Health Education Program: Mom’s Mental Health Matters⁴³</p>
	<p>Provide information to all care providers across the continuum on how to be reimbursed for mental health screening</p>	<p>AIMS Center: Billing and Reimbursement Resources⁵⁶</p> <p>HRSA: Billing for Maternal Telehealth⁵⁷</p>
Facilitate trauma-informed trainings and education to address health care team member biases and stigma related to perinatal mental	<p>Include mental health conditions, including psychosis and suicidality, as part of drills and simulation in both inpatient and outpatient settings</p>	AIM: Simulation and Drills for Patient Safety ⁵⁸
	<p>Require training in trauma-informed care for all members of the care team</p>	Trauma-Informed Care Implementation Resource Center ⁵⁹

<p>health conditions, including anti-racism considerations</p>		<p>National LGBTQIA+ Health Education Center: Trauma-Informed Care for Trans and Gender-Diverse Patients⁶⁰</p> <p>Integrating Trauma-Informed Care into Maternity Care Practice: Conceptual and Practical Issues⁶¹</p> <p>A Trauma-Informed Approach to Postpartum Care⁶²</p> <p>MCPAP for Moms: Trauma-Informed Care⁶³</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>National Alliance on Mental Illness (NAMI) Resources for Health Care Professionals⁶⁴</p> <p>Implementing the RISE second victim support programme at the Johns Hopkins Hospital: a case study⁶⁵</p> <p>Schwartz Center for Compassionate Healthcare⁶⁶</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 (Appendix B)</p> <p>Strategies to Overcome Racism’s Impact on Pregnancy Outcomes⁶⁷</p> <p>Duke University School of Medicine: ALLIED: Antiracism: Learning, Leading and Innovating</p>

		Educational Development for Faculty ⁶⁸
<p>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</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>UMass Chan Medical School: National Network of Perinatal Psychiatry Access Programs¹⁴</p> <p>Postpartum Support International⁵⁵</p> <p>Center for Health Care Strategies (CHCS): An Inside Look at Partnerships between Community-Based Organizations and Health Care Providers⁶⁹</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>PSI Provider Directory⁷⁰</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>Increasing Warm Handoffs: Optimizing Community Based Referrals in Primary Care Using QI Methodology²⁸</p> <p>Improving access to perinatal mental health services: the value of on-site resources⁷¹</p>

Recognition and Prevention

Change Concept	Change Idea	Key Resources and Tools
<p>Screen for perinatal mental health conditions consistently throughout the perinatal period, including but not limited to:</p> <ul style="list-style-type: none"> ○ Obtain individual and family mental health history at intake, with review and update as needed ○ Screen for depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits, ideally including pediatric well-child visits ○ Screen for bipolar disorder before initiating pharmacotherapy for anxiety and depression 	<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>Women’s Preventive Services Initiative (WPSI): Screening for Anxiety⁷²</p> <p>ACOG Committee Opinion Number 587: Effective Patient–Physician Communication⁷³</p> <p>ACOG Committee Opinion Number 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care³⁷</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>Edinburgh Postnatal Depression Scale (EPDS) in multiple languages³⁰</p> <p>Patient Health Questionnaire-9 (PHQ-9)⁷⁴</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>Mood Disorder Questionnaire (MDQ)⁷⁵</p> <p>Composite International Diagnostic Interview (CIDI)⁷⁶</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>City University of London: City Birth Trauma Scale⁷⁷</p> <p>ACOG Committee Opinion Number 825: Caring for Patients Who Have Experienced Trauma⁷⁸</p> <p>HRSA: Primary Care Post-Traumatic Stress Disorder (PTSD) Screen for DSM-5⁷⁹</p> <p>CHCS: Screening for Adverse Childhood Experiences (ACEs) and Trauma⁸⁰</p> <p>ACEs Aware: Screening Tools for ACEs⁸¹</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>American Academy of Pediatrics (AAP): Perinatal Mental Health and Social Support⁸²</p> <p>AAP: Integrating Postpartum Depression Screening in Your Practice in 4 Steps⁸³</p> <p>Perinatal Mental Health Task Force: Integrating Care Across a Pediatric Hospital Setting⁸⁴</p>
<p>Screen for structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources</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>Illinois Perinatal Quality Collaborative (ILPQC) Mapping Tool: Resources/Services in Hospital's Service Area to Address Patients' Social Determinants of Health (automatic download)⁸⁵</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>ILPQC: SDoH Screening Tools for OB Settings⁸⁶</p> <p>CHCS: Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations⁸⁷</p> <p>Additional Screening Tools:</p> <ul style="list-style-type: none"> • Protocol for Responding to and Assessing Patients' Assets, Risks & Experiences (PRAPARE) Tool⁸⁸ • CHCS: OneCare Vermont: Self-Sufficiency Outcome Matrix⁸⁹ • American Academy of Family Physicians (AAFP): Social Needs Screening Tool (automatic download)⁹⁰ • Centers for Medicare & Medicaid Services (CMS): The Accountable Health Communities Health-Related Social Needs Screening Tool⁹¹
	<p>Inquire about patient's social support systems and help patients get connected to additional supports as needed</p>	<p>The Health Leads Screening Toolkit⁹²</p> <p>The Relationship between Social Support and Postnatal Anxiety and Depression: Results from the Listening to Mothers in California Survey⁹³</p> <p>Social Support—A Protective Factor for Depressed Perinatal Women?⁹⁴</p>

Response

Change Concept	Change Idea	Key Resources and Tools
<p>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</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>* ◇</p>	<p>UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit³⁵</p> <p>MCPAP for Moms: Obstetric Provider Toolkit²³</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>Postpartum Support International⁵⁵</p> <p>Postpartum Progress: Postpartum Depression Support Organizations⁹⁵</p>
	<p>Adapt treatment plans based on patient’s and family’s specific needs and circumstances</p>	<p>ACOG Respectful Care eModules⁵¹</p> <p>Maternal Mental Health Now: Queer & Trans Perinatal Mental Health Toolkit⁴⁵</p>
<p>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</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>Columbia Suicide Severity Rating Scale (C-SSRS)⁹⁶</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA): Patient Safety Screener (PSS-3)⁹⁷</p> <p>UMass Chan Medical School: Lifeline for Moms Perinatal Mental Health Toolkit (p. 28)³⁵</p> <p>988 Suicide & Crisis Lifeline⁹⁸</p>

<p>Establish care pathways that facilitate coordination and follow-up among multiple providers throughout the perinatal period for pregnant and postpartum people referred to mental health treatment</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><i>If access to mental health clinicians is limited in your community, explore alternative pathways such as working with primary care *</i></p>	<p>CHCS: Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations⁸⁷</p> <p>IHI: Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era⁹⁹</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>IHI White Paper: Telemedicine: Ensuring Safe, Equitable, Person-Centered Virtual Care¹⁰⁰</p> <p>Maternal Health Learning and Innovation Center: Maternal Telehealth Access Project (MTAP)¹⁰¹</p> <p>American Medical Association (AMA): Digital Health Implementation Playbook Series¹⁰²</p> <p>HRSA: Guidance on Billing for Maternal Telehealth⁵⁷</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>Policy Center for Maternal Mental Health: Maternal Mental Health Certified Peer Support³⁸</p> <p>Using a Patient Navigator to Improve Postpartum Care in an Urban Women's Health Clinic¹⁰³</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>	

	<i>Work with patients to identify an appropriate PCP in their community if they do not have one *</i>	
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Reporting and Systems Learning

Change Concept	Change Idea	Key Resources and Tools
Incorporate mental health into multidisciplinary rounding to establish a non-judgmental culture of safety	Include mental health screening results, assessment, and treatment plans as a standard part of rounds and bedside huddles	
	Provide standard templates for rounds and huddles to address common risks and needs, and identify responsible team members for any action steps	IHI How-to Guide: Multidisciplinary Rounds ¹⁰⁴
	<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>	Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees ¹⁰⁵
Convene inpatient and outpatient providers in an ongoing way to share	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	AHRQ TeamSTEPPS Pocket Guide: Briefs, Debriefs, and Huddles ¹⁰⁶

<p>successful strategies and identify opportunities for prevention and evaluation of undesired outcomes related to perinatal mental health</p>	<p><i>Establish standardized briefing documentation to capture successes and actionable follow-up *</i></p>	<p>ILPQC Missed Opportunity Review/Debrief Form (automatic download)¹⁰⁷</p> <p>ACOG Obstetric Team Debriefing Form¹⁰⁸</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>Health Equity Morbidity and Mortality Conferences in Obstetrics and Gynecology¹⁰⁹</p> <p>ILPQC: Guide for incorporating discussion of SDoH and discrimination in maternal morbidity reviews¹¹⁰</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>State Perinatal Quality Collaboratives¹¹¹</p>
<p>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</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>Urban Institute: Do No Harm Guide: Applying Equity Awareness in Data Visualization¹¹²</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>Hospitals in Pursuit of Excellence: Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data¹¹³</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>MoMMA's Voices¹¹⁴</p> <p>IHI: 100 Million Healthier Lives Engaging People with Lived Experience Tools¹¹⁵</p>

Respectful, Equitable, and Supportive Care

Change Concept	Change Idea	Key Resources and Tools
<p>Include each pregnant and postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team</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>AHRO: The SHARE Approach: 5 Essential Steps of Shared Decision Making¹¹⁶</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>Centers for Disease Control and Prevention (CDC): HEAR HER Campaign Resources for Healthcare Professionals¹¹⁷</p> <p>Hospital Careers: 15 Bedside Manner Techniques to Improve Patient Experience¹¹⁸</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>National Institute for Children's Healthcare Quality (NICHQ): Powerful Partnerships: A Handbook for Families and Providers Working Together to Improve Care¹¹⁹</p> <p>IHI: Experience-Based Co-Design of Health Care Services¹²⁰</p>

		National MCH Workforce Development Center: Successful Engagement With People Who Have Lived Experiences ¹²¹
<p>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</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>	National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care ²⁹
	<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>Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN): Respectful Maternity Care Implementation Toolkit¹²²</p> <p>ACOG Respectful Care eModules⁵¹</p> <p>The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities¹²³</p> <p>Respectful Maternity Care and Maternal Mental Health Are Inextricably Linked¹²⁴</p> <p>AIM Community Care Initiative (AIM CCI): Racial Equity Learning Series (RELS)¹²⁵</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>American Psychiatric Association (APA): Stigma, Prejudice, and Discrimination Against People with Mental Illness¹²⁶</p>

Appendix A

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Appendix B

Implicit Bias and Respectful Care Training Resources

Tier/type of education process	Resource/tool available	Brief description
E-modules: Free maternal health–focused equity and bias e-module trainings for independent completion in about an hour or less	Diversity Science	Three e-modules focused on implicit bias and reproductive justice. Option to integrate into hospital learning management systems through ILPQC access.
	The Office of Minority Health: Think Cultural Health	Four e-modules focused on Culturally and Linguistically Appropriate Services (CLAS) in maternal health care
Programs: Fee-based day or multi-day trainings	Birthing Cultural Rigor: Basic Training in Obstetric Racism™ (BTOR™)	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.
	Perinatal Quality Improvement SPEAK UP Against Racism Training	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.
Other Supportive Resources	Professionalism: Microaggression in the Healthcare Setting	Article provides strategies for health care professions to address microaggressions when they come up in day-to-day interactions with other health care professionals.
	Addressing the Elephant in the Room: Microaggressions in Medicine	Article describes common microaggressions at the intersection of gender and race, and strategies providers and staff can use to respond to them.
	Protecting Your Birth: A Guide for Black Mothers (and OB care team)	Guide on how racism / bias can affect pre- and postnatal care, and ideas to facilitate optimal patient-provider communication and promote respectful care

	<u>CDC HEAR HER Campaign</u>	<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>
	<u>Harvard Project Implicit Association Test</u>	<p>Test to check implicit bias before participating in equity training and/or health care hiring/candidate selection</p>