



## POLICY

This policy outlines the minimal procedures during a Mobile Integrated Health (MIH) encounter for a patient with perinatal care needs.

## PURPOSE

Provide baseline guidance for the MIH provider on management of patients needing perinatal care.

## BASIC MEDICAL CARE

Reference and apply all applicable OEM standards of care. Identify, treat, and attempt to stabilize any patient/patient who is identified as acutely ill. Activate the municipal transport service if indicated. The most relevant standards of care are as follows:

- Universal Care
- OB/GYN Care
- OB/GYN Emergency
- Newborn Care Assessment

## SOCIAL DETERMINANTS OF HEALTH (SDOH)

Reference and apply all applicable patient assessment screens in addition to OEM MIH Standards of Care. An emphasis should be placed on the following SDOH:

- Access to healthcare
- Housing, basic amenities and the environment
- Economic stability
- Access to appropriate nutrition

## STANDARD OF CARE

1. Apply General MIH Operational Guidelines
2. Review patient's perinatal care plan
3. Review postpartum depression screening if applicable
4. Establish and/or verify OBGYN or PCP appointments and follow ups
5. Review home care plan and establish co-parent/family engagement
6. Review any perinatal risk factors that may be applicable to patient and baby including but not limited to HTN, birth weights, diabetes, C-section, smoking and EtOH, drug use
7. Screen mother for excessive vaginal bleeding (more than 1 pad filled hourly for 2 hours)
8. Perform a nutrition evaluation of patient and/or baby
9. Provide prevention measures and education to patient, family, or caregiver through reinforcement and teach back methods
10. Review when to call health care providers related to perinatal care and confirm next OBGYN or PCP appointment
11. Consider direct consultation with patient's physician regarding care plan
12. Review concerns for co-sleeping and associated risk with recommendation for child to sleep alone in a crib
13. Review breast-feeding or bottle-feeding plan with patient as well as lactation consultation resources
14. Review plan for child-proofing and home safety post delivery



## REFERRALS

- Milwaukee County Resources: OEM MIH Resource Contact List
- Department Specific Resources: Department Specific Operational Guidelines

## EMS AGENCY ADDITIONAL POLICIES

Individual EMS Agencies within Milwaukee County are afforded the flexibility to add additional aspects to each MIH guideline. These additional aspects shall be approved by the OEM Medical Direction.

## SUPPORTING DOCUMENTS AND RESOURCES

### Post Partum Depression Scale:

- [Edinburgh Postnatal Depression Scale \(EPDS\)](#)

### Car Seat Checks and Events:

- [Safe Kids Wisconsin – Care Seat Checks and Events](#)

### Home Safety

- [Safe Kids Wisconsin – Safe at Home](#)

### Breastfeeding Resources

- <https://www.dhs.wisconsin.gov/nutrition/breastfeeding/resources.htm>

*Examples of Postnatal Depression Scale on following pages*



## EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

*Patient-administered*

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

*In the past 7 days,*

- 1) I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all
- 2) I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all
- 3) \*I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
- 4) I have been anxious or worried for no good reason
  - No, never
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
- 5) \*I have felt scared or panicky for no good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
- 6) Things have been getting on top of me
  - Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped well
  - No, I have been coping as well as ever
- 7) \*I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, not at all
- 8) \*I have felt sad or miserable
  - Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
- 9) \*I have been so unhappy that I have been crying
  - Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
- 10) \*The thought of harming myself has occurred to me
  - Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

Adapted from Source: Cox, J.L., Holden, J.M., and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh

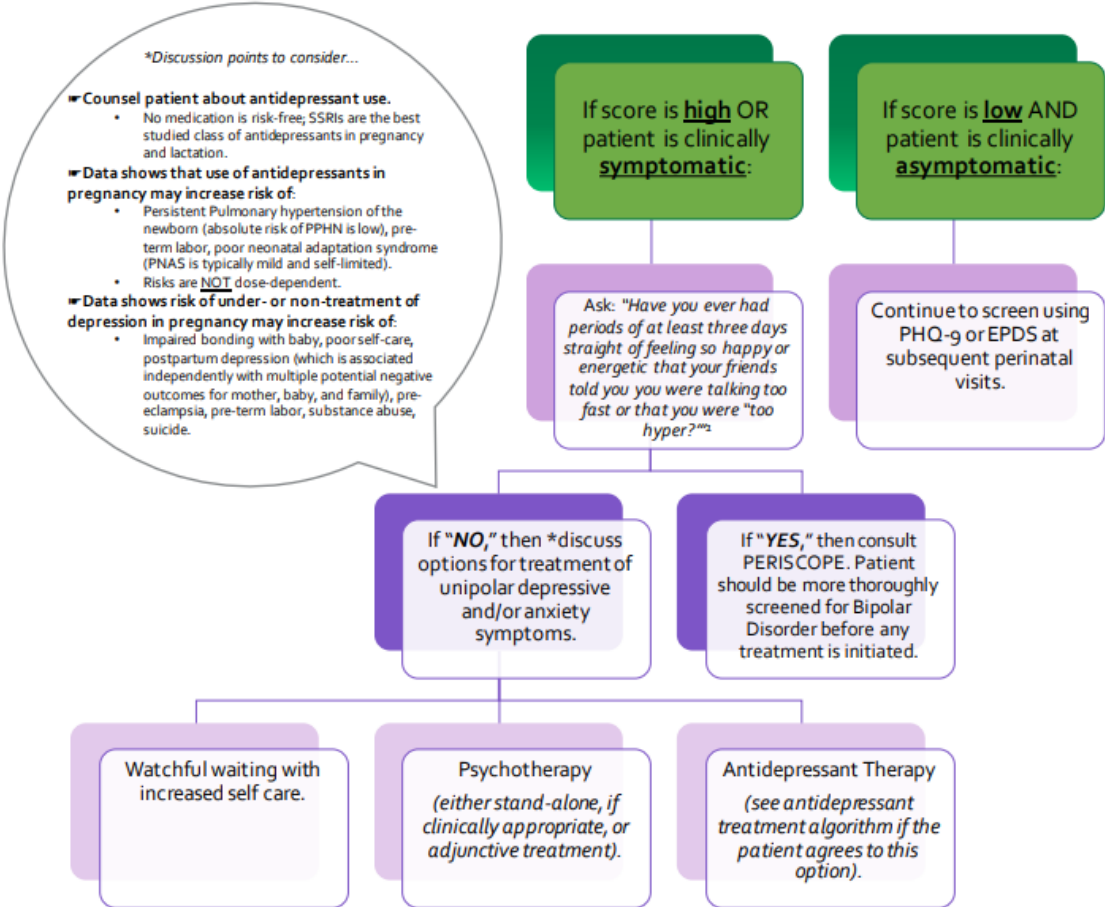


**OVERALL EVALUATION AND TREATMENT ALGORITHM**

Complete PHQ-9 or EPDS. Complete PASS if significant anxiety symptoms reported.

- To score PHQ-9:
  - Sum total.
  - Score >10 is considered positive for moderate to severe depression.
- To score EPDS:
  - Questions 1, 2, & 4 (without an \*) are scored 0, 1, 2, or 3 (top answer = 0, bottom = 3).
  - Questions 3, 5-10 (with an \*) are reverse-scored (top answer = 3, bottom = 0).
  - Score of >10 is considered potentially positive.
- To score PASS:
  - Sum total.
  - Score >26 is considered positive.

*Remember that a patient's score may not correlate with symptom severity.*



<sup>22</sup>Adapted from Daniel J. Carlat. (1998) *Am Fam Physician*, 58(7), 1617-1624.

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