

NH AIM/ERASE Monthly Webinar
January 11, 2024

WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Julie Bosak & Vicki Flanagan will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email
Karen.G.Lee@Hitchcock.org



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Practical Approaches to Integrating Mental Health Screening from Preconception to Postpartum

NH AIM/ERASE Monthly Webinar
January 11, 2024



Today's Agenda

NH Perinatal Mental Health Data
Carolyn Nyamasege, PhD, MPH, MS

AIM Bundle

Julie S. Bosak, DrPH, CNM, MSN

Implementation Around NH

Amoskeag Health

Jessica Duchano-Ader, MSN, RN

Wentworth Douglass Hospital

Jess Bacon, MSN, CNM, FACNM

AIM Perinatal Mental Health Condition Bundle next steps



NOTE: Today's speakers have nothing to disclose



Gender Statement

We recognize that pregnant people have a variety of gender identifies. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.



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



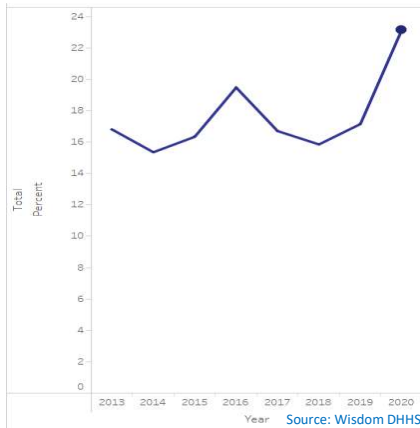
NH Perinatal Mental Health Data Snapshot

Carolyn Nyamasege, PhD, MPH, MS

Data source: NH Inpatient Hospital Discharge data, MCH section



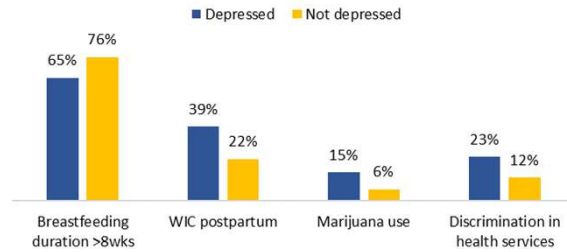
Maternal Depression in New Hampshire



23.1% self-reported depression or anxiety during pregnancy and **14.8%** of postpartum people were diagnosed with depression in 2020 (Wisdom DHHS)

2022 NH PRAMS Data Brief

Health-related behaviors or conditions



Source: [prams-maternal-depression.pdf \(nh.gov\)](https://prams-maternal-depression.pdf(nh.gov))



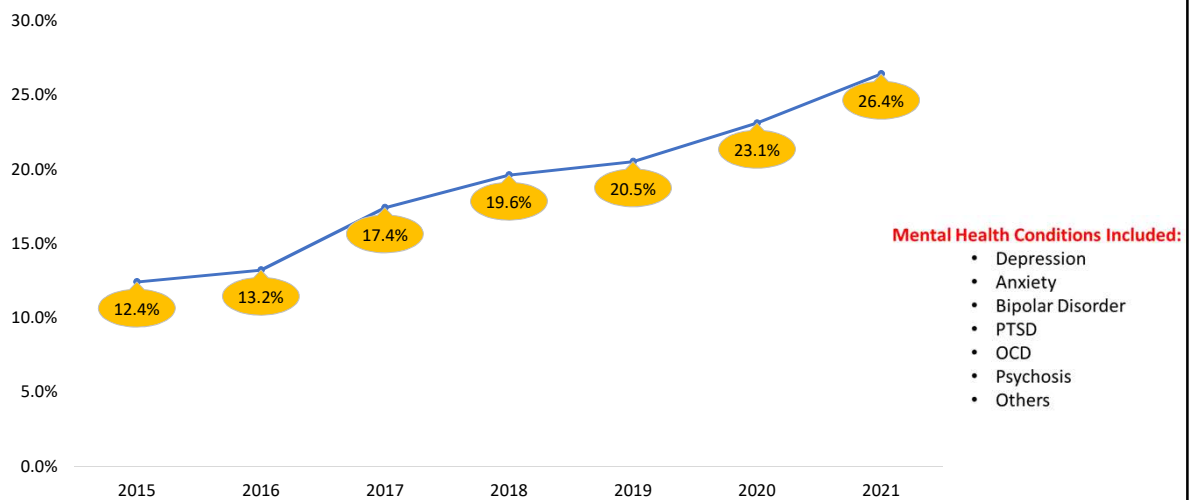
***\$58 million cost** of untreated MMH conditions mother's lost wages and productivity, poor health outcomes of mother and baby



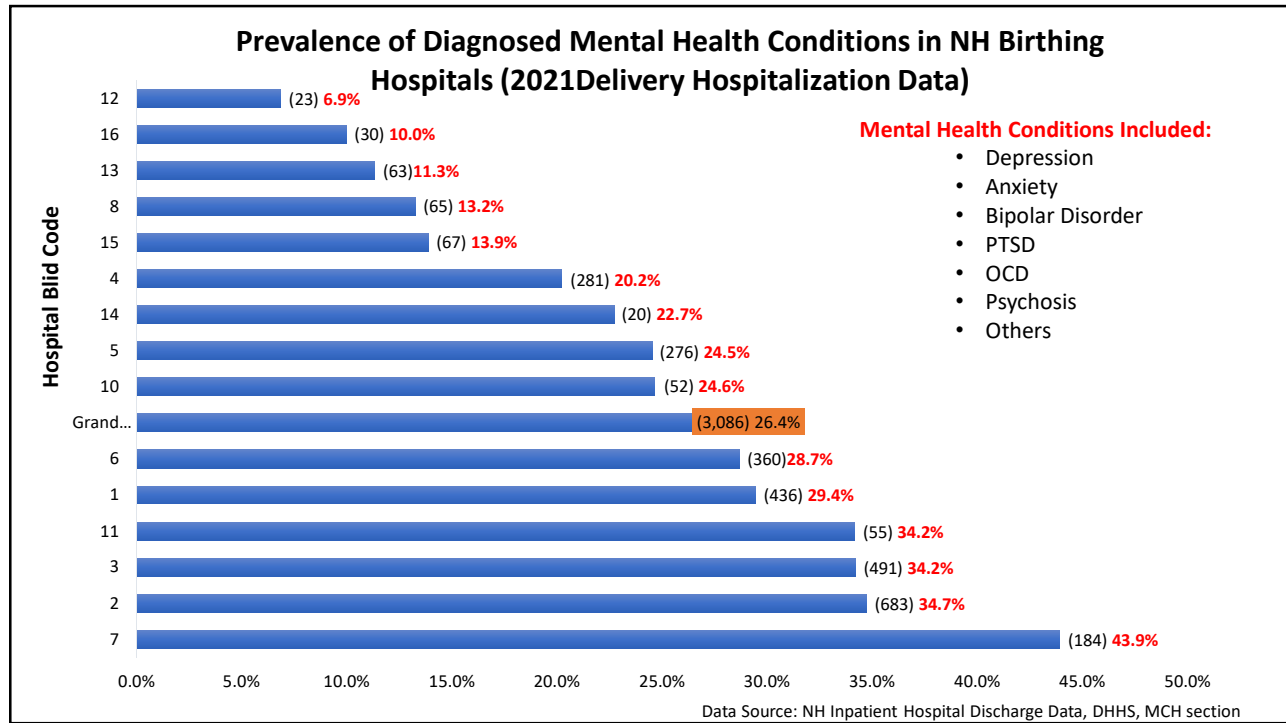
*Cost is calculated as follows:
 $(2,400) \times (0.75 \text{ remain untreated}) \times (\$32,000 \text{ cost}) = \$58 \text{ million}$

Source: Maternal Mental Health Leadership Alliance

Trend of Diagnosed Perinatal Mental Health Conditions Occuring in NH Birthing Hospitals (2015-2021 NH Delivery Hospitalization Data)



Data Source: NH Inpatient Hospital Discharge Data, DHHS, MCH section





Perinatal Mental Health Conditions



AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK



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

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

Site assessment
Develop workflows and screeners
Educate providers and staff
Develop Referral Sources

Bundle (PDF)

RECOGNITION & PREVENTION



RESPONSE



REPORTING & SYSTEMS LEARNING



RESPECTFUL, EQUITABLE & SUPPORTIVE CARE



- Element Implementation Details (PDF)
- Implementation Resources (PDF)
- Data Collection Plan (PDF)
- Change Package (PDF)
- Implementation Webinar (Video)
- National Maternal Health Hotline
- Bundle Element Context and Reference List (xlsx)

READINESS

Identify Champions and establish team

Baseline site assessment-

Map out current state of the processes

Identify areas for improvement

Identify goals

Develop Workflows and establish roles and responsibilities

Common challenges

Insufficient capacity to commit and implement changes

Time, resources, infrastructure

Inadequate level of on site buy in from leadership or involved staff

Consider departments “outside” immediate area





Perinatal Mental Health Conditions

READINESS: Mental Health Screeners



RECOMMENDATIONS

- Utilize a validated tool at specified time points throughout perinatal timeframe and if indicated by presentation
- Screening **depression and anxiety** occur at the initial prenatal visit, later in pregnancy, and at postpartum visits (ACOG)
- Screening in the first post partum year at well-child visits (AAP)
 - **Depression**
 - Edinburgh Perinatal Depression Screener (EPDS)
 - PHQ 9
 - **Anxiety**
 - GAD 7



Bipolar Disorder Screening

Possible **that 1 out of 5** that screen positive for depression **may** have bipolar
Screening for bipolar disorder be done **before initiating pharmacotherapy** for anxiety or depression, if not previously done

- **Mood Disorder Questionnaire (MDQ)**, 3 questions, the first question has 13 items High percentage of false positive screens
- **Composite International Diagnostic Interview (CIDI)**
 - verbally administered tool takes 3 mins
 - 2-3 questions with branching logic, provider-administered



Amoskeag Health Prenatal Services Jessica Duchano-Ader, MSN, RN



Baseline implementation challenges and strengths

Challenges

- High no show rate for postpartum visits
- Struggles with EMR documentation
- Minimal resources when patient screens positive

Strengths

- Family practice on site that can provide wraparound care and access to resources



Prenatal

- Screening on intake and each trimester
- Earlier identification of at-risk patients

Postpartum

- 2 week virtual visit with midwife covering emotional well being and contraception
- Adjunct appointment with infant 1 month well child check

Follow up

- Ability to complete warm hand off to Perinatal Behavioral Health Clinician
- New EMR that allows for more seamless documentation



Lessons learned and ongoing improvements

Lessons learned from streamlining screening and more comprehensive perinatal mental health

Up next:

- Discussing ways to involve Family practice and Pediatric providers to have them hand mom EPDS at every well child check throughout first year



**Wentworth Douglass
Hospital**
Jess Bacon, MSN, CNM,
FACNM



Development of a Perinatal Wellness Program at a Community Hospital

Jess Bacon, MSN, CNM, FACNM

January, 2024

Background

- Maternal **morbidity and mortality** is rising
- Increasing numbers of pregnant people have **unmet needs**
 - Social
 - Emotional
 - Financial
 - Medical
- Pregnancy is an opportunity to connect connect people with appropriate **resources** to:
 - Optimize overall health
 - Prevent complications



Local Problem



Underutilized resources
available within the system

No standardized process to
screen and identify people

Missed opportunities

- Optimize wellness
- Increase utilization: support services, specialty care
- Decrease morbidity and mortality



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Goal:
Design a comprehensive perinatal
wellness screening assessment at
Wentworth-Douglass Hospital



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Methods

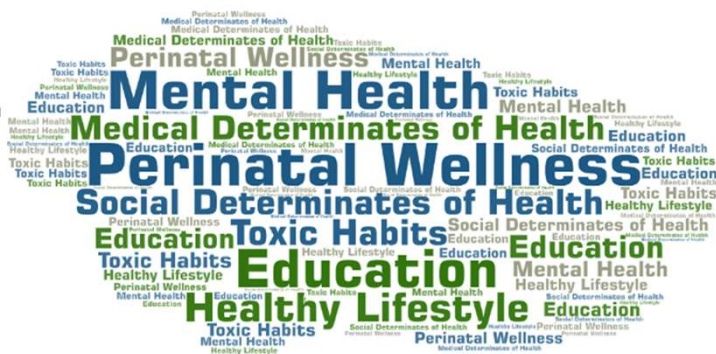
- Operations Excellence (OE) Project
- **Multidisciplinary team**
- Weekly meetings
- Identified gaps in screening and **evidence-based** tools
- Clearly **outlined** which **resources/referrals** were available to address any positive findings
- Provided resources and referrals based on **patient's needs/wants**
- Ensured process **not burdensome** to patient or staff



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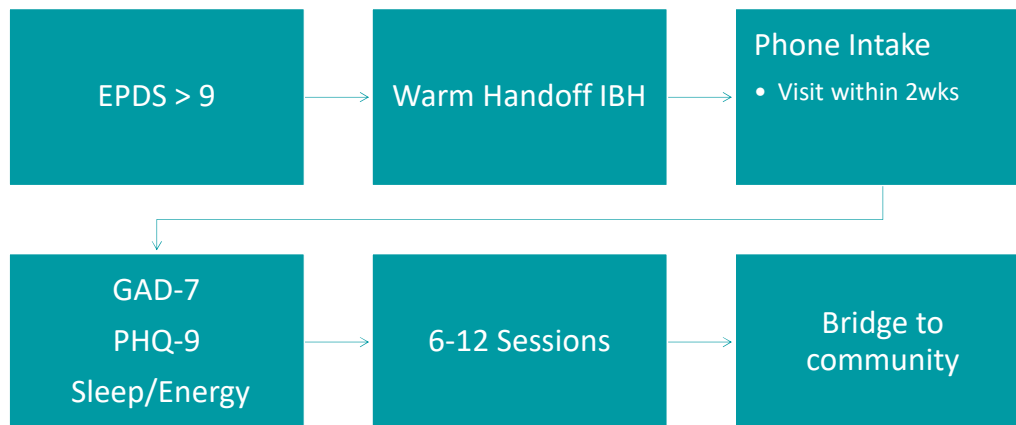
Domains

- **Social Determinates of Health**
 - Epic tool at Intake
- **Medical Determinates of Health**
 - OBCMI at Intake and Admission
- **Toxic Habits**
 - AUDIT-C and DAST-10
 - Intake, 28wks, Admission, PP
- **Mental Health**
 - EPDS
 - Intake, 28wks, Admission, PP
- **Healthy Lifestyle**
 - Pillars of Health at Intake
- **Education**
 - CNM led classes each trimester
 - Childbirth education ~24wks



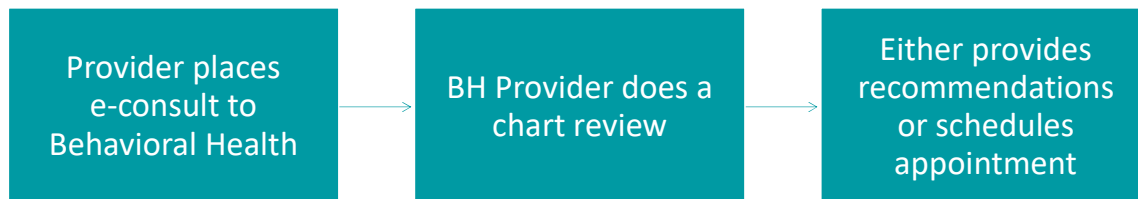
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Focus on Mental Health



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What about medication management?



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Conclusion

- What did we learn
 - This project was not specifically about maternal mental health, but MH was recognized as an important domain
 - More successful to address all the domains, not just one
 - These things should be addressed more than once
 - Critical to success was having a resource or referral for each screening
 - The resource or referral needed to be quick and not a burden
- Sustainability plan
 - Want to re-introduce pillars of health postpartum
 - SDOH at the hospital
 - PROMS



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Questions?



Questions & Comments?



Next steps for AIM PMHC bundle

- Readiness at your site
 - NH Maggie Coleman will be reaching out to check-in
- How can our AIM implementation team provide support?
 - Connect to resources
 - Support in site assessment to identify areas to target and best approaches
 - Support with data collection strategy

Please reach out if you have questions or requests for topics



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NEXT MONTH

NH AIM/ERASE Monthly Webinar

February 8, 2024

Creating a Process that Ensures a Positive Screen is Addressed Appropriately

***Rose Hitchings, PhD, Cheshire Medical Center
Heather Martin, RMA, PMH-C, PFP, DH Pediatrics,
Manchester***

NNEPQIN 2024 WINTER CONFERENCE

February 15, 2024 Fully Virtual Conference



PSI New Hampshire

September 18-20, 2024

2 –Day: PSI Certificate of Completion Training

Optional 3rd Day – “Advanced Psychotherapy”



SAVE the DATE!

Perinatal Mood Disorders: Components of Care



PSI has developed an internationally recognized unique evidence-based training program for health providers and social support networks. We have created an expert corps of experienced trainers and are committed to providing you with the most current research.

The 2-day PSI Certificate of Completion Course, taught by experienced and engaging faculty, is a thorough and evidence-based curriculum designed for nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, or anyone interested in learning skills and knowledge for assessment and treatment of perinatal mood disorders. Registration includes training binder, handouts, and continuing education credits. Approved for CMEs, CNEs, and CEs.

www.psichapters.com/nh/

Resources and references

IHI package
https://saferbirth.org/wp-content/uploads/Perinatal-Mental-Health-Conditions-Change-Package_Final_062023-1.pdf

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline/toolkit>

https://www.acog.org/-/media/project/acog/acogorg/files/forms/perinatal-mental-health-toolkit/epds-composite-screener-and-cover-sheet_2022.pdf

<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf>

https://www.mcpapformoms.org/Docs/AdultProviderToolkit_2019.pdf

<https://www.mcpapformoms.org/Docs/Bipolar%20Disorder%20Screen%207-21-17.pdf>

<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>
<https://www.acog.org/programs/perinatal-mental-health/patient-screening>

(Pediatric) AAP recommendations
<https://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps/>