MATERNAL AND INFANT HEALTH OUTCOMES PROGRAM
POLICY AND PROCEDURE

Department: Quality Improvement	**Policy #:** QI-008
Policy Owner: Director, Quality Improvement	**DMHC Filing #**: 20262480 **DMHC Filing Closed**: 7/16/2026
Effective Date: 2/15/2023	**Reviewed Annually by Policy Owner/QIOC**

Purpose:

This policy defines the Community Care Health (CCH) Maternal and Infant Health Outcomes Program. CCH recognizes that maternal mental health (MMH) disorders, affect a significant percentage of women during pregnancy and the first year after childbirth. These disorders have serious immediate and long-term health consequences for mothers and their babies and greatly impact families, communities, and healthcare systems. In addition, racial health disparities in maternal and infant health exist, thus this policy intends to address these gaps to better address our member population. This policy is also designed to identify and reduce racial disparities in maternal and infant health outcomes through provider and member engagement, and doula-related education, referral support, and resource navigation.

Policy:

The policy of CCH is that our practitioners who deliver prenatal or postpartum care to members provide comprehensive prenatal care, assistance with managing chronic conditions or conditions that may arise during pregnancy, and appropriate screenings. If issues are identified, practitioners are expected to initiate a response protocol in the event of a positive mental health screen that is appropriate to the member's stage of pregnancy, history, condition, and severity of symptoms. CCH supports and encourages the use of doulas before, during, and shortly after childbirth. Doula services are not currently a covered benefit under CCH products; however, CCH supports member access to appropriate information and community resources through education, referral assistance, and resource navigation.

Procedure:

A. MMH Screening

CCH's contracted medical groups and individual practitioners that provide perinatal and postpartum care are required to offer MMH screening using a standardized, validated tool at the following times:

- at least one maternal mental health screening to be conducted during pregnancy,
- at least one additional screening to be conducted during the first six weeks of the postpartum period, and

- additional postpartum screenings if determined to be medically necessary and clinically appropriate in the judgment of the treating provider.

Screening may be completed in an office, inpatient facility, or other appropriate settings. Screening tools may include, but are not limited to, the following:

For Depression:

- Patient Health Questionnaire 9 (PHQ-9): A nine-question scale based on the diagnostic criteria for the major depressive episode (DSM-V). The scale indicates how often and to what degree the member has experienced these symptoms of depression over the past two weeks.
- Edinburgh Postnatal Depression Scale: The EPDS-10 covers the symptoms of perinatal depression, with questions that address feelings of anxiety or intrusive thoughts.

For Anxiety:

- Edinburgh Postnatal Depression Scale 3: The EPDS-3 specifically refers to the anxiety subscale (questions 3-5) and is often paired with the PHQ-9.
- Generalized Anxiety Disorder 7 (GAD-7): A seven-question scale that covers diagnostic criteria for generalized anxiety disorders. Women experiencing perinatal depression often present with some anxiety symptoms.

B. Program Monitoring

CCH reviews available maternal and infant health information, member and provider engagement activity, and doula-related education/resource navigation activity to identify barriers, disparities, and opportunities for improvement, where data are available.

C. Provider Education

CCH provides practitioners with information regarding the Maternal and Infant Health Equity Outcomes Program, including information about the use of doulas, and MMH evaluation criteria, through the Provider Newsletter at least annually, through education sessions, and the CCH website. Maternal and Infant Health Equity Outcomes Program information is also included in the CCH Provider Manual located at www.communitycarehealth.org and contains information about the program and how to obtain the guidelines and criteria.

D. Member Education

CCH provides members with information on the Maternal and Infant Health Equity Outcomes Program at least annually through a Member Newsletter and the CCH website, which includes information on the benefits of using doulas. CCH will provide members with information on doula services available in the CCH service area upon request.

Members can obtain assistance accessing behavioral health providers by calling Simple Behavioral at 855-424-4457, or by using the Simple Behavioral website at www.simplebehavioral.com.

E. Maternal and Infant Health Equity Program

CCH maintains a Maternal and Infant Health Equity Outcomes Program to support pregnant and postpartum members and address racial disparities in maternal and infant health outcomes.

CCH makes available appropriate information regarding the role and potential benefits of doulas before, during, and shortly after childbirth. When requested CCH may offer information or referral assistance to community-based doulas or related maternal support resources.

CCH documents related activity as appropriate, which may include source of request/referral, education provided, resources or referrals offered, member acceptance or decline, barriers identified, follow-up needs, and closure status.

Identified clinical, behavioral health, urgent safety, or social needs, barriers, and improvement opportunities are reviewed through the Quality Improvement Oversight Committee (QIOC) or another appropriate quality oversight body at least annually.

Regulatory Compliance

The Maternal and Infant Health Equity Outcomes Program adheres to applicable DMHC requirements, including APL 23-025 (Health Equity) and APL 26-005, AB904 Maternal and Infant Health Equity Program.

Limitations and External Referrals

Doula services are not currently a covered benefit under CCH, including both EPO and HMO products. Members may seek doula services outside the plan benefit structure and may request culturally and linguistically appropriate information and resource navigation support from CCH. CCH does not reimburse for non-covered services, but may facilitate access to information and community resource support consistent with CCH's Maternal and Infant Health Equity Program.

Resource Links:

- **PHQ-9**: https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ-9_English.pdf
- **EPDS-10:** https://downloads.aap.org/AAP/PDF/Postnatal%20Depression%20Scale.pdf
- **EPDS-3:** https://medicine.tulane.edu/sites/default/files/pictures/EPDS3-A_post_partum_depression_screening.pdf
- **GAD-7:** https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/GAD-7_English.pdf

References:

- Health and Safety Code §§1367.625 and 1367.626
- Healthcare Effectiveness Data Information Set (HEDIS) (Current Version)
- American College of Obstetrics and Gynecologists (ACOG) Guidelines, Screening Tools and Other Resources (available at www.acog.org)

- SB 1207 (2022)
- AB 904 (2023)
- AB 1936 (2024)
- APL 23-025 (Health Equity)
- APL 26-005 – Compliance with AB 904, Maternal and Infant Health Equity Program

History:

Date	Description
2/2023	Policy created
4/2026	Amended to address AB 904 / APL 26-005 Maternal and Infant Health Equity Program requirements

Approved by:

Date	Name
4/2023	QIOC
10/2026	QIOC