HIGHMARK WHOLECARE

Maternity Provider Toolkit

INSIDE THIS TOOLKIT

Prenatal and Postpartum Care

Clinical Practice Guidelines

General Clinical Obstetrical Practice Guidelines

Hypertension
Gestational Hypertension Clinical Practice Guidelines

Asthma
Managing Asthma During Pregnancy

Severe Maternal Morbidity
Severe Maternal Morbidity: Screening and Review

Depression
Screening for Perinatal Depression Clinical Practice Guideline

Quality Measures

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

1. **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.
2. **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Source: HEDIS® 2020, Vol. 2, Technical Specifications, PPC)

Contraceptive Care for Postpartum Women age 15-44:

The percentage of women age 15-44 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception, within 3 days and within 60 days of delivery.

Perinatal Depression Screening:

THE PERCENTAGE OF MEMBERS WHO:

- Were screened for depression during a prenatal care visit using a standardized instrument
- Screened positive for depression during a prenatal visit and had evidence of further evaluation or treatment within 30 days of the initial positive depression screen
- Were screened for depression during a postpartum care visit using a standardized instrument
- Screened positive for depression during a postpartum visit and had evidence of further evaluation or treatment within 30 days of the initial positive depression screen

Screening and Assessment Tools

Screening Tool for Perinatal Depression

Edinburgh Postnatal Depression Scale

Screening Tool for Perinatal Anxiety

Perinatal Anxiety Screening Scale

The Special Needs Unit is available to assist members identified as having postpartum depression or other behavioral health needs and also assist in addressing barriers to members receiving care. Highmark Wholecare Case Managers are able to assist with coordination of services with the Behavioral Health Managed Care Organization (BH-MCO) to address members' integrated care needs and concerns.

Provider Educational Resources

PATHway Program: supports pregnant women who may have a substance use disorder (SUD) with treatment and additional services.

Resources endorsed by the Pennsylvania Perinatal Quality Collaborative to reduce maternal mortality and improve care for pregnant and postpartum women.

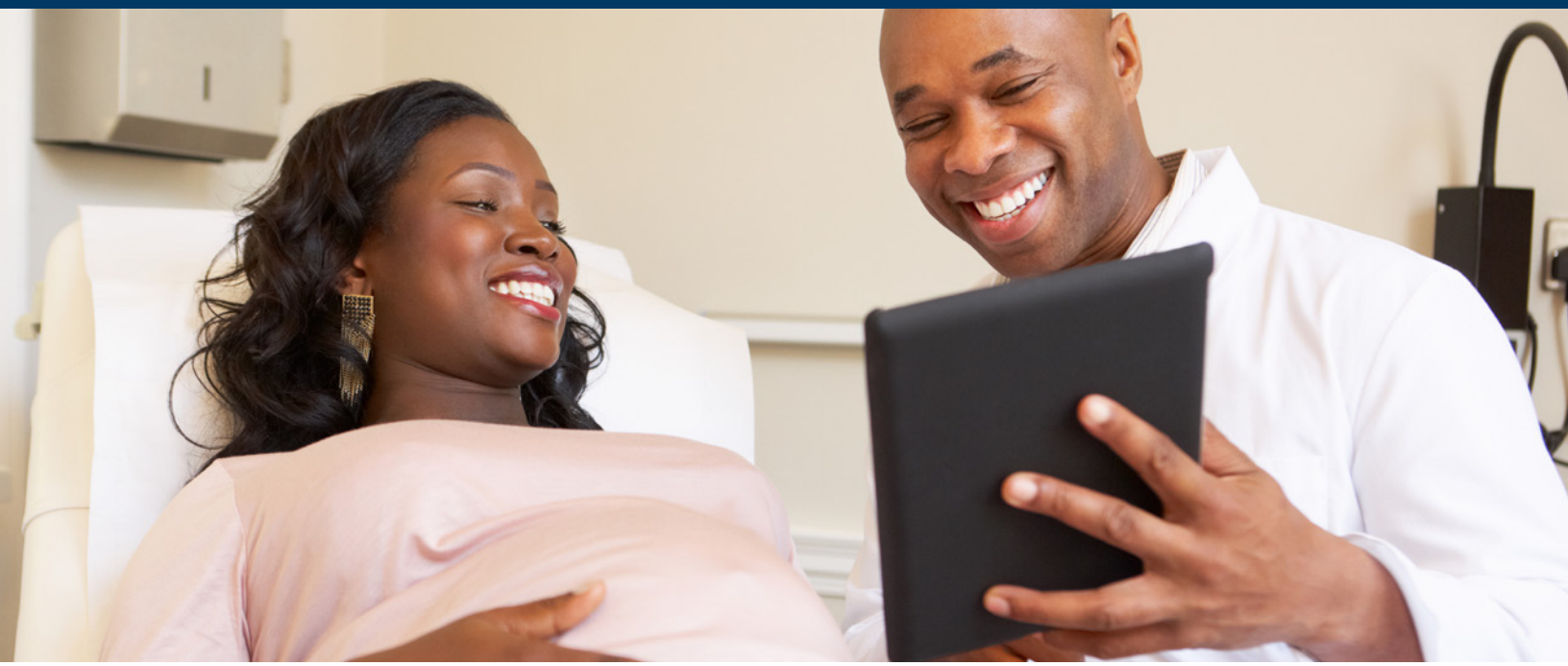
What to expect during prenatal visits.

The following assessments are done at prenatal visits to help providers understand the pregnant person's likelihood of having a high risk pregnancy:

- Medical/obstetric history
- Psychosocial history
- Physical examination
- Calculation of estimated date of delivery
- Ultrasound examination
- Discussion of screening and testing for genetic abnormalities
- Aneuploidy
- Carrier screening
- Other genetic screening
- Lab tests
  - Standard panel
  - Blood type and screen
  - Hemoglobin and hematocrit
  - Varicella and Rubella titers for immunity
  - Urine culture
  - Urine protein
  - Cervical cancer screening
  - STI screening – HPV, syphilis, chlamydia, gonorrhea, herpes, hepatitis C
- Vaccines
  - Hepatitis B
  - Flu (seasonal)
  - Tdap

Likely high risk populations

- Adolescents
- Advanced maternal age
- Incarcerated women
- Disabled women
- Grand multiparity
- Obese women
- Women with chronic medical diseases including Diabetes and Hypertension
- Women with Substance Use Disorder



Member Educational Resources

PA WIC: Pregnant women, mothers, and caregivers of infants and young children learn about good nutrition to keep themselves and their families healthy

MOM Matters Program: For women with a postpartum depression diagnosis and identify a transportation barrier to get to follow up care, providers can refer members to Highmark Wholecare's Maternity Care Management Program by calling 1-800-392-1147, press options 1, 1, 4, 2 (in this order)

Adagio Health: Provides helpful resources regarding women's health issues including reproductive health, sexually transmitted infections and family planning.

Pregnancy Stages: Find out what's happening with you and your baby during pregnancy

PA Quitline: A telephone-based tobacco cessation counseling service offering free coaching, with no judgment. This program has a proven record of increasing patient's chances of staying smoke free for good. The PA Quitline offers trained Quit Coaches 24 hours a day, 7 days a week who will help individuals create a quit plan that is right for them. The Quit Coaches will provide up to five free coaching calls and unlimited inbound calls for additional support during times of high risk for using tobacco in addition to web based and text messaging support. If individuals are medically eligible, they can also receive free nicotine replacement therapy.

Integrated Health Treatment Planning Considerations

Prenatal/Antenatal Depression

Mild to Moderate Depression – Initial treatment
A structured psychotherapy (e.g., CBT or interpersonal psychotherapy) as first-line treatment. Psychotherapies developed outside of the antenatal context typically require modification for use in pregnant patients.

Antidepressant medication could be a reasonable alternative to structured psychotherapy for mild to moderate episodes of antenatal unipolar major depression if:

- Psychotherapy is not available or acceptable to patients.
- Patients prefer pharmacotherapy (e.g., they previously responded well to antidepressants).
- Patients have a past history of severe depression (mild to moderate depression can progress in severity).
- The benefits of the selected antidepressant medication outweigh the risk of adverse events to the fetus.

Other Options
For patients with mild to moderate antenatal depression who do not respond to initial and subsequent therapies, the following options can be added as adjunctive interventions. In addition, these interventions can be used alone in patients with mild episodes of major depression. In either case, the specific choice depends upon patient preferences and availability. Some of these options may be a covered benefit under the member's Behavioral Health MCO benefits. Other options may not be a covered benefit under the member's physical or behavioral health MCO and the patient may have to pay out of pocket for the service.

- Peer support
- Acupuncture
- Family/couples therapy
- Bright light therapy
- Folic acid
- Exercise/yoga
- Omega-3 fatty acids
- Massage therapy

Severe Perinatal Depression – Initial treatment
Antidepressant medications could be considered as initial treatment rather than psychotherapy. Psychotherapy is a reasonable alternative in patients with a prior history of poor response to multiple antidepressants, or if patients decline pharmacotherapy after weighing the risks. Using psychotherapy is appropriate provided that the depressive syndrome does not include suicidal ideation or obvious impairment of function. Patients receiving pharmacotherapy typically receive psychotherapy as an adjuvant.

- Pregnant patients with severe unipolar major depression who were successfully treated with antidepressants prior to pregnancy should generally receive the same drug during pregnancy, after reviewing that the benefits of continuing the same drug outweigh the risk to the fetus.
- For treatment resistant patients previously on an SSRI, the provider may consider switching them to a different SSRI, rather than other antidepressants.

Postpartum Depression

Initial treatment
For mild to moderate postpartum unipolar major depression, psychotherapy may be considered for initial treatment. However, antidepressants may be a reasonable alternative if psychotherapy is not available, not successful, or is declined, or if the patient has previously responded to antidepressants.

- Combination treatment with pharmacotherapy plus psychotherapy is useful for some patients.

Considerations for Breastfeeding

Benefits of antidepressants may outweigh the potential risks to the infant; data indicates the risks of adverse events to the nursing infant may be low. Prescribers should first choose an antidepressant that has data to support its safety during breastfeeding.

Other topics

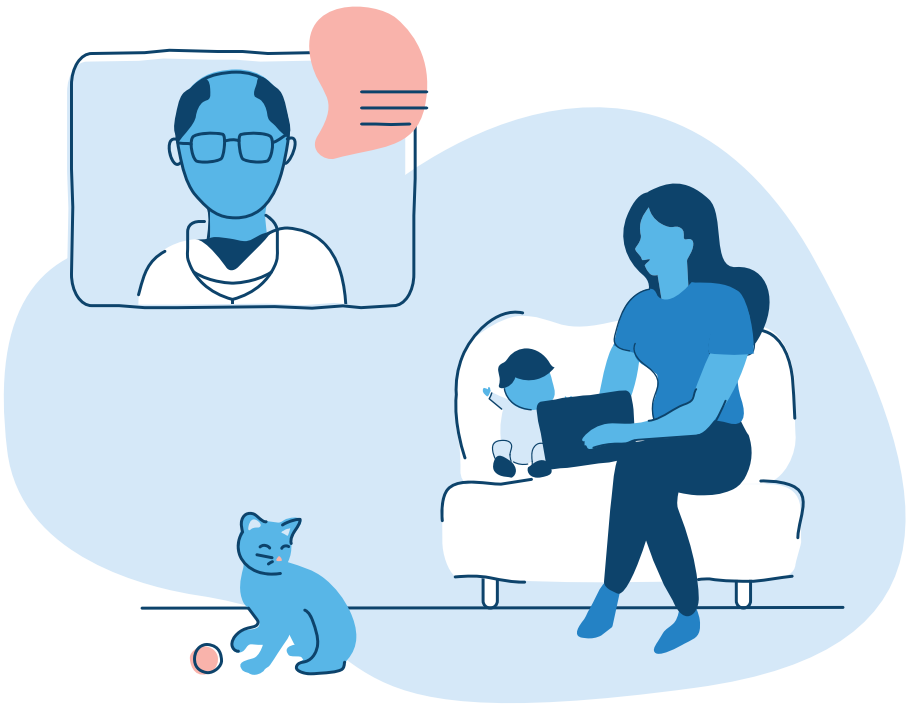
- Encourage women who are currently depressed, treated with an antidepressant, and planning to conceive to defer conception until they have remitted and remained stable for a sufficient period of time.
- Women who currently suffer unipolar major depression and are treated with pharmacotherapy may present with an unplanned pregnancy; encourage these patients to consult with their obstetrician and mental health provider, especially if the depressive episode has been severe.

Pregnancy and Mental Health
Psychiatric Disorders During Pregnancy

Pregnancy and Schizophrenia
Pregnancy Outcomes in Women with Schizophrenia

Pregnancy and Bipolar Disorder
Pregnancy Outcomes in Women with Bipolar Disorder

Pregnancy and Substance Abuse
Pregnancy and Substance Use



Common Definitions Associated with Maternity

Prenatal
Previous to a birth – in other words, the period of time when a person is pregnant.

Postpartum
After a delivery – in other words, the period of time after a person has given birth or delivered a baby.

Perinatal
A more specific time period of when a person is pregnant until after they deliver the baby - occurring during or pertaining to the phase surrounding the time of birth, from the twentieth week of gestation to the twenty-eighth day of newborn life.

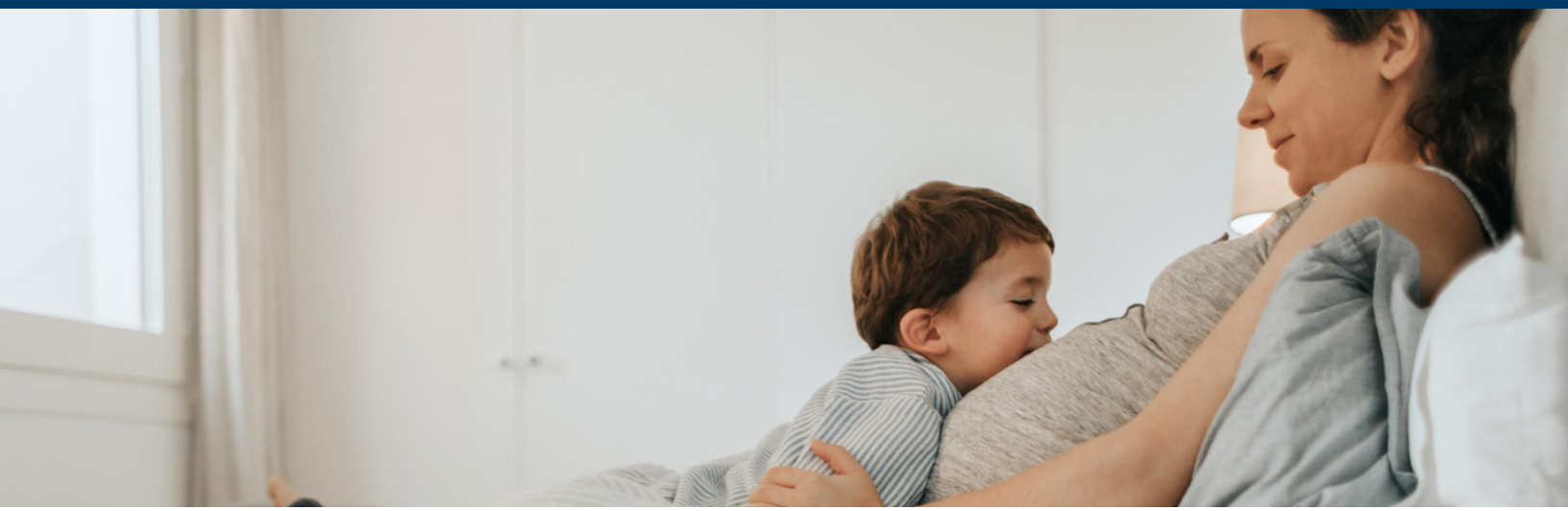
Cesarean Section
A surgical procedure used to deliver a baby through incisions in the abdomen and uterus.

VBAC
Vaginal Birth After Cesarean

Gestational Diabetes
Diabetes that is diagnosed for the first time during pregnancy, causing high blood sugar that can affect the baby's health.

Preeclampsia
A syndrome characterized by the new onset of hypertension and proteinuria, end-organ dysfunction, or both after 20 weeks of gestation in a person who previously had normal blood pressure.

Neonatal Abstinence Syndrome
An infant born to a mother with a substance use disorder is at risk for withdrawal, commonly referred to as neonatal abstinence syndrome (NAS). NAS is a variable, complex, and incompletely understood spectrum of signs of neonatal neurobehavioral dysregulation.



Safe medications used during pregnancy, postpartum, and breastfeeding.

Pre-natal vitamins

Usually contain micronutrients such as iron, calcium, folate, iodine, and vitamin D that are needed daily for a growing fetus, and to keep the pregnant body healthy.

While there are other medications that may be safe during pregnancy, studies reviewing safety and efficacy are ongoing and recommendations can change over time. The member should discuss their individual needs with their obstetrician and mental health provider to weigh the risks vs. benefits before taking any medications.

Below are links to online resources for information on medication use in pregnancy.

American Family Physician
Over the Counter Medications in Pregnancy

Centers for Disease Control and Prevention
Treating for Two: Medicine and Pregnancy

Merck Manual
Medications in Pregnancy

National Library of Medicine
Pregnancy and Medicines

Organization of Teratology Information Specialists
Pregnancy and Breastfeeding Exposures
Medication Fact Sheets

U.S. Food and Drug Administration
Medicine and Pregnancy

McAllister-Williams RH, Baldwin DS, Cantwell R, Easter A, Gilvarry E, Glover V, Green L, Gregoire A, Howard LM, Jones I, Khalifeh H, Lingford-Hughes A, McDonald E, Micali N, Pariante CM, Peters L, Roberts A, Smith NC, Taylor D, Wieck A, Yates LM, Young AH, endorsed by the British Association for Psychopharmacology J Psychopharmacol. 2017;31(5):519. Epub 2017 Apr 25.

O'Hara MW, McCabe JE Postpartum depression: current status and future directions. Annu Rev Clin Psychol. 2013;9:379-407. Epub 2013 2 1.

Yonkers KA, Wisner KL, Stewart DE, et al. The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. Gen Hosp Psychiatry 2009; 31:403.

New persistent opioid use after acute opioid prescribing in pregnancy: a nationwide analysis. Peahl AF, Morgan DM, Dalton VK, Zivin K, Lai YL, Hu HM, Langen E, Low LK, Brummett CM, Waljee JF, Bauer ME Am J Obstet Gynecol. 2020;223(4):566.e1. Epub 2020 Mar 23.