## STRESS AND DEPRESSION

### MATERNAL PLAN OF CARE – PART 2

<table>
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<tr>
<th>Beneficiary:</th>
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### INTERVENTION LEVEL

#### LOW

- **Date of Intervention Level Change:** / / 
- History of mental health concerns
- History of “baby blues” (less than 2 weeks duration)
- Reports experiencing stress

#### MODERATE

- **Date of Intervention Level Change:** / / 
- Currently being treated for mental health concerns
- Moderate score on Edinburgh Postnatal Depression Scale (9-12)
- High score on Perceived Stress Scale (9-16)
- Not following treatment recommendations

### INTERVENTIONS

Using Motivational Interviewing, complete the following brief interventions.

- Refused all interventions

1. Discuss perinatal anxiety and depression.
   - Beneficiary’s perception
   - Educate on symptom presentation and treatment options
   - Hormonal changes, Baby Blues vs. Perinatal Mood and Anxiety Disorder

2. Discuss partner, family, friend, household member awareness of beneficiary symptoms and support.

3. Discuss stress reduction and self-care strategies.

4. Introduce and/or discuss Perinatal Depression Workbook (MIHP website).

5. Discuss and/or prepare action plan about self-care and/or postpartum support (i.e. infant care, meals, going back to work).

6. Discuss childbirth expectations and/or experience.

7. Encourage beneficiary to join a community-based support group.

8. Encourage beneficiary/caregiver to communicate with primary care provider to discuss appropriate diagnostic assessment and treatment provider.

9. Re-administer Edinburgh Postnatal Depression Scale and discuss results with beneficiary.
   - Pregnancy: once per trimester (recommendation)
   - Postpartum: every 3 months (recommendation)
## STRESS AND DEPRESSION

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<thead>
<tr>
<th>INTERVENTION LEVEL</th>
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<tbody>
<tr>
<td><strong>HIGH</strong></td>
<td>Using Motivational Interviewing, complete the following brief interventions.</td>
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### HIGH

- Currently being treated for mental health disorder
- Perinatal Mood and Anxiety Disorder symptoms with previous pregnancy.
- High score on Edinburgh Postnatal Depression Scale (13 or higher)
- Articulates or displays suicidal ideation
- Not following treatment recommendations

10. Re-administer Perceived Stress Scale and discuss results with beneficiary.
   - Pregnancy: once per trimester (recommendation)
   - Postpartum: every 3 months (recommendation)

11. If beneficiary is currently in treatment, discuss treatment, medication adherence (if applicable), post-treatment plan and additional supports needed for success.

12. Refer beneficiary to appropriate behavioral health treatment provider, infant mental health service provider or community resource to discuss treatment options.

13. Assist in developing a safety plan.

14. Refer beneficiary to Medicaid Health Plan to assist in utilizing behavioral health benefit.

15. Ask about suicidal ideation or intent for self-harm. If present, refer for assessment by mental health professional.

16. If suicidal intent present, call 9-1-1 and/or ensure beneficiary has transportation to nearest emergency room.