

# Treating the Perinatal Population in the Collaborative Care Model

## Summary of Key Adaptations Needed for the Perinatal Population

The Collaborative Care Model (CoCM) is an effective approach to delivering mental health care during pregnancy and postpartum. **Key adaptations to consider:**

- Behavioral health care manager (BHCM) will need:
  - To be knowledgeable around screening, diagnosing, and evidence-based treatment for common behavioral health challenges in perinatal populations including differentiating major depression from “baby blues”
  - Training in assessment of perinatal psychiatric urgent and emergent situations such as postpartum psychosis, suicidal or infanticidal ideation.
  - Training in evidence based behavioral interventions used to treat perinatal population such as Interpersonal Therapy, Cognitive Behavior Therapy, Mindfulness Based Cognitive Therapy.
  - To include attention to parenting and to mother baby interaction in their interventions
- Treating medical provider may be a primary care provider or an OB/GYN provider; each of these provider types may need different types of support.
  - Treating medical providers will need to be willing, knowledgeable, and allowed to prescribe medications for common mental health disorders in perinatal patients; provider comfort in conducting informed consent discussion regarding medication use during pregnancy and breastfeeding is critical.
- Screening / referring provider may be a pediatric provider, which may require additional care coordination
- Perinatal Psychiatric consultation will need to be available – either from the psychiatric consultant or from a perinatal psychiatrist.
- Clinic screening and recognition of perinatal behavioral health problems will need to be improved to facilitate appropriate referrals.
- Clinics may need to decide which perinatal conditions will be treated in the medical / prenatal setting and which patients will be referred for direct care under a psychiatric provider.
- Clinics will benefit from care coordination with other ancillary support systems that care for perinatal patients such as home visiting nurses and public health maternity support services.

## Additional Behavioral Health Measures to Consider

### Depression

- Patient Health Questionnaire 9 (PHQ-9) [Click Here](#)
- Edinburgh Postpartum Depression Scale (EPDS) [Click Here](#)

### Anxiety

- Edinburgh Postpartum Depression Scale 3 Question (EDPS-3A) [Click Here](#)
- Generalized Anxiety Disorder scale (GAD-7) [Click Here](#)

### Substance Use Disorder

- The NIDA Quick Screen [Click Here](#)
- The Alcohol Use Disorders Identification Test (AUDIT) [Click Here](#)

## Additional Resources

- **MotherToBaby:** Provides up-to-date information about the risks of medications (not limited to psychiatric), chemicals, herbal products, illicit drugs and diseases during pregnancy and while breastfeeding. [Click Here](#)
- **The National Institutes of Health's (NIH) LactMed®** database has information on chemicals and drugs that breastfeeding mothers may be exposed to, including levels and possible adverse effects on nursing infants. [Click Here](#)
- **MGH Center for Women's Mental Health's Reproductive Psychiatry Resource & Information Center:** Provides a range of current information, including discussion of new research findings in women's mental health and how they inform clinical practice. [Click Here](#)
- **American College of Obstetricians and Gynecologists (ACOG) Depression and Postpartum Depression:** Resource Overview – includes recommendations regarding perinatal depression screening and treatment. [Click Here](#)
- Several states have free perinatal psychiatry consultation lines for providers, including [Massachusetts](#), [Washington](#), [Wisconsin](#).
- Local chapters of Postpartum Support International offer a variety of resources, including patient warm lines, peer support groups, and referral resources [Click Here](#)

## Key References

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