

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!

Time	Facilitator/ Speaker
Welcome & Agenda Overview	Amy Ushry, RN, MPH
Opening Remarks	Iffath Hoskins, MD
Background & Purpose of Revision	Amy Ushry
Lived Experience Presentation	Kate Boydston
Bundle Elements and Resources	Dr. Tiffany Moore-Simas, Dr. Nancy Byatt
Perinatal Mental Health Conditions Measurement	David Laflamme, PhD, MPH Isabel Taylor, MS, CPHQ
Closing	Amy Ushry, RN, MPH

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.



Perinatal Mental Health Conditions



Perinatal Mental Health Conditions

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.

* * see implementation details document for more information

Readiness — Every Unit

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.*

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 & 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.*

Identify and address structural and social drivers of health that may impact clinical recommendations or treatment plans and ensure linkage to resources.

Original Bundle

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



MATERNAL MENTAL HEALTH: PERINATAL DEPRESSION AND ANXIETY

READINESS

Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.

RECOGNITION & PREVENTION

Every Woman

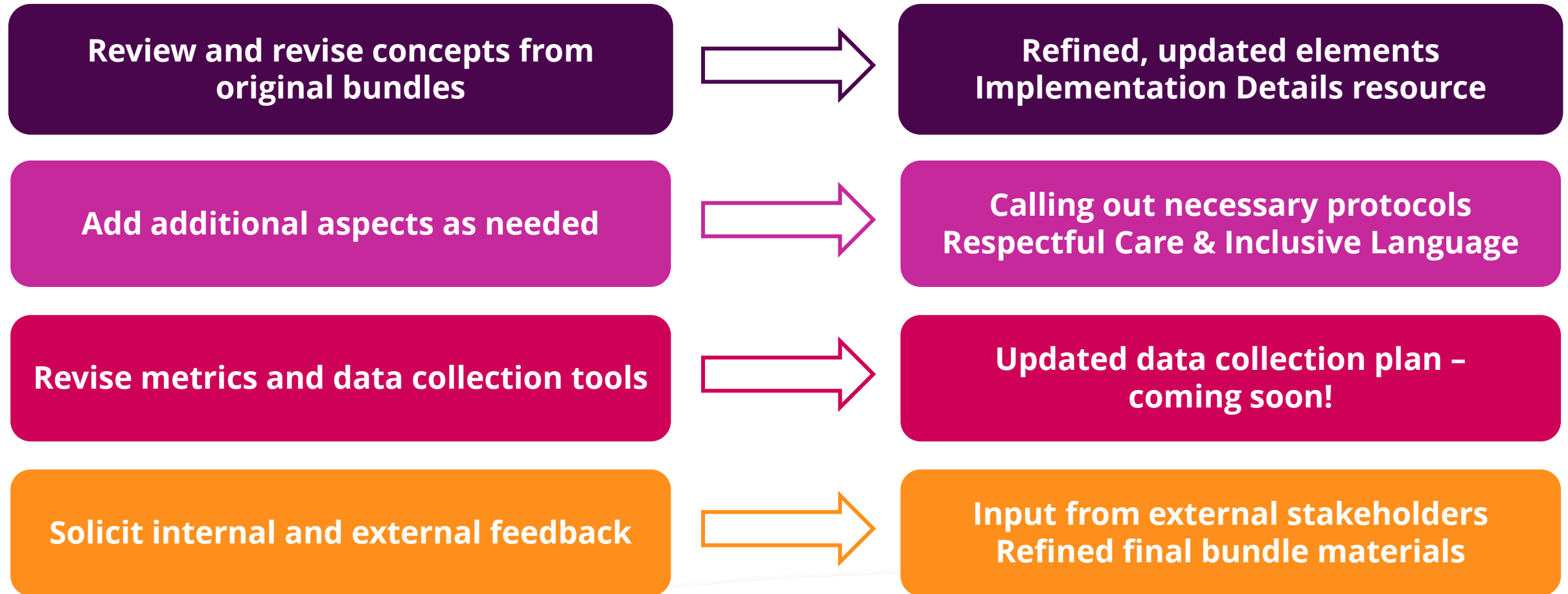
- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.

PATIENT SAFETY BUNDLE

Maternal Mental Health



What has this looked like?



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

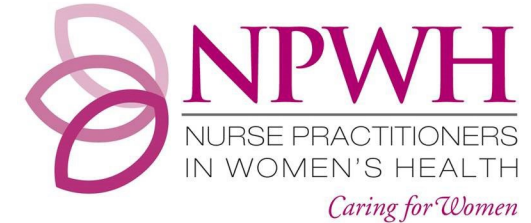
National Association of Nurse Practitioner in Women's Health

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

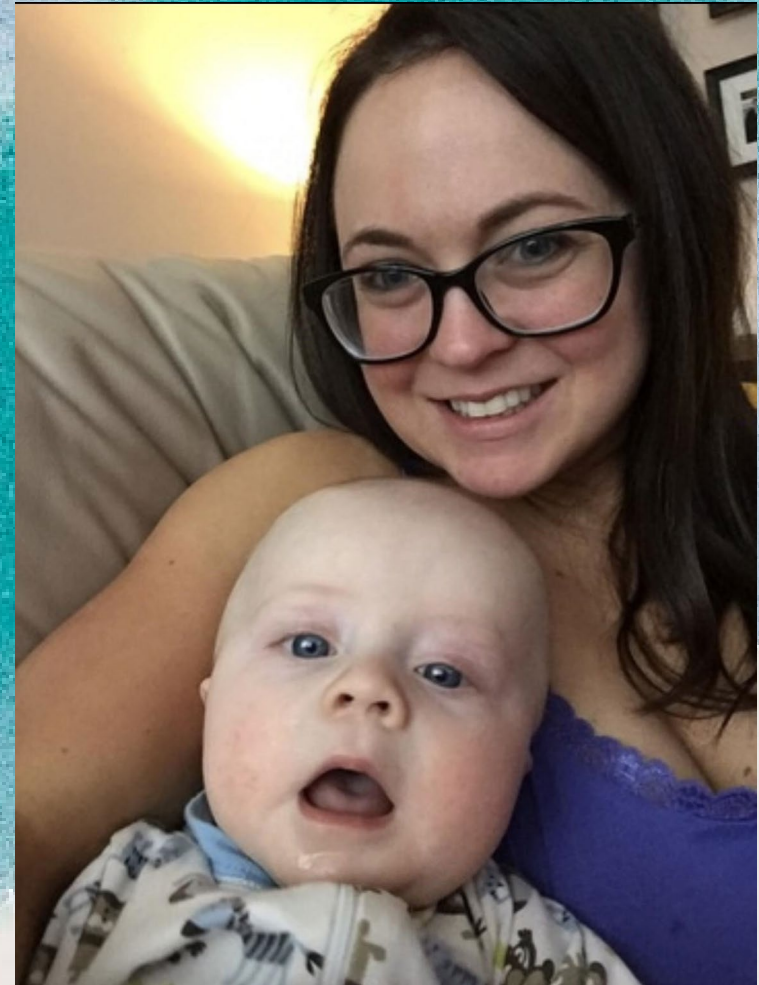




My
Why



Postpartum





Perinatal Mental Health Conditions Bundle Elements

Tiffany Moore-Simas MD, MPH, Med, FACOG

Nancy Byatt, DO, MS, MBA, DFAPA, FACLP



Defining Perinatal Mental Health Conditions

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.

Reporting & Systems Learning – Every Unit

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.*

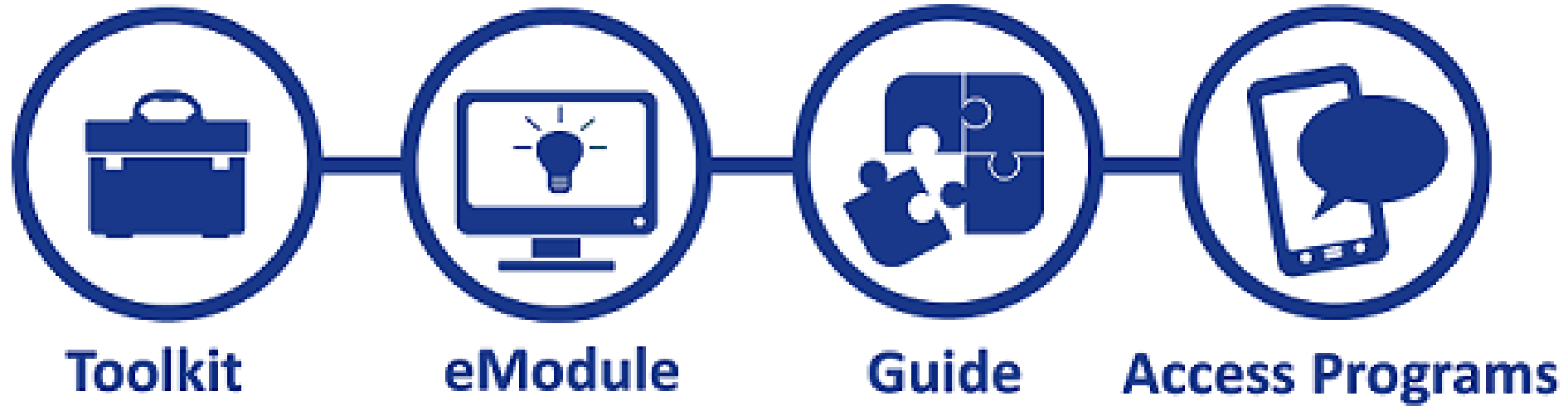
Identify and monitor data related to perinatal mental health care, with disaggregation by race and ethnicity at a minimum, to evaluate disparities in processes of care.*

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

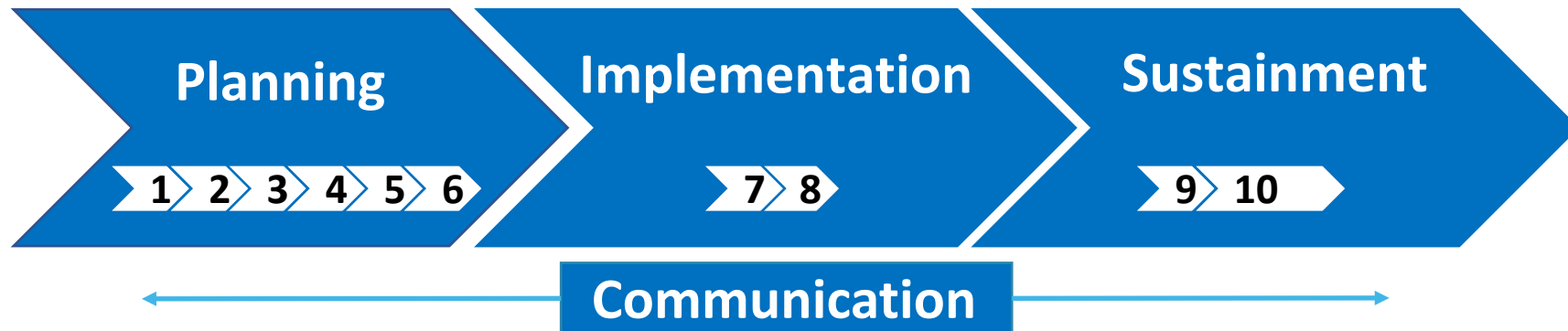


The Guide provides step by step instructions and resources for how to integrate mental health care into obstetric practice

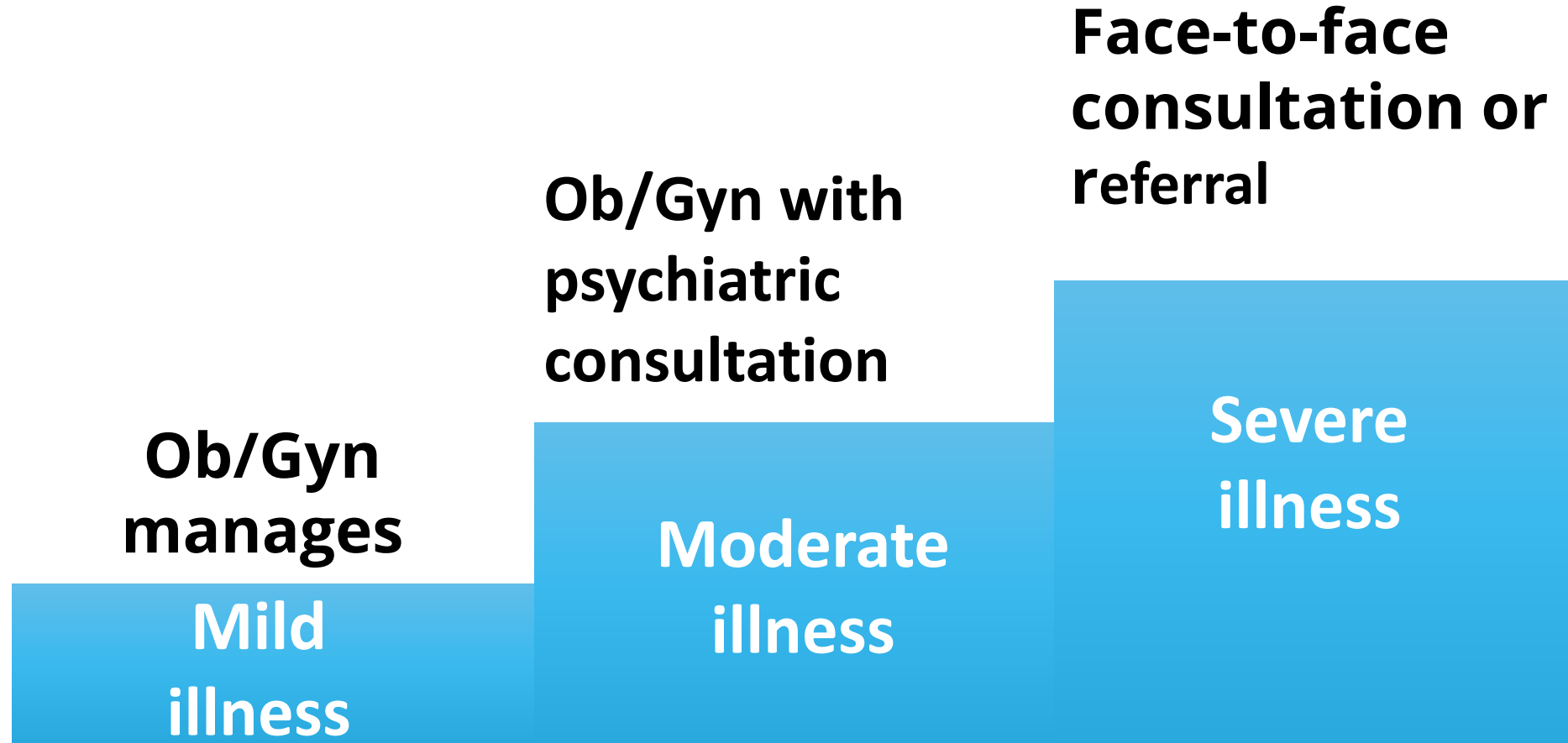
Patient care pathway (9 Aims)



Implementation pathway



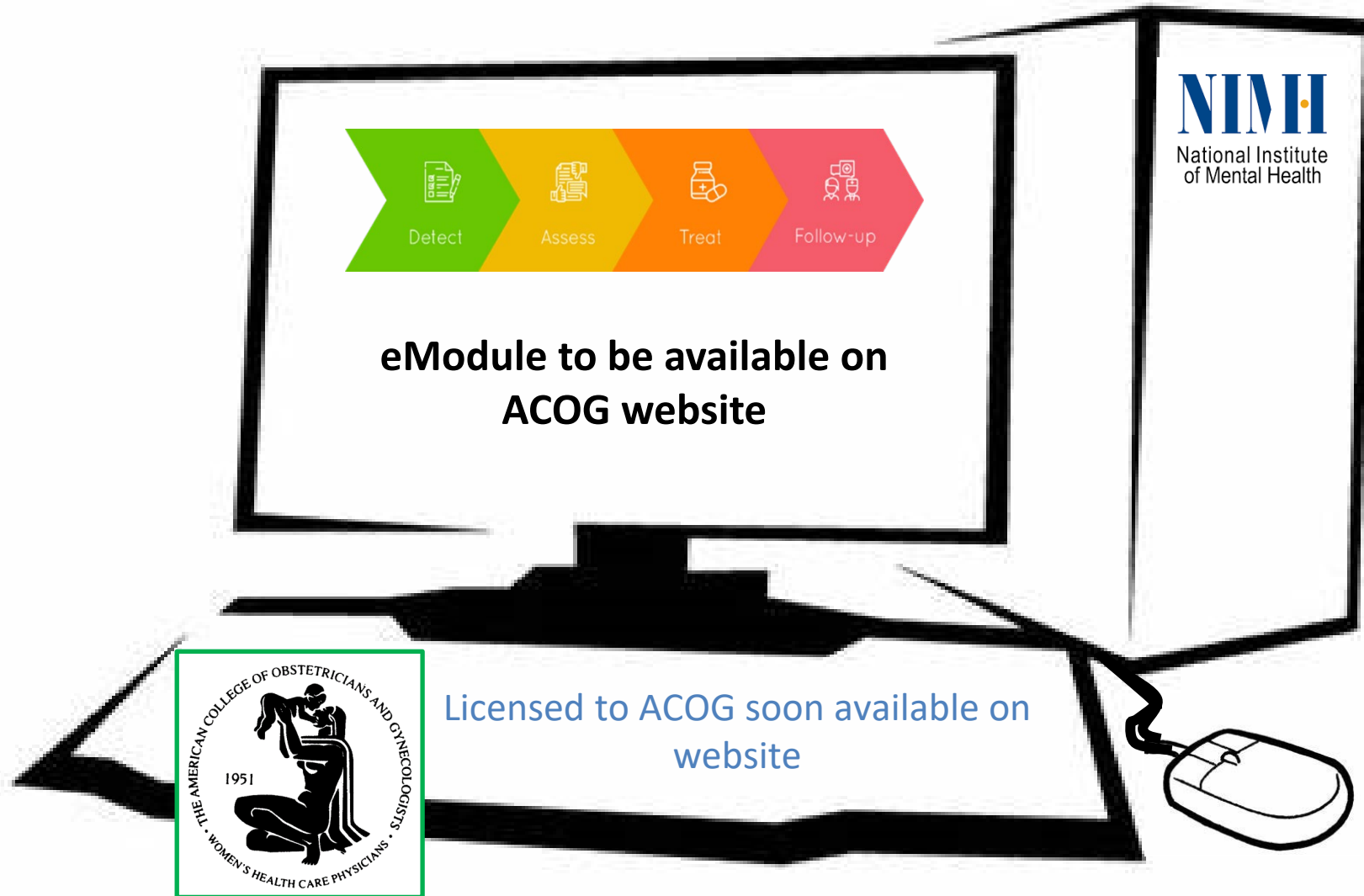
The Guide help practices and clinicians 'step up' care with increasing illness severity



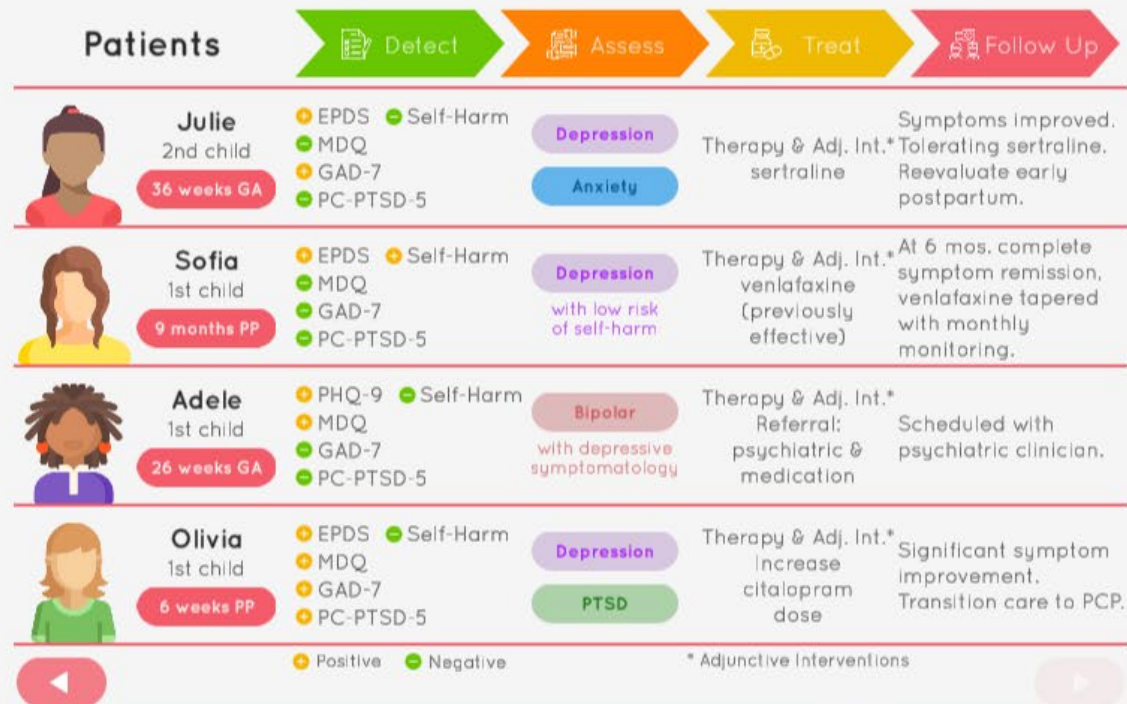


Perinatal Mental Health e- Modules

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



Dr. Silva's treatment across four patients:



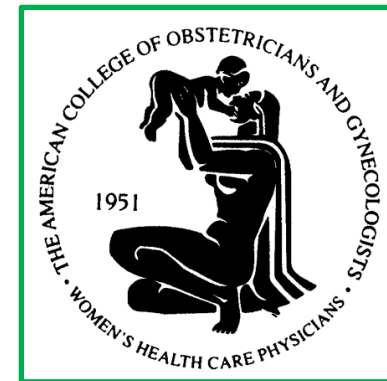


Perinatal Mental Health Toolkit

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

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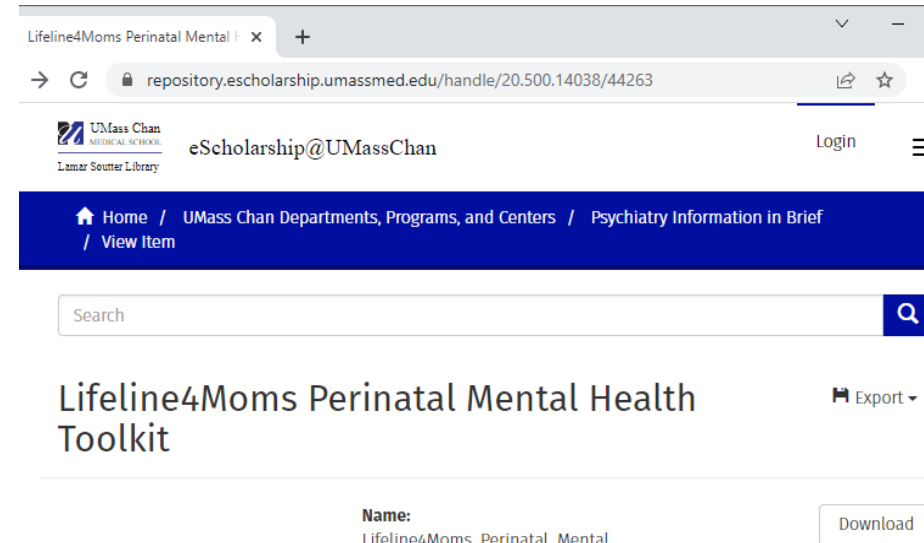
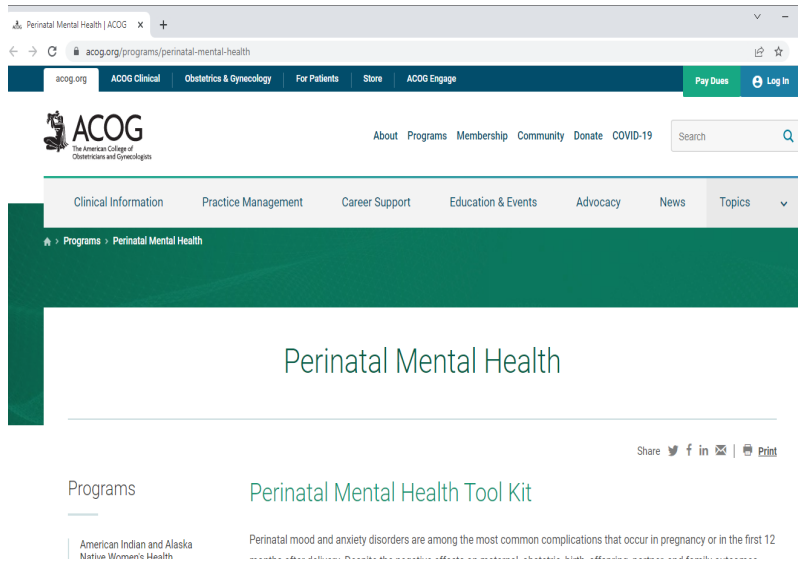
Licensed to ACOG and
on website.



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>

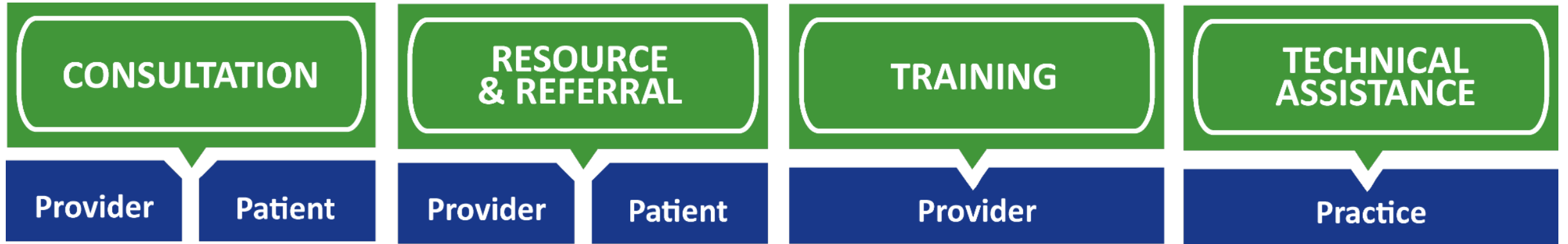
<http://hdl.handle.net/20.500.14038/44263>





Perinatal Psychiatry Access Programs

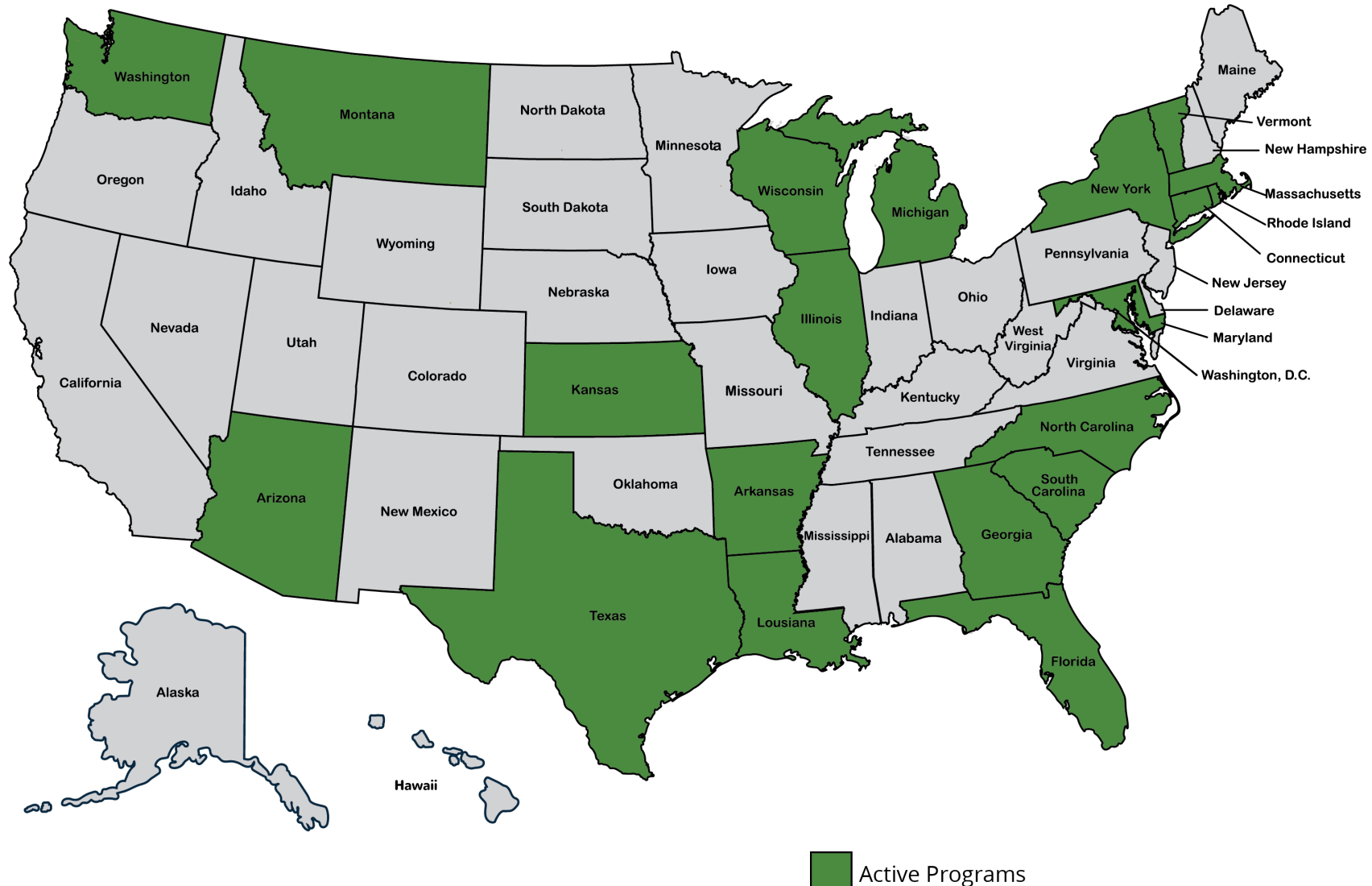
Perinatal Psychiatry Access Programs aim to support obstetric practices providing perinatal mental health care



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

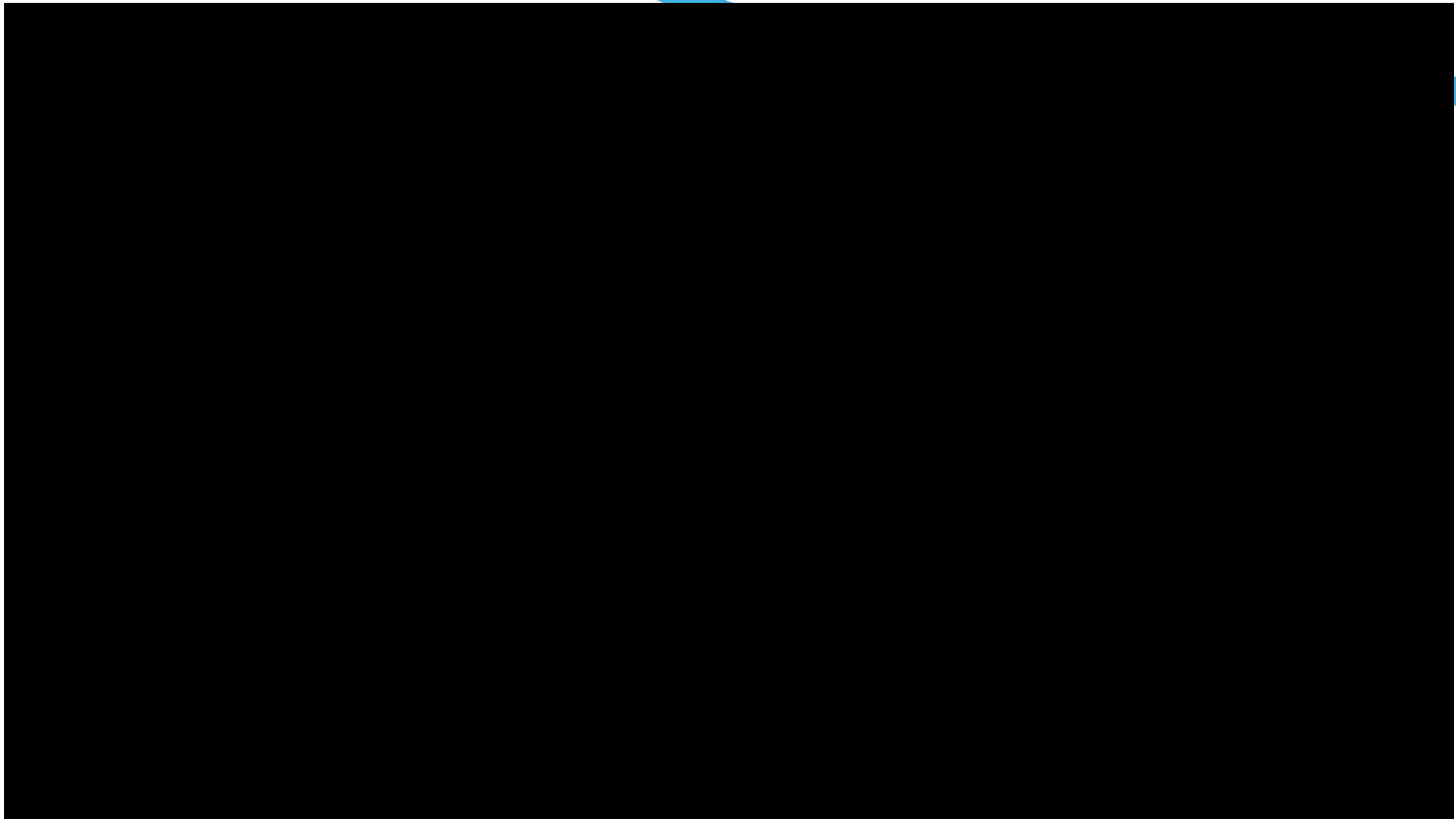
Postpartum.net



Perinatal Mental Health Conditions Bundle Metrics

David Laflamme, PhD, MPH
Isabel Taylor, MS, CPHQ





Q&A

Please use the Raise Hand 🖐️ function.

If you are called on,
come on camera 📷 & off mute 🔊.

Or type your questions 💬 in the chat.





How did you find us?



Thank you!



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

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

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