

## Provider Core Competencies

These competencies were developed and approved in March, 2022, by the perinatal OCD expert coalition, to address baseline levels of knowledge to recognize and address maternal OCD among the different types of providers encountering pregnant and postpartum women.

### **Ob/Gyn, Nurse-Midwife, Primary Care Physician, and PCP Extender/Prescriber Core Competencies:**

- ☑ Understand signs and symptoms of Maternal/Paternal OCD and intrusive thoughts, including OCD subtypes
- ☑ Develop knowledge about maternal OCD and intrusive thoughts is nuanced from depression, anxiety, and psychosis
- ☑ Learn about the valid screening tools for maternal/paternal OCD, where to locate; how to select and use;
- ☑ Recognize the recommended frequency of screening and how to screen for maternal OCD within the scope of screening for other maternal mental health disorders, during pregnancy and postpartum
- ☑ Understand how to interpret screening results
- ☑ Understand the critical differences between intrusive thoughts, which may involve a range of thoughts including suicide, psychically or sexually harming the baby and the actual risk of patients with these thoughts completing such acts
- ☑ Demonstrate ability to assess for safety including suicidality and infanticide risk vs. intrusive thoughts about suicide or harming the baby/children
- ☑ Develop knowledge of the menu of risk mitigation//treatment options (drug and non-drug treatments including non-clinical alternative practices)
- ☑ Recognize which medications are safe to start or continue in pregnancy or while breastfeeding; when multiple medications are being utilized or when multiple medications may be needed, seek a specialized reproductive mental health consultation
- ☑ Develop knowledge of how to counsel women with existing OCD who are planning pregnancies and taking medication
- ☑ Learn about and refer to the local network of MMH services where there is expertise in treating maternal/paternal OCD

## **Nursing (Registered Nurses, Public Health Nurses, and Advanced Practice Nurses) Core Competencies:**

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- ✔ Understand signs and symptoms of Maternal/Paternal OCD and intrusive thoughts, including OCD subtypes
- ✔ Develop knowledge about maternal OCD/intrusive thoughts is nuanced from depression, anxiety, and psychosis
- ✔ Be familiar with validated screening tools and follow agency protocols in the selection and use of such tools
- ✔ Develop and implement care plans using screening results and following agency protocols on screening and interventions
- ✔ Be familiar with the menu of prevention/treatment options (drug and non-drug treatments including non-clinical alternative practices) and referral pathways
- ✔ Recognize when patient should be seen by an MD
- ✔ Recognize when to refer to the local network of MMH services with specialty services for Maternal OCD available in community
- ✔ Recognize that breastfeeding challenges can be a risk factor for anxiety and depression; be familiar with resources to support a mother's decision to continue or discontinue breastfeeding, especially when medications are involved (i.e., psychotropics, antibiotics, and/or agents used to increase or decrease milk supply)

## **Non-MD, Behavioral Health Providers Core Competencies:**

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- ✔ Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk for an MMH disorder
- ✔ Develop knowledge about the valid screening tools for depression, anxiety, and bipolar disorder; where to locate; how to select and use; and when to screen for bipolar disorders
- ✔ Understand how to interpret screening results
- ✔ Develop knowledge of the menu of prevention/treatment options (drug and non-drug treatments including non-clinical alternative practices)
- ✔ Practice MMH evidence-based psychotherapy (cognitive behavioral therapy, exposure and response prevention/ERP interpersonal therapy, etc.)
- ✔ Recognize when to refer to psychiatry and which psychiatrist is appropriate
- ✔ Demonstrate ability to appropriately counsel women with psychiatric illness who are planning pregnancies and taking medication
- ✔ Recognize and refer to the local network of MMH services and Maternal OCD specialists available in community
- ✔ Understand that trouble breastfeeding is a risk factor for anxiety and depression; certain medications used to treat mental health disorders are safe for use while breastfeeding; other agents used to help increase breast milk supply may trigger anxiety; and certain medications are safe to continue while breastfeeding while specialized psychiatric consultation is sought

- ✔ Identify prevalence of obsessive thoughts and compulsive behaviors in new parents
- ✔ Understand clinically significant obsessions and compulsions, and diagnostic criteria for perinatal OCD
- ✔ Differentiate between perinatal OCD and psychosis (ego syntonic vs dystonic nature of intrusive thoughts)
- ✔ Identify risk of harm to parent or infant due to presence of intrusive thoughts when contrasted with delusions present in psychosis
- ✔ Demonstrate understanding of potential for harm due to incorrect diagnosis and treatment
- ✔ Identify risk factors for perinatal OCD
- ✔ Demonstrate understanding of evidence-based treatment for perinatal OCD (CBT ERP)
- ✔ Refer to appropriate providers for evidence-based treatment
- ✔ Identify entities for obtaining additional training in evidence-based treatment of perinatal OCD
- ✔ Identify relevant screening tools for perinatal OCD, administration, scoring, and cutoffs

## General Psychiatrists Core Competencies:

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- ✔ Understand signs and symptoms of the range of MMH disorders, including perinatal OCD and postpartum psychosis and which factors place a woman at high-risk for an MMH disorder
- ✔ Develop knowledge about the valid screening tools for depression, anxiety, OCD, and bipolar disorder; where to locate; how to select and use; and when to screen for OCD bipolar disorders
- ✔ Demonstrate competence in assessing for safety, particularly suicide and infanticide, and instituting appropriate acute treatment in pregnant and newly postpartum women
- ✔ Understand the critical differences between intrusive thoughts, which may involve a range of thoughts including suicide, psychically or sexually harming the baby and the actual risk of patients with these thoughts completing such acts
- ✔ Demonstrate ability to assess for safety including suicidality and infanticide risk vs. intrusive thoughts about suicide or harming the baby/children
- ✔ Understand how a differential diagnosis (distinguishing of a particular disease or condition from others that present similar symptoms) differs for pregnant and postpartum women versus the general population
- ✔ Develop knowledge of the menu of prevention/treatment options (drug and non-drug treatments including non-clinical alternative practices)
- ✔ Recognize the importance of social support and appropriate psychotherapy and how to develop a plan for assisting patients in accessing these resources
- ✔ Demonstrate understanding of evidence-based treatment for perinatal OCD and ability to provide psychoeducation about evidence-based psychotherapy to patients
- ✔ Demonstrate competency in counseling women on the risks of untreated relapse versus the risks of potential medication use in pregnancy and lactation
- ✔ Understand which medications are safe to continue in pregnancy or while breastfeeding versus which medications need to be changed immediately
- ✔ Demonstrate ability to appropriately counsel women with psychiatric illness who are planning pregnancies and will need treatment, whether pharmacological or not

- ✔ Demonstrate ability to appropriately counsel women of childbearing age on methods of birth control, their effects on psychotropic medication or symptoms, and where to go for family planning
- ✔ Develop knowledge of when to seek specialized consultation from a reproductive psychiatrist or psychiatrist with expertise in treating OCD
- ✔ Recognize and refer to the local network of MMH and OCD services available in community
- ✔ Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety

## **Reproductive Psychiatrists Core Competencies:**

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All competencies required of general psychiatrists plus:

- ✔ Demonstrate ability to manage complex medication regimens in pregnancy
- ✔ Provide pre-pregnancy and postpartum consultation to MDs, for women with severe mental illness and those on complex medication regimens
- ✔ Serve as a resource through expert consultation with a team of providers, including prenatal care, pediatric, social service, and other behavioral health providers

## **Community Health Workers, Lactation Consultants, Doulas, Home Visitors, Childbirth Educators, Peer Support Leaders, etc. Core Competencies:**

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- ✔ Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk
- ✔ Develop knowledge about the valid screening tools for OCD depression and anxiety. Understand where to locate these screening tools and how to select and use them
- ✔ Understand recommended frequency of screening during pregnancy and postpartum and suggested 'cutoff' scores to identify who may have potential OCD anxiety or depression
- ✔ Be familiar with and follow agency protocols for different types healthcare workers involved in addressing MMH, which include prevention and treatment resources and referral pathways
- ✔ Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety