Safety Action Series

Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle
Speakers

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Disclosures

- John Keats, MD, CPE, FACOG is a national senior medical director for Cigna Health Care.

- Susan Kendig, JD, WHNP-BC, FAANP has no real or perceived conflicts of interest.
Objectives

- Provide an in-depth overview of the Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle.
- Take a look at the processes, methods, and tools that were used to develop the bundle.
- Give suggestions for how to effectively implement and utilize the bundle within your organization.
- Identify resources to customize the bundle for use within your organization.
Scope of the Problem

• CDC estimates 8-19% of women will experience a depressive episode during or after pregnancy
• Untreated maternal depression can have a devastating effect on women, their infants and their families
• In extreme form, depressive psychosis can lead to maternal suicide and/or infanticide
• Maternal suicide within a year of birth exceeds hemorrhage and hypertensive disorders as a cause of maternal mortality, and is probably underreported.
Current Position Statements

• American Academy of Pediatrics published a guideline in 2010
  – Advocated for pediatricians to screen mothers for depressive symptoms at well child visits at 1, 2 and 4 months of age.
  – Recognized that maternal depression can cause failure-to-thrive and other pediatric issues if unrecognized

• ACOG published Committee Opinion #630 in May 2015
  – Recommended that obstetricians “screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool”.
  – Listed various acceptable screening tools

  – Recommends depression screening for pregnant women for the first time. Screening should be done both antepartum and postpartum.

• Now Council on Patient Safety in Women’s Health Care is adding its recommendations


Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle Development

Multidisciplinary Team

- **Readiness**
  - Emily Miller – Lead
  - Sue Kendig
  - Katherine Wisner

- **Recognition**
  - Tiffany Moore-Simas – Lead
  - Ariela Frieder
  - Chris Raines

- **Response**
  - Camille Hoffman – Lead
  - Barbara Hackley
  - Pec Indman

- **Reporting & Systems Learning**
  - Lisa Kay – Lead
  - John Keats
  - Kisha Semenuk
4 Domains of Patient Safety Bundles

• Readiness
• Recognition & Prevention
• Response
• Reporting/Systems Learning
Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.
Readiness:
Every Clinical Care Setting

• Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
Readiness: Every Clinical Care Setting

• *Establish a response protocol and identify screening tools for use based on local resources.*
Readiness: 

Every Clinical Care Setting

• Educate clinicians and office staff on use of the identified screening tools and response protocol.
Readiness: Every Clinical Care Setting

• Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.
Every Woman

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.
Recognition: *Every Woman*

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
Recognition: *Every Woman*

- **Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.**
Recognition: Every Woman

• Provide appropriately timed perinatal depression and anxiety awareness education to women, family members, or other support persons.
Every Case

- Initiate a stage-based response protocol for a positive mental health screen.
- Activate an emergency referral protocol for women with suicidal/homicidal ideation or psychosis.
- Provide appropriate and timely support for women, as well as family members and staff, as needed.
- Obtain follow-up from mental health providers on women referred for treatment. This should include the necessary release of information forms.
Response: *Every Case*

- *Initiate a stage-based response protocol for a positive mental health screen.*
Response: *Every Case*

- **Activate an emergency referral protocol for women with suicidal/homicidal ideation or psychosis.**
Response: *Every Case*

- **Provide appropriate and timely support for women, as well as family members and staff, as needed.**

Access the Patient, Family, and Staff Support after a Severe Maternal Event Patient Safety Bundle here
Response: *Every Case*

- *Obtain follow-up from mental health providers on women referred for treatment. This should include the necessary release of information forms.*
Every Clinical Care Setting

- Establish a non-judgmental culture of safety through multidisciplinary mental health rounds.
- Perform a multidisciplinary review of adverse mental health outcomes.
- Establish local standards for recognition and response in order to measure compliance, understand individual performance, and track outcomes.
Reporting/Systems Learning: Every Clinical Care Setting

• Establish a non-judgmental culture of safety through multidisciplinary mental health rounds.
Reporting/Systems Learning: Every Clinical Care Setting

- Perform a multidisciplinary review of adverse mental health outcomes.
Establish local standards for recognition and response in order to measure compliance, understand individual performance, and track outcomes.
Conclusion

• Maternal depression and anxiety are significant medical issues for our patients, and to date have often gone unrecognized
• Severe forms of depression can be a cause of maternal mortality
• Recommendations for perinatal depression and anxiety screening have proliferated
• This bundle is intended to provide recommendations for establishing screening for depression and anxiety in all obstetrical practice settings
• A commentary to accompany this bundle will be forthcoming in the next few months
Q&A Session
Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Future Safety Action Series

Supporting Intended Vaginal Births through Patient Education and Shared Decision Making

Thursday, March 24, 2016
2:00 p.m. Eastern

Rita Brennan, DNP, RNC-NIC, APN/CNS
Outcomes Manager, Women & Children’s Services, Northwestern Medicine, Central DuPage Hospital

Brownsyne Tucker Edmonds, MD, MPH
Assistant Professor, Obstetrics and Gynecology, Indiana University School of Medicine

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