

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Behavioral Health Supports

Session: Maternal Mental Health

Name: Lauren Hays

Date: 09/25/2025



Patient Information

Gender: ☐ Male ☒ Female

Age: 21

Race:

- ☐ American Indian/Alaskan Native Asian ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial Other
☐ Black/African American ☒ White/Caucasian ☐ Prefer not to say

Ethnicity:

- ☐ Hispanic/ Latino ☒ Not Hispanic/Latino ☐ Prefer not to say

Strengths and Preferences (goals, motivators, preferences, Important to the individual)

G1P1; The patient is a devoted mother who consistently attends well-child visits for her infant. She values the role of healthcare providers and is receptive to guidance when it is offered. Her main motivator is to provide a safe, nurturing environment for her child.

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

The patient lives in a rural Kansas community with her infant and intermittently with the baby's father, with whom she has a strained relationship. She completed high school and works part-time when childcare is available. There is limited family support, and she has no reliable childcare. She reports no significant trauma history, though she describes chronic financial and housing instability.

Relevant Medical History (Diagnosis, conditions, etc.)

No medical comorbidities.
No prior psychiatric history before pregnancy.

Medication Summary (Name, dose, frequency, route)

At delivery, she was not on any psychiatric medications.
PNV
Tylenol PRN

Lab Summary (Test, result, date, etc.)

No labs have been done

Toxicology Summary (Test, result, date, etc.)

No toxicology screening done after pregnancy.

Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

Denies current use. Used marijuana and alcohol in the past to cope with "ups and downs" in her mood.

Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

No prior psychiatric history before pregnancy.

Project ECHO: Sunflower Health Plan Case Presentation

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

Within three weeks postpartum, the patient developed symptoms of decreased need for sleep, pressured speech, irritability, and periods of elevated mood alternating with tearfulness and hopelessness. These episodes escalated to reckless spending and unsafe driving behaviors, raising concern for her and her infant's safety.

Despite attending all of her infant's pediatric appointments on schedule, no provider directly inquired about her mental health. Pediatric visits focused exclusively on infant growth and feeding. She described feeling "invisible" as a patient.

At her six-week obstetric visit, she completed a depression screening tool but was not asked about manic symptoms, and no psychiatric referral was made. She was prescribed zoloft because she endorsed that she "didn't feel like herself". It was not until a crisis episode—where she was brought to the emergency department by her partner after several nights without sleep and disorganized behavior—that she was formally diagnosed with bipolar disorder, postpartum onset.

Barriers to Treatment

Lack of screening beyond depression: Providers asked about sadness and tearfulness but did not assess for mania, psychosis, or other mood instability. SSRI prescribed without assessing for bipolar disorder.

Fragmented care: Pediatric providers saw her multiple times but did not address maternal health needs, despite clear risk factors.

Delayed psychiatric access: Long waitlists meant that even after referral, she waited weeks to be seen. No bridge resources offered.

Geographic barriers: Closest psychiatrist was over an hour away; telehealth options were not offered.

Childcare limitations: Inconsistent childcare prevented her from engaging in outpatient therapy.

Stigma and lack of awareness: Patient and family members initially viewed her behavior as "just stress" or "not adjusting well," delaying recognition of illness severity.