PERINATAL MENTAL HEALTH SCREENING

An Evaluation Performed by
Mariama Massaquoi, MSIV UTMB
Maternal Depression

- Most common complication of pregnancy
- Encompasses prenatal depression, postpartum depression and postpartum psychosis
- Affects child development and mortality
- Often not screened for in the pregnant population
Perinatal Mental Health Screening Pathway

INTAKE
1. Wkly List Generated
2. Screen placed in chart
3. Screen Handed to Pt

REVIEW & TRIAGE
4. Screen Scored and Reviewed with Pt
+ pos
5. Refer to Case Manager

RESPONSE
- neg
6. Pt Introduced to NFCT
7. Intake Scheduled w/in 1wk

FOLLOW UP & TRACKING
8. Routine Screening qTrimester and qWCC <=12mo
## Perinatal Mental Health Screening Data

<table>
<thead>
<tr>
<th>WK</th>
<th>Patients Scheduled</th>
<th>Visits verified</th>
<th>Patients Screened on Scheduled Date</th>
<th>%pts screened on scheduled date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/20 - 7/27</td>
<td>20</td>
<td>18</td>
<td>4</td>
<td>22.22%</td>
</tr>
<tr>
<td>7/30 - 8/3</td>
<td>31</td>
<td>31</td>
<td>4</td>
<td>12.90%</td>
</tr>
<tr>
<td>8/6 - 8/10</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>18.18%</td>
</tr>
<tr>
<td>8/13 - 8/17</td>
<td>37</td>
<td>37</td>
<td>7</td>
<td>18.92%</td>
</tr>
<tr>
<td>7/20 - 8/17</td>
<td>99</td>
<td>97</td>
<td>17</td>
<td>17.53%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Charts Reviewed</th>
<th>Patients w/ hx of screen</th>
<th>Patients w/ pos screen</th>
<th>Pts w/ neg screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/20 - 8/17</td>
<td>85</td>
<td>53</td>
<td>18</td>
</tr>
</tbody>
</table>

- % pts EVER screened: 62.35%
- % screened pts w/ pos: 33.96%
Perinatal Mental Health Screening Evaluation

- Step 1- Patient List Generated Every Week
  - Person Responsible- Eisner Volunteer
  - Problem- Temporary Assistance
  - Solution(s)
    - Manager of Medical Assistants
    - Utilize HER
    - Designated Coordinator
Screening Evaluation (cont.)

- Step 2 - Screen Placed in Chart
  - Person Responsible - Medical Records
  - Problem - Inconsistent execution
  - Solution - Formal training
Screening Evaluation (cont.)

- Step 3 - Screen Handed to Patient
  - Person Responsible - Medical Assistant
  - Problem - Inconsistently executed, blank screens in chart
- Solution
  - Manager of Medical Assistants
  - Utilize EHR
  - Training
Screening Evaluation (cont.)

- Step 4 - Screen Scored and Reviewed
  - Person Responsible - Resident/Intern
  - Problem - Completed by patient but not totaled (rare)
  - Solution - Training
Step 5 - Positive Screen Referred to Case Manager
  - Person Responsible: Resident/Intern
  - Problem: Case Manager not notified (rare)
  - Solution
    - Improve communication between case manager and resident/interns
    - Training
Screening Evaluation (cont.)

- Step 6 - Patient Introduced to New Family Care Team
  - Person Responsible - Case Manager
  - Problem
    - Case Manager with another patient on discharge
    - Patient leaves before being seen
Step 6 (cont)

Solution

- Utilize MSW student to perform introductions
- Have Case Manager and MSW student to see patient in room
- Train discharge MA to monitor patients that need to be seen
Screening Evaluation (cont.)

- Step 7- Intake Scheduled Within One Week
  - Person Responsible- Discharge MA
  - Problem- Orders/Instructions not communicated
  - Solution- Add “schedule intake within one week” to screening sheet
Screening Evaluation (cont.)

- Step 8 - Follow-Up
  - Person Responsible: None designated
  - Problem
    - No person designated
    - Resource not fully utilized
  - Solution
    - MSW student or designated coordinator
    - Automated Spreadsheet
Summary

- 33% of patients screened scored positive
- Training, Training, Training
- Utilize the resources available
- Improve follow-up
- Research and increased funding