



We heal and inspire the human spirit.

To: All PCPs & OB-GYNs

From: IEHP – Provider Relations

Date: April 25th, 2025

Subject: REMINDER: (AB) 1936 Maternal Mental Health Screenings

Providers offering prenatal and/or postpartum care are **required to offer Members a screening for maternal mental health conditions, both during pregnancy and postpartum.**

In addition to a Provider assessment, screening tools can include the [Edinburgh Postnatal Depression Screening Tool](#) or [ACOG Antepartum Record](#), available on our website: [ProviderServices.iehp.org](#) > Resources > Resources for Providers > Forms > Perinatal.

Pursuant to Assembly Bill (AB) 1936, IEHP covers the following:

- At least one (1) maternal mental health screening to be conducted during pregnancy
- At least one (1) additional screening to be conducted during the first six (6) weeks of the postpartum period
- An additional postpartum screening, if determined to be medically necessary and clinically appropriate by the treating provider.

To refer a Member to IEHP’s Maternal Health Team, IPAs and Providers can:

- Call the Provider Call Center at 909-890-2054
- Submit a Maternal Health Form found on the IEHP website: [ProviderServices.iehp.org](#) > Resources > Resources for Providers > Forms > BH or Perinatal
- Email the completed IEHP Maternal Health Referral form to the Maternal Health Team at DGMMH@iehp.org.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices



IEHP Maternal Health Referral Form

The IEHP Maternal Health Team supports pregnant and recently pregnant (up to two years after birth) Members to connect to services and supports they may need, including, case management, education, and care coordination.

Instructions:

1. Complete all sections of the form
2. Provide your direct contact information
3. Email completed referral form securely to dgmmh@iehp.org
4. Attach supporting documentation as needed

Examples include:

- a. Clinical notes
- b. Edinburgh Postnatal Depression Screening Tool*
- c. ACOG Antepartum Record*

Member Information	
Member Name:	IEHP Member ID:
Member DOB:	Member Phone Number:
Member Address:	Alternate Phone Number:
Referring Provider Information	
Referring Provider:	Contact Number:
Reason for Referral: <i>(free text)</i>	
Member Could Benefit From: <input type="checkbox"/> Care Management <input type="checkbox"/> Care Coordination <input type="checkbox"/> Education of Benefits and Resources <input type="checkbox"/> Link to Maternal Health Resources	Is Member Aware of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Return completed form via Secure Email to dgmmh@iehp.org and attach all applicable documentation.

Please allow up to 5 business days for referral processing and response.

*Copies of these forms are available on ProviderServices.IEHP.org >Resources > Resources for Providers > Forms