

ACROSS THE LIFE-COURSE

	Population	Activity	Provider	Location
	General population	Universal messaging about maternal mental health, continuing education.	CBOs, CHWs, nurses, PAs, physicians, hospitals, media, midwives, home visiting	CBOs, CHCs, PSAs, physician offices, media, WIC
	General population	Combat stigma around maternal mental health	CBOs, CHWs, nurses, PAs, physicians, hospitals, media, midwives, home visiting	CBOs, PSAs, CHCs, physician offices, media, WIC
	All women	Assist in guiding patients through the health care system and the use of technology to encourage the importance of follow up for care.	patient advocates/navigators, midwives, CHWs, nurses, PAs, home visiting	CBOs, CHCs, physician offices
Inform and educate	All women with a focus on those already in treatment programs	Incorporate age appropriate interventions that target key aspects of a women's environment that may have an impact on her mental health. Paying attention to ACEs and sensitive periods in her life.	patient advocates/navigators, CHWs, nurses, PAs, CBOs, CHWs, physicians, hospitals, home visiting	Support groups, physician offices, hospitals
Refer	All women who screen positive	If a woman screens positive for any form of depression, an immediate counseling appointment should be made for early intervention.	CHWs, nurse/PA, primary care physicians, ob/gyn, pediatrician, midwives, doulas, home visiting	Physician offices, CHCs, home visits
Treatment	All women who screen positive	Provide treatment - medication management, counseling	BH Providers CHWs, nurse/PA, primary care physicians, ob/gyn, pediatrician, midwives, doulas	Outpatient, intensive outpatient, inpatient, physician offices, CHCs, home visits, support groups

PRE-CONCEPTION

	Population	Activity	Provider	Location
Inform and educate	All women. Partners if desired	Women should be informed of the prevalence, signs, and symptoms of all MMH disorders.	CHWs, ob/gyn, pediatricians, nurses, PAs, primary care physicians, medical assistants, WIC, midwives, doulas, behavioral health providers, LCSW	physician offices, CHCs, CBOs, peer service organizations, home visits
	All women	Women should be counseled on pregnancy prevention if they are not actively trying to conceive.		
	All women	Women should be informed and familiar with methods of self-care and given good quality advice, information, and support that will help assist them in making informed decisions as they consider pregnancy.		
	Women in behavioral health treatment	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. These women should be monitored to prevent any avoidable mental health risk associated with their pregnancy. Provide psychoeducation and support around the effects of trauma.	behavioral health providers, primary care provider, CHCs, home visitors, LCSW	Behavioral health visits, clinical support groups, home visits
Screen	All women	Mental health assessments should be conducted, including screening for depression, anxiety, suicide history and intention, adverse childhood experience 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.	ob/gyn, pediatricians, nurses, PAs, CHWs, midwives, doulas, home visiting	Primary care visits, prenatal care visits, pediatrician (screening)
Refer	All women	If a woman screens positive for any form of depression, an immediate counseling appointment should be made for early intervention.	CHWs, nurse/PA, primary care physicians, ob/gyn, pediatrician, midwives, doulas, home visiting	Physician offices, CHCs, home visits
Treatment	All women who screen positive	Provide treatment - medication management, counseling	BH Providers CHWs, nurse/PA, primary care physicians, ob/gyn, pediatrician, midwives, doulas	Outpatient, intensive outpatient, inpatient, physician offices, CHCs, home visits, support groups

PREGNANCY

	Population	Activity	Provider	Location
Inform and educate	all women	Women should be informed and familiar with methods of self-care and given good quality advice, information, and support that will help assist them in making informed decisions during their pregnancy.	ob/gyn, pediatricians, nurses, PAs, CHWs primary care physicians, medical assistants, WIC, midwives, doulas, behavioral health providers, LCWS, WIC, reproductive psychiatrist, home visitor, primary care	Primary care visits, ob/gyn visits, home visits, CHCs, peer support groups
	all pregnant women	Women should be informed and familiar with methods of self-care and given good quality advice, information, and support that will help assist them in making informed decisions during their pregnancy. Provide psychoeducation and support around the effects of trauma.		Clinical, social, prevention, and peer support groups.
Screen	all pregnant women	If not conducted on a preconception basis, a mental health assessment should be conducted throughout pregnancy.	ob-gyns, midwives, doulas, primary care, behavioral health providers, reproductive psychiatrist, nurses, PA	Physician offices, CHCs, homes, OBGYN practice/midwife group
	All pregnant women	Screening should occur for depression and anxiety, suicide history and intention, adverse childhood experience and screening for bipolar disorder.		
Refer	Women screened	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	Primary care physicians, midwives, doulas, home visitors, behavioral health providers, WIC, Lactation consultants, ob/gyns, pediatricians, nurses, PA	Physician offices, CHCs, homes, hospitals
Treatment	All women who screen positive	Treatment options may include: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social support and parent-child support and intervention, medication management, and counseling	Healthcare providers, Psychiatric providers, Pharmacists, Psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith community affiliate, and Behavioral Health Providers.	Physician offices, support groups, home, hospital, PMAD Centers, Family Support Centers, setting may include outpatient, intensive outpatient, inpatient

Inpatient: High Risk Pregnancy, the Immediate Postpartum, NICU

	Population	Activity	Provider	Location
Inform an educate	All women	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.	ob-gyns, midwives, doulas, primary care, behavioral health providers, reproductive psychiatrist, nurses, PA, WIC, home visitor, lactation consultant, LCSW	Clinical, social, prevention, and peer support groups, emotional or clinical support groups, hospitals
	High Risk Women	Women should be informed about resources that are available after a high-risk pregnancy and different methods of self care. Provide psychoeducation and support around the effects of trauma.		
Screen	All women	Women should be screened for maternal depression and anxiety, suicide history and intention, adverse childhood experience and screened for bipolar disorder if screening didn't happen at a recent pre-conception visit or during pregnancy.	ob/gyns, behavioral health providers, midwives, doulas, nurses, PA, home visitor,	physician visits, home visits, hospitals
	women in Tx	Women with bipolar disorder and a psychotic illness should be monitored prior to delivery for potential psychosis including sudden onset immediately after birth.	behavioral health providers, reproductive psychiatrists, doulas, midwives	Physician visits, CHCs, hospitals
Referral	All women	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	ob-gyns, midwives, doulas, primary care, behavioral health providers, reproductive psychiatrist, nurses, PA, WIC, home visitor, lactation consultant	
Treatment	All women who screen positive	Treatment options may include: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social support and parent-child support and intervention, medication management, and counseling	Healthcare providers, Psychiatric providers, Pharmacists, Psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith community affiliate, and Behavioral Health Providers.	Physician offices, support groups, home, hospital (outpatient, intensive outpatient, inpatient), PMAD Centers, Family Support Centers, support groups, CHCs

POSTPARTUM

	Population	Activity	Provider	Location
Inform and educate	All women	Women should be informed of prevalence, signs, symptoms, risk factors, and how to obtain help should symptoms be present or arise later. Women should be informed and familiar with methods of self-care and child care.	ob-gyns, midwives, doulas, primary care, behavioral health providers, reproductive psychiatrist, nurses, PA, WIC, home visitor, lactation consultant, LCSW, pediatricians	Clinical, social, prevention, and peer support groups, physician visits, home
	Women with experience and partners if desired	Women who have experienced or are experiencing some form of maternal depression should be informed of the dyad risks associated with their mental health and the infants mental health. Provide psychoeducation and support around the effects of trauma.		
Screen	All women	Women should be screened for maternal depression and anxiety, suicide history and intention, adverse childhood experience and screened for bipolar disorder.	pediatricians, ob-gyns, midwives, doulas, primary care, behavioral health providers, reproductive psychiatrist, nurses, PA	Clinical, social, prevention, and peer support groups, physician visits, home, physician offices
	Women already in treatment	Women with bipolar disorder and a psychotic illness should be monitored prior to delivery for potential psychosis including sudden onset immediately after birth.	ob-gyns, midwives, doulas, pediatric and adult primary care, behavioral health providers, reproductive psychiatrist, nurses, PA, WIC, home visitor, lactation consultant, LCSW	Physician offices, support groups, home, hospital
Refer	All women	A referral should be made immediately for an emergency assessment if a mental health crisis is suspected.	behavioral health providers, WIC, lactation consultants, primary care physicians, pediatricians, midwives, doulas, home visitors	
Treatment	All women who screen positive	Treatment options may include: Medical evaluation and treatment, therapy modalities for perinatal mood and anxiety disorders including trauma informed care, social support and parent-child support and intervention, medication management, and counseling	Healthcare providers, Psychiatric providers, Pharmacists, Psychological services, PMAD social support network/peer supporters/support groups, doulas, parent/childbirth educators, lactation consultants, faith community affiliate, and Behavioral Health Providers.	Physician offices, support groups, home, hospital (outpatient, intensive outpatient, inpatient), PMAD Centers, Family Support Centers, CHCs