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.
  - 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


- Chisolm MS & Payne JL. Management of psychotropic drugs during pregnancy. BMJ. 2016; 352: h5918. [Click Here]


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