



Perinatal Mental Health Conditions

Continuum of Care

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Palmer Perinatal & Women's Wellness, PLLC

01

Discuss current data on the prevalence of and factors associated with perinatal depression in New Hampshire

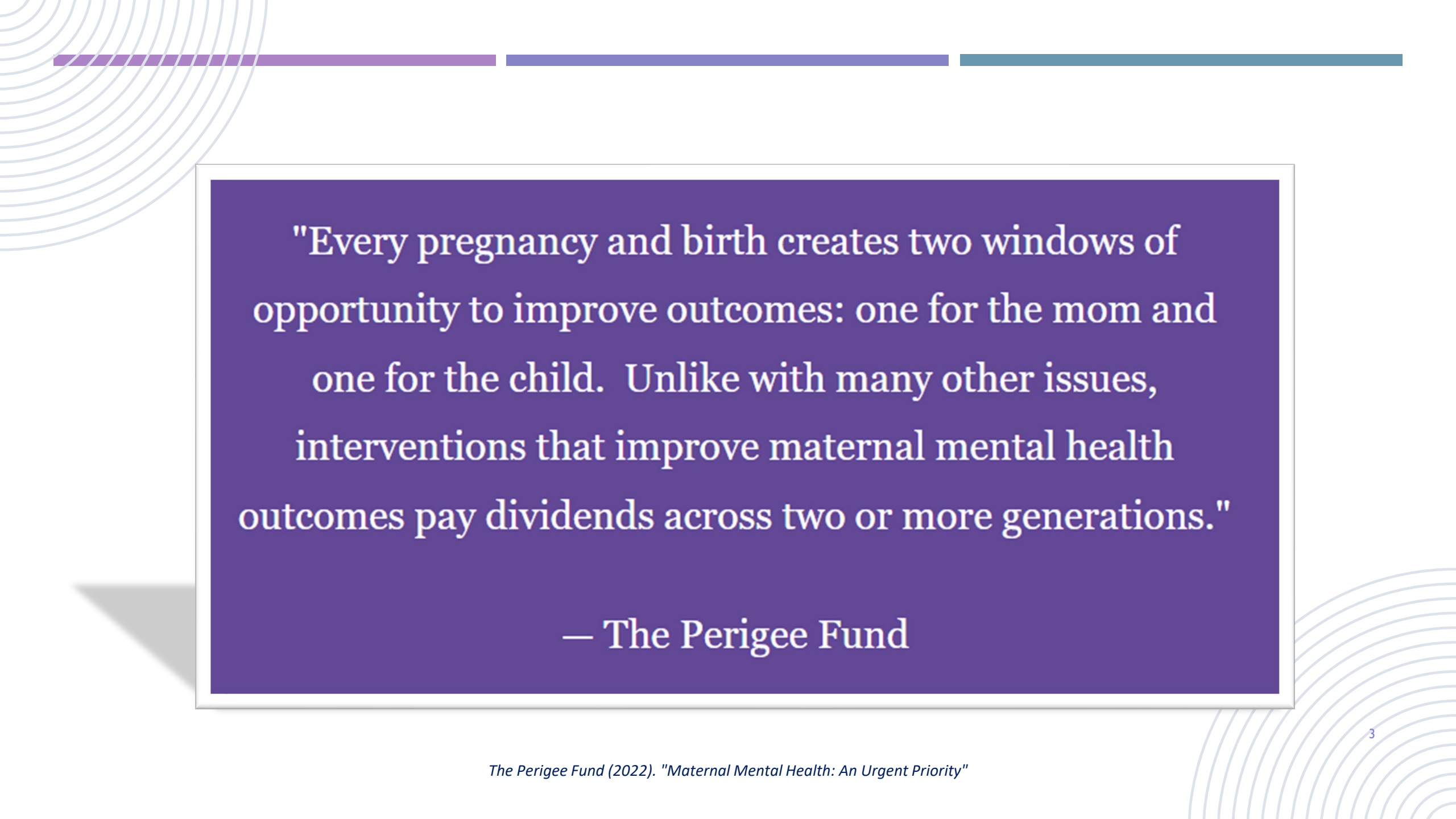
02

Describe elements in the AIM Patient Safety Bundle on Perinatal Mental Health Conditions

03

Explain potential barriers and facilitators to implementing the Perinatal Mental Health bundle.

OBJECTIVES

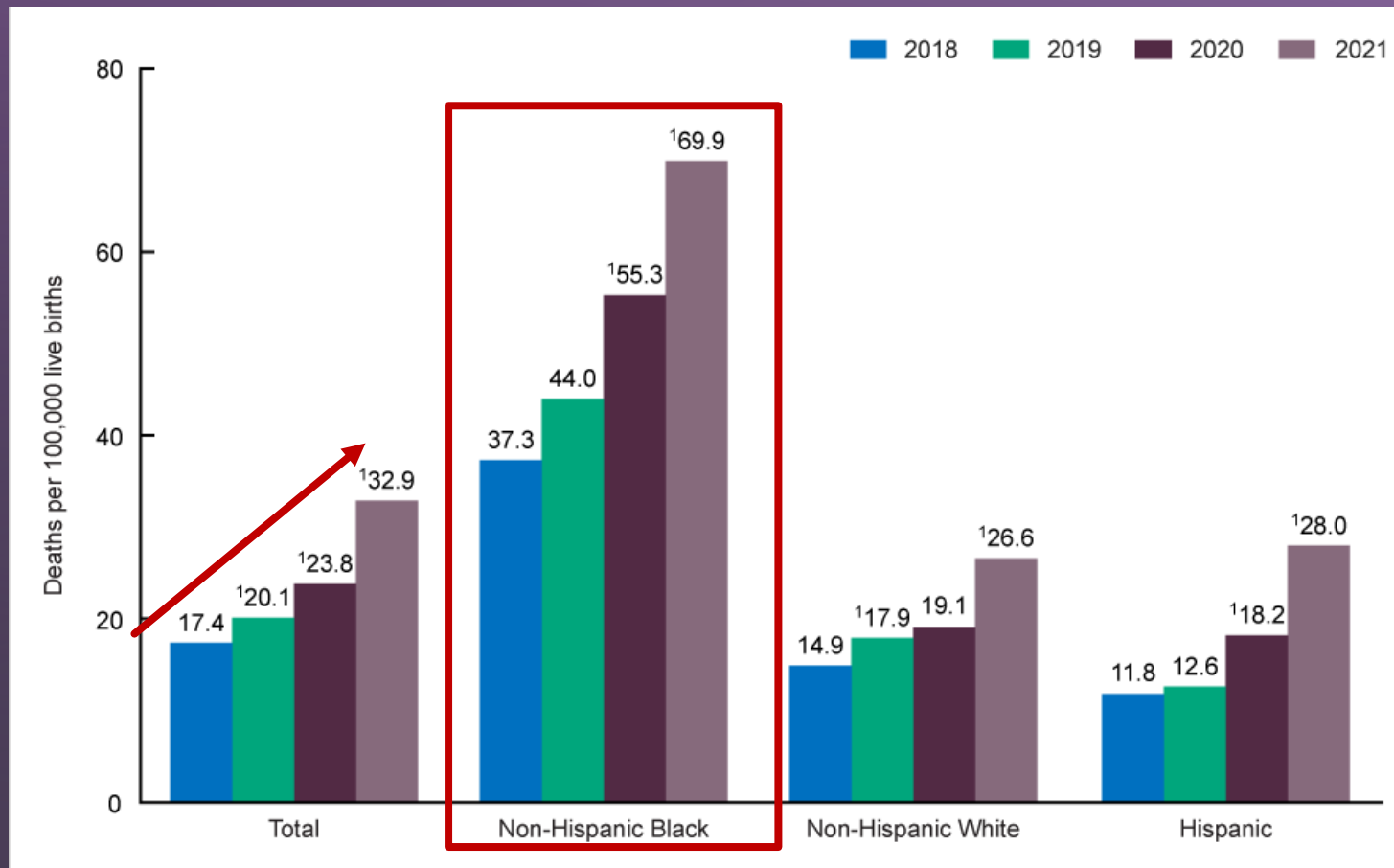


"Every pregnancy and birth creates two windows of opportunity to improve outcomes: one for the mom and one for the child. Unlike with many other issues, interventions that improve maternal mental health outcomes pay dividends across two or more generations."

— The Perigee Fund

Maternal Mortality Rates Are Climbing

CDC data: 2018 - 2021



A disproportionate number of Black mothers are dying.

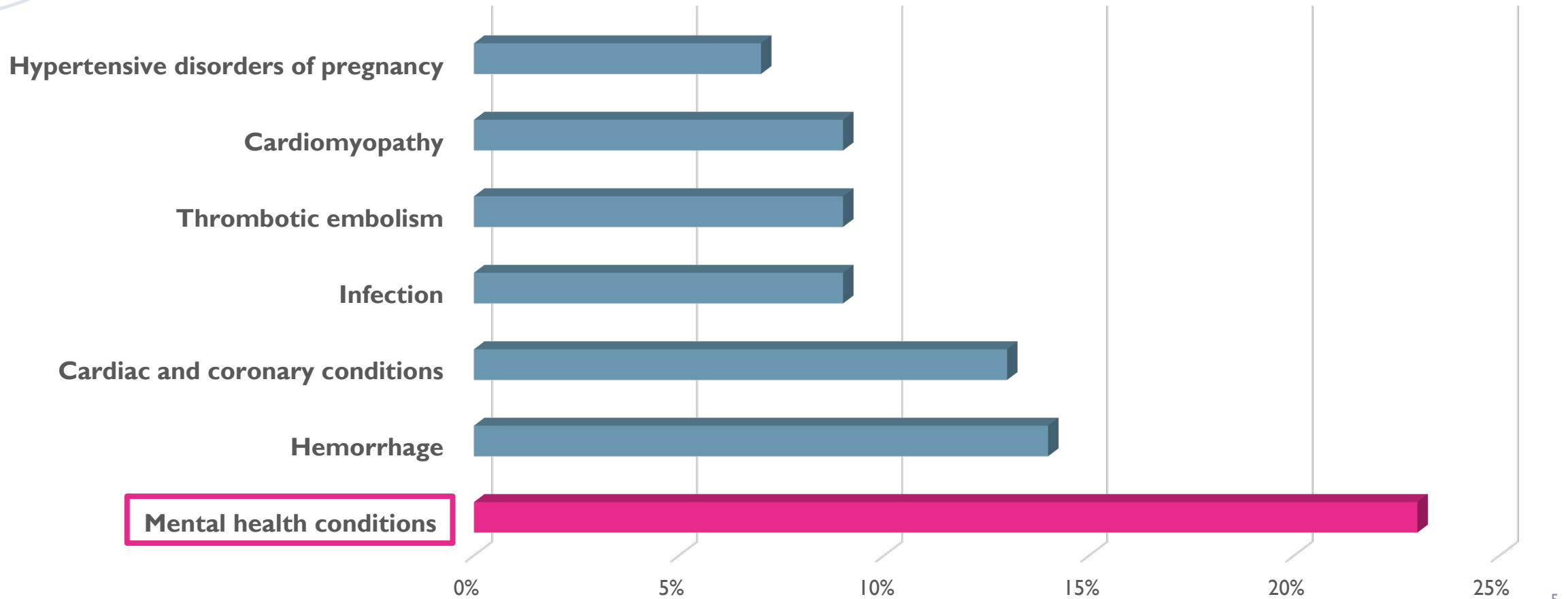
In 2021 the maternal mortality rate for non-Hispanic Black women was **SIGNIFICANTLY** higher than rates for White and Hispanic women.

[†]Statistically significant increase from previous year ($p < 0.05$).

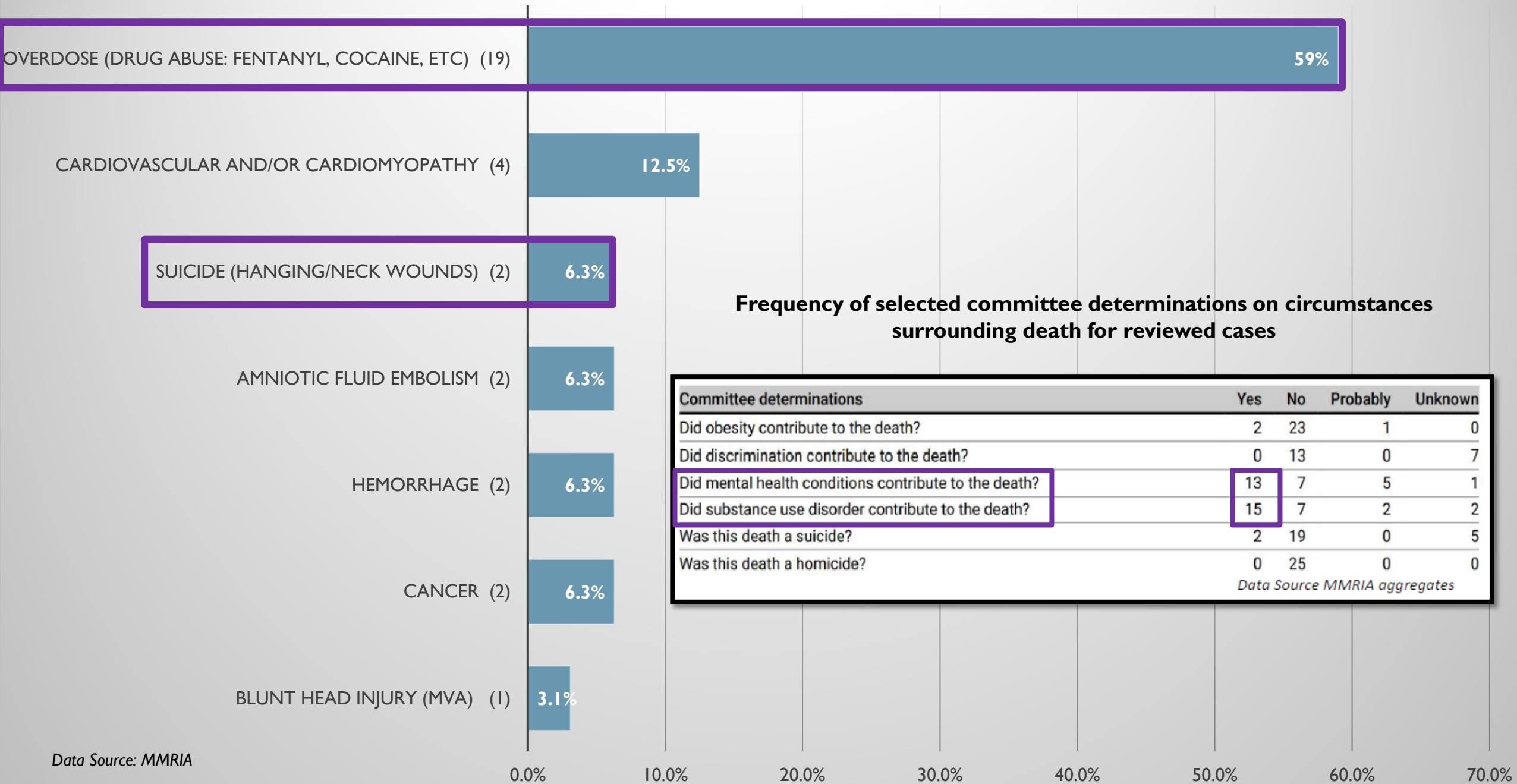
NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

700 WOMEN DIE EACH YEAR IN THE UNITED STATES AS A RESULT OF PREGNANCY OR DELIVERY COMPLICATIONS



Causes of Pregnancy Associated Deaths in NH 2017 - 2021



Postpartum
Depression
is the
most common
complication
of childbirth



High risk
populations

75%

of women w/symptoms go
UNDETECTED



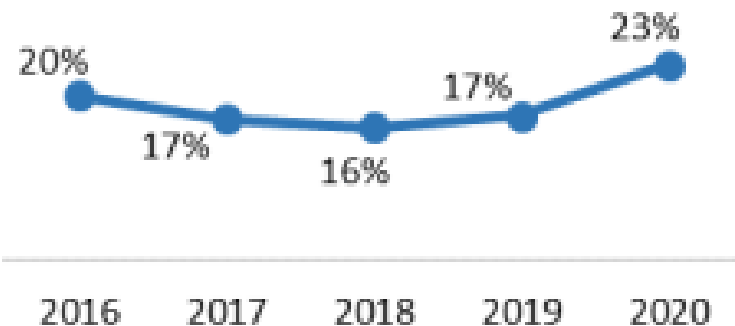
Women will suffer from a
maternal mental health
condition

Guide for integration of perinatal mental health in
maternal and child health services. Geneva: World Health
Organization; 2022., Gavin, et. al, 2005.

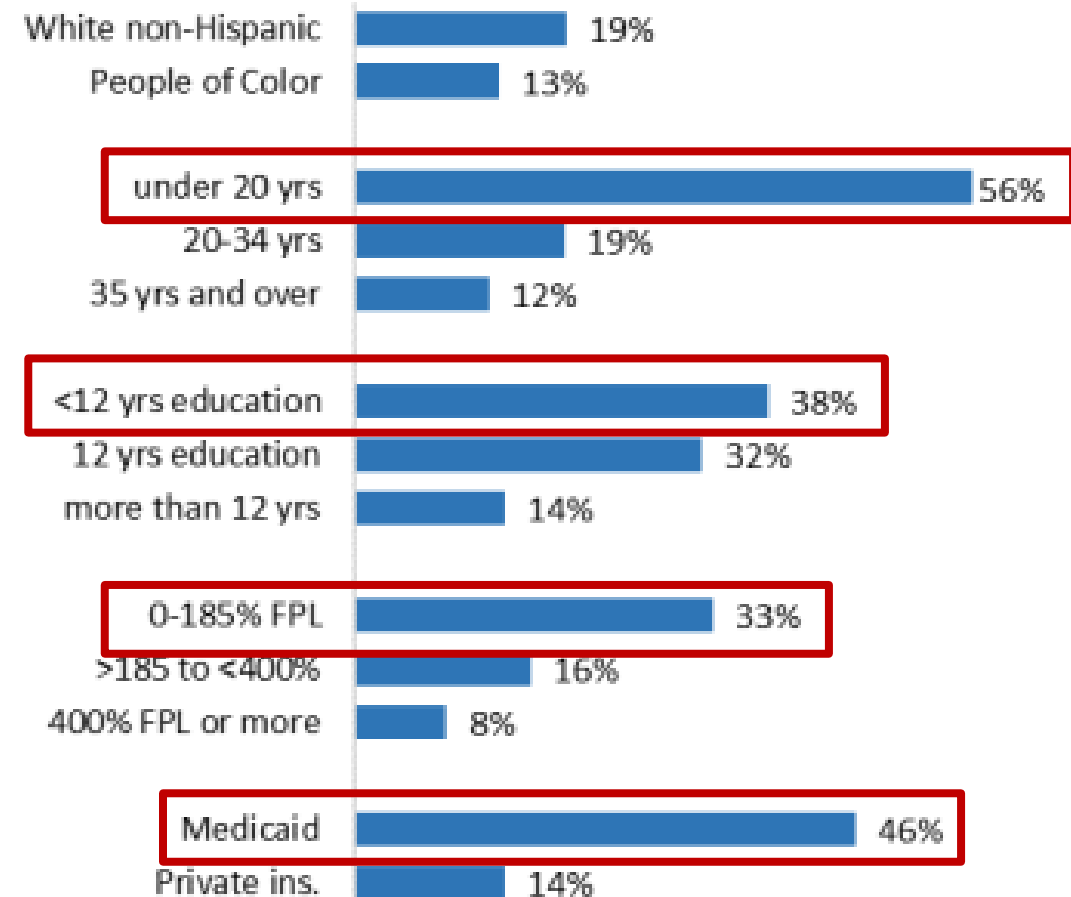
NH PRAMS DATA BRIEF: MATERNAL DEPRESSION 2016-2020

Before pregnancy

The percentage of women self-reporting they had **depression before pregnancy** ranged from 16-23%



Depression before pregnancy, among sub-groups



Frequency of Maternal Depression in NH (2016-2020)

	Frequency	5-year average
Before pregnancy <i>(self-reported)</i>	16 – 23%	18%
During pregnancy <i>(self-reported)</i>	14 – 19%	16%
After pregnancy <i>(self-reported)</i>	11 – 16%	13%
After pregnancy <i>(diagnosed)</i>	13 – 15 %	13%



Preconception

16 - 23%



Pregnancy

14 - 19%



Childbirth



Through 1st year Postpartum

PP: Self-reported
11 - 16%

PP: Diagnosed
13 - 15%

What Are The Costs and Consequences of Untreated Perinatal Mental Health Conditions?

New Hampshire

MMHLA
Maternal Mental Health
Leadership Alliance

OCTOBER 2022

MATERNAL MENTAL HEALTH AT A GLANCE



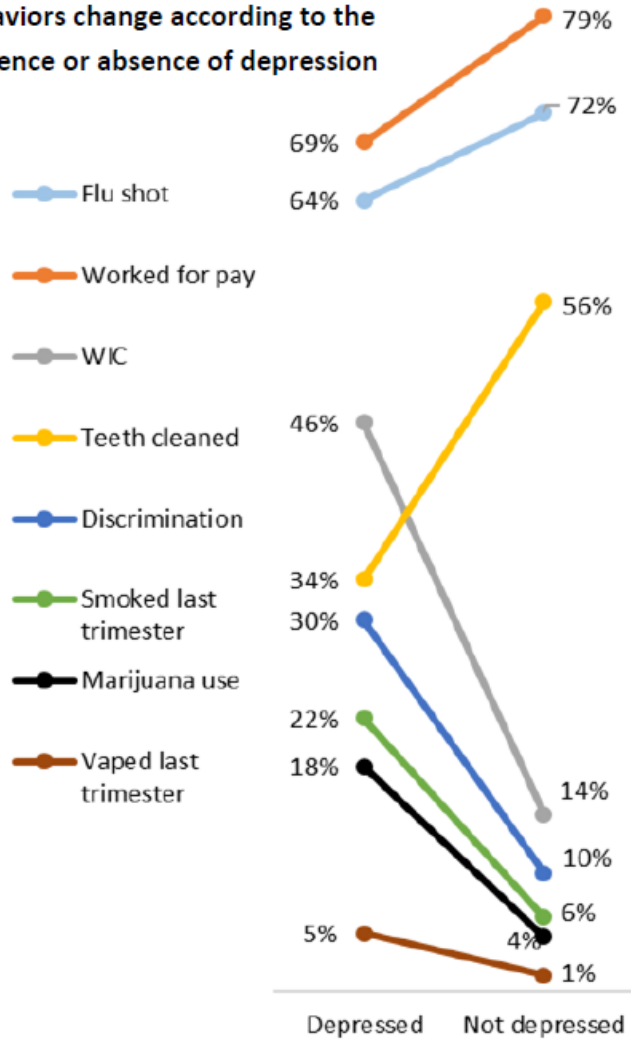
\$58 million cost of untreated MMH conditions
mother's lost wages and productivity,
poor health outcomes of mother and baby

SOURCE: MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE
NEW HAMPSHIRE FACT SHEET

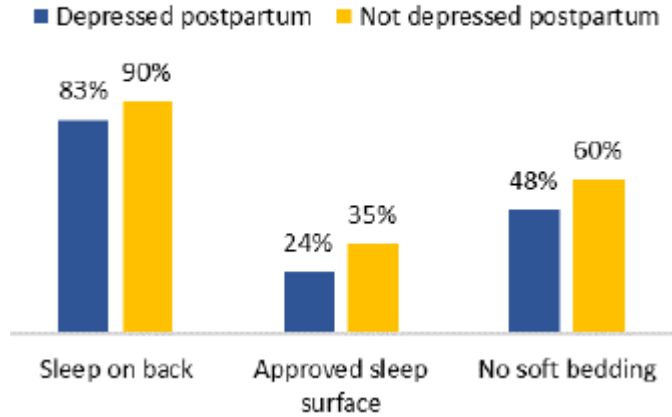
CONSEQUENCES OF UNTREATED PMH DISORDERS

PARENT	BABY
<p>Parents with untreated PMH disorders are more likely to: ^{7,8,9}</p> <ul style="list-style-type: none"> • Mismanage their own health • Have poor nutrition • Use substances such as alcohol, tobacco, or drugs • Experience physical, emotional, or sexual abuse • Be less responsive to baby's cues • Have fewer positive interactions with baby • Experience breastfeeding challenges • Question their competence as parents 	<p>Children born to parents with untreated PMH disorders are at higher risk for: ^{9,10,22}</p> <ul style="list-style-type: none"> • Low birth weight or small head size • Preterm birth • Longer stay in the NICU • Excessive crying • Impaired parent-child interactions • Behavioral, cognitive, or emotional delays <p>Untreated mental health issues in the home may result in an Adverse Childhood Experience, which can impact the long-term health of the child. ²³</p>

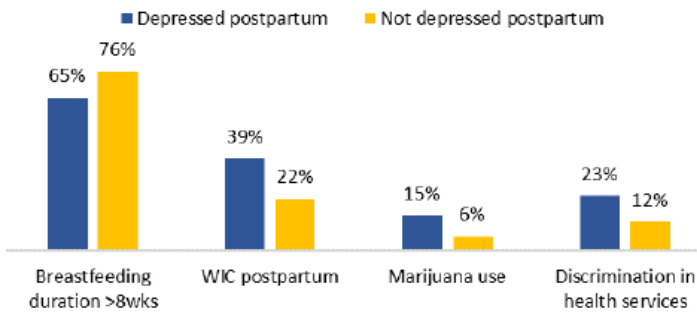
Behaviors change according to the presence or absence of depression



Safe Sleep behaviors

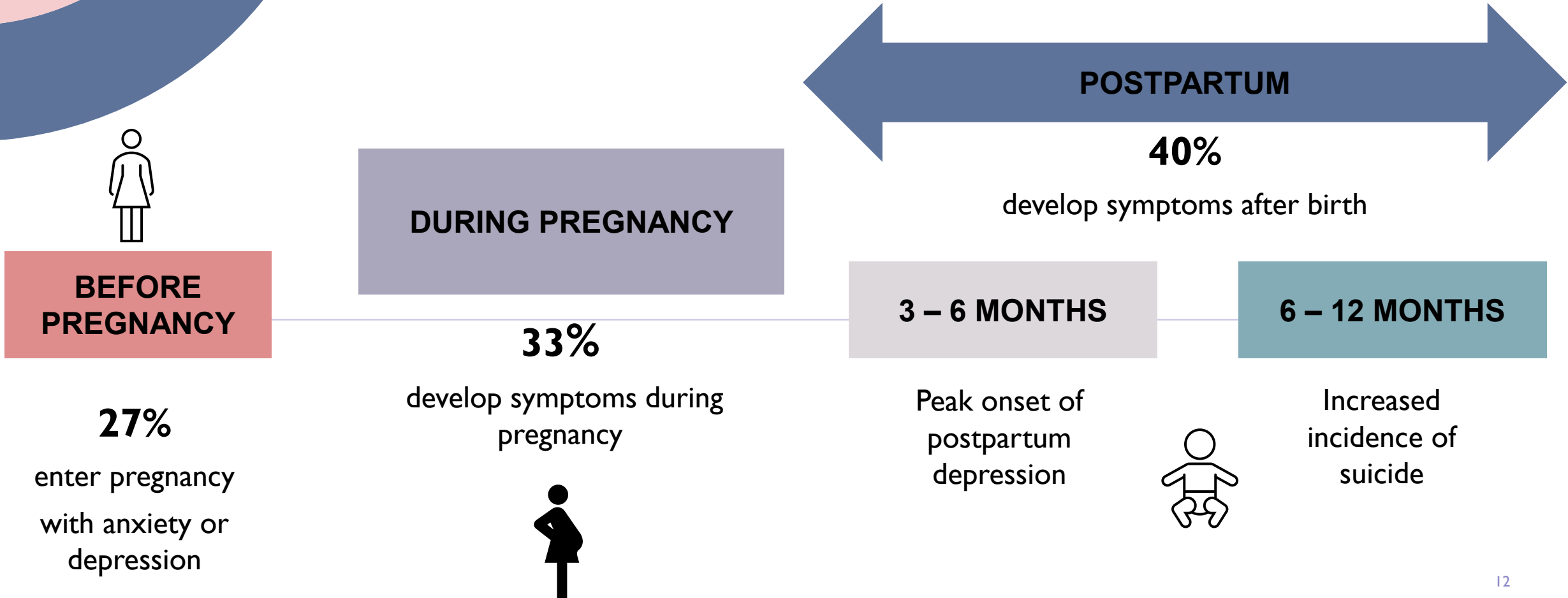


Health-related behaviors or conditions



MATERNAL DEPRESSION and HEALTH BEHAVIORS

PERINATAL MENTAL HEALTH CONDITIONS



Who says we should screen?



Screening should be implemented *with*
ADEQUATE SYSTEMS IN PLACE

to ensure accurate diagnosis, effective treatment, and appropriate follow-up





The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 757

(Replaces Committee Opinion No. 630, May 2015)

Committee on Obstetric Practice

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice.

INTERIM UPDATE: This Committee Opinion is updated as highlighted to reflect a limited, focused change in the language and supporting evidence regarding prevalence, benefits of screening, and screening tools.

Screening for Perinatal Depression

ACOG COMMITTEE OPINION

Number 736 • May 2018

(Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal-Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

ACOG Committee Opinion No. 757: Screening For Perinatal Depression. (2018).
ACOG Committee Opinion No. 736: Optimizing Postpartum Care. (2018).

ACOG recommends screening patients:

- at least once during the perinatal period for depression and anxiety,
- if screening in pregnancy, it should be done again postpartum.

ACOG recommends patients have contact with their OBGYN w/n the first 3 weeks postpartum

ACOG recommends a full assessment:

- of physical, social, and psychological well-being
- within a comprehensive postpartum visit
- that occurs **no later than 12 weeks after birth.**

2019 PERINATAL DEPRESSION CLINICAL RISK FACTORS



- **Personal** or family **history of depression**
- History of sexual abuse
- Unplanned/unwanted pregnancy
- Current stressful life events (housing move, job change, key change in relationship status, etc.)
- Diabetes or gestational diabetes
- Complications during pregnancy (premature contractions, hyperemesis)
- **Low income**
- Lack of family/social support
- **Teen parent**
- **Single parent**

USPSTF Prevention Screener

According to the United States Preventive Services Task Force, women who are at risk for maternal depression should be identified and referred for Cognitive Behavioral Therapy or Interpersonal Behavioral Therapy, the only prevention options that were identified as evidence based.

Visit the U.S. Preventive Services Task Force's Perinatal Depression: Preventive Interventions webpage: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/perinatal-depression-preventive-interventions>

Maternal Depression Risk Assessment

Single relationship status	Yes	No
Adolescent	Yes	No
Low income	Yes	No
Prior history depressive symptoms/episode	Yes	No
Score of 5-10 on EPDS or PHQ-9 (subclinical depressive symptoms)	Yes	No

Refer patient to preventive CBT/IPT therapy if the answer is Yes to any question.

BARRIERS TO CARE



Public Awareness & Education

- Recognition of symptoms
- Partner/friends tell them emotions are normal, don't worry
- Stigma
- Parents do not understand risk of untreated mental health condition to baby's health



Screening & Referral for Care

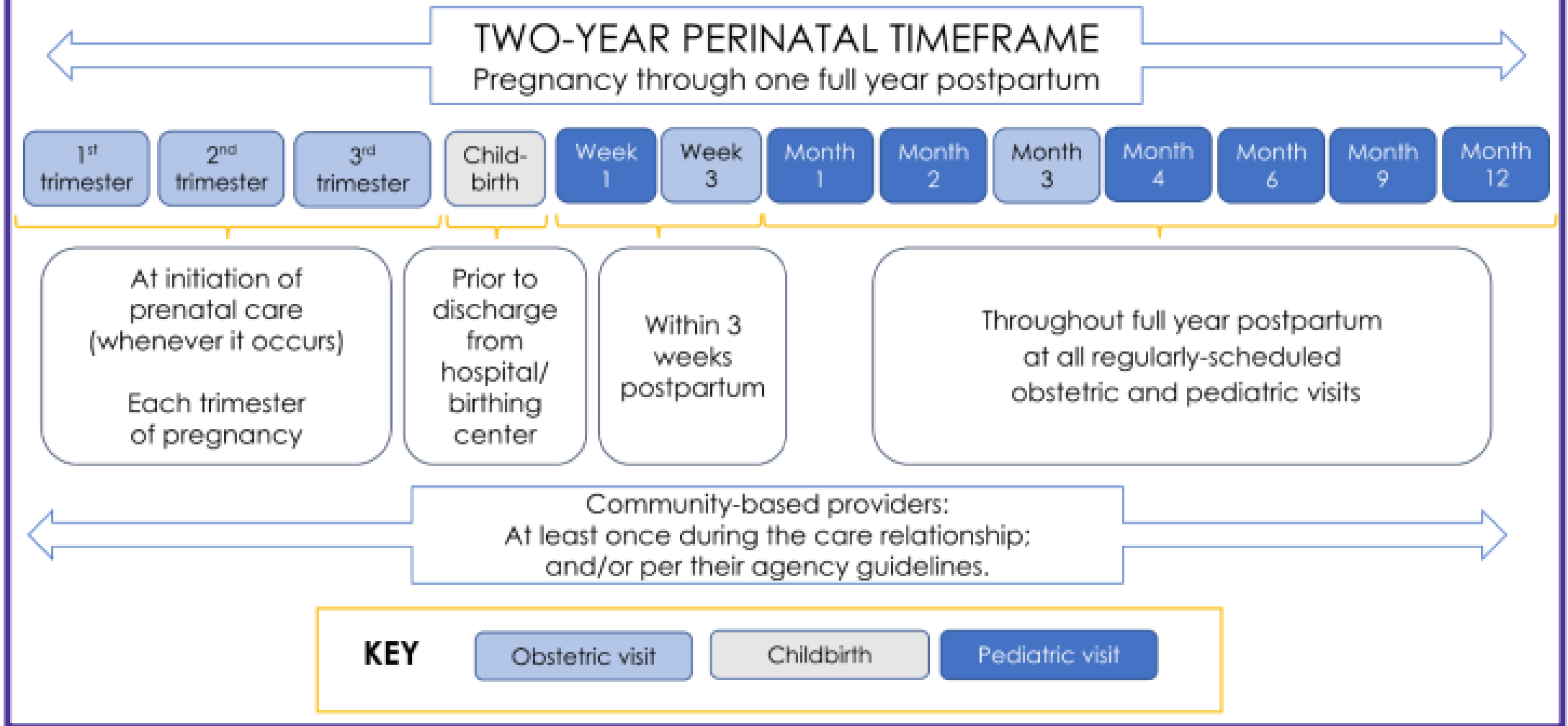
- OB/Pedi don't feel qualified to screen for maternal mental health conditions
- Time...time...time
- No financial incentive to screen
- Moral distress r/t lack of resource options



Treatment Availability & Accessibility

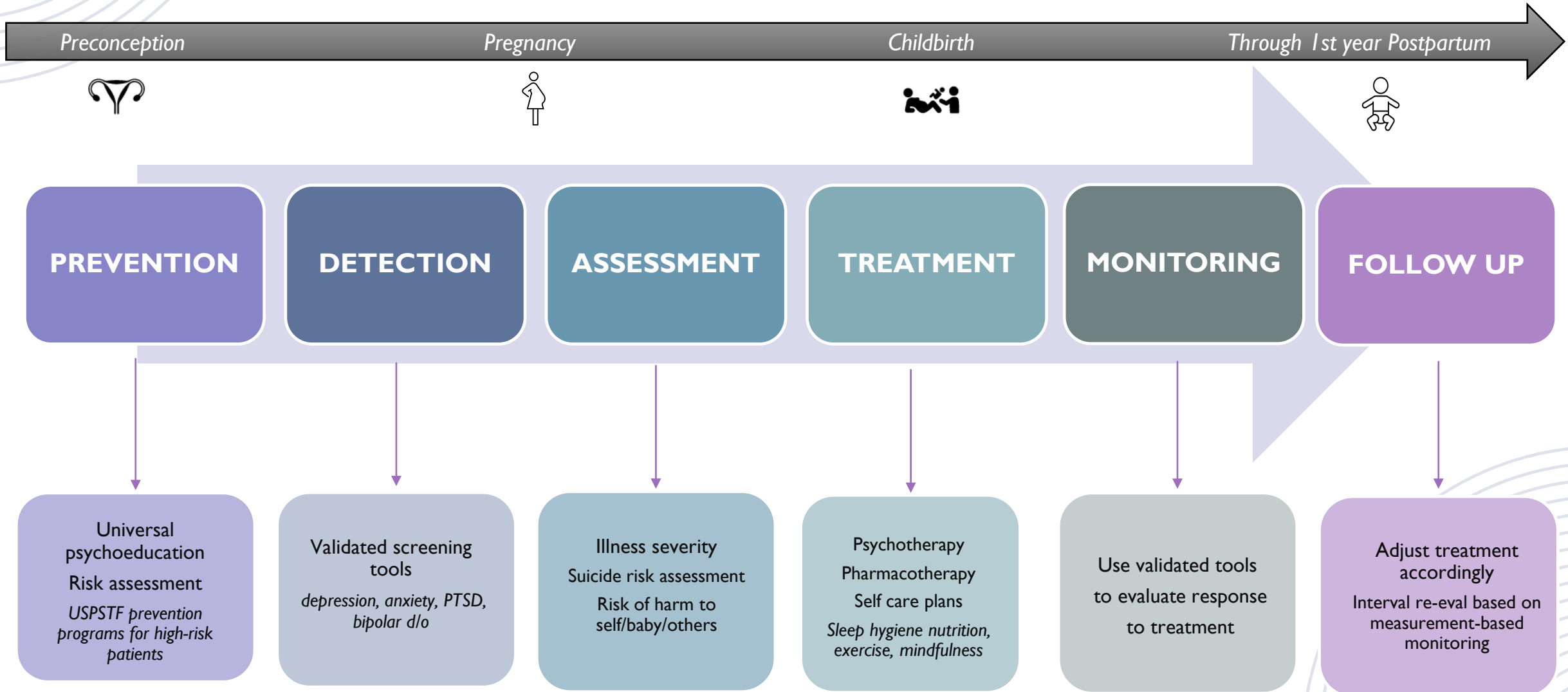
National shortage of behavioral health providers
Limited number of reproductive psychiatric specialists
Insurance coverage, cost of care, transportation, language barriers, paid leave, childcare ...all the SDOH

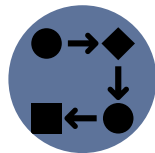
FRAMEWORK FOR PMH EDUCATION AND SCREENING



Perinatal Mental Health Conditions

Continuum of Care





HEALTHCARE PROVIDER EDUCATION

PCP, OB, Pedi
Family Practice
L&D, M/B, NICU, Pedi, ER,
Psych
CBE, VNA, home visitors,
doulas
Ambulatory behavioral health
Mobile Crisis

CLINICAL WORKFLOWS

Screening tools
*[including bipolar disorder and
suicide risk assessments]*
Response protocols
Pharmacotherapy
guidance
Treatment options

Lifeline for Moms Toolkit

PATIENT EDUCATION

Perinatal mental health
psychoeducation for ALL

Innovative Evidence-Based
Prevention Programs
ROSE
Mothers & Babies

COMMUNICATION PATHWAYS

OB
Pedi
Family Practice
Psych



RESOURCES & REFERRALS

* Implement Resource
Mapping
Community based
organizations
State/public health
agencies
Local support groups
Postpartum Support
International

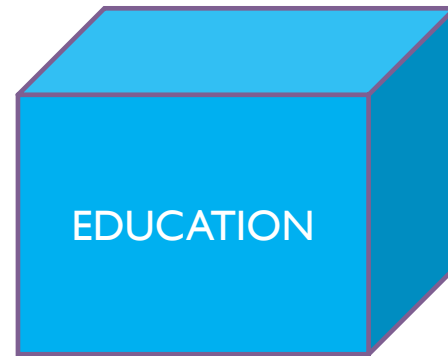
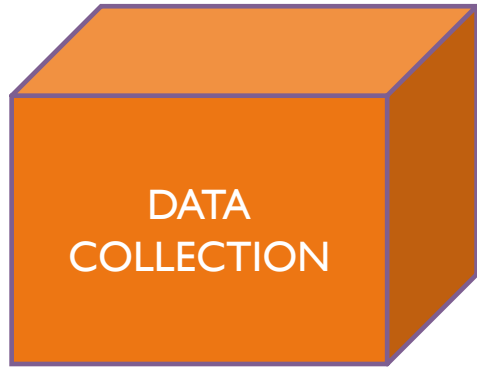
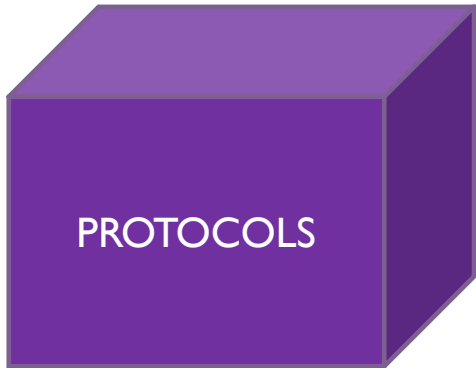


Care for Pregnant and Postpartum People with Substance Use Disorder

AREAS OF OVERLAP



Perinatal Mental Health Conditions





READINESS

Develop workflows for integrating mental health into obstetric care

- Tools
- Response Protocols
- Training



CHANGING PRACTICE

How will results be saved?
Where are the results available?

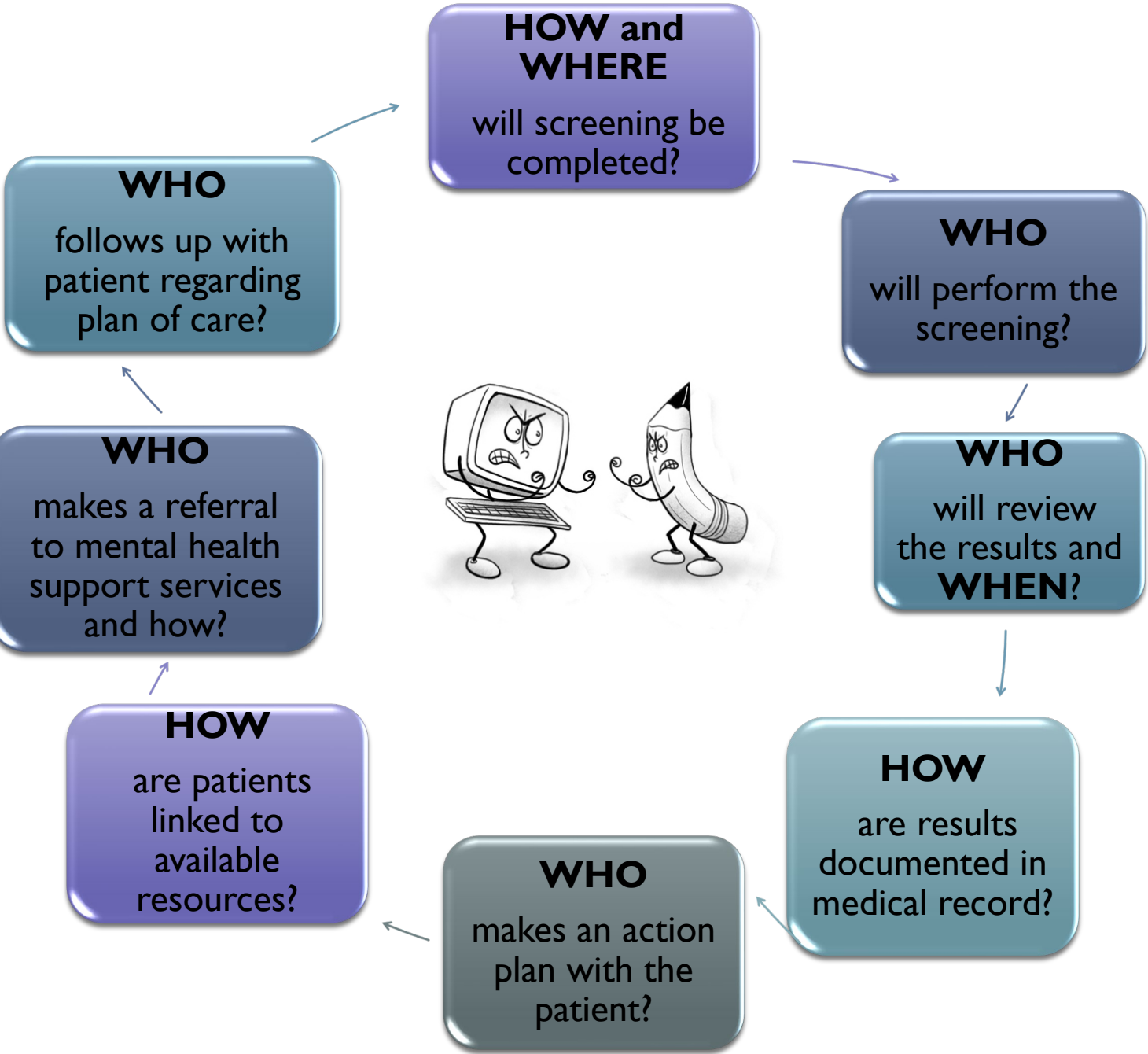
Plan the workflow:

- Process for assessment, electronic documentation, referral, follow up

WHO:

- Frontline staff in practice settings
- Information technology specialists

Trial and evaluate the new workflow within individual practice settings.



Maternal Depression Documentation in Well-Baby Template

Progress Notes (F3 to enlarge)

Cosign Required

✪ B ↶ ? + Insert SmartText ↷ ↵ ↶ ↷ ↻ 🔍 ↵

ANTICIPATORY GUIDANCE:
{EP 4 MONTH ANTICIPATORY GUIDANCE:14907}

MATERNAL ASSESSMENT:
Edinburgh Postnatal Depression Scale:{NUMBERS 1-20:12831}
Thoughts of harming myself:{self:40000010}
Thoughts of hurting by baby:{baby:40000011}
PCP/OB Care Provider:
PPD Education and Support provided:{YES/NO:63}
Refer for further assessment and intervention:{EH PPD Referral:40000012}

No needs identified
Mother's Primary Care Provider
Mother's OB Care Provider
Social Services
Behavioral Health Provider
Patient declines referral
Referred to Emergency Room



RECOGNITION & PREVENTION SCREENING

Obtain individual and family psych hx

SCREEN

Depression

Anxiety

Bipolar disorder

at intake and prior to initiating pharmacotherapy

Social drivers of health

Provide psychoeducation:

- destigmatize perinatal mental health conditions
- engage perinatal individuals using strength-based and culturally-responsive approach.

Implement screening for depression and anxiety:

- TWICE during pregnancy (at initiation and at 24-28 weeks gestation)
- at least once in the postpartum period (6 weeks postpartum).

Implement screening for bipolar disorder:

- at initiation of care
- or after a positive depression screen
- particularly prior to initiating pharmacotherapy

Name _____ Date ____/____/____

A Please circle one of the four answers that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

I have been able to laugh and see the funny side of things*	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
I have looked forward with enjoyment to things*	As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all
I have blamed myself unnecessarily when things when wrong	Yes, most of the time	Yes, some of the time	Not very often	No never
I have been anxious or worried for no good reason*	No, not at all	Hardly ever	Yes, sometimes	Yes, very often
I have felt scared or panicky for no good reason	Yes, quite a lot	Yes, sometimes	No, not much	No, not at all
Things have been getting on top of me	Yes, most of the time I haven't been able to cope at all	Yes, sometimes I haven't been coping as well as usual	No most of the time I have coped quite well	No, I have been coping as well as ever
I have been so unhappy that I have had difficulty sleeping	Yes, most of the time	Yes, sometimes	Not very often	No, not at all
I have felt sad or miserable	Yes, most of the time	Yes, quite often	Not very often	No, not at all
I have been so unhappy that I have been crying	Yes, most of the time	Yes, quite often	Only occasionally	No, never
The thought of harming myself has occurred to me	Yes, quite often	Sometimes	Hardly ever	Never

Keep going... Circle the letter that indicates:
Has there ever been a period of time **in your life** when you were **not your usual self** and...

	NO	YES
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y
...you were so irritable that you shouted at people or started fights or arguments?	N	Y
...you felt much more self-confident than usual?	N	Y
...you got much less sleep than usual and found you didn't really miss it?	N	Y
...you were much more talkative or spoke much faster than usual?	N	Y
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
...you had much more energy than usual?	N	Y
...you were much more active or did many more things than usual?	N	Y
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
...you were much more interested in sex than usual?	N	Y
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
...spending money got you or your family into trouble?	N	Y

Circle the letter that indicates your answer the following two questions:

If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Please continue to section **B** (next page)



RESPONSE

Protocols tailored to severity of condition

Activate immediate suicide risk assessment

Care pathways facilitate coordination and follow-up

When a perinatal mental health screening tool is positive:

- assess the patient and determine treatment approach.

Develop and use a repository of:

- mental health resources
- treatment referral sources
- tailored to the needs of your patient population.

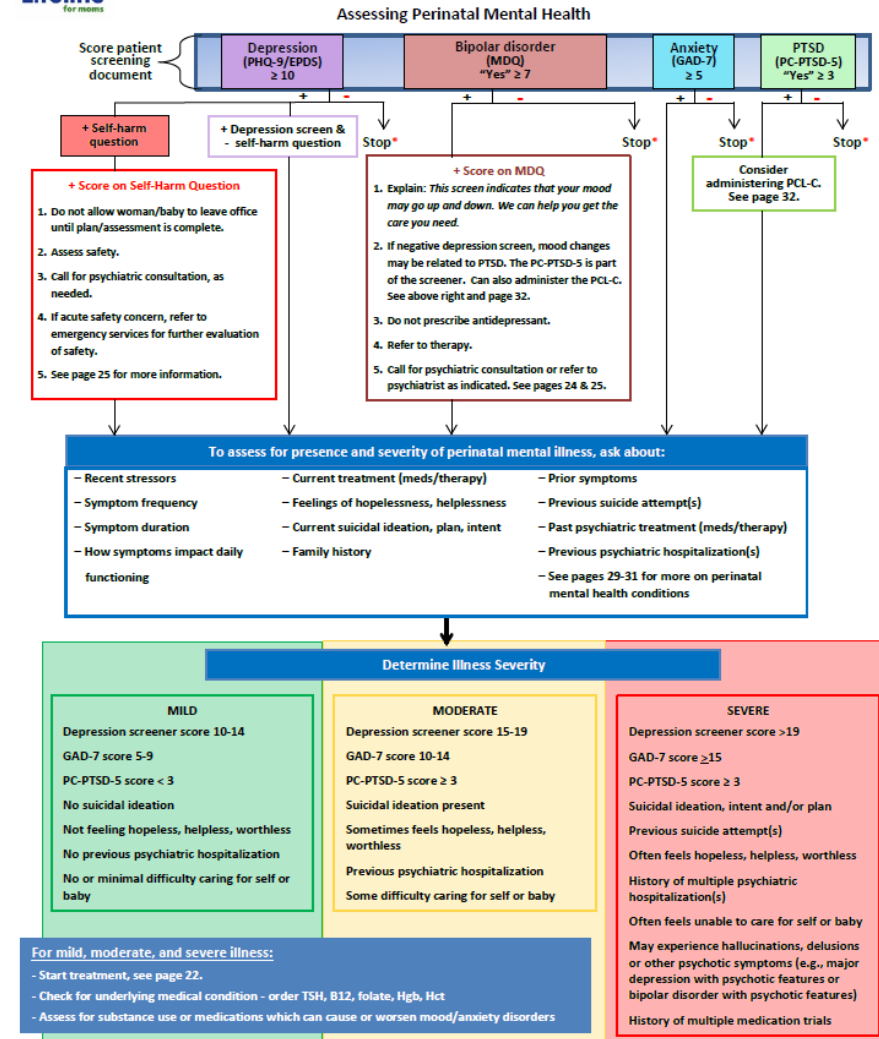
Refer patients who screen positive for:

- psychotherapy
- group therapy
- other treatment and support options.

Start medication treatment when indicated



Lifeline for Moms App – for clinical guidance





REPORTING & SYSTEMS LEARNING

Incorporate mental health into
multidisciplinary rounding

Convene inpatient + outpatient
providers

Identify and monitor data r/t PMH
w/disaggregation by race/ethnicity at min
to evaluate disparities in processes of
care

Outcome Measures:

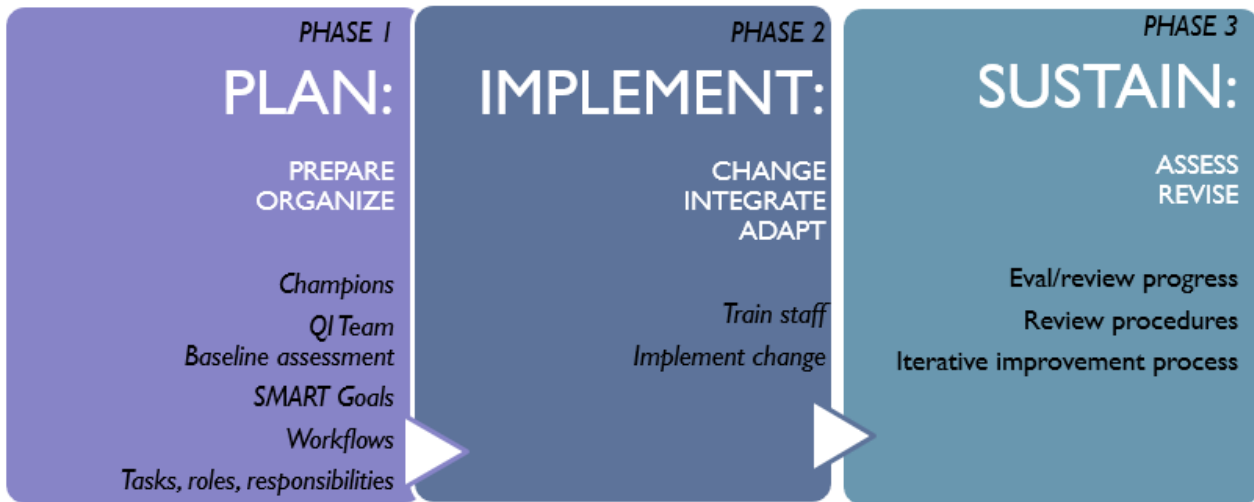
- % of Pregnant and Postpartum People with PMHC who **RECEIVED** or **WERE REFERRED to TREATMENT**

Process Measures:

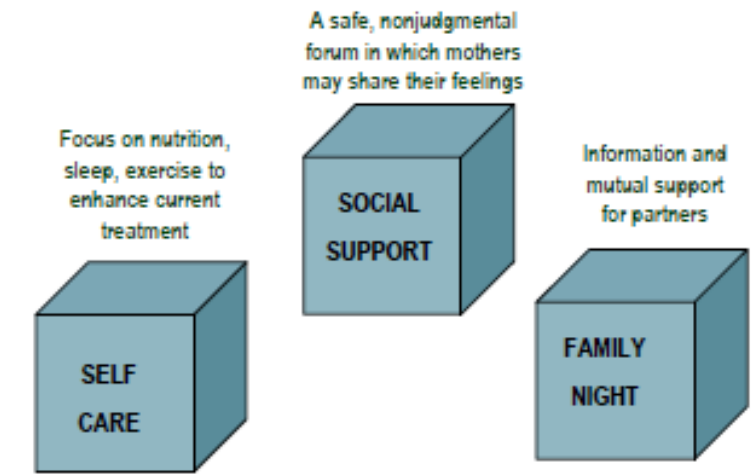
- Patient Education
- Provider and Nursing Education
 - OB providers, Nursing L&D and PP – completed education on PMHC within last 2 years, including education on respectful and equitable care

Structure Measures:

- Inpatient-Outpatient Coordination Workgroup
- Resource Mapping / Identification of Community Resources
- Perinatal Mental Health Assessment and Response Protocol
- Patient Education Materials on Urgent Postpartum Warning Signs
- Validated Screening Tools Shared w/Prenatal Care Sites



PPD Support Group



Perinatal Mood Disorder Taskforce

Multidisciplinary Representation

Obstetrics	Pediatrics
Family Practice	Lactation Consultants
Community mental health providers	Inpatient psychiatry
Family resource centers	"PPD survivor"

- Foster *collaborative partnerships* between healthcare providers and community organizations that may be utilized by new mothers
- Develop a *referral list of providers specializing in reproductive mental health*
- Provide *outreach education and evidence-based resources* to guide best practice for perinatal mood disorders

Components of PPD Support Program

Patient intake Group dynamics	Usage of telephone scripts
Group literature, marketing, patient education Focus on "self-care"	Training clinical support staff and nursing "Family Night"
Suicide prevention Referral for counseling Crisis protocols	Annual program evaluation Patient satisfaction

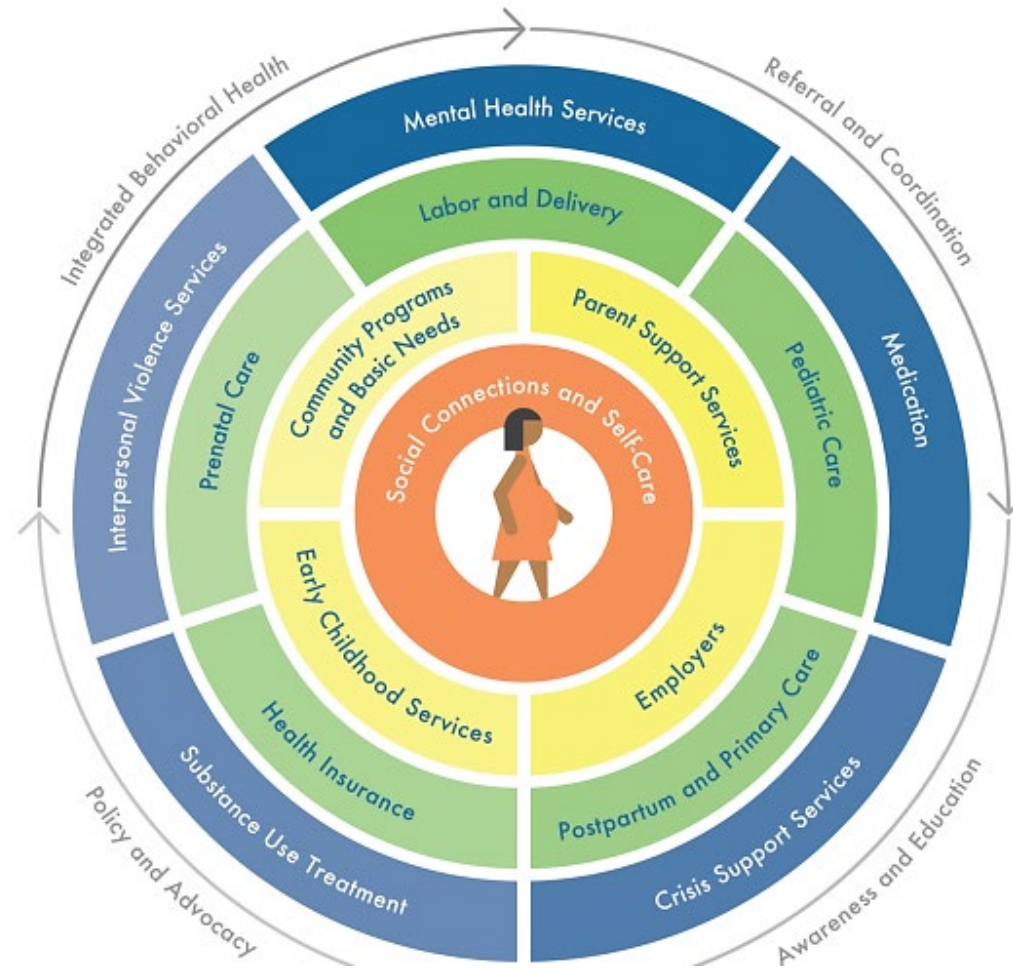


RESPECTFUL, EQUITABLE, & SUPPORTIVE CARE

Include each pregnant/postpartum person and their identified support networks as respected members of and contributors to the multidisciplinary team

Open, transparent, empathetic, trauma-informed communication

Understand dx, options, tx plans



- Shared decision-making approach to care
- Follow up and monitor perinatal mental health conditions once treatment is initiated.
- Ensure mental health care is ongoing at least one year postpartum
- Transition to primary care or another provider as needed



POSTPARTUM SUPPORT
INTERNATIONAL

PSI Volunteer Warmline:

Resources for pregnancy,
postpartum, post-loss support

Support Groups

Call: 1-800-944-4773

Text: "Help" to 800-944-4773
(English)

Text en Español: 971-203-7773



FOR PATIENTS AND FAMILIES

THE NATIONAL
MATERNAL
MENTAL HEALTH
HOTLINE IS HERE
FOR YOU!

1-833-943-5746

Call or text for 24/7 free,
confidential support, resources,
and understanding for all
pregnancy and postpartum
mental health concerns in
English and Spanish.



PRESCRIBING RESOURCES FOR HEALTHCARE PROVIDERS



Perinatal Psychiatric Consult Line

- for medical professionals 1-877-499-4773.
- no charge / fee

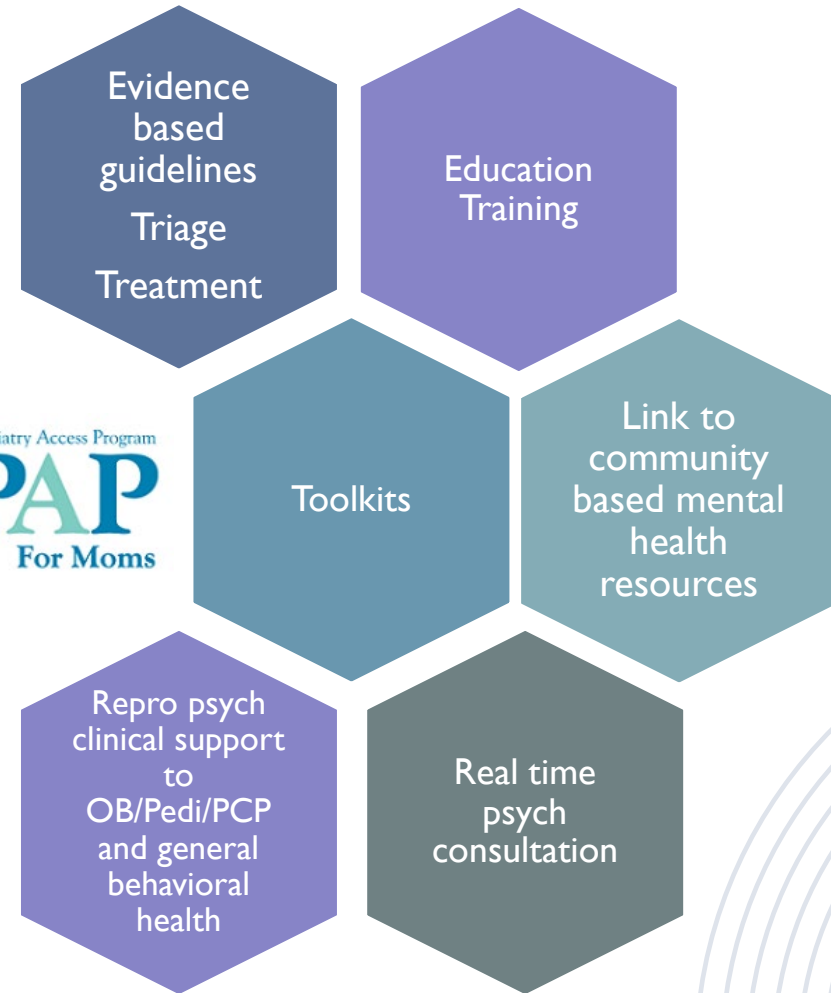


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When PARENTS are well....
the FAMILY is well

PERINATAL PSYCHIATRY ACCESS PROGRAMS

Provide education, consultation, resources and referrals to
**increase the capacity of
frontline healthcare
providers** to address perinatal mental health.



AIM PERINATAL SAFETY BUNDLE RESOURCES



NNEPQIN.ORG

NH Maternal Mortality Webinars and Resources
Click here »

AIM SUD Bundle
Click here »

AIM Perinatal Mental Health Bundle
Click here »



The Northern New England Perinatal Quality Improvement Network (NNEPQIN) was founded at Dartmouth Hitchcock in collaboration with

University of Vermont Medical Center and most of the birth hospitals in New Hampshire

the administrative home for NNEPQIN and manages general

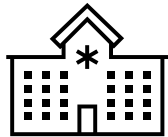
Learn more about NNEPQIN »

NNEPQIN's mission is to improve perinatal health across New England through clinical guidelines, QI projects, case review, and educational conferences

PERINATAL PSYCHIATRY ACCESS PROGRAMS in the U.S.
Perinatal Psychiatry Access Programs in U.S.
Colorado - IMPACT BH
MCPAP for Moms
NC - Maternal MH MATTERS
MC3 Perinatal - Michigan
Periscope Project
SCREENING
AAP - Screening Library Pediatrics
ACOG: Perinatal Mental Health
Black Mamas Matter Toolkit
Healthier Pregnancy: Tools and Techniques to Best Provide ACA-Covered Preventive Services
NIH Perinatal Depression
USPSTF 2019 Perinatal Depression Screening Recommendation
STRATEGIC PLANNING RESOURCES
Alliance for Innovation on Maternal Health
AIM Perinatal Mental Health Conditions bundle
PSI: Postpartum Support International
2020 MOM
AIMS Center - Advancing Integrated Mental Health Solutions

SCREENING TOOLS	
EPDS: Edinburgh Postnatal Depression Scale	PHQ-9: Patient Health Questionnaire
MDQ: Mood Disorder Questionnaire	GAD 7: Generalized Anxiety Disorder
C-SSRS: Columbia Suicide Severity Rating Scale	
PREVENTION PROGRAMS: Best Practices	
Mothers and Babies	
PREPP: Practical Resources for Effective Postpartum Parenting	
ROSE Program	
Zero Suicide	
PEER SUPPORT	
2020 MOM Group Peer Support	
Group Peer Support (GPS) Training	
NAMI Peer-to-Peer Support	
BIPOC and LGBTQ+ RESOURCES	
Asian American Psychological Association (AAPA)	
Black Emotional and Mental Health Collective (BEAM)	
Black Mamas Matter Toolkit	
Latinx Therapy	

BRIDGING THE GAP ACROSS PRACTICE SETTINGS



Who Are the
People in Your
Neighborhood?

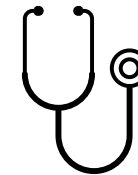
**RESOURCE
MAPPING**

NNEPQIN



NEEDS ASSESSMENT

*Where are we now?
Where do we need to go?*



Inpatient to Ambulatory
OB / Pedi / NICU
Primary Care

**COMMUNICATION
TOOLS**

QUESTIONS???

LET'S DISCUSS!

Alison Palmer, MS, WHNP-BC, PMHNP-BC

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