

NH AIM/ERASE Monthly Webinar
April 13, 2023

WELCOME!

- We will begin shortly
- **Please type your name and email into the chat box for attendance**
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
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The impact of perinatal mental health conditions on the health and wellbeing of birthing people in NH

NH AIM/ERASE Monthly Webinar

April 13, 2023

Daisy Goodman, DNP, MPH, CNM

Maggie Coleman, MPH

Alison Palmer, APRN, WHNP-BC, PMHNP-BC



Agenda

1. NH AIM updates
2. AIM CPPPSUD bundle
3. AIM PMHC bundle

Learning Objectives

1. Discuss current data on the prevalence of and factors associated with perinatal depression in NH
2. Describe elements in the AIM Patient Safety Bundle on Perinatal Mental Health Conditions
3. Recognize potential barriers and facilitators to implementing the Perinatal Mental Health bundle

Today's speakers have no conflicts of interest to disclose



A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



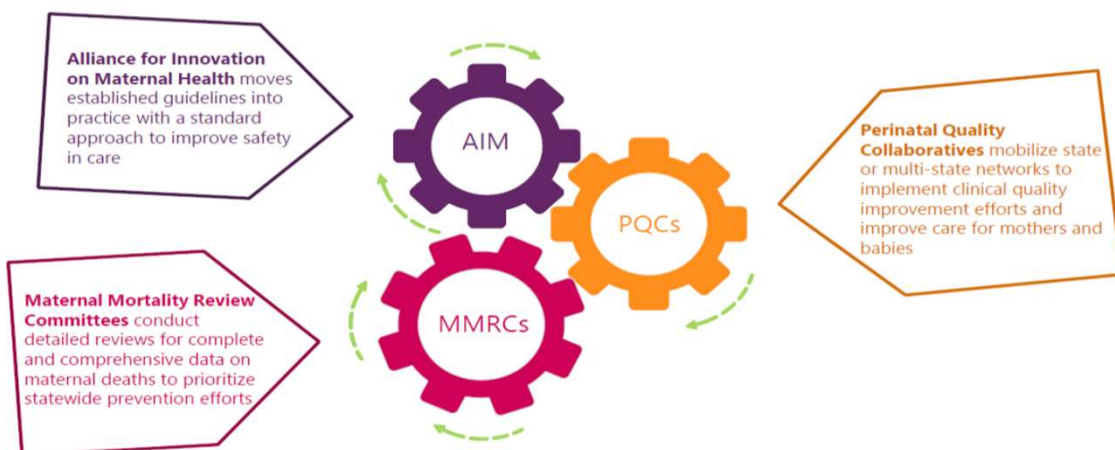
CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

Critical Collaborations: NNEPQIN, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source

NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

**NH DIVISION OF
Public Health Services**
Improving health, preventing disease, reducing costs for all

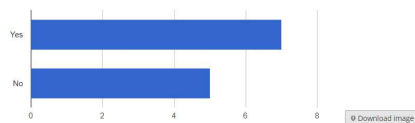
SUD Safety Bundle: Currently...

- Patient-level REDCap project is up and running for most facilities
 - Support available for onboarding, data entry questions, surveillance reports
 - Challenges: process design, bandwidth, identifying eligible patients

P1. Was this pregnant or postpartum patient screened for SUD using a validated verbal screening tool during their birth admission? ([sud_universal_screening](#)) [Refresh Plot](#) | [View as Bar Chart](#)

Total Count (N)	Missing*	Unique
12	0 (0.0%)	2

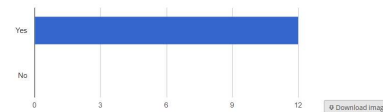
Counts/frequency: Yes (7, 58.3%), No (5, 41.7%)



O3. Did this pregnant or postpartum patient with SUD (including OUD) receive or get referred to recovery treatment services? Recovery treatment services include: Residential treatment or inpatient recovery programs Outpatient treatment Behavioral health counseling Peer support counseling, such as a 12-step program Methadone treatment program Check "yes" for: Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization Those who did not receive recovery treatment services during pregnancy but were referred to them prior to discharge from birth hospitalization ([recovery_treatment_services_referral](#)) [Refresh Plot](#) | [View as Bar Chart](#)

Total Count (N)	Missing*	Unique
12	0 (0.0%)	1

Counts/frequency: Yes (12, 100.0%), No (0, 0.0%)



Source: all de-identified eligible patients from 01/01/23 – 02/28/23

SUD Safety Bundle: What's next?

- Scheduling quarterly check-ins
 - 30 min call, aiming for end of April/early May
 - Facility-level structure measures
- Uploading to AIM portal
 - comparison across all (blinded) hospital reports

Structure Measures

ALL_S1: Has your department established a standardized process to conduct debriefs with patients after a severe event?

For the Severe Hypertension in Pregnancy, Obstetric Hemorrhage, and Safe Reduction of Primary Cesarean Birth patient safety bundles, this measure was originally titled, "Patient, Family & Staff Support." Beginning the reporting period of October 2022, this measure was changed to focus on patient debriefs only in the AIM Data Center.


☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5
 Not Started Fully In Place

SUD_S1: Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?


☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Not Started Fully In Place


SUD_S3: Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5
 Not Started Fully In Place



AIM BUNDLE RESOURCES – NNEPQIN.ORG





NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

[HOME](#)
[EDUCATIONAL OFFERINGS](#)
[CLINICAL GUIDELINES](#)
[PROJECTS](#)
[ABOUT NNEPQIN](#)
[MEMBERSHIP](#)
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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 (then FAHC) in 2003. We now have members across all of Northern New England, including Maine Medical Center and most of the birth hospitals in New Hampshire, Vermont, and Maine. Dartmouth Hitchcock is the administrative home for NNEPQIN and manages grants, contracts and finances.

[Learn more about NNEPQIN »](#)

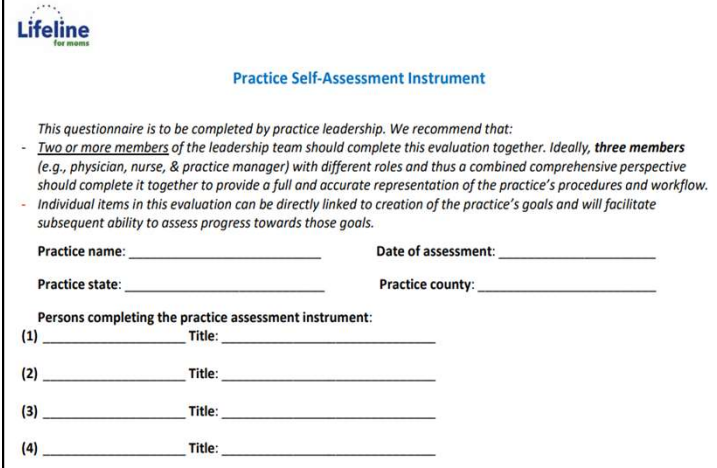
NNEPQIN's mission is to improve perinatal health across Northern New England through collaboration on clinical guidelines, QI projects, case review, and educational conferences.

Looking Ahead....



Coming Soon! Perinatal Mental Health Care Practice Self-Assessment

- Baseline assessment of practice patterns around perinatal mental health
 - Screening
 - Interventions
 - Patient education
 - Culturally and linguistically appropriate services
 - Billing and coding practices
- Intended for ambulatory maternity care providers



Lifeline
for moms

Practice Self-Assessment Instrument

This questionnaire is to be completed by practice leadership. We recommend that:

- Two or more members of the leadership team should complete this evaluation together. Ideally, **three members** (e.g., physician, nurse, & practice manager) with different roles and thus a combined comprehensive perspective should complete it together to provide a full and accurate representation of the practice's procedures and workflow.
- Individual items in this evaluation can be directly linked to creation of the practice's goals and will facilitate subsequent ability to assess progress towards those goals.

Practice name: _____ Date of assessment: _____

Practice state: _____ Practice county: _____

Persons completing the practice assessment instrument:

(1) _____ Title: _____

(2) _____ Title: _____

(3) _____ Title: _____

(4) _____ Title: _____



**HAVE YOU HAD A BABY
IN THE LAST 2 YEARS?**

DID YOU GIVE BIRTH IN NEW HAMPSHIRE?

SHARE YOUR EXPERIENCE TO EARN MONEY
AND HELP OTHERS!

**Come to 1 virtual meeting for 90 minutes
in March, April, or May to earn \$100!**

For more information,
call or text 802-866-0087 or email
postpartumhealth@dartmouth.edu

Need language assistance? Please let
us know at least 5 days in advance!


The Dartmouth
Institute
for Health Policy
& Clinical Practice

Dartmouth
Health

Please share with you colleagues,
patients and communities!

- New project exploring mental
health needs for New
Hampshire Birthing People

<https://www.pcori.org/research-results/2022/building-community-perinatal-quality-collaborative-partnerships-share-knowledge-reduce-disparities-mental-health>



Perinatal Mental Health Conditions

Continuum of Care

Alison Palmer, APRN, WHNP-BC, PMHNP-BC
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

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"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."

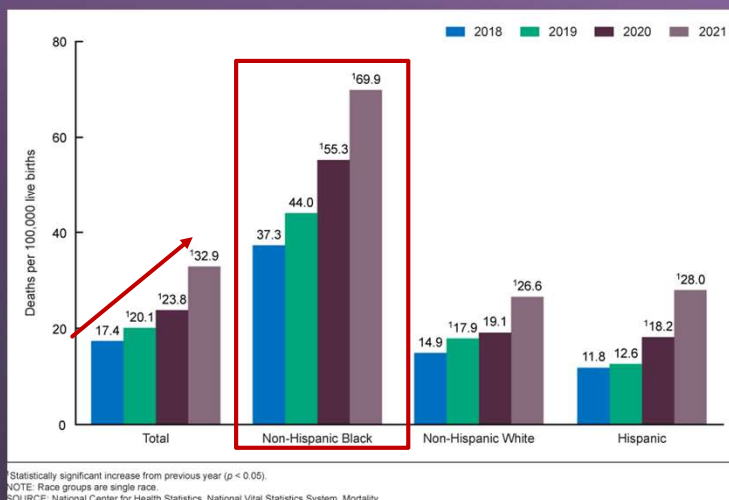
— The Perigee Fund

The Perigee Fund (2022). "Maternal Mental Health: An Urgent Priority"

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Maternal Mortality Rates Are Climbing

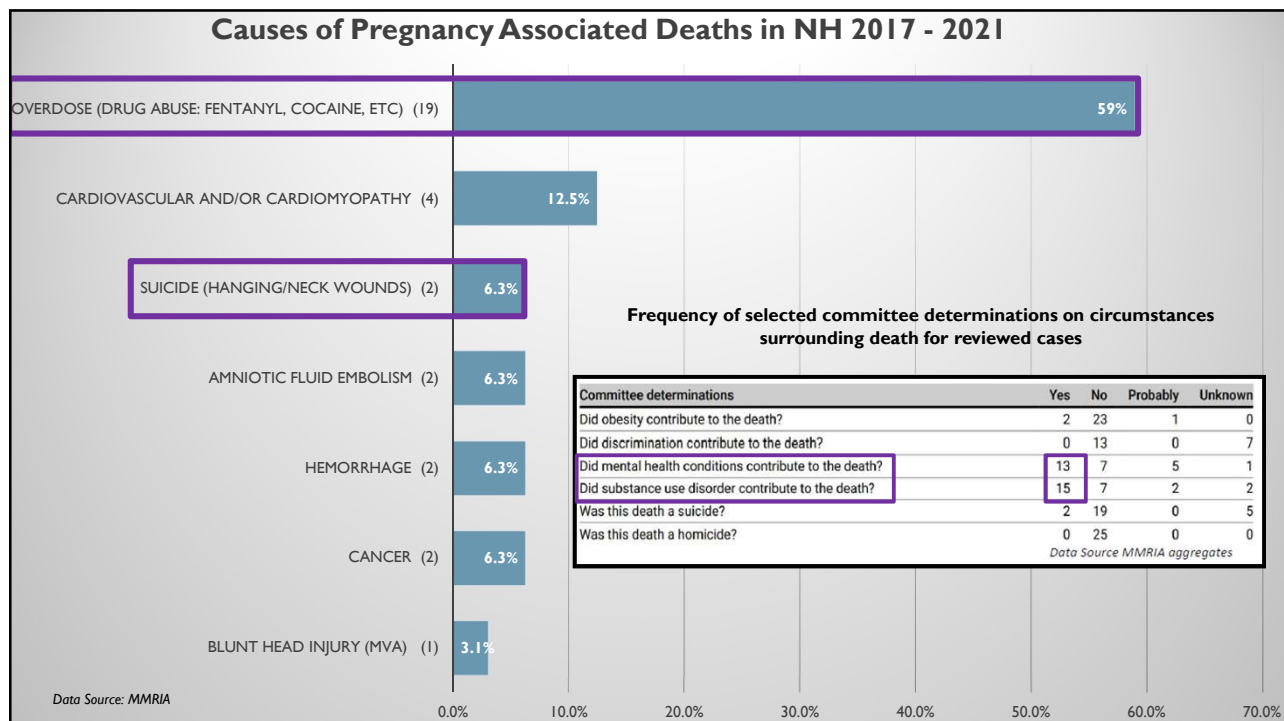
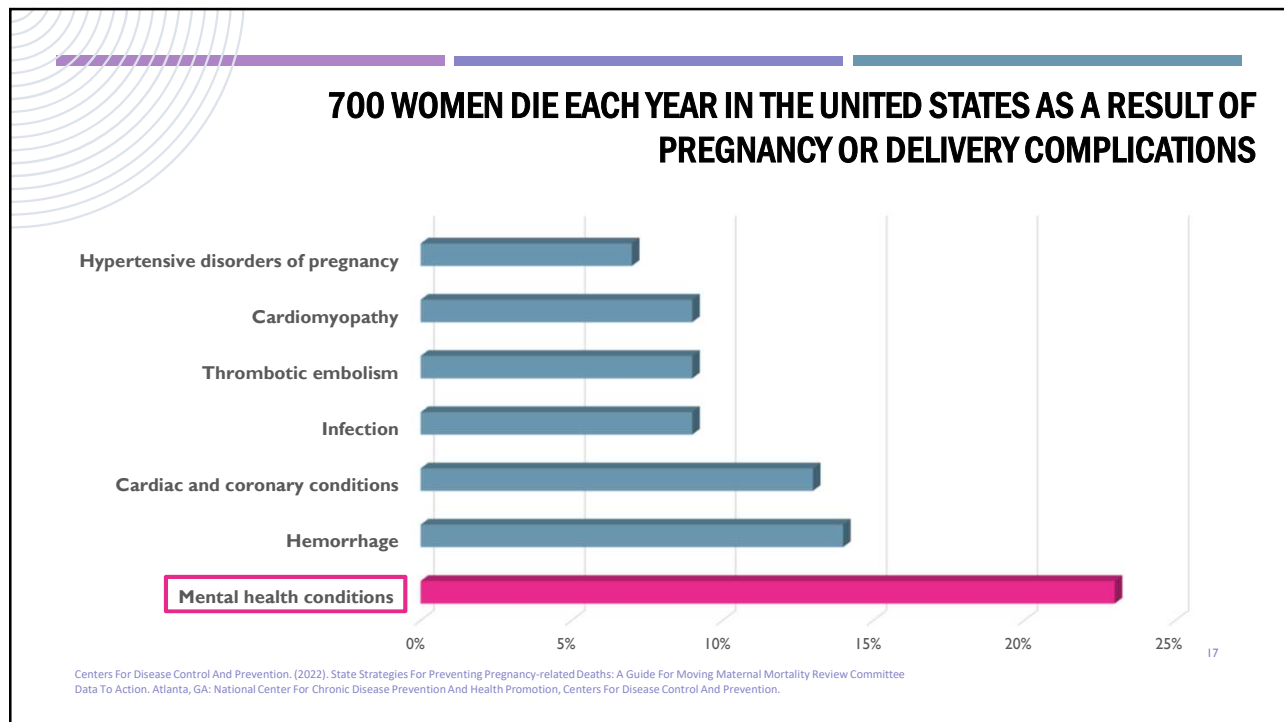
CDC data: 2018 - 2021

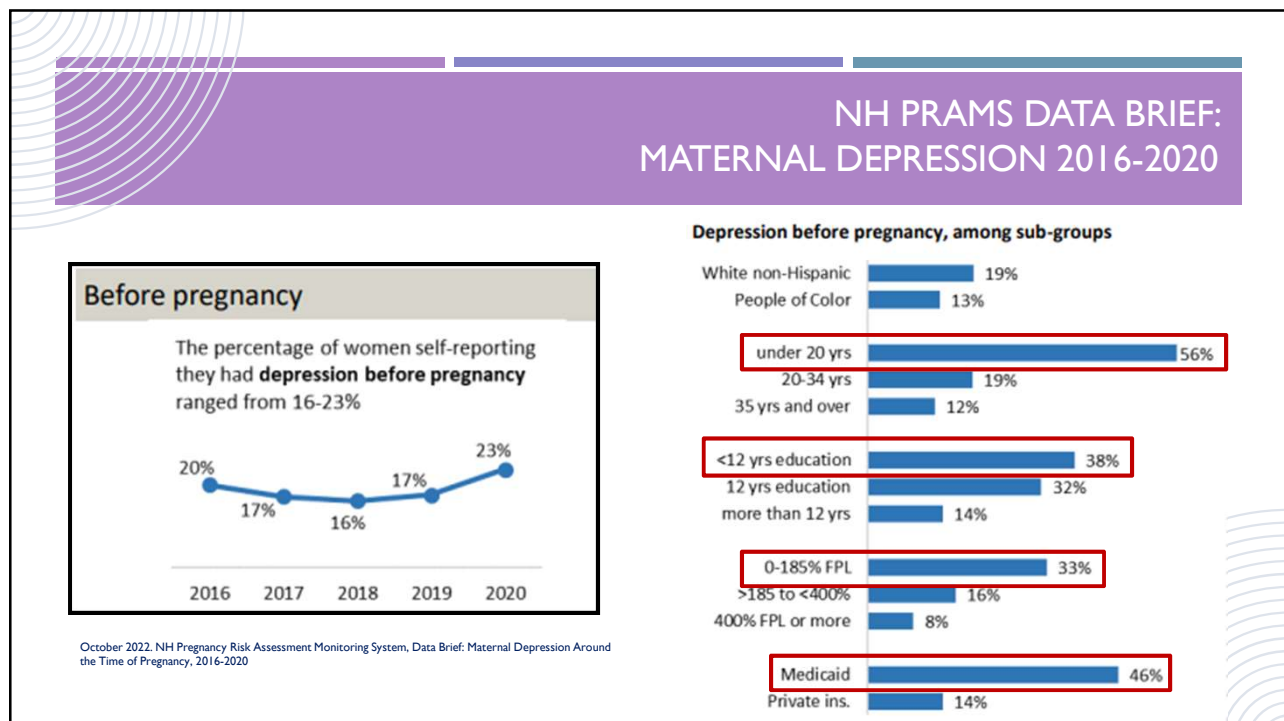
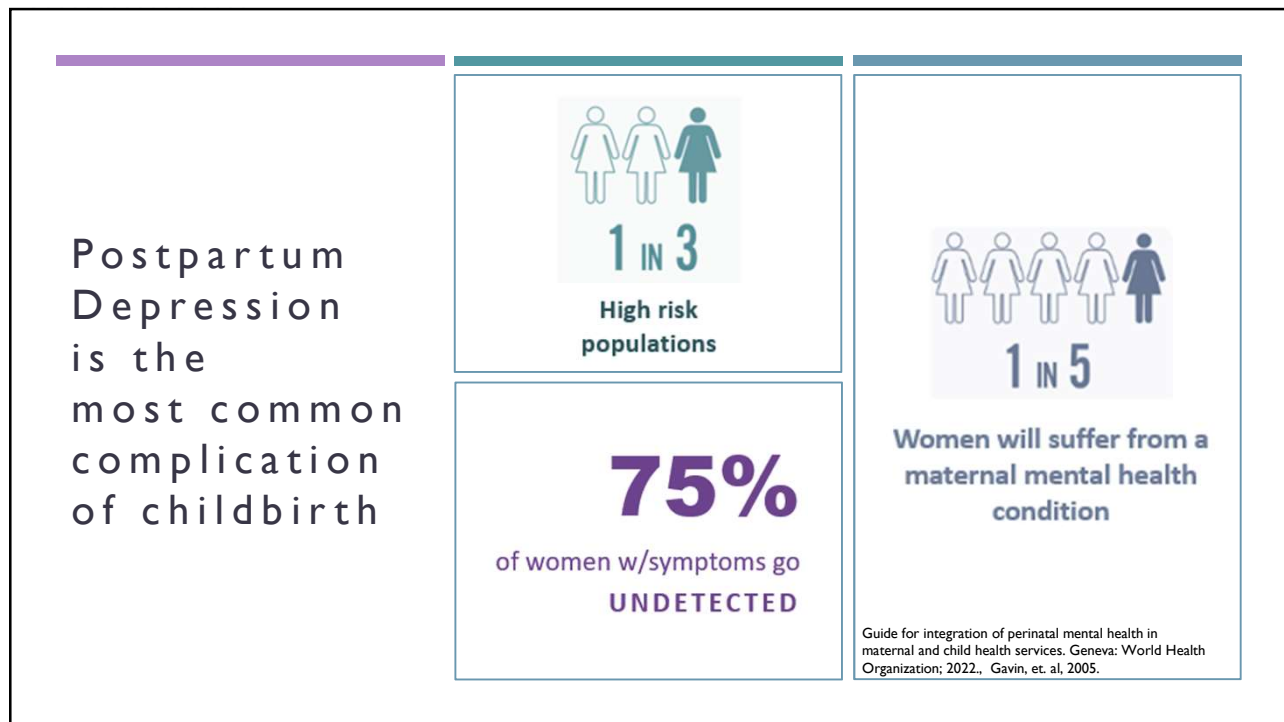


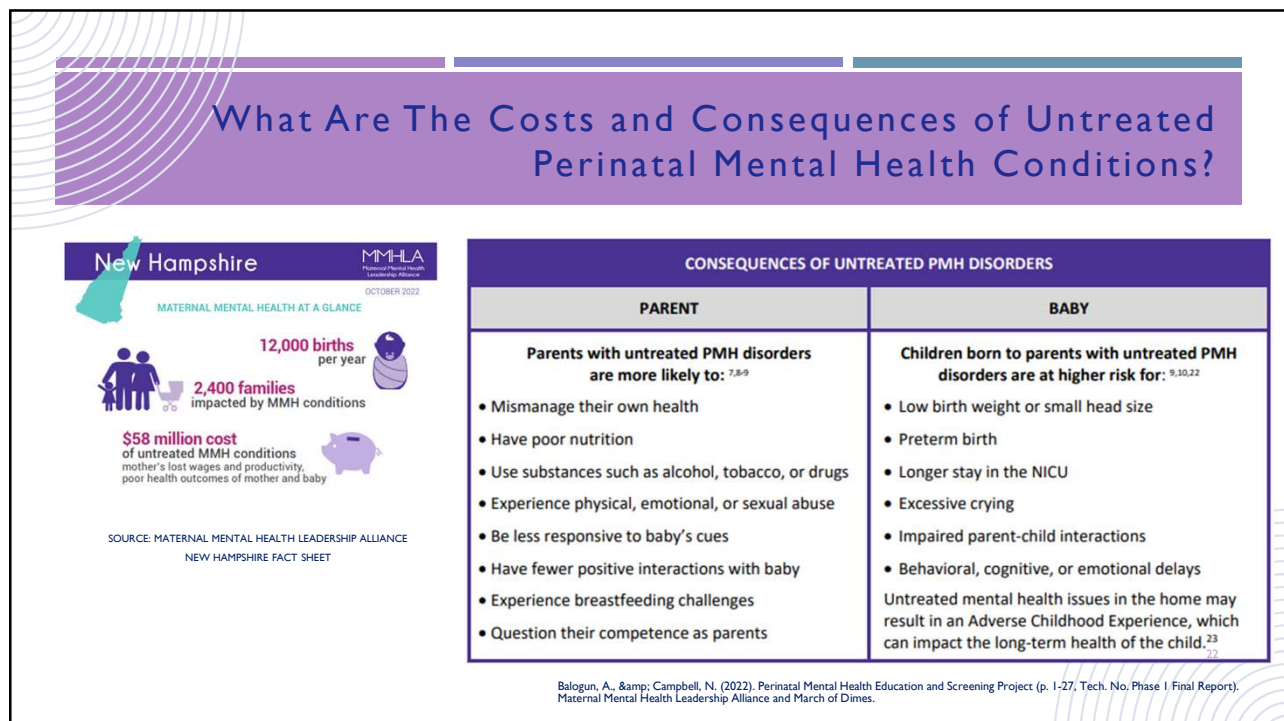
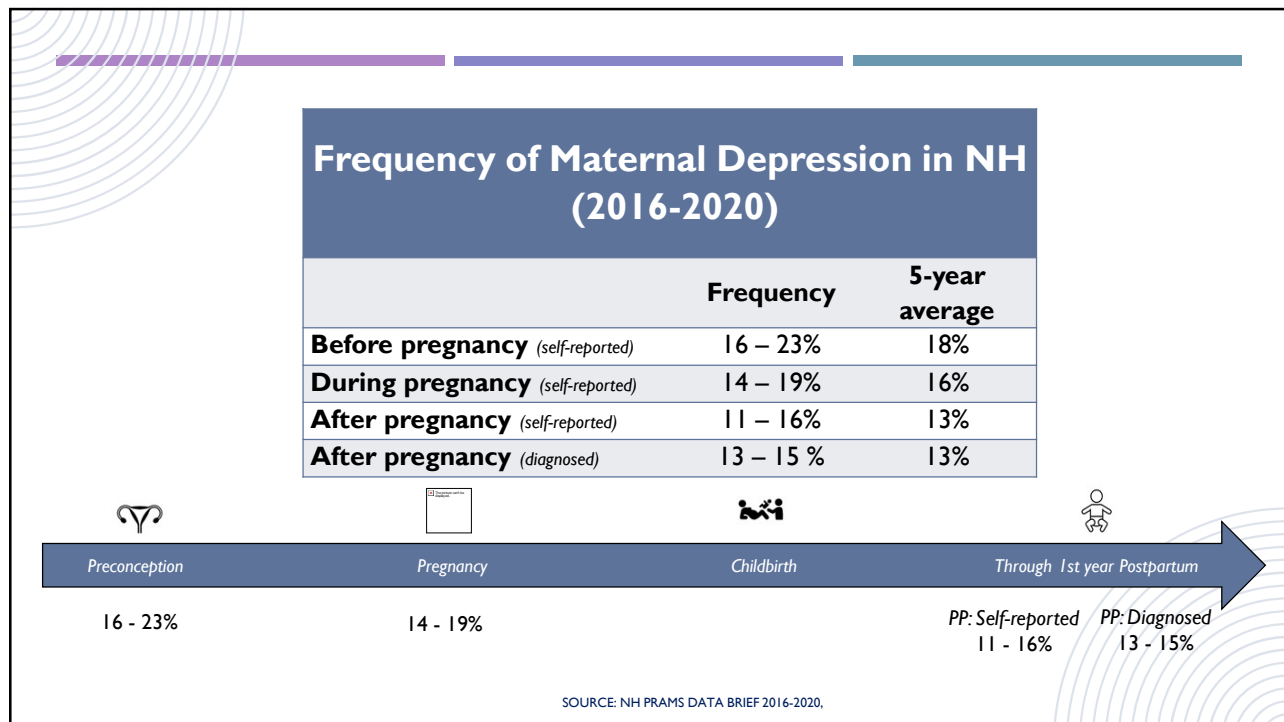
HOYERT DL. MATERNAL MORTALITY RATES IN THE UNITED STATES, 2021. NCHS HEALTH E-STATS. 2023. DOI: <https://dx.doi.org/10.15620/CDC.124678>

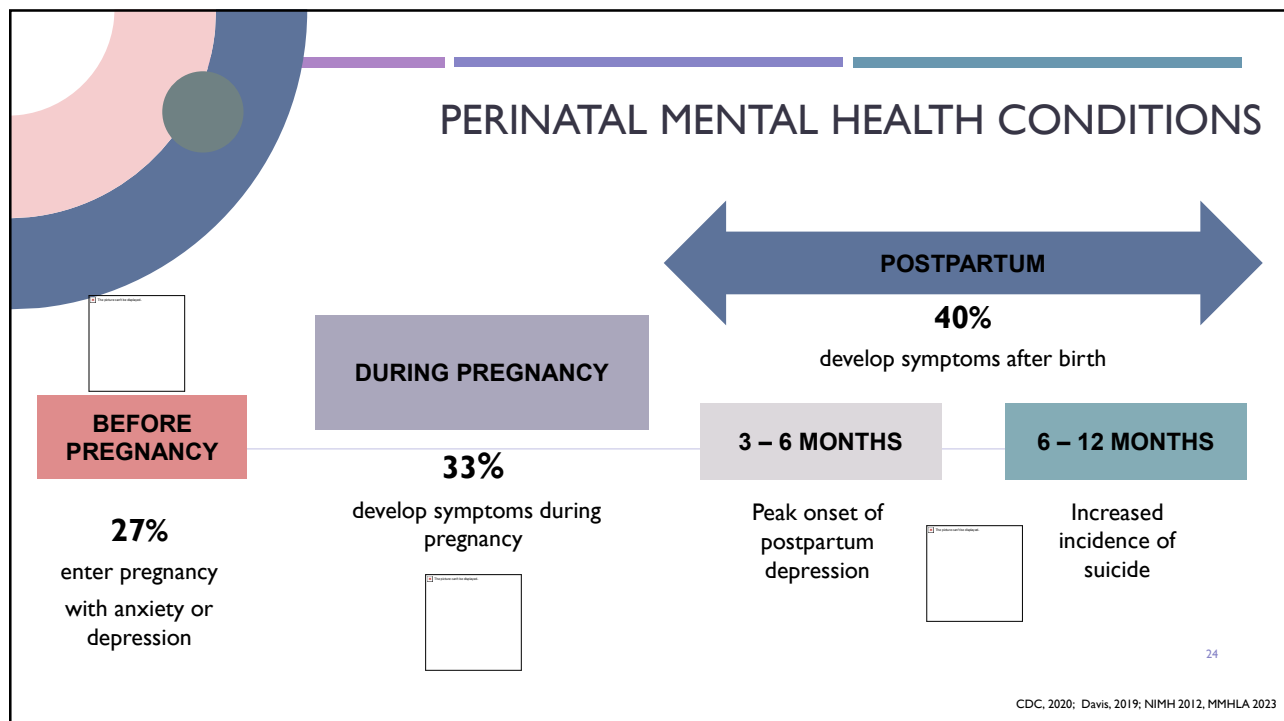
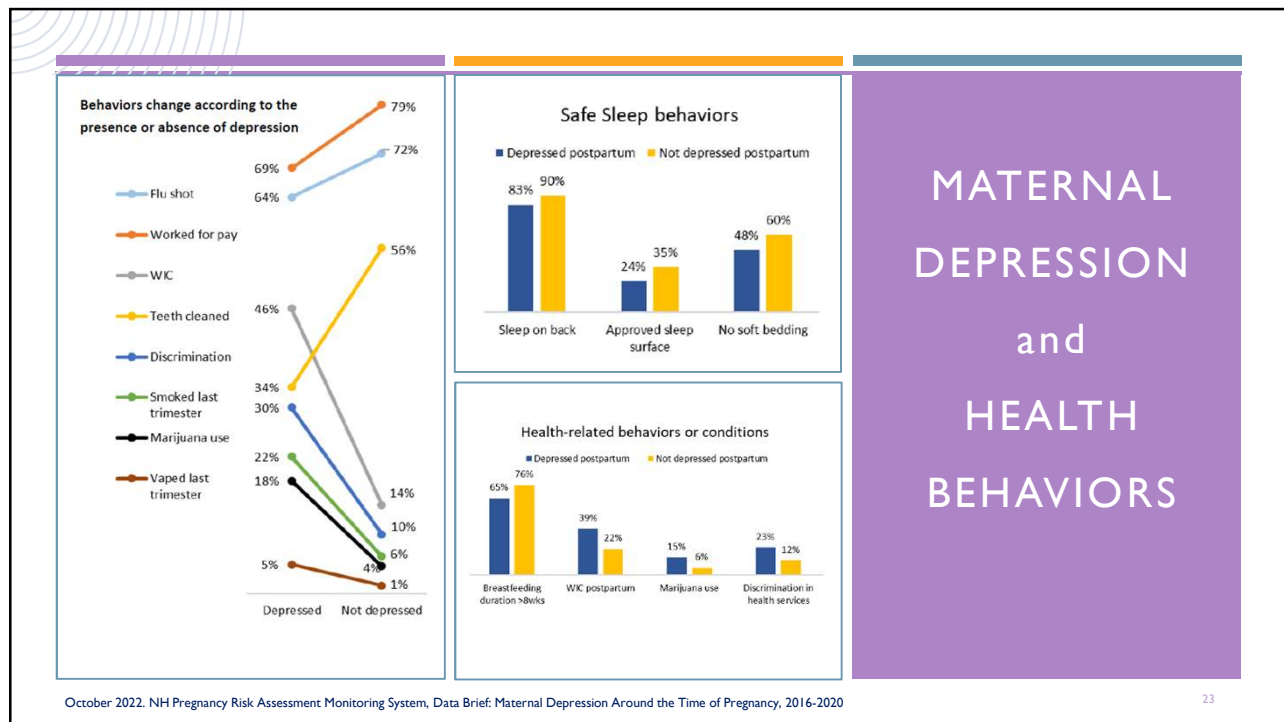
A disproportionate number of Black mothers are dying.

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









Who says we should screen?



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



Screening should be
implemented with
**ADEQUATE SYSTEMS IN
PLACE**

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



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

ACOG COMMITTEE OPINION

Number 757

(Replaces Committee Opinion No. 600, 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 606, 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 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 Anne Swartz, MD, MSc; Terrika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

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.**

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

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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.

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BARRIERS TO CARE

Public Awareness & Education

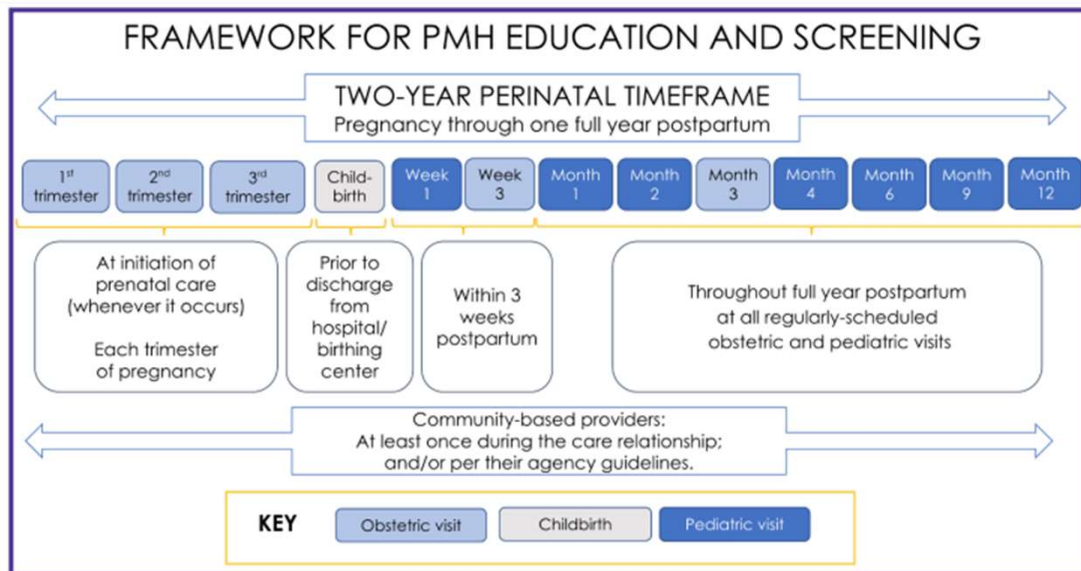
- Recognition of symptoms
- Partner/friends tell them emotions are normal, don't worry
- Stigma
- Parents do not understand risk of untreated mental health condition to baby's health

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

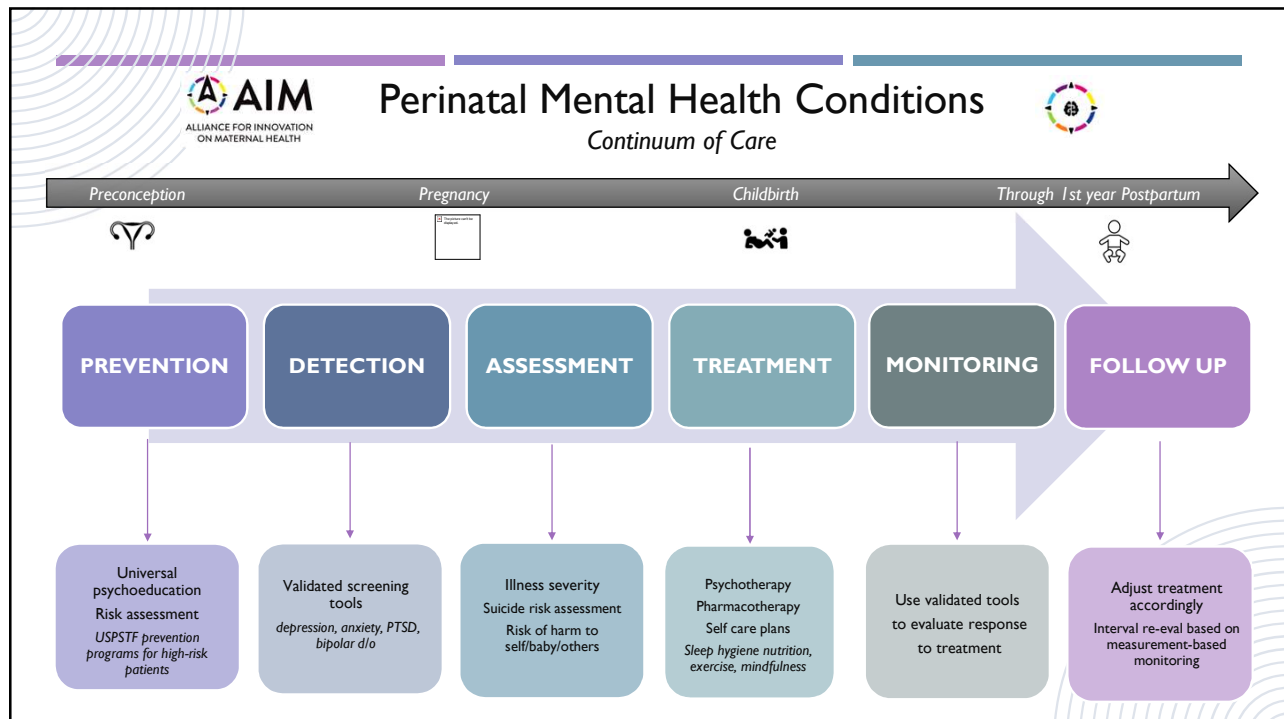
Treatment Availability & Accessibility

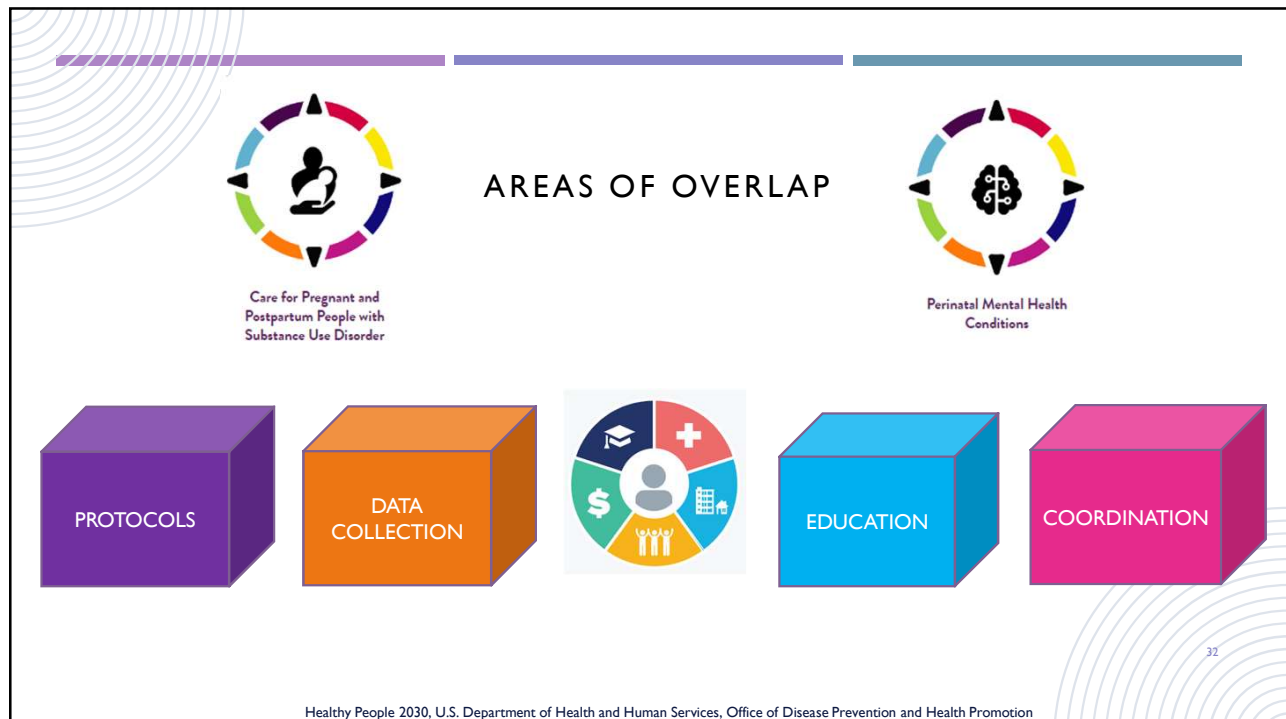
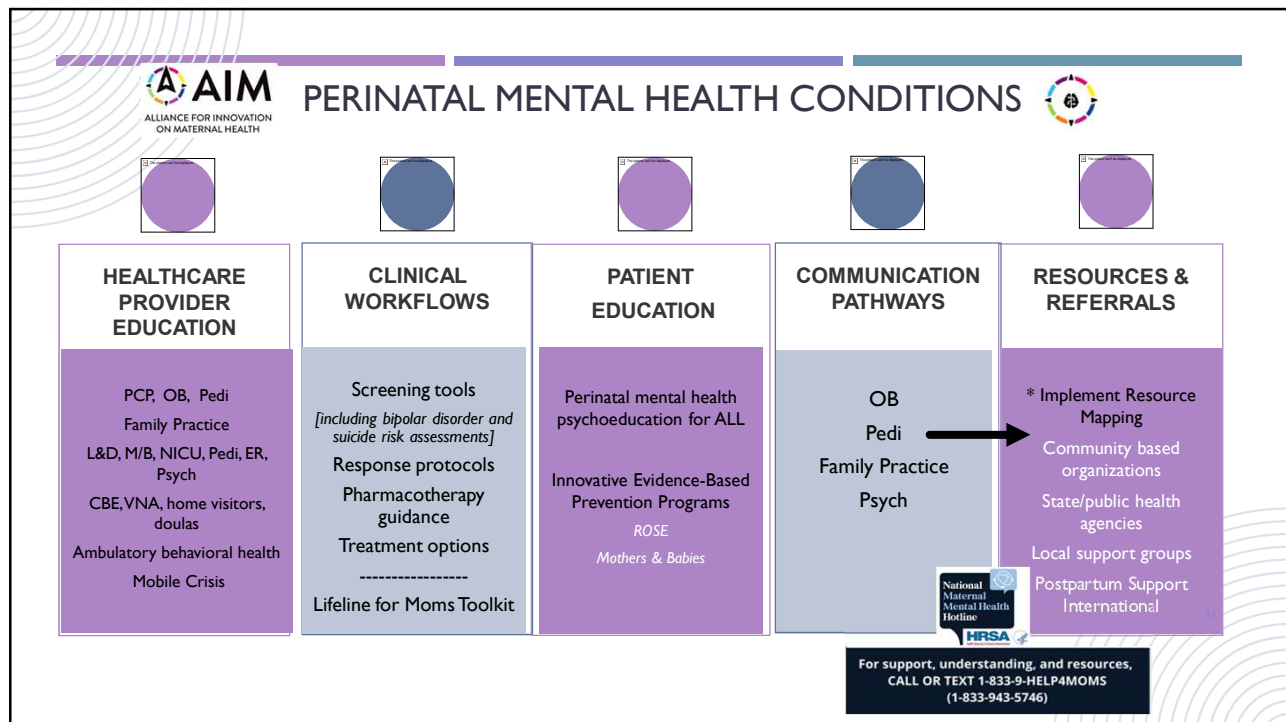
National shortage of behavioral health providers
Limited number of reproductive psychiatric specialists
Insurance coverage, cost of care, transportation, language barriers, paid leave, childcare ...all the SDoH

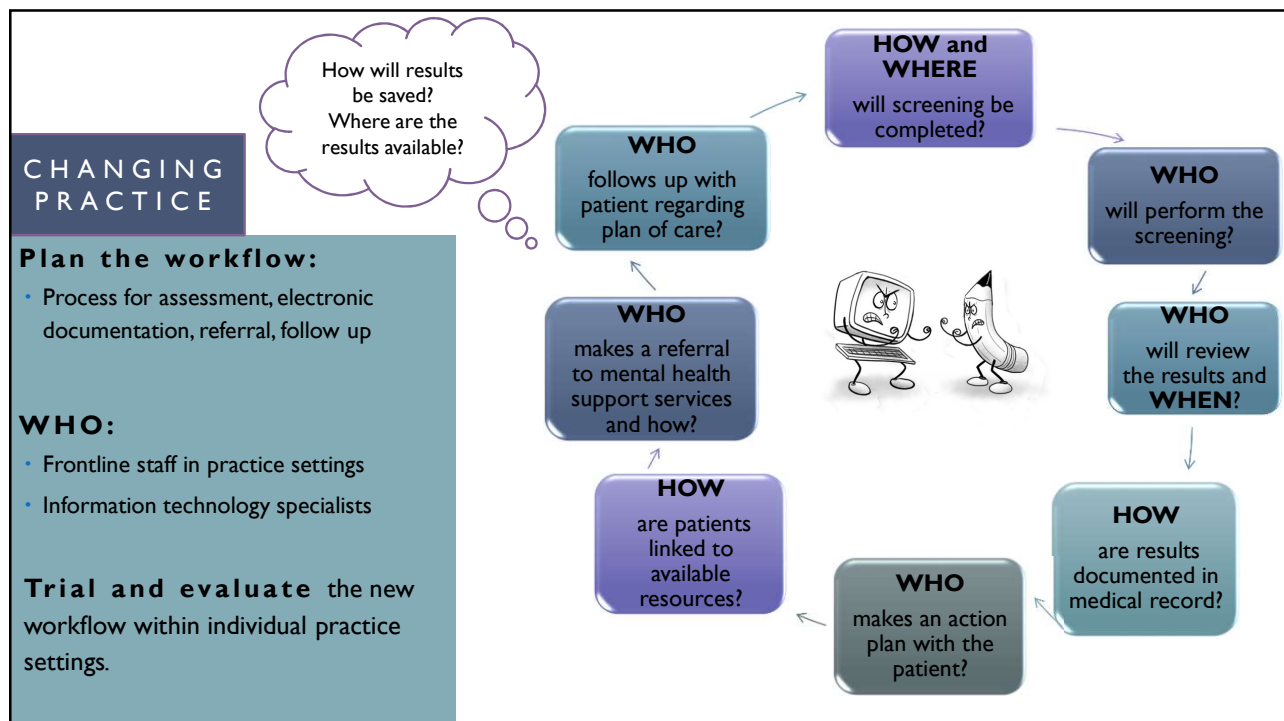
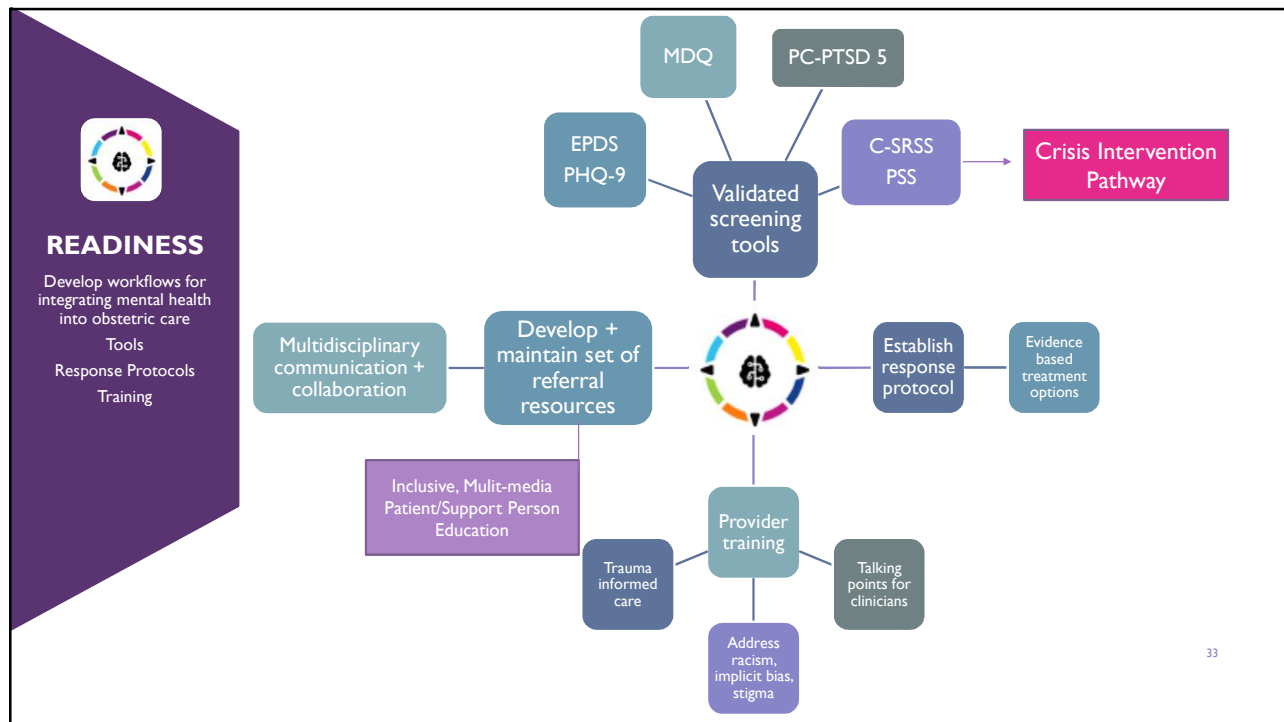


Balogun, A., & Campbell, N. (2022). Perinatal Mental Health Education and Screening Project (p. 1-27, Tech. No. Phase I Final Report). Maternal Mental Health Leadership Alliance and March of Dimes.

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Maternal Depression Documentation in Well-Baby Template

Progress Notes (F3 to enlarge)

☐ Cosign Required

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.

1. I have been able to laugh and see the funny side of things*	As much as I always	Not quite so much	Definitely not so much	Not at all
2. 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
3. I have blamed myself unnecessarily when things went wrong	Yes, most of the time	Yes, some of the time	Not very often	Never
4. I have been anxious or worried for no good reason*	No, not at all	Hardly ever	Yes, sometimes	Yes, very often
5. 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	Yes, sometimes	No, most of the time	No, I have been coping as well as ever
6. 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
7. I have felt sad or miserable	Yes, most of the time	Yes, quite often	Not very often	No, not at all
8. I have been so unhappy that I have been crying	Yes, most of the time	Yes, quite often	Only occasionally	No, never
9. The thought of harming myself has occurred to me	Yes, quite often	Sometimes	Hardly ever	Never

Rating guide: Circle the letter that indicates how often 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 happy 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 to the following two questions:

	N	Y
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.

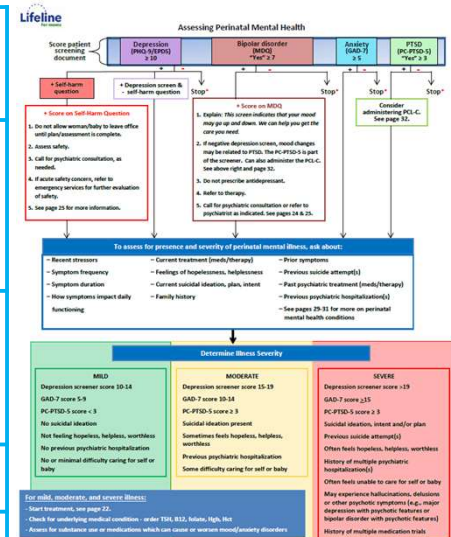
Refer patients who screen positive for:

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

Start medication treatment when indicated



Lifeline for Moms App – for clinical guidance



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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**

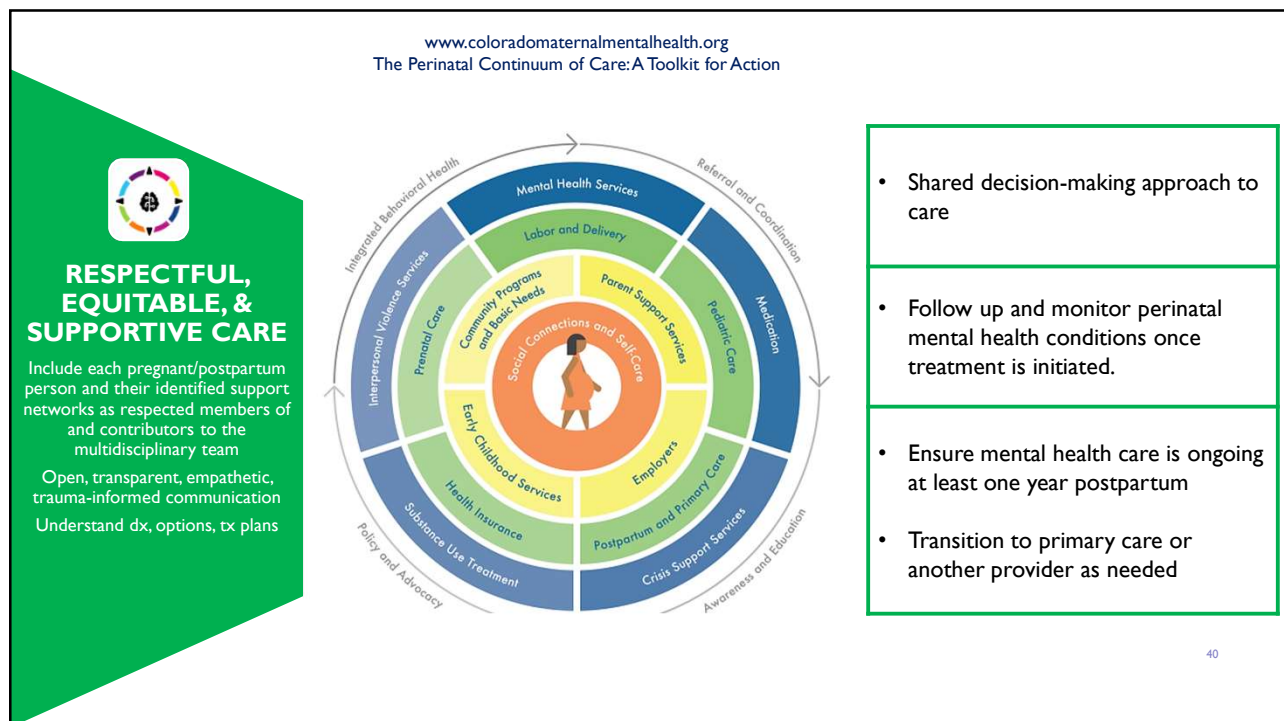
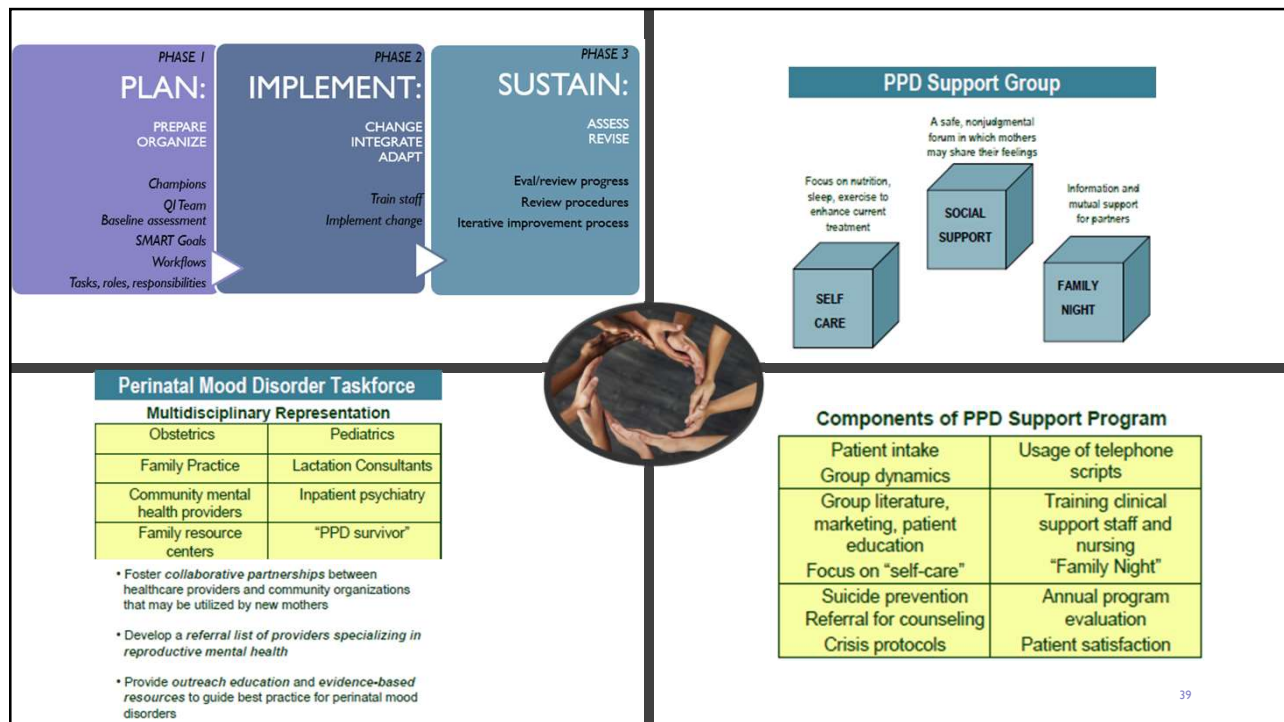
Process Measures:


- 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

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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.





MGH CENTER for Women's Mental Health
 Reproductive Psychiatry Resource & Information Center


MotherToBaby
 Medications & More During Pregnancy & Breastfeeding
 Ask The Experts









POSTPARTUM SUPPORT INTERNATIONAL

PERINATAL PSYCHIATRIC CONSULT LINE

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

PRESCRIBING RESOURCES FOR HEALTHCARE PROVIDERS

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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**

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QUESTIONS???

LET'S DISCUSS!

Alison Palmer, MS, WHNP-BC, PMHNP-BC
Palmer Perinatal & Women's Wellness, PLLC
apalmer@palmerperinatal.com
www.palmerperinatal.com



Questions & Comments?



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