

THE MMH CONTINUUM OF CARE: FROM IDENTIFICATION THROUGH TREATMENT

Women should be informed of MMH disorders and be assessed for risk prior to pregnancy, and screening and support should be provided throughout the perinatal period. The Task Force developed the following list to help illustrate critical timeframes which require assessment, screening, and support from health care providers and the specific actions for each provider type.

Women Should Be Screened and Supported at Various Times During Their Reproductive Years

Pre-conception

- Women should be informed of the prevalence, signs, and symptoms of all MMH disorders.
- Mental health assessments should be conducted, including screening for depression, anxiety, and bipolar disorder. This should also include discussing risk factors (e.g., mental health history, family history of mental illness) and general promotion of health (e.g., exercise, promotion of sleep, adequate Folic Acid, Omega-3s, and Vitamin D). A thorough assessment should also include discussion about premenstrual syndrome (PMS) and untreated thyroid disorders which indicate higher risk.
- Women should be counseled on pregnancy prevention if they are not actively trying to conceive.
- Women who have psychiatric histories and/or who are currently on psychiatric medications should receive preconception counseling on how to maintain mental health and stability during pregnancy, including medication management where appropriate.

Pregnancy

- If not conducted on a preconception basis, a mental health assessment should be conducted during pregnancy.
- Women should be informed/reminded of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later.
- Screening should occur for depression and anxiety, and screening for bipolar disorder if screening didn't happen at a recent pre-conception visit.

Inpatient: High Risk Pregnancy, the Immediate Postpartum, NICU

- Women should be screened for maternal depression and anxiety, and screening for bipolar disorder if screening didn't happen at a recent pre-conception visit or during pregnancy.
- Women should be informed of prevalence, signs, symptoms, and risk factors of all MMH disorders and how to obtain help should symptoms be present or arise later.
- Women with bipolar disorder should be monitored for potential psychosis including sudden onset immediately after birth.

Postpartum

- Women should be screened for maternal depression, anxiety, and bipolar disorder if screening didn't happen at a recent preconception visit, during pregnancy, or while inpatient.
- Women should be informed of prevalence, signs, symptoms, risk factors, and how to obtain help should symptoms be present or arise later.
- Women with bipolar disorder should be monitored for potential psychosis including sudden onset immediately after birth.

Figure 8. Excerpted from A Report from the California Task Force on the Status of Maternal Mental Health Care, 4/2017