

NH AIM/ERASE Monthly Webinar
October 12, 2023

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
- Daisy Goodman & Karen Lee 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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NH AIM Perinatal Mental Health Bundle Rollout

NH AIM/ERASE Monthly Webinar
October 12, 2023



Today's Agenda

NH AIM Perinatal Mental Health Bundle Rollout

- *Daisy Goodman, CNM, DNP, MPH, CARN-AP*
 - *Julie Bosak, DrPH, CNM, MSN*
- *Carolyn K. Nyamasege, PhD, MPH, MS*
 - *Victoria A. Flanagan, MS, RN*
 - *Maggie Coleman, MPH*

NOTE: Today's speakers have nothing to disclose



Agenda

- Intro to perinatal mental health bundle
- Key implementation points
- Bundle metrics
- Current PMHC NH data
- Discussion: *What does this look like on the ground?*

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



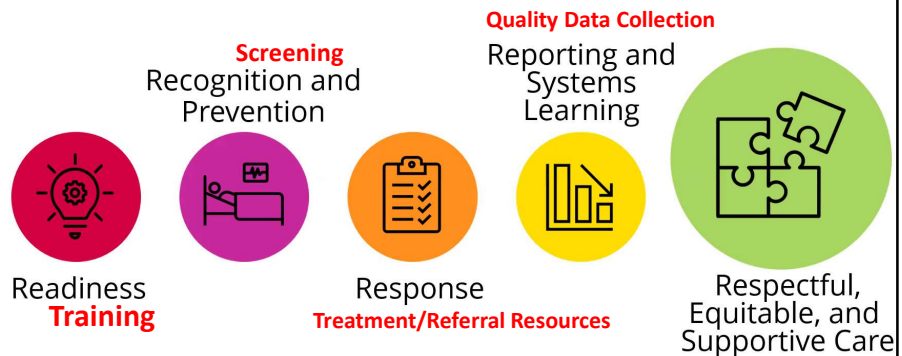
PERINATAL MENTAL HEALTH CONDITIONS

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.

Perinatal Mental Health Bundle

- Mental Health Conditions are the leading contributing cause of maternal deaths in the U.S.
- 23.1% self-reported depression or anxiety during pregnancy and 14.8% of postpartum people were diagnosed with depression in 2020,

5R Framework



NH PRAMS 2020



AIM PATIENT SAFETY BUNDLES

AIM develops multidisciplinary, clinical-condition specific patient safety bundles to support best practices that make birth safer. [LEARN MORE](#)

PERINATAL MENTAL HEALTH CONDITIONS

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READINESS



RECOGNITION & PREVENTION



RESPONSE



REPORTING & SYSTEMS LEARNING



RESPECTFUL, EQUITABLE & SUPPORTIVE CARE



[View the Introduction to Perinatal Mental Health Conditions video HERE.](#)

QUICK LINKS

- Patient Safety Bundle (PDF)
- 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)

<https://saferbirth.org/psbs/perinatal-mental-health-conditions/>



Perinatal Mental Health Conditions

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 across full care team, patients and patient support team about optimal care



Perinatal Mental Health Conditions

Readiness Every Unit

- Ensure training and education to address racism, team bias, stigma and trauma informed care
- Develop and maintain comprehensive referral resources and communication with all stakeholders



Perinatal Mental Health Conditions

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.*

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



Perinatal Mental Health Conditions

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/others 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.*



Perinatal Mental Health Conditions

Reporting and 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.*



Perinatal Mental Health Conditions

Respectful, Equitable, and Supportive 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, empathetic, and trauma-informed communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.



Perinatal Mental Health Conditions Patient Safety Bundle

Core Data Collection Plan

Bundle element

- PMH Assessment and response protocol implemented
- Provider education
 - Perinatal mental health
 - Respectful care
- Validated screening in outpatient practices
- Outpatient-inpatient workgroup
- Community resource mapping
- Patient education

Measure

- Protocol in place
- % with PMHC who were referred
- % participating in trainings
- Tools shared with outpatient settings
- Workgroups are established
- Resource maps are available to providers
- Patients receive education materials

Poll

Join at menti.com use code 6120 4769

Mentimeter

Where are you located?





Perinatal Mental Health Conditions Patient Safety Bundle
Core Data Collection Plan

State surveillance metrics ICRS USB6

- Perinatal Mental Health Conditions among Pregnant and Postpartum people
- Severe Maternal Morbidity among People with Perinatal Mental Health Conditions (excluding transfusion codes alone)

https://saferbirth.org/wp-content/uploads/FinalReceived_04212023.pdf

AIM PMHC ICD-10 Codes List

| Condition Group | Definition |
|-------------------------------|--|
| Depression | F320, F321, F322, F323, F324, F325, F328, F3289, F329, F32A, F330, F331, F332, F333, F334, F3340, F3341, F3342, F338, F339, F341, F530, O906, O9934 |
| Bipolar disorder | F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309, F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F340, F3481, F3489, F39 |
| Anxiety | F064, F409, F4000, F4001, F4002, F4010, F4011, F40218, F40240, F40241, F408, F410, F411, F413, F418, F419, F430, F458, F488, F489, F938, F99, R457 |
| Posttraumatic stress disorder | F4310, F4311, F4312 |
| Obsessive-compulsive disorder | F422, F423, F424, F428, F429, R4681 |
| Psychosis | F060, F062, F200, F201, F202, F203, F205, F2081, F2089, F209, F21, F22, F23, F24, F250, F251, F258, F259, F28, F29, F531, F440, F441, F442, F4481, F4489, F449, F481, F482 |
| Other | R45850, R45851, F061, F0630, F0631, F0632, F0633, F0634, F349, F4320, F4321, F4322, F4323, F4324, F4325, F4329, F4381, F4389, F439, F444, F445, F446, F447, F450, F451, F4520, F4521, F4522, F4529, F4541, F4542, F458, F459, F5101, F5102, F5103, F5104, F5105, F5109, F5111, F5112, F5113, F5119, F518, F519, F54, F59, O99340, O99341, O99342, O99343, O99344, O99345 |

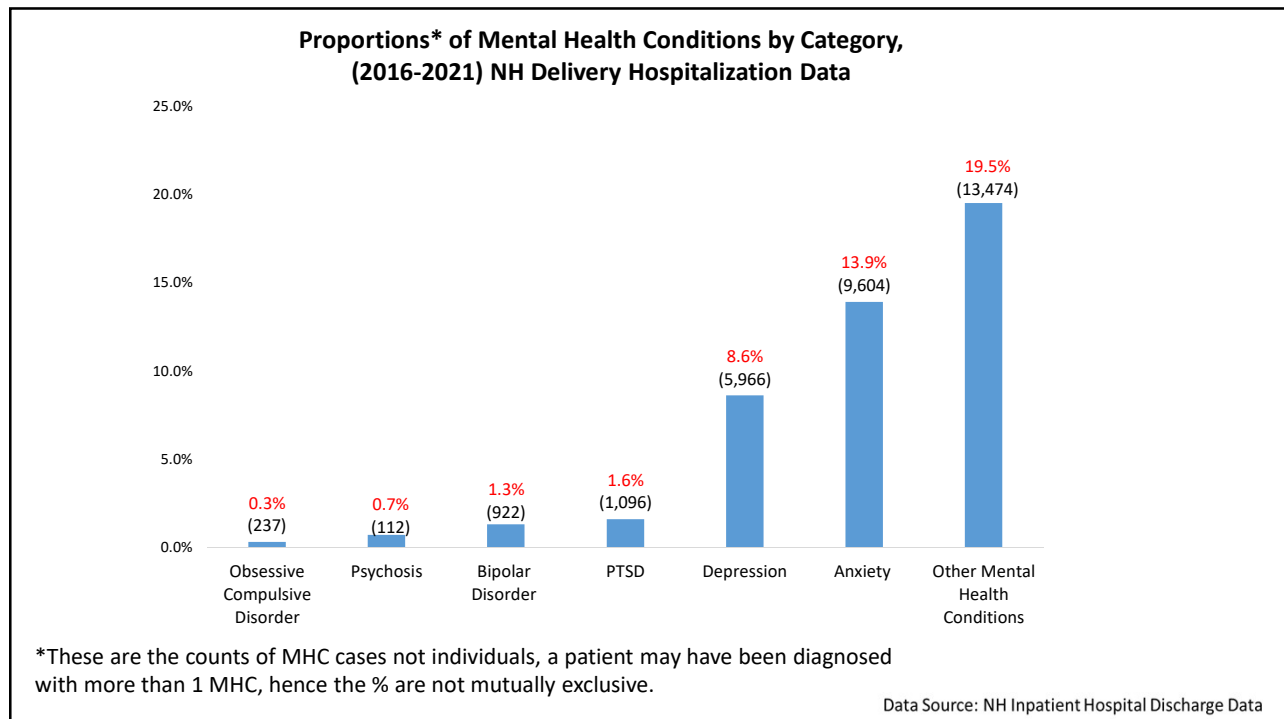
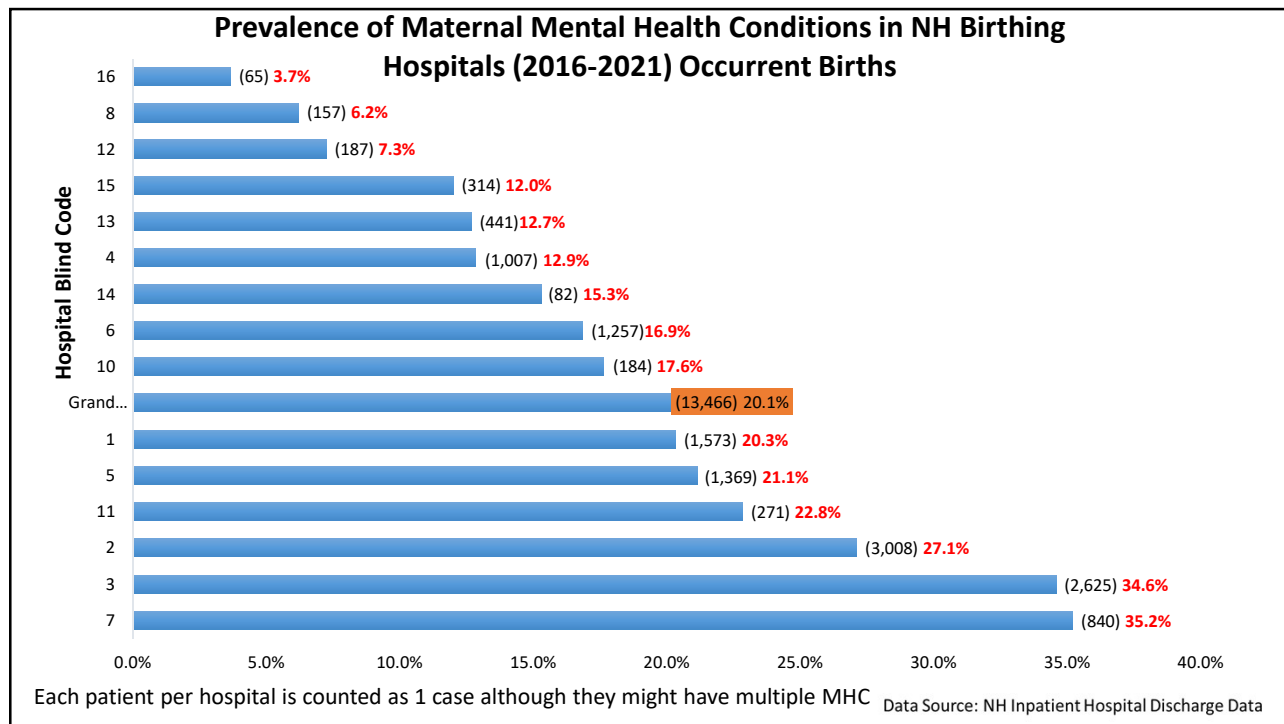
Slide 19

JSB5 Again too simple? Isn't there going to be a data entry one or is that this one?

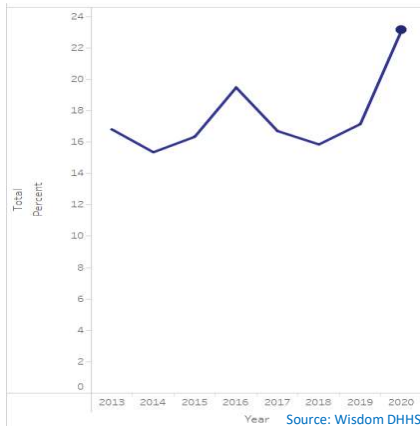
Julie S. Bosak, 10/10/2023

JSB6 We could have the full table as a supplemental slide if people ask for that level of detail

Julie S. Bosak, 10/10/2023



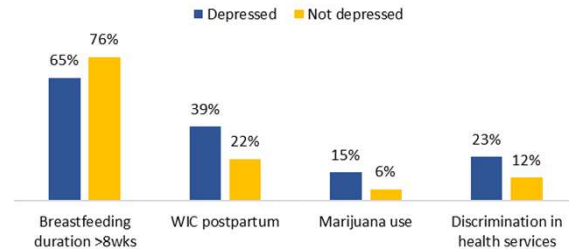
Maternal Depression in New Hampshire, PRAMS Data



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)



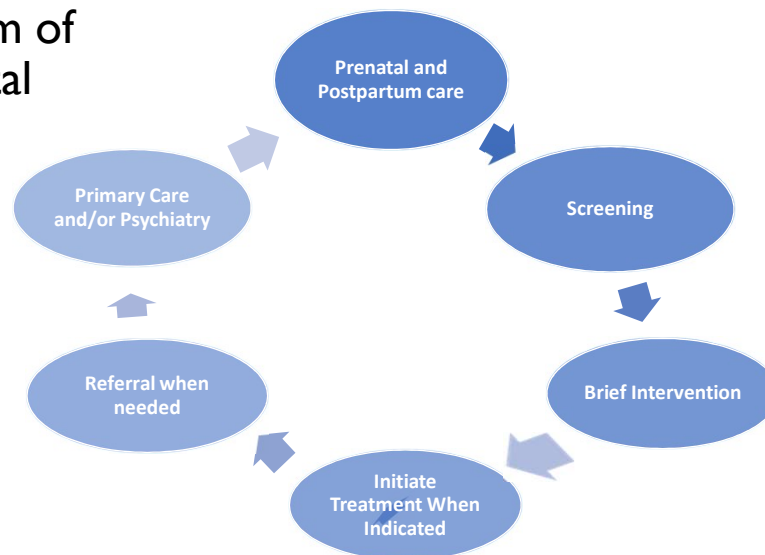
***\$58 million cost** of untreated MMH conditions mother's lost wages and productivity, poor health outcomes of mother and baby



*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

Building a System of Care for Perinatal Mental Health



Discussion:

- What does this look like on the ground?
- What resources do you need?



Additional Resources for Providers

- AIM PMHC bundle:
<https://saferbirth.org/psbs/perinatal-mental-health-conditions/>
- Postpartum Support International
<https://psichapters.com/nh/#about>
- McPAP for Moms
<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>

The screenshot shows the PSI website's 'CERTIFICATE TRAININGS' section. It features three main training options:

- PMD: Components of Care**: A 2-day, 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 natal mood disorders. This is a PSI Certificate of Completion Course and qualifies as Step 1 for the exam. [Learn More](#)
- Advanced PMD Psychotherapy**: The 6-hour Advanced Perinatal Mental Health Psychotherapy certificate course must be completed in person as a pre-requisite to register for the perinatal mental health certification exam. [Learn More](#)
- Advanced PMD Psychopharmacology**: A 6-hour advanced course on psychiatric pharmacology during pregnancy and lactation, taught by perinatal psychiatric experts. [Learn More](#)

[About Us](#)
[How to Utilize Our Services](#)
[Resources for Clinicians](#)
[Resources for Birthing Families](#)



Resources for Clinicians

- **Obstetric Provider Toolkit (Mood/Anxiety and Substance Use)**
- Pediatric Provider Toolkit
- Substance Use Provider Toolkit
- Substance Use Disorder Resources
- Presentations and Webinars
- Newsletters
- Print Materials/Ordering
- Community Behavioral Health Centers
- Additional Resources

Obstetric Provider Toolkit

This is the MCPAP for Moms Obstetric Provider Toolkit, created to assist front-line perinatal care providers in the prevention, identification and treatment of depression, other mental health and/or substance use concerns in pregnant and postpartum women. This updated toolkit includes the following:


[Assessment and Management of Perinatal Mood and Anxiety Disorders](#)
[Assessment and Management of Perinatal Substance Use Disorders \(SUDs\)](#)
[Informational Material](#)

[Download the Complete Obstetric Provider Toolkit](#)
 or [Download Individual PDF Components below:](#)



Assessment and Management of Perinatal Mood and Anxiety Disorders:


Depression Screening Algorithm for Obstetric Providers
 Provides guidance for obstetric providers and clinical support staff on


<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>



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

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Resources for Providers

Online Resources

<https://womensmentalhealth.org/resource-2/for-providers/>

Learning Opportunities from NNPQC

- The first webinar is the official launch of the learnings from the **Healthy Beginnings with Title V: Advancing Anti-Racism in Preterm Birth Prevention** cohort, including learning bundles and anti-racism in data modules we're making available on our website. The webinar is on October 20th at 1 pm ET and will include testimonials from the *Virginia and Louisiana state health agency teams*, as well as Dr. Janelle Palacios.
- On October 10 and every Tuesday after from 3-4 pm ET, we are launching our **Pathways to Sustainability** webinar series focusing on the work of the Safer Childbirth Cities grantees. Every week for 4 weeks we will feature up to 2 city-based coalitions who are going to share their tremendous work advancing birth justice but most importantly, what they need from people in power to sustain it. The community-based grantees featured in the Pathways to Sustainability series include community organization partners from *Oklahoma, Illinois, Florida, Mississippi, and Virginia* (with more being added as we firm up details). We'd love for the PQC's in these states to show their support and learn from these racial justice leaders.



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NEXT MONTH

Perinatal Pain Management Guidelines NH AIM/ERASE Monthly Webinar

November 9, 2023

NNEPQIN 2023 FALL CONFERENCE

November 16 -17, 2023

Omni Mount Washington Resort



Perinatal Mental Health Conditions Patient Safety Bundle Core Data Collection Plan

State Surveillance

| Metric | Name | Description | Notes |
|--------|--|--|--|
| SS1 | Perinatal Mental Health Conditions among Pregnant and Postpartum People | Report N/D <i>Disaggregate by race and ethnicity, payor</i> Denominator: All qualifying pregnant and postpartum people during their birth admission Numerator: Among the denominator, those with any diagnosis of PMHC | Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure |
| SS2 | Severe Maternal Morbidity among People with Perinatal Mental Health Conditions (excluding transfusion codes alone) | Report N/D <i>Disaggregate by race and ethnicity, payor</i> Denominator: All qualifying pregnant and postpartum people during their birth admission with PMHC Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone | Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure |

https://saferbirth.org/wp-content/uploads/FinalReceived_04212023.pdf

Outcome

| Metric | Name | Description | Notes |
|--------|---|---|--|
| O1 | Percent of Pregnant and Postpartum People with PMHC Who Received or Were Referred to Treatment | <p>Report N/D <i>Disaggregate by race and ethnicity, payor</i> Denominator: Pregnant and postpartum people with a diagnosis of PMHC Numerator: Among the denominator, those with documentation of having received or been referred to treatment* prior to discharge from their birth hospitalization</p> | <p>*Treatment may include pharmacotherapy and/or behavioral health therapy.</p> <p>Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received treatment at any point during their pregnancy, regardless of current status • Those who did not receive treatment during pregnancy, but were referred to treatment prior to discharge from birth hospitalization |

| Metric | Name | Description | Notes |
|--------|--|--|-------|
| P2 | Provider and Nursing Education – Perinatal Mental Health Conditions | <p>Report proportion completed (estimated in 10% increments – round up) At the end of this reporting period, what cumulative proportion of OB providers and nurses (including L&D and PP) has received within the last 2 years an education program on care for pregnant and postpartum people with perinatal mental health conditions?</p> | |
| P3 | Provider and Nursing Education – Respectful and Equitable Care | <p>Report proportion completed (estimated in 10% increments-round up) At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last two years an education program on respectful and equitable care?</p> | |

Structure

| Metric | Name | Description | Notes |
|--------|--|---|--|
| S1 | Inpatient-Outpatient Care Coordination Workgroup | <p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?</p> | This workgroup should help coordinate the completion of the other structure measures |

| Metric | Name | Description | Notes |
|--------|--|---|---|
| S2 | Resource Mapping/ Identification of Community Resources | <p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>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?</p> | <ul style="list-style-type: none"> • Resource list should be updated annually • Resource list should include PMHC treatment resources and allow for tailoring based on patient population (e.g., BIPOC) |
| S3 | Perinatal Mental Health Assessment and Response Protocol | <p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Do you have a written assessment and response protocol for perinatal mental health conditions that is tiered based on illness severity and risk of harm?</p> | |
| S4 | Patient Education Materials on Urgent Postpartum Warning Signs | <p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p> | |
| S5 | Validated PMHC Screening Tools Shared with Prenatal Care Sites | <p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your hospital shared with all its prenatal care sites validated screening tools for diagnosis of PMHC?</p> | |