NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Women, Infant and Community Wellness Section (WICWS)
Maternal Health Branch (MHB)

Maternal Health Agreement Addendum Updates Fiscal Year 2024-2025

March 2024

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Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

SUMMARY OF RECOMMENDATIONS

Evidence-Based Screening and Diagnostic Approaches to Perinatal Depression and Anxiety Disorders

ACOG recommends that everyone receiving well-woman, prepregnancy, prenatal, and postpartum care be screened for depression and anxiety using standardized, validated instruments. (STRONG RECOMMENDATION, MODERATE- [DEPRESSION] AND LOW- [ANXIETY] QUALITY EVIDENCE)

ACOG recommends that screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits. (STRONG RECOMMENDATION, MODERATE- [DEPRESSION] AND LOW- [ANXIETY] QUALITY EVIDENCE)

ACOG recommends that mental health screening be implemented with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up based on severity. (STRONG RECOMMENDATION, MODERATE-QUALITY EVIDENCE)

Perinatal Mental Health Screening and Diagnosis **1233**

SOURCE: ACOG Clinical Practice Guidelines Number 4 Vol. 141, NO.6, June 2023; Replaces Committee Opinion 757, November 2018

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III. Scope of Work and Deliverables

- **C. Policies/Procedures**
  - **–*Added Item C22:**

Develop and follow policy/procedure/protocol for completing a validated anxiety screening tool: (1) at the initial prenatal visit, (2) later in pregnancy (2nd or 3rd trimester), and (3) at postpartum visit. Validated screening tools include the General Anxiety Disorder-7 (GAD-7) and EPDS-3A. Policy should include which tools are being used, which scores are considered positive, and referral and follow-up processes.

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III. Scope of Work and Deliverables

- **D. Prenatal and Postpartum Services**
  - **–*Added Item D4 c.:**

The Maternal Health History form, Part C-1 (DHHS 4158 or 4159), either the PHQ-9 or the Edinburgh Postnatal Depression Scale (EPDS), and either the GAD-7 or EPDS-3A at the initial prenatal visit.

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III. Scope of Work and Deliverables

- **D. Prenatal and Postpartum Services**
  - –*Added Item D4 d.:

The Maternal Health History form, Part C-2 (DHHS 4160) and GAD-7 or EPDS-3A later in pregnancy (2nd or 3rd trimester). The PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) should be repeated if indicated by the Maternal Health History form, Part C-2 (DHHS 4160) later in pregnancy (2nd or 3rd trimester). The PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) and Interpersonal Violence screening may be repeated at any point during pregnancy at the provider's discretion.

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III. Scope of Work and Deliverables

- **Enhanced Role Registered Nurse J**
  - – Revised language (J1) to clarify that the FP ERRN program has been discontinued
  - –*Reordered and revised language (J2a.) to Clarify what must be submitted for re-certification and when
  - –*Added language (J2b.) to require notification of the Regional Nurse Consultant when ERRNs retire or no longer function in that role

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V. Performance Monitoring and Quality Assurance

- **Item 2. Consequences, a.**
  - **Revised language to clarify CAP procedures and potential high-risk status**

a. If a CAP is required, the Local Health Department must prepare and submit the CAP to the DPH Program Contact within 30 days of receiving the monitoring report. The DPH Program Contact will notify the Health Director whether the final CAP is acceptable within 30 days of having received the CAP. If the final CAP is acceptable, monitoring closure is reached. All CAPs include a date of the next internal follow-up monitoring. Depending on the CAP deficiencies, the RNC may request a copy of the internal monitoring to ensure the issues have been resolved. If instead, the DPH Program Contact finds the final CAP to be unacceptable, the DPH Program Contact will provide technical assistance to help complete the CAP. If a final CAP is still unacceptable in 90 days, the Local Health Department will be placed on high-risk status with ongoing technical assistance and annual follow-up monitoring pending approval by the WICWS Chief. If at annual monitoring the agency meets program requirements, they will resume the three-year monitoring cycle.

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Change in Budget Contact Person

- Tara Owens Shuler, tara.shuler@dhhs.nc.gov
- Budgets should be submitted by April 12, 2024
- Submit budgets using the Open Windows Budget Form (use link in the AA for most current version)
- Budgets should include narrative justification for each line item.
- Budgets can be emailed directly to Tara or submitted with your signed AA.

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Current Subsistence Rates

		In-State	Out-of-State
Breakfast		$ 13	$ 13
Lunch		$ 15	$ 15
Dinner		$ 26	$ 26
Lodging (actual, up to)		$ 107	$ 107
Total		$ 161	$ 161
Mileage Rate			0.67 per mile

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Highlighted Website Pages

- Website Home Page - bookmark it!
  https://wicws.dph.ncdhhs.gov/
- Resource page
  - URL > Providers and Partners > Resources
- Training page
  - Providers and Partners > Training
    - Women's Health Non-Required Trainings
    - Maternal Health Non-Required Trainings
    - Additional resources

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Contacts for Questions

- Budget and AA questions:
  - Tara Shuler, tara.shuler@dhhs.nc.gov
- Assuring Agency and MOU questions:
  - Ebony Tate, ebony.tate@dhhs.nc.gov
- Clinical, training and other questions:
  - The Women's Health Regional Nurse Consultant assigned to your health department (https://wicws.dph.ncdhhs.gov/docs/RNC-Map.pdf)

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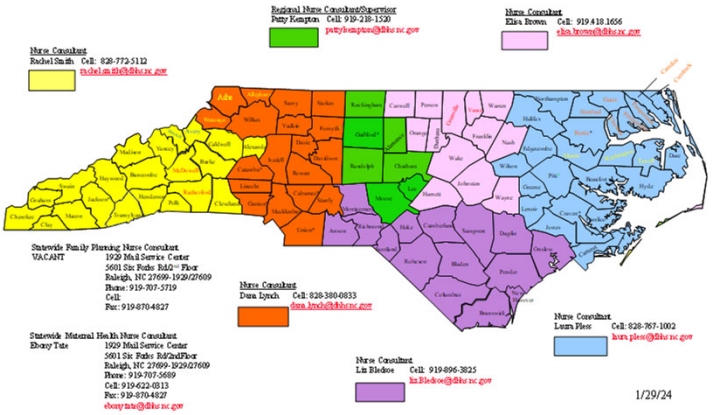
Questions?

- **Contact your Regional Nurse Consultant**

Department of Health and Human Services - Division of Public Health
Women, Infant, and Community Wellness Section
Regional Nurse Consultants



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