

(Paper) Butte County Perinatal Mood and Anxiety Disorders (PMADs) Clinical Office Survey

PMADs Clinical Office Survey

You have been selected by our research team to participate in a survey on perinatal mood and anxiety disorders (PMADs). Also known as perinatal depression or maternal depression, PMADs are a spectrum of disorders that affect 1 in 7 women from pregnancy up to two years postpartum. The aim of this survey is to identify gaps in services for women who may be suffering from PMADs in our county and to that end we are interested in your practices relevant to this condition. Please take the survey for yourself and not your clinic or agency. The survey should take fewer than ten minutes to complete. Your responses will remain anonymous unless you indicate otherwise. Thank you for your participation.

I. AGENCY/ CLINIC INFORMATION

1. In which region of the county do you provide services? (Select all that apply):

- Chico Oroville Rural/Unincorporated
 Paradise Gridley County Wide
 Other (please specify)

2. What is your agency's area of specialty? (Select best choice)

- Pediatrics OB-GYN Family Practice

Other (please specify)

3. What is your position at your organization?

- Practitioner Front office Medical Assistant Back office Administration
 Administrative support / limited patient contact
 Other (please specify)

4. Please indicate your level of licensure / training:

MD

PA

MA

NP

LCSW

N/A

RN/LVN

DO

CNM

LM

Other (please specify)

5. How do you prefer to get Continuing Education /CME? (Select all that apply)

Full or multi-day conference

Grand Rounds, staff meeting, etc.

Book / Journal article

I don't need Continuing Education

Online course

Other (please specify)

Screening

II. SCREENING FOR PERINATAL MOOD AND ANXIETY DISORDERS (PMADS):

6. Do you screen for Perinatal Mood and Anxiety Disorders (PMADs)? (If no, please skip to # 9)

Yes No

7. When do you screen for PMADs?

- | | |
|---|---|
| <input type="checkbox"/> When I sense something isn't right | <input type="checkbox"/> 2 or 6 week postpartum visit |
| <input type="checkbox"/> Well woman visit | <input type="checkbox"/> Pediatric well-baby visit |
| <input type="checkbox"/> Initial prenatal visit | |
| <input type="checkbox"/> Other (please specify) | |

8. What method do you use to screen? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Informal method | <input type="checkbox"/> Patient Health Questionnaire – 9 (PHQ-9) |
| <input type="checkbox"/> Formal questions developed by our office | <input type="checkbox"/> Beck Inventory |
| <input type="checkbox"/> Edinburgh Postnatal Depression Scale (EPDS) | <input type="checkbox"/> General Anxiety Disorder – 7 (GAD-7) |
| <input type="checkbox"/> Patient Health Questionnaire – 2 (PHQ-2) | |
| <input type="checkbox"/> Other (please specify) | |

9. If you do NOT screen for PMADs, please share why: (Select all that apply)

Mom is not my patient

Concerns about liability

Not in my scope of practice

Not enough time

Need more training

General discomfort

Not enough reimbursement

No referral source for at risk or screen positive moms

Other (please specify)

III. TREATMENT OF PERINATAL MOOD AND ANXIETY DISORDERS (PMADS):

10. Do you currently prescribe anti-depression medication if a woman is pregnant or breastfeeding? (If no, please answer # 11)

Yes No

11. If you do not prescribe anti-depressants, please share why: (Select all that apply)

- Mom is not my patient
- Concerns about effectiveness of medication
- Need more training
- Concerns about safety of medication
- Not in my scope of practice
- Concerns about liability
- General discomfort
- Other (please specify)

12. Do you provide PMADs education for at-risk and/or postpartum women?

Yes No

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13. Have you received additional training to understand, recognize and/or treat PMADs? (If yes, please answer # 14, If no, Please answer # 15)

Yes No

14. If yes, do you feel that your training was adequate?

Yes No Unknown

15. If no, would you benefit from additional training to understand, recognize and/or treat PMADs?

Yes

No

Unknown

IV. REFERRING FOR PERINATAL MOOD AND ANXIETY DISORDERS (PMADS):

16. Do you refer at-risk moms to resources and/or treatment for Perinatal Mood and Anxiety Disorders? (If no, please skip to # 18)

Yes No

17. If you refer, how confident are you that she follows up on these referrals?

Very confident Somewhat confident Not confident

18. If you refer, how confident are you that you or your organization can follow up on her treatment?

Very confident Somewhat confident Not confident

19. If you do NOT refer for resources or treatment for PMADs, please share why. (Check all that apply):

Mom is not my patient Not enough time Not enough reimbursement Need more training

No referral source for at risk or screen positive moms

Other (please specify)

20. What is your current practice for a pregnant or postpartum woman who presents with a mental health crisis or expresses suicidal thoughts? (Check all that apply)

- Mobilize family and/or support persons
- Refer patient to in-house staff
- Contact suicide hotline
- Refer patient to an urgent care facility
- Refer patient to nearest emergency room
- Refer patient to mental health professional

Call law enforcement or child protective services

Other (please specify)

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21. OPTIONAL: This section is for administrative purposes only. Please complete this section only if you do not wish your responses to be anonymous.

Name and Title:

Agency / Clinic:

Email Address:

Telephone Number: