Perinatal Mental Health Conditions
Implementation Webinar

Monday, February 13th
3:00-4:00 PM, EST
Welcome!

You are muted upon entry to the call.
You will have the ability to unmute yourself during Q&A.

To reduce background noise, we encourage participants to remain muted during the presentations.

If you are experiencing technical difficulties, please chat an AIM staff member or email aim@acog.org.

This presentation will be recorded.
Both slides and presentations will be available after the webinar.
## Welcome!

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Background & Purpose of Revision

Amy Ushry, RN, MPH
The Issue

Perinatal Mental Health Conditions are a leading cause of maternal mortality. These conditions include depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis can occur during pregnancy or within the first postpartum year.

Perinatal mental health conditions affect upwards of 1 in 5 people.¹

Mental health conditions, including suicide and overdose, account for approximately 10% of pregnancy-related deaths. MMRC’s have determined 100% of these deaths to be preventable.²
AIM’s Primary Objective

Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the United States.

- Promoting safe care for every U.S. birth via engagement with state-based multidisciplinary implementation teams.
- Engaging multidisciplinary partners at the national level
- Developing and providing tools for implementation of evidence-based patient safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing efforts and disseminating evidence-based resources
AIM Patient Safety Bundles

- AIM Patient Safety Bundles can be found on the AIM website saferbirth.org

- Bundles are accompanied by resources and documents to support implementation.
The Maternal Mental Health Patient Safety Bundle was originally released over 7 years ago.

In January, 2022 AIM engaged with a diverse group of subject matter experts to revise the Maternal Mental bundle to widen the scope to include additional health conditions, incorporate respectful equitable and supportive care considerations, and create metrics and data collection plans to support implementation efforts.
Core Bundle Revisions

Review and revise concepts from original bundles

Add additional aspects as needed

Create metrics and data collection tools
What has this looked like?

- Review and revise concepts from original bundles
- Add additional aspects as needed
- Revise metrics and data collection tools
- Solicit internal and external feedback
- Refined, updated elements Implementation Details resource
- Calling out necessary protocols Respectful Care & Inclusive Language
- Updated data collection plan – coming soon!
- Input from external stakeholders Refined final bundle materials
Bundle Revision Workgroup

Clinical Revision Workgroup

Nancy Byatt, DO, MS, MBA, FACLP
Tiffany Moore- Simas, MD, MPH, MeD
Emily Miller, MD, MPH
Camille Hoffman, MD, MSCS
Chris Raines, MSN, RN, WHCNP, PMHNP-BC, PMH-BC
John Keats, MD, CPE, FACOG
Sue Kendig, MSN, JD, WHNP

AIM Staff

Amy Ushry, RN, MPH
Christie Allen, MSN, RNC-NIC, CPHQ, C-ONQS
Izzy Taylor, MS
David Laflamme, PhD, MPH
Hannah Kaufman, MPH
Sita Chandra, MPH
Bundle Revision External Reviewers

Representation from...

American College of Obstetricians and Gynecologists
National Healthy Start Association
2020 Mom
American College of Nurse Midwives
Association of Women's Health, Obstetric and Neonatal Nurses
National Association of Nurse Practitioner in Women’s Health
Postpartum Support International
Patients with Lived Experience
State Teams/PQC's
And more...
Bundle Revision External Reviewers

- Adrienne Griffen
- Amritha Bhat, MBBS, MD, MPH
- Alana Aronin, MPH
- Ashley Calderone, DNP, RN, CLC, IBCLC, C-ONQS
- Courtney Johnson, MoMMA's Voices PFP
- Daisy Goodman, DNP, MPH, CARN-AP, APRN, CNM
- Dan Weiss, MPH
- Joy Burkhard
- Jennifer Payne, MD
- Karen Chustz, MSW
- Kate Boydston, MoMMA's Voices PFP
- Mishka Terplan, MD
- Sarah Wakefield, MD
- Sydnie Carraher, NP
- Elliott Main, MD
- Emily Dossett, MD, MTS
Kate’s Story

Kate Boydston
MoMMA’s Voices Certified Patient Family Partner
This is PMHC

Kate Boydston
Our Story
My Why
Postpartum
Perinatal Mental Health Conditions
Bundle Elements

Tiffany Moore-Simas MD, MPH, Med, FACOG
Nancy Byatt, DO, MS, MBA, DFAPA, FACLP
For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.
Readiness – Every Unit/Team

Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated, including:

- Identify mental health screening tools to be **integrated universally in every clinical setting** where patients may present.*
- Establish a response protocol based on what is feasible for each area of practice and local mental health resources.
- Educate clinicians, office staff, patients, and patients’ designated support networks on optimal care across the preconception and perinatal mental health pathway including **prevention, detection, assessment, treatment, monitoring**, and **follow-up best practices**.*
Readiness – Every Unit/Team

• Provide training and education to 1) address racism, health care team member biases, and stigma related to perinatal mental health conditions, and 2) promote trauma-informed care.

• Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to address patient needs, including social drivers of mental and physical health.
Recognition and Prevention – Every Patient

Screen for perinatal mental health conditions **consistently throughout the perinatal period**, including but not limited to:

- Obtain individual and family mental health history at intake, with review and update as needed.*
- Screen for depression and anxiety at the initial prenatal visit, later in pregnancy and at postpartum visits, ideally including pediatric well-child visits *
- Screen for bipolar disorder before initiating pharmacotherapy for anxiety and depression. *

Screen for **structural and social drivers** of health that may impact clinical recommendations or treatment plans and **provide linkage to resources**.
Response – Every Event

Initiate an evidence-based, patient-centered response protocol that is tailored to condition severity, and is strength-based, culturally relevant*, and responsive to the patient’s values and needs: *

- Activate an immediate suicide risk assessment and response protocol as indicated for patients with identified suicidal ideation, significant risk of harm to self/other or psychosis.*

Establish care pathways that facilitate coordination and follow-up among multiple providers throughout the perinatal period for pregnant and postpartum people referred to mental health treatment.
Incorporate mental health into multidisciplinary rounding to establish a non-judgmental culture of safety.

Convene inpatient and outpatient providers in an ongoing way to share successful strategies and identify opportunities for prevention and evaluation of undesired outcomes related to perinatal mental health.*

Identify and monitor data related to perinatal mental health care, with disaggregation by race and ethnicity at a minimum, to evaluate disparities in processes of care.*
Respectful, Supportive, & Equitable Care – Every Unit/Provider/Team Member

Include each pregnant and postpartum, person and their identified support network as respected members of and contributors to the multidisciplinary care team. *

Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans. *
We developed a Suite of Resources to provide guidance in *how* to implement the Bundle.
Implementation Guide for Integrating PMH into OB Practice
The Guide provides step by step instructions and resources for how to integrate mental health care into obstetric practice

Patient care pathway (9 Aims)

Implementation pathway

Planning  Implementation  Sustainment

Communication
The Guide helps practices and clinicians ‘step up’ care with increasing illness severity.

- **Mild illness**: Ob/Gyn manages.
- **Moderate illness**: Ob/Gyn with psychiatric consultation.
- **Severe illness**: Face-to-face consultation or referral.

Lifeline for Moms eModules provide training in detection, assessment, treatment and follow-up

License to ACOG soon available on website
Dr. Silva's treatment across four patients:

**Patients**

**Julie**
- 2nd child
- 36 weeks GA
- EPDS: Self-Harm
- MDQ: GAD-7
- PC-PTSD: 5

**Sofia**
- 1st child
- 9 months PP
- EPDS: Self-Harm
- MDQ
- GAD-7
- PC-PTSD: 5

**Adele**
- 1st child
- 26 weeks GA
- PHQ-9: Self-Harm
- MDQ
- GAD-7
- PC-PTSD: 5

**Olivia**
- 1st child
- 5 weeks PP
- EPDS: Self-Harm
- MDQ
- GAD-7
- PC-PTSD: 5

**Follow Up**
- Symptoms improved.
- Tolerating sertraline.
- Reevaluating early postpartum.
- AI 6 mos. complete symptom remission.
- Ventafloxine (previously effective).
- Bipolar with depressive symptomatology.
- Significant symptom improvement.
- Transition care to PCP.

**Treat**
- Therapy & Adj.
- Int.: Therapy & Adj. Int.
- Referral psychiatric & medication.
- Increase chlorpromazine dose.

**Assess**
- Depression
- Anxiety
- Low risk of self-harm

**Detect**
- Positive
- Negative

* Adjunctive Interventions
The Lifeline for Moms Toolkit aims to help obstetric clinicians detect and address perinatal mood and anxiety disorders.

Lifeline for Moms Perinatal Mental Health Toolkit” by Nancy Byatt, Leena P. Mittal et al. (umassmed.edu)
The Toolkit is publicly available and can be adapted as needed

https://repository.escholarship.umassmed.edu/handle/20.500.14038/44263
http://hdl.handle.net/20.500.14038/44263
Perinatal Psychiatry Access Programs aim to support obstetric practices providing perinatal mental health care.

Clinician-facing Warm Line (M-F, business hours)
There are now 20 state Access Programs with the potential to cover 1.9M, or 52%, of the 3.6M births in the US.
The National Maternal Mental Health Hotline and PSI Helpline are also free and available throughout the US

1-833-9-HELP4MOMS

Postpartum.net
Perinatal Mental Health Conditions
Bundle Metrics

David Laflamme, PhD, MPH
Isabel Taylor, MS, CPHQ
Please use the Raise Hand 🙋 function. If you are called on, come on camera 📸 & off mute 🎤.

Or type your questions 📩 in the chat.
Thank you!

Questions can be directed to Hannah Kaufman at Hkaufman@acog.org

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