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ON MATERNAL HEALTH

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## **Perinatal Mental Health Conditions Patient Safety Bundle**

*Core Data Collection Plan*  
*Version 1 January 2023*



# Perinatal Mental Health Conditions Patient Safety Bundle

## Core Data Collection Plan

**Measurement Statement:** For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis (see the [AIM PMHC ICD-10 Codes List](#) at the bottom of this document).

Although the PMHC patient safety bundle encompasses the entire perinatal period, the accompanying data collection plan primarily focuses on the inpatient birth admission due to the lack of universally accessible data pertaining to prenatal and postpartum care. In addition, these measures focus primarily on quality improvement opportunities within the influence of the inpatient care team. Suggested optional outpatient measures are included in the [Optional Measures](#) section.

### State Surveillance

Metric	Name	Description	Notes
SS1	Perinatal Mental Health Conditions among Pregnant and Postpartum People	<p><b>Report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission</p> <p><b>Numerator:</b> Among the denominator, those with any diagnosis of PMHC</p>	Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure
SS2	Severe Maternal Morbidity among People with Perinatal Mental Health Conditions (excluding transfusion codes alone)	<p><b>Report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission with PMHC</p> <p><b>Numerator:</b> Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure

## Outcome

Metric	Name	Description	Notes
O1	Percent of Pregnant and Postpartum People with PMHC Who <b>Received or Were Referred to</b> Treatment	<p><b>Report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i>  <b>Denominator:</b> Pregnant and postpartum people with a diagnosis of PMHC  <b>Numerator:</b> Among the denominator, those with documentation of having <b>received or been referred to</b> treatment* prior to discharge from their birth hospitalization</p>	<p>*Treatment may include pharmacotherapy and/or behavioral health therapy.</p> <p><b>Include in the numerator:</b></p> <ul style="list-style-type: none"> <li>• Those who received treatment at any point during their pregnancy, regardless of current status</li> <li>• Those who did not receive treatment during pregnancy, but were referred to treatment prior to discharge from birth hospitalization</li> </ul>

## Process

Metric	Name	Description	Notes
P1	Patient Education on Perinatal Mental Health Conditions	<p><b>Sample patient charts or report for all patients; report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i>  <b>Denominator:</b> All pregnant and postpartum people during their birth admission, whether from sample or entire population  <b>Numerator:</b> Among the denominator, those with documentation of verbal and written education on perinatal mental health conditions and when to seek care before discharge*</p>	<p>*To be included in the numerator, patient record needs to include documentation of verbal and written education.</p>

Metric	Name	Description	Notes
P2	Provider and Nursing Education – <b>Perinatal Mental Health Conditions</b>	<b>Report proportion completed (estimated in 10% increments – round up)</b> At the end of this reporting period, what cumulative proportion of OB providers and nurses (including L&D and PP) has received within the last 2 years <b>an education program on care for pregnant and postpartum people with perinatal mental health conditions?</b>	
P3	Provider and Nursing Education – <b>Respectful and Equitable Care</b>	<b>Report proportion completed (estimated in 10% increments-round up)</b> At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last two years <b>an education program on respectful and equitable care?</b>	

## Structure

Metric	Name	Description	Notes
S1	Inpatient-Outpatient Care Coordination Workgroup	<b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</b> Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?	This workgroup should help coordinate the completion of the other structure measures

Metric	Name	Description	Notes
S2	Resource Mapping/ Identification of Community Resources	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</b></p> <p>Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?</p>	<ul style="list-style-type: none"> <li>• Resource list should be updated annually</li> <li>• Resource list should include PMHC treatment resources and allow for tailoring based on patient population (e.g., BIPOC)</li> </ul>
S3	Perinatal Mental Health Assessment and Response Protocol	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</b></p> <p>Do you have a written assessment and response protocol for perinatal mental health conditions that is tiered based on illness severity and risk of harm?</p>	
S4	Patient Education Materials on Urgent Postpartum Warning Signs	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</b></p> <p>Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p>	
S5	Validated PMHC Screening Tools Shared with Prenatal Care Sites	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</b></p> <p>Has your hospital shared with all its prenatal care sites validated screening tools for diagnosis of PMHC?</p>	

**Optional Process Measures:** Optional measures are often best practice and are thus important for every team to consider. However, the timeliness of the data or the process to access the data may be difficult for teams. Adoption of these measures is highly recommended and encouraged as team resources and circumstances permit.

## Optional

Metric	Name	Description	Notes
OP1	Proportion of Pregnancy-Associated Deaths Due to Suicide	<p><b>Report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> Total pregnancy-associated deaths</p> <p><b>Numerator:</b> Among the denominator, pregnancy-associated deaths due to suicide</p>	
OP2	Proportion of Pregnancy-Associated Deaths Due to Overdose	<p><b>Report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> Total pregnancy-associated deaths</p> <p><b>Numerator:</b> Pregnancy-associated deaths due to overdose</p>	This optional measure is included in acknowledgement that intention of overdose is not always known or able to be determined by maternal mortality review committees

Metric	Name	Description	Notes
OP3	Prenatal PMHC Screening	<p><b>Sample patient charts or report for all patients; report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>A. Denominator:</b> All patients with at least one postpartum visit during the reporting period, whether from sample or entire population  <b>Numerator:</b> Among the denominator, patients who were screened at least once for <b>depression</b> using a validated tool</p> <p><b>B. Denominator:</b> All patients with at least one postpartum visit during the reporting period, whether from sample or entire population  <b>Numerator:</b> Among the denominator, patients who were screened at least once for <b>anxiety</b> using a validated tool</p>	<ul style="list-style-type: none"> <li>• If using a single tool valid for both depression and anxiety, report the same statistic for both OP3a and OP3b</li> <li>• These measures are not intended to be used in place of related HEDIS® measures for <b>prenatal depression screening and follow up</b>. These measures may be used by outpatient teams to drive quality improvement efforts with the goal of improving patient care and HEDIS® measure outcomes</li> </ul>
OP4	Postpartum PMHC Screening	<p><b>Sample patient charts or report for all patients; report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>A. Denominator:</b> All patients with at least one postpartum visit during the reporting period, whether from sample or entire population  <b>Numerator:</b> Among the denominator, patients who were screened at least once for <b>depression</b> using a validated tool</p> <p><b>B. Denominator:</b> All patients with at least one postpartum visit during the reporting period, whether from sample or entire population  <b>Numerator:</b> Among the denominator, patients who were screened at least once for <b>anxiety</b> using a validated tool</p>	<ul style="list-style-type: none"> <li>• If using a single tool valid for both depression and anxiety, report the same statistic for both OP4a and OP4b</li> <li>• These measures are not intended to be used in place of related HEDIS® measures for <b>postpartum depression screening and follow up</b>. These measures may be used by outpatient teams to drive quality improvement efforts with the goal of improving patient care and HEDIS® measure outcomes</li> </ul>

## AIM PMHC ICD-10 Codes List

Condition Group	Definition
Depression	F320, F321, F322, F323, F324, F325, F328, F3289, F329, F32A, F330, F331, F332, F333, F334 F3340, F3341, F3342, F338, F339, F341, F530, O906, O9934
Bipolar disorder	F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309, F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F340, F3481, F3489, F39
Anxiety	F064, F409, F4000, F4001, F4002, F4010, F4011, F40218, F40240, F40241, F408, F410, F411, F413, F418, F419, F430, F458, F488, F489, F938, F99, R457
Posttraumatic stress disorder	F4310, F4311, F4312
Obsessive-compulsive disorder	F422, F423, F424, F428, F429, R4681
Psychosis	F060, F062, F200, F201, F202, F203, F205, F2081, F2089, F209, F21, F22, F23, F24, F250, F251, F258, F259, F28, F29, F531, F440, F441, F442, F4481, F4489, F449, F481, F482
Other	R45850, R45851, F061, F0630, F0631, F0632, F0633, F0634, F349, F4320, F4321, F4322, F4323, F4324, F4325, F4329, F4381, F4389, F439, F444, F445, F446, F447, F450, F451, F4520, F4521, F4522, F4529, F4541, F4542, F458, F459, F5101, F5102, F5103, F5104, F5105, F5109, F5111, F5112, F5113, F5119, F518, F519, F54, F59, O99340, O99341, O99342, O99343, O99344, O99345

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