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Pennsylvania Perinatal Quality Collaborative

A Family Approach to Prenatal and Postpartum Depression Initiative

Globally, postpartum depression is the most common complication of childbirth, affecting 10-15% of birthing people. The rate of postpartum depression increases to 40% for birthing people with a newborn admitted to the NICU. [1] In Pennsylvania, mental health conditions, including drug-related overdose deaths and suicides, are the top cause of pregnancy-related deaths, contributing to 34% of deaths in 2021. The Pennsylvania Maternal Mortality Review Committee (MMRC) determined that mental health conditions other than SUD contributed to 21% of the deaths, and 98% of these deaths were preventable. To prevent these deaths, the MMRC recommends that providers screen for and follow-up on mental health, connect pregnant and postpartum patients to mental health providers, counsel patients on the risks of stopping antidepressants during pregnancy, and follow-up with patients post-discharge and with those who have missed appointments, among other recommendations.[2]

Across the Physical HealthChoices Managed Care Organizations (MCOs) in 2024, 28.29% of pregnant patients were screened for depression and 53.52% of those with an at-risk screen received follow-up during the prenatal period. During the postpartum period, the percentages were 30.56% and 61.23%, respectively.[3] These quality measures are also used in the MCOs' Maternity Care Bundled Payment Model.

Initial PA Successes

- In 2022, the PA PQC led the Moving on Maternal Depression (MOMD) initiative with 20 hospitals, and at the end of 2022, 95% had a standardized protocol in place to follow-up on at-risk depression screens, 62% worked with patient and family representatives or community resources to inform their follow-up processes, and 40% reported data for perinatal depression screening and follow-up rates.

- In 2024, PA established the Perinatal TiPS program to offer provide-to-provider consultation, referral assistance, case management support, and provider training and education for perinatal mental health and SUD.

Statewide Goals for the July 2026 through June 2027 Implementation Period

- Recruit 30 multidisciplinary healthcare teams to participate in the PA PQC's Prenatal and Postpartum Depression Initiative, and of those 30, have 15 team up with outpatient sites (e.g., OB, pediatric, or family medicine)
- Establish universal prenatal and postpartum depression screening protocols among 95% of the participating hospitals and outpatient offices
- Establish protocols for following up on prenatal and postpartum depression among 95% of the participating hospitals and outpatient offices
- Screen 85% of patients during the prenatal and postpartum period, and follow-up on at least 70% of at-risk screens
- Specific target goals for the following will be determined after July 2026 baseline data collection:
    - Establish protocols for postpartum depression screening in the NICU among participating teams with a NICU.

Key Interventions

- Educate OB provider and nursing on Respectful & Equitable care
- Establish a protocol to screen all pregnant and postpartum people universally for depression with a validated screen
- Train and educate providers on protocols for mental health screening, diagnosis, and follow-up
- Create a data collection, documentation, and measurement plan
- Create an organizational suicide risk response policy
- Establish a co-occurring screening protocol for at-risk depression screens
- Establish a follow-up protocol based on the severity of depression symptoms and co-occurring health needs
- Create a protocol to close the loop on whether referrals to mental health and community resources and supports were successful
- Work with patient/family advocates or community resources to inform and continuously improve perinatal depression screening and follow-up processes
- Partner with organizations outside of healthcare systems to promote consistent messaging surrounding perinatal depression

Measures to Track Goals and Key Interventions

Process Measures:

- Cumulative proportion of OB provider and nursing who, in the last 2 years, have received education on Respectful & Equitable care
- Prenatal Depression Screening Percentage
- Prenatal Depression Screening Follow-up Percentage
- Postpartum Depression Screening Percentage in the NICU, by OB, and during Pediatrics well-child visits
- Postpartum Depression Screening Follow-up Percentage in the NICU, by OB, and during Pediatrics well-child visits

Structure Measures:

- Survey questions to assess whether the key interventions are in place

References

[1] Shovers, Samuel M.; Bachman, Sara S.; Popek, Leah; Turchi, Renee M. Maternal postpartum depression: Risk factors, impacts, and interventions for the NICU and beyond. *Current Opinion in Pediatrics* 33(3), p 331-341, June 2021. | DOI: 10.1097/MOP.0000000000001011

[2] 2025 Pennsylvania Maternal Mortality Review Annual Report Deaths occurring in 2021 https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/programs/2025%20MMR%20Report.pdf

[3] Pennsylvania HealthChoices External Quality Review Annual Technical Report 2025–2026 Reporting Cycle April 2026. PA Department of Human Services. https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/pennsylvania-healthchoices-annual-technical-report-2025-2026-reporting-cycle-final.pdf