Prenatal and Postpartum Depression Screening

MEET 2026 DEPRESSION SCREENING AND FOLLOW-UP REQUIREMENTS

Early screening, documentation, and follow-up are critical steps to improve maternal and infant health outcomes.

New Medi-Cal performance requirements

Beginning in 2026, the following HEDIS®[1] measures are included in the Medi-Cal Managed Care Accountability Set and are subject to the minimum performance level:

- Prenatal Depression Screening and Follow-up (PND-E; screening only)
- Postpartum Depression Screening and Follow-up (PDS-E; screening only)



Key measures focus on:

1. Screening
2. Documentation
3. Follow-up

Required provider actions

1 *Screen for depression*

Prenatal patients

- Screen at the first prenatal visit or as early as possible
- Repeat screening during each trimester

Postpartum patients

- Screen between 1 and 12 weeks (84 days) after delivery
- Screen again as clinically appropriate

Validated tools include:

- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)
- Edinburgh Postnatal Depression Scale (EPDS)

(continued)

2 *Document all screening results*

For every screening, be sure to document:

- Screening tool
- Relevant Logical Observation Identifiers Names and Codes (LOINC codes)
- Date of screening
- Score and interpretation
- Estimated delivery date (during prenatal period)

Document both positive and negative screening results.

3 *Complete follow-up for positive screens*

Complete and document follow-up care within 30 days of a positive depression screening.

Refer to the Plan for non-specialty mental health services and care management support, as appropriate.

Examples of qualifying follow-up care include:

- Outpatient, phone or virtual visit with a diagnosis of depression or other behavioral health condition.
- Dispensed antidepressant medication, when appropriate



Why depression screening matters

Maternal depression is a common and serious complication of pregnancy and childbirth and can affect both maternal and infant health outcomes. Timely screening and follow-up can help identify patients who need support and reduce the risk of conditions like:

- Preterm birth[3]
- Low birth weight[3]
- Delays in infant development[3]
- Maternal morbidity and mortality, including suicide[2,3]

Provider resources

- Eligible members can register for Teladoc at **www.teladochealth.com** and schedule virtual behavioral health appointments with licensed behavioral health professionals.
- Access the Care Management Referral Form at **bit.ly/forms-references** or scan the QR code.
  - Select the appropriate form version from the alphabetical list.
- Access the PND-E and PDS-E tip sheets on the HEDIS Measures & Billing Codes page at **bit.ly/HEDIS-tip-sheets** or scan the QR code.
  - Located under "Reproductive Health."
- Patients can always reach out to the Customer Contact Center (listed on the back of their Plan ID card) for support on covered benefits and programs.

Care Management Referral Form

HEDIS Tip Sheet Page

[1]HEDIS – Healthcare Effectiveness Data and Information Set

[2]Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees. 2025.

Also see:

• Anxiety Disorders in Pregnant and Postpartum Women. Journal of Clinical Psychiatry. • CDC Maternal Mortality Review Committee.

[3]Sayres Van Niel M, Payne JL. Perinatal depression: A review. Cleveland Clinic Journal of Medicine. 2020;87(5):273–277. doi:10.3949/ccjm.87a.19054.

[4]Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. MMWR Morb Mortal Wkly Rep. 2020;69:575–581. doi:10.15585/mmwr.mm6919a2.

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