



A Family Approach to Prenatal and Postpartum Depression Initiative

»» This version of the measure specifications document is the current version in use and contains updates (in red) made on September 10, 2026. ««

Process Measures and Specifications

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
1. OB Provider and Nursing Education – Respectful and Equitable Care	At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on respectful and equitable care?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.	This measure is from the AIM Postpartum Discharge Transition Patient Safety Bundle
2. Prenatal Depression Screening	Deliveries in which patients had documentation	Deliveries during the quarter	EHR	Report on a quarterly basis. Disaggregate by race and ethnicity, payor annually.	This measure is informed by the NCQA HEDIS measure.

	of depression screening performed using a standardized screening tool during pregnancy			AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> The “measurement period” for quarterly reporting is defined as the quarter for which data is being reported. For example, if you are reporting data for the first quarter of 2026 (January through March), then the date range for the “measurement period” would be January 1, 2026 to March 31, 2026. The “measurement period” for annual reporting is defined as the year for which data is being reported. For example, if you are reporting data for 2026 (January through December), then the date range for the “measurement period” would be January 1, 2026 to December 31, 2026. Refer to ACOG Perinatal Mental Health Patient Screening for age-appropriate standardized screening instrument (e.g., EPDS, PH-2, or PHQ-9) and for recommended screening intervals during the prenatal period.	NCQA Health Plan Report Card Depression Screening and Follow up
3. Prenatal Depression Follow-up	Deliveries in which patients received follow-up care within 30 days of the date of the first at-risk screen (31 days total)	Deliveries during the quarter that had an at-risk finding for depression at any time during pregnancy (using a	EHR	Report on a quarterly basis. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> The “measurement period” for quarterly reporting is defined as the quarter for which data is being reported. For	This measure is informed by the NCQA HEDIS measure. NCQA Health Plan Report Card Depression Screening and Follow up

		standardized screening tool)		example, if you are reporting data for the first quarter of 2026 (January through March), then the date range for the “measurement period” would be January 1, 2026 to March 31, 2026. The “measurement period” for annual reporting is defined as the year for which data is being reported. For example, if you are reporting data for 2026 (July through June), then the date range for the “measurement period” would be July 1, 2026 to June 30, 2027. Refer to ACOG Perinatal Mental Health Patient Screening for guidance on how to define a positive finding for depression based on the PHQ-2, PHQ-9, and EPDS. “Follow-up care” is defined as receipt of any of the following within 30 days of the first at-risk screen. Please note that the date of the “follow-up care” is the date when the patient actually received the “follow-up care,” and not the date of a referral for “follow-up care.” • An outpatient, telephone or e-visit or virtual check-in follow-up visit that documents assessment for symptoms of depression. • A depression care management encounter that documents assessment for symptoms of depression. • A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.	
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				• A dispensed antidepressant medication. The following also qualifies as “follow-up”: • Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up (e.g., if the PHQ-2 was documented as the initial screen with a positive finding, the documentation of a negative finding with a subsequent PHQ-9 administered on the same day as the PHQ-2 would qualify as evidence of follow-up.) For patients receiving mental health treatment (e.g., behavioral health therapy and/or medications) from a mental health provider, information (such as the dates of these follow-up care actions) could be shared between treating providers with the patient’s consent while adhering to PA regulations, such as § 5100.34 (Consensual release to third parties) and § 5100.32 (Nonconsensual release of information).	
4. Postpartum Depression Screening	Deliveries in which patients had documentation of depression screening performed, using a standardized tool, during the	Deliveries 84 days prior to the start and end of the quarter	EHR	Report on a quarterly basis. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> To be included in the denominator, deliveries must have occurred 84 days prior to the start and end of the	This measure is informed by the NCQA HEDIS measure. Postpartum Depression Screening and Follow-up (PDS-E) - NCQA

	84-day period following the date of delivery			measurement period. For example, if you are reporting data for the first quarter of 2026 (January through March), then the date range for deliveries would be October 9, 2025 to January 6, 2026. This will ensure that the information in the numerator reflects what occurred during the 84-day period following the date of delivery. Please see below for the date ranges for the 2-year data submission period of the initiative: Qtr 2: 1/7/26-4/7/26 Qtr 3: 4/8/26-7/8/26 Qtr 4: 7/9/26-10/8/26 Qtr 1: 10/9/26-1/6/27 Qtr 2: 1/7/27-4/7/27 Qtr 3: 4/8/27-7/8/27 Qtr 4: 7/9/27-10/8/27 Qtr 1: 10/9/27-1/6/28 Qtr 2: 1/7/28-4/7/28 Refer to ACOG Perinatal Mental Health Patient Screening for age-appropriate standardized screening instrument (e.g., EPDS, PH-2, or PHQ-9) and for recommended screening intervals during the postpartum period.	
5. Postpartum Depression Follow-up	Deliveries in which patients received follow-up care within 30 days after the date of the first positive screen (31 days total)	Deliveries 84 days prior to the start and end of the quarter, with an at-risk screen for depression during the 84-	EHR	Report on a quarterly basis. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i>	This measure is informed by the NCQA HEDIS measure. Postpartum Depression Screening and Follow-up (PDS-E) - NCQA

		day period following the date of delivery (using a standardized screening tool)		To be included in the denominator, deliveries must have occurred 84 days prior to the start and end of the measurement period. For example, if you are reporting data for the first quarter of 2026 (January through March), then the date range for deliveries would be October 9, 2025 to January 6, 2026. This will ensure that the information in the numerator reflects what occurred during the 84-day period following the date of delivery. Please see below for the date ranges for the 2-year data submission period of the initiative: Qtr 2: 1/7/26-4/7/26 Qtr 3: 4/8/26-7/8/26 Qtr 4: 7/9/26-10/8/26 Qtr 1: 10/9/26-1/6/27 Qtr 2: 1/7/27-4/7/27 Qtr 3: 4/8/27-7/8/27 Qtr 4: 7/9/27-10/8/27 Qtr 1: 10/9/27-1/6/28 Qtr 2: 1/7/28-4/7/28 “Follow-up care” is defined as receipt of any of the following on or 30 days after the date of the first positive screen. Please note that the date of the “follow-up care” is the date when the patient actually received the “follow-up care,” and not the date of a referral for “follow-up care.” • An outpatient, telephone or e-visit or virtual check-in follow-up visit that documents assessment for symptoms of depression.	
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			• A depression care management encounter that documents assessment for symptoms of depression. • A behavioral health encounter, including assessment, therapy, collaborative care, or medication management. • A dispensed antidepressant medication. The following also qualifies as “follow-up”: • Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up (e.g., if the PHQ-2 was documented as the initial screen with a positive finding, the documentation of a negative finding with a subsequent PHQ-9 administered on the same day as the PHQ-2 would qualify as evidence of follow-up.) For patients receiving mental health treatment (e.g., behavioral health therapy and/or medications) from a mental health provider, information (such as the dates of these follow-up care actions) could be shared between treating providers with the patient’s consent while adhering to PA regulations, such as § 5100.34 (Consensual release to third parties) and § 5100.32 (Nonconsensual release of information).	
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Structure Measures

Inpatient (L&D, Postpartum, NICU) Survey

1. Which settings at your hospital screen for depression? Please check all that apply.

- Checkbox (multi-select)

- ☐ Birth Center
- ☐ Birth Hospital
- ☐ NICU
- ☐ ER



☐ None of the above

☐ Other (please specify)- *text box*

2. Has your hospital trained and educated providers on protocols for mental health screening, diagnosis, and follow-up?

*The overarching intention of this measure is to **capture all clinicians** who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.*

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

3. Does your hospital screen people with a validated mental health screening tool (list below) during the **postpartum** period?

- Edinburgh Postnatal Depression Screen (EPDS)
- Postpartum Depression Sale

- Patient Health Questionnaire 9 (PHQ-9)
- Patient Health Questionnaire 2 (PHQ-2)
- Beck Depression Inventory
- Beck Depression Inventory-II
- Center for Epidemiologic Studies Depression Scale
- Zung Self-Rating Depression Scale

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place
- »» • Not applicable

3a. If you answered “yes, Fully in Place” to **Question 3**, what depression screening approach do you use?

- Multiple Choice
 - Universal (every person)
 - Targeted (sub-set of the patient population based on risk factors)
 - Other (please specify)- *text box*

3b. If you answered “yes, Fully in Place” to **Question 3**, what depression screening tool do you use? (Please check all that apply.)

- Checkbox (multi-select)
 - Edinburgh Postnatal Depression Screen (EPDS)
 - Postpartum Depression Sale
 - Patient Health Questionnaire 9 (PHQ-9)
 - Patient Health Questionnaire 2 (PHQ-2)
 - Beck Depression Inventory

- o Beck Depression Inventory-II
- o Center for Epidemiologic Studies Depression Scale
- o Zung Self-Rating Depression Scale
- o Other (please specify)- *text box*

3c. If you answered “yes, Fully in Place” to **Question 3**, where does the depression screening process occur? (Please check all that apply.)

- Checkbox (multi-select)
 - o Birth Center
 - o Birth Hospital
 - o NICU
 - o ER
 - o Other (please specify)- *text box*

4. Do you have a standardized protocol to follow-up on at-risk depression screens that occur in your hospital?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place



- Not applicable

4a. If you answered “yes, Fully in Place” to **Question 4**, what follow-up actions occur in your hospital in response to an at-risk depression screen? (Please check all that apply.)

- Checkbox (multi-select)
 - o Diagnosis
 - o Medications
 - o Referral to specialty mental health treatment
 - o Referral to warm hand off to integrated behavioral health consultants or care managers

- o Referral to home visiting programs
- o Referral to other community resources
- o Systematic case reviews of depression cases with a multi-disciplinary team
- o Follow an organizational suicide risk response policy
- o Safety planning
- o Emergency psychiatric evaluation
- o Other (please specify)- *text box*

5. Does your hospital have an organizational suicide risk response policy?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

6. Has your hospital established a follow-up protocol based on the severity of depression symptoms?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place



- Not applicable

7. Has your hospital established a follow-up protocol to address co-occurring health needs?

Co-occurring health needs such as:

- suicidality,
- anxiety (e.g., Perinatal Anxiety Screening Scale (PASS), Anxiety Disorder – 13, EPDS anxiety subscale, or GAD-7),
- bipolar disorder (e.g., MDQ),
- domestic violence and sexual assault history (e.g., Hurt, Insult, Threaten and Scream (HITS), Partner Violence Screen (PVS), Abuse Assessment Screen (AAS), Woman Abuse Screening Tool (WAST)),
- substance misuse (e.g., the 4ps, 4Ps Plus, 5Ps, modified 5Ps which also includes tobacco, emotional health, and domestic violence, NIDA Quick Screen, Substance Use Risk Profile Pregnancy (SURP-P) Scale, ASSIST, TICS, and NIDA-modified ASSIST), and
- SDOH screens with validated questions for Healthcare access and affordability, Childcare, Clothing, Employment, Financial strain, Food insecurity, Housing instability/homelessness, Transportation, and Utilities.

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

8. Does your hospital have a process to close the loop on whether referrals to mental health and community resources were received?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

9. Does your hospital work with patient/family advocates or community resources to inform your maternal mental health screening and follow-up processes?

Scale rating:

- 1 – not yet started

- 2
- 3
- 4
- 5 – fully in place



- Not applicable

- *If “Yes; Fully In Place,” please explain how this occurs.* [comment box]

10. Does your hospital partner with organizations outside your healthcare system to promote consistent messaging for maternal depression education?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

11. Do you have outpatient practices (pediatric, OB, primary care/family) actively working on this initiative? If yes, outpatient survey questions to follow.

Outpatient (OB and Peds Clinics) Survey

1. What type of outpatient setting?

- OB Office
- Pediatric Office
- Primary Care/ Family Practice Office
- Other (please specify)- *text box*

2. Has your outpatient office trained providers on protocols for mental health screening, diagnosis, and follow-up?

*The overarching intention of this measure is to **capture all clinicians**. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, Family Medicine physicians, pediatricians or other roles that may participate in patient screening.*

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

3. Does your outpatient office screen individuals with a validated mental health screening tool during the **prenatal** period?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

4. Does your outpatient office screen individuals with a validated mental health screening tool during the **postpartum** period?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

3/4a. If you answered “yes, Fully in Place” to **Question 3 and/or 4**, what depression screening approach do you use?

- Multiple Choice
 - Universal (every person)
 - Targeted (sub-set of the patient population based on risk factors)
 - Other (please specify)- *text box*

3/4b. If you answered “yes, Fully in Place” to **Question 3 and/or 4**, what depression screening tool do you use? (Please check all that apply.)

- Checkbox (multi-select)
 - Edinburgh Postnatal Depression Screen (EPDS)
 - Postpartum Depression Sale
 - Patient Health Questionnaire 9 (PHQ-9)
 - Patient Health Questionnaire 2 (PHQ-2)
 - Beck Depression Inventory
 - Beck Depression Inventory-II
 - Center for Epidemiologic Studies Depression Scale
 - Zung Self-Rating Depression Scale
 - Other (please specify)- *text box*

3/4c. If you answered “yes, Fully in Place” to **Question 3 and/or 4**, where does the depression screening process occur? (Please check all that apply.)

- Checkbox (multi-select)
 - OB Office
 - Pediatric Office
 - Primary Care/ Family Practice Office
 - Other (please specify)- *text box*

5. Does your outpatient office have a standardized protocol to follow-up on at-risk depression screens?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

5a. If you answered “yes, Fully in Place” to **Question 5**, what follow-up actions occur in your outpatient offices in response to an at-risk depression screen? (Please check all that apply.)

- Checkbox (multi-select)
 - Diagnosis
 - Medications
 - Referral to specialty mental health treatment
 - Referral to warm hand off to integrated behavioral health consultants or care managers
 - Referral to home visiting programs
 - Referral to other community resources
 - Systematic case reviews of depression cases with a multi-disciplinary team
 - Follow an organizational suicide risk response policy
 - Safety planning
 - Emergency psychiatric evaluation
 - Other (please specify)- *text box*

6. Does your outpatient office have an organizational suicide risk response policy?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

7. Has your outpatient office established a follow-up protocol based on the severity of depression symptoms?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

8. Has your outpatient office established a follow-up protocol to address co-occurring health needs?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

9. Does your outpatient office have a process to close the loop on whether referrals to mental health and community resources were received?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

10. Does your outpatient office partner with organizations outside your healthcare system to promote consistent messaging for maternal depression education?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

11. Does your outpatient office work with patient/family advocates or community resources to inform your maternal mental health screening and follow-up processes?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

11a. If “5 Fully in Place” please explain how this occurs. [comment box]