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
- 2-4 weeks postpartum
- 8-12 weeks postpartum
- 9-12 months postpartum

**How to talk about perinatal depression/anxiety with moms…**
- How are you feeling about being pregnant/a mother?
- What things are you most happy about?
- What things are you most 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?

**Assessing Suicidal Ideation**

<table>
<thead>
<tr>
<th>Lower Risk</th>
<th>Higher Risk</th>
</tr>
</thead>
</table>
| • 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**

<table>
<thead>
<tr>
<th>Occurring Secondary to Obsessions/Anxiety</th>
<th>Occurring Secondary to Postpartum Psychosis</th>
</tr>
</thead>
</table>
| Good insight  
Thoughts are intrusive, scary  
No psychotic symptoms  
Thoughts cause anxiety | Poor insight  
Psychotic symptoms  
Delusional beliefs with distortion of reality present |

Suggests not at risk of harming baby  
Suggests at risk of harming baby

**Normalize process.**
- Acknowledge that you (or your practice) screens all women for mood and anxiety disorders during pregnancy and postpartum periods.

**Utilize a valid screening tool.**
- Most commonly utilized in pregnancy: EPDS and PHQ-9 (both included in this toolkit).
- Acknowledge and thank the mother for completing. Review the score with them. Ask why they chose the answers they did about certain questions.

**Have protocols in place to address:**
- Score above cut-off OR acknowledgement of self-harm (or harm to baby).
- Local mental health resources.
- Emergent resources (if patient is at imminent risk).

**Document as part of OB visit.**

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