



THE PERISCOPE PROJECT

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 ThePeriscopeProject@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.

SBIRT

SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT

SCREEN

- Universal screening of perinatal patients utilizing a brief, validated tool .
- **PHQ-4**: a 4 item, ultra brief tool designed to identify depression and anxiety (included in this toolkit).
- If patient screens **negative**, continue to monitor at pre-determined time points throughout the peripartum period.
- If patient screens **positive**, further assessment is indicated via additional tools (PHQ-9 or EPDS for depression +/- GAD-7 or PASS for anxiety).
- If patient screens positive for suicidal(SI)/homicidal (HI) thoughts distinguish between passive and active SI/HI by asking whether the patient has a Plan, Intent, Acts of Furtherance.

BRIEF INTERVENTION

- Ask open-ended questions such as: ***"How is pregnancy going? How does it feel to be a parent?"***
- Offer affirmations: communicate an individual's strengths (making it Positive, Present and Personal). Example: ***"I really admire you talking to me about how challenging your postpartum period has been."***
- Utilize reflective listening, providing statements of understanding. Patient: ***"This is not what I expected."*** Provider: ***"You didn't expect parenthood to feel this way."***
- Summarize key components from the evaluation to ensure understanding of the patient's symptoms as well as to confirm that the patient understands the diagnosis and treatment recommendations.
- Provide psychoeducation about diagnosis and treatment options.

REFERRAL TO TREATMENT

- Connect patients to resources including referral to psychotherapy and/or medication management (if indicated), peer support groups, birthing and postpartum doulas, lactation consultants, etc.
- If patient screens positive for active SI/HI, providers and health systems should have a designated protocol for mental health emergencies (such as referral/escort to the ED or contacting mobile crisis team or authorities for urgent evaluation).

References:

Miller ES, Hoxha D, Wisner KL, Gossett DR. (2015). The impact of perinatal depression on the evolution of anxiety and obsessive-compulsive symptoms. *Arch Womens Ment Health*, 18(3), 457-61.
 Wisner KL, Peindl KS, et al. (1999). Obsessions and compulsions in women with postpartum depression. *J Clin Psychiatry*, 60(3), 176-80.