

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

This toolkit was produced by the Medical College of Wisconsin and is provided to health care providers through The Periscope Project. The goal of this toolkit is to provide practitioners with an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period. The content is based on the latest available evidence-based guidelines and research whenever possible. If you are aware of new guidelines or research, or if you have suggestions that can help improve this toolkit, please contact cwichman@mcw.edu. Please read our disclaimer before using our toolkit.

This toolkit is for educational purposes only and does not constitute medical advice. The toolkit is not a replacement for careful medical judgments by qualified medical personnel. There may be information in the toolkit that does not apply to or may be inappropriate for the medical situation at hand.

CLINICAL CONSIDERATIONS



CLINICAL CONSIDERATIONS WHEN ASSESSING THE MENTAL HEALTH OF PERINATAL WOMEN

Recommended screening timeline: Initial prenatal visit •28 weeks gestation • 6-week postpartum visit Utilize a valid screening tool. • Most commonly utilized in How to talk about perinatal pregnancy: EPDS and PHQ-9 depression/anxiety with moms... (both included in this toolkit). **Document** as part of OB visit. How are you feeling about being Acknowledge and thank the pregnant/a mother? mother for completing. Review the score with them. What things are you most happy about? Ask why they chose the answers they did about What things are you most certain questions. concerned about? Do you have anyone you can talk to that you trust? How is your partner doing? Are you able to enjoy your baby? Have **protocols** in place to Normalize process. address: • Score above cut-off OR Acknowledge that you (or acknowledgement of selfyour practice) screens all harm (or harm to baby). women for mood and anxiety disorders during Local mental health pregnancy and postpartum resources. periods. • Emergent resources (if patient is at imminent risk).

Assessing Suicidal Ideation	
Lower Risk	Higher Risk
 No prior attempts No plan No intent No substance use Protective factors (what prevents you from acting?) 	 History of suicide attempt(s) High lethality of previous attempt(s) Current plan Current intent Substance use Lack of protective factors (including social support)

Assessing Thoughts of Harming Baby	
Occurring Secondary to Obsessions/Anxiety	Occurring Secondary to Postpartum Psychosis
Good insight Thoughts are intrusive, scary No psychotic symptoms Thoughts cause anxiety	Poor insight Psychotic symptoms Delusional beliefs with distortion of reality present
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Suggests not at risk of harming baby	Suggests at risk of harming baby