MNPQC

LINK ECHO SERIES

ECHO SERIES SESSION 7 OVERVIEW

AUGUST 25, 2025

PERINATAL MENTAL HEALTH SCREENING: GUIDELINES & RECOMMENDATIONS REVIEW

Purpose

Introduce validated screening tools for perinatal mood and anxiety disorders (PMADs), explore best practices for integrating screening into routine care, and discuss evidence and considerations around screening in the immediate postpartum period.

Case Study Snapshot

Maria, 32 years old, delivered a healthy baby boy 12 hours ago.

- History of mild generalized anxiety in her early 20s, no current treatment
- Prenatal screens for depression/anxiety were negative
- During postpartum rounds, she reports: tearfulness, irritability, feeling "like a failure," and difficulty with breastfeeding

This case highlights real-world challenges: deciding whether to screen immediately postpartum, how to interpret early symptoms, and ensuring appropriate follow-up.

Goal

To strengthen systems of care by integrating validated screening tools across the perinatal continuum, ensuring timely detection, referral, and support for families.

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WHY IT MATTERS

- **PMADs are common but under-detected.** Tools exist for depression, anxiety, bipolar disorder, OCD, PTSD, and substance use.
- **Validated screeners** include EPDS, PHQ-9, MDQ, GAD-7, PASS, POCDQ, PCL-5, and SUD tools like 5Ps, CRAFFT, and NIDA Quick Screen.
- **Frequent screening improves detection.** Opportunities include: initial prenatal, each trimester, and at every postpartum contact (1-, 2-, 4-, 6-, & 12-month well-child visits).
- **Immediate postpartum is debated.** Early screening may capture high-risk parents, but risks false positives.

KEY TAKEAWAYS FROM SESSION 7

- **National guidelines:** Immediate postpartum screening (within first 2-7 days) is **not routinely recommended** due to risk of false positives.
- **Published evidence** suggests early screening (within 1 week) may identify individuals at higher risk for persistent postpartum depression.
- **Special populations** (history of mood disorder, high stress, limited care access, traumatic birth factors) may benefit from earlier screening.
- **Integration tips:**
  - Decide on standardized screeners and embed them into EMRs
  - Use composite packets (e.g., Lifeline for Moms)
  - Leverage digital screening tools and EMR prompts
  - Normalize screening through psychoeducation and family engagement
- **Collaboration** across OB, pediatrics, behavioral health, & community service is critical to ensure follow-up when a screen is positive.

IMMEDIATE POSTPARTUM SCREENING

Screening in the immediate postpartum carries a high risk for false positives, and current national guidelines do not recommend it universally. However, in individuals with known risk factors (history of mood disorder, high stress, limited access to care), screening prior to the first well-child visit and/or at the 6-week postpartum visit may be warranted.

RELEVANT RESOURCES:

1. **Black Maternal Mental Health Issue Brief**
2. **ACOG: Implementing Perinatal Mental Health Screening**
3. **ACOG: Patient Screening**
4. **Policy Center for Maternal Mental Health: Screening Tools**
5. **Perinatal Anxiety Disorders: What is the Best Screening Tool?**
6. **To screen or not to screen: Are we asking the right question? In response to considering de-implementation of universal perinatal depression screening**
7. **Detecting Women at Risk for Postnatal Depression Using the Edinburgh Postnatal Depression Scale at 2 to 3 Days Postpartum**
8. **Can we identify mothers at risk for postpartum depression in the immediate postpartum period using the Edinburgh Postnatal Depression Scale?**