Maternal Mental Health and Suicide
Addressing the Most Common Complications of Pregnancy and Childbirth

MOMS MATTER ACT
Congressional Briefing
Tuesday, June 8, 2021
1-2 pm EST
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Black Maternal Health Congressional Caucus
Mental Health Caucus
Congressional Caucus on Maternity Care

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THANK YOU to our Congressional champions, Congresswoman Lisa Blunt Rochester and Senator Kirsten Gillibrand, for introducing the **MOMS MATTER ACT**

Representative Lisa Blunt Rochester  
United States House of Representatives  
Representative from Delaware

Senator Kirsten Gillibrand  
United States Senate  
Senator from New York

**Moms MATTER Act**
Representative Lisa Blunt Rochester  
Senator Kirsten Gillibrand

- Establishes a grant program to expand access to treatments and supports for maternal mental health conditions
- Provides funding to grow and diversify the maternal mental and behavioral health care workforce
- Invests in programs that provide support to pregnant and postpartum people with substance use disorders

Learn more: @BMHcaucus | bmhc-underwood.house.gov
SPEAKERS

Rahul Gupta, MD, MPH, MBA (Moderator)
March of Dimes
Chief Medical and Health Officer and Senior Vice President

Nicole Christain-Braithwaite, MD
Well Minds Psychiatry
CEO and Founder

Leena Mittal, MD
Brigham & Women’s Hospital
Chief, Women’s Mental Health

Mary Kimmel, MD
Assistant Professor, Medical Director of NC Maternal Mental Health MATTERS,
Co-Director of UNC’s Perinatal Psychiatry Program

Jamie Zahlaway Belsito, BS
Maternal Mental Health Leadership Alliance
Founder and Policy Director
Postpartum Support International (PSI) has two memorial quilts that commemorate women who died by suicide during pregnancy or postpartum. The quilts are accompanied by a collection of loving descriptions from survivor families. As PSI says about the quilt collections: "Reading about the women behind the embroidered names is difficult. They are our sisters, daughters, our friends and, for many, they are us - but for whatever it was that put us on a road toward survival. We have hope that fewer women in the future will die, thanks to the great efforts of PSI, its sister organizations, and all those who devote so much time to make certain we know we are not alone, and that we survive."
Maternal mental health conditions affect up to 1 in 5 women or 800,000 Americans each year (and up to 1 in 3 in high-risk populations).

These illnesses are the #1 complication of pregnancy and childbirth.

Suicide and overdose combined are the leading cause of death for women in the first year postpartum.

Racial inequities are present in screening post pregnancy.

(See bottom, A., Vacquier, M., LaRusso, E. et al. Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care. Arch Womens Ment Health 24, 133–144 (2021).)
POSTPARTUM DEPRESSION AND SUICIDE IN BLACK WOMEN

Dr. Nicole Christian-Brathwaite, MD
CEO and Founder, Well Minds Psychiatry and Consulting Company
SVP and Medical Director, Array Behavioral Care
PERINATAL MOOD OR ANXIETY DISORDERS

- 20% of women display symptoms of Perinatal Mood or Anxiety Disorder (PMAD)
- 44% of black women suffer from a PMAD
- PP white women are nearly twice as likely to receive mental health treatment
- Disproportionate number of Black and Latinx women who suffer from PPD do not receive adequate services
- Suicide is a significant risk of untreated PMAD
- Higher SES is not protective
DISPARITIES

- African American women experience higher rates of death in pregnancy/childbirth
- Black women in some studies have been shown 243% more likely to die during or after pregnancy
- Pre-eclampsia and Eclampsia are 60% more common in African American Women
- Black infants are more than twice as likely to die as White infants
RISK FACTORS

RACISM

- Toxic stress: poverty, racism, trauma, microaggression, food and housing insecurity
- History of mental illness
- Substance abuse
- Exposure to community violence
- Prior losses
- Traumatic birth

Maternal death rates by race, 2018

Source: National Center for Health Statistics
NOW WHAT?

• Family: Advocate, Educate, Listen, Be the Village
• Additional supports (midwife, doula, family)
• SCREEN EVERY PREGNANT AND POSTPARTUM PERSON
• Cultural Sensitivity Training
• Address racism at every level
NC MATERNAL MENTAL HEALTH MATTERS

Mary Kimmel, MD
Assistant Professor, Medical Director of NC Maternal Mental Health MATTERS
Co-Director of UNC’s Perinatal Psychiatry Program
Perinatal Mood and Anxiety Disorders

- Depression
- Anxiety
- Panic Disorder
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Bipolar Disorder
- Postpartum Psychosis
Patients from 46 NC counties served by consult line

440+ patients served by NC MATTERS consult line since November 2019:
- 48% of calls on behalf of pregnant patients
- 41% of calls on behalf of Medicaid recipients
- 24% of calls from non-prescribers
Special topic

The History of Mother-Baby Units (MBUs) in France and Belgium and of the French version of the Marcé checklist

O. Cazas¹ and N. M.-C. Glangeaud-Freudenthal²
Evaluating the Clinical Effectiveness of a Specialized Perinatal Psychiatry Inpatient Unit

Samantha Meltzer-Brody, MD, Anna R. Brandon, PhD, Brenda Pearson, MSW, Lynne Burns, RN, Christena Raines, NP, Elizabeth Bullard, MD, and David Rubinow, MD
UNC Center for Women’s Mood Disorders, Department of Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7160

<table>
<thead>
<tr>
<th>Psychiatric diagnosis at discharge</th>
<th>% (n=91)</th>
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<tbody>
<tr>
<td>Unipolar depression without psychosis</td>
<td>60.43 % (55)</td>
</tr>
<tr>
<td>Major depression with psychosis</td>
<td>5.50 % (5)</td>
</tr>
<tr>
<td>Mood disorder NOS</td>
<td>8.79 % (8)</td>
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<tr>
<td>Bipolar disorder</td>
<td>6.59 % (6)</td>
</tr>
<tr>
<td>Schizophrenia/schizoaffective/psychotic disorder NOS</td>
<td>6.59 % (6)</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>7.69 % (7)</td>
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<tr>
<td>Substance-induced mood disorder</td>
<td>4.40 % (4)</td>
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<tr>
<td>Types of comorbid psychiatric illness</td>
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<tr>
<td>Anxiety disorder NOS</td>
<td>13.19 (12)</td>
</tr>
<tr>
<td>PTSD</td>
<td>4.40 (4)</td>
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<tr>
<td>OCD</td>
<td>2.10 (2)</td>
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<tr>
<td>GAD</td>
<td>2.10 (2)</td>
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<tr>
<td>Primary comorbid psychiatric diagnosis made</td>
<td></td>
</tr>
<tr>
<td>Report of suicidal ideation on admission assessment ^a</td>
<td>86.49 % (64)</td>
</tr>
</tbody>
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^a Item 10 of the EPDS scale
Inpatient Perinatal Psychiatry Programs in the US

- North Carolina: Chapel Hill NC – UNC Perinatal Psych Inpatient Unit
- New York: Northwell Health Perinatal Psychiatry Service
- California: El Camino Inpatient Psychiatric Care Women’s Specialty Unit

Outpatient Intensive Outpatient and Partial Hospitalization Perinatal Psychiatry Programs in the US

- California: Mountain View CA – El Camino Hospital Maternal Outreach Mood Services (MOMS)
- California: Newport Beach CA – Hoag Hospital Maternal Mental Health Clinic
- California: Pasadena CA – Huntington Memorial Hospital Maternal Wellness Program
- California: San Diego CA – UC San Diego Maternal Mental Health Program
- California: Los Angeles, CA – UCLA CA Resnick/Maternal Mental Health Program
- Florida: Gainesville, FL – Better Beginnings Mommy & Baby Day Program
- Illinois: Hoffman Estates IL – AMITA Health Perinatal IOP at Alexian Brothers Women & Children’s Hospital
- Michigan: Grand Rapids MI – Pine Rest Mother and Baby Program
- Minnesota: Minneapolis MN – Hennepin Mother-Baby Day Hospital
- Minnesota: Brooklyn Park MN – PrairieCare
- Missouri: St. Louis, MO – Mercy Birthplace Mother-Baby Intensive Outpatient Program
- New Jersey: Long Branch, NJ – Monmouth Medical Center Perinatal Mood & Anxiety Disorders Program
- Nevada: Reno, NV – Thrive Wellness Reno – It Takes a Village
- New York: Queens, Nassau and Suffolk Counties NY – Perinatal Psychiatry Services at The Zucker Hillside Hospital and South Oaks Hospital
- Pennsylvania: Philadelphia PA – Drexel University Mother Baby Connections Intensive Outpatient Program
- Pennsylvania: Pittsburgh, PA – Women’s Behavioral Health West Penn Hospital Allegheny Health Network
- Pennsylvania: Pittsburgh, PA – Alexis Joy D’Achille Center for Women’s Behavioral Health at West Penn Hospital
- Rhode Island: Providence RI – Brown/Women & Infants Day Hospital Program
- Utah: Riverton and Payson, UT – Serenity Recovery and Wellness
- Utah: South Jordan, UT – Reach Counseling Utah.com
- Utah: Salt Lake City, UT – St. Marks Outpatient Perinatal Program
- Washington: Seattle, WA – Swedish Perinatal Center for Perinatal Bonding and Support
The following week, the intrusive thoughts came rushing at me, more frequently and more violently.

My therapists and I tried different coping mechanisms, but the thoughts wouldn't leave me alone, and no matter how many walks outside or deep breathing exercises I did, my brain kept telling me I should kill myself.

I drove the five hours that separate my house in Virginia to UNC, sobbing uncontrollably every mile of the way.

But when they disappeared behind the heavy steel door of the psychiatry unit that evening, I felt I could breathe again.

Professionals were in charge and I would be OK.
Addressing Mental Health and Substance Use Disorders Within A Perinatal Psychiatric Access Program

Leena Mittal, MD, FACLP
Chief, Division of Women’s Mental Health, Brigham and Women’s Hospital
Associate Medical Director, MCPAP for Moms

©MCPAP For Moms
Maternal mental health affects mom, child, and family

- Preeclampsia
- Preterm delivery
- Low birth weight
- NICU admissions
- Cognitive delays
- Motor & Growth issues
- Behavioral problems
- Mental health disorders

Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships
Maternal suicide

Massachusetts Child Psychiatry Access Program

MCPAP

For Moms

Education

855-Mom-MCPAP

Resource and Referral
MCPAP for Moms is a statewide program supporting frontline providers to address mental health and substance use issues in perinatal individuals.
We are a resource for providers as well as patients and families - www.mcpapformoms.org

MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

Provider Resources

- **Trainings and toolkits** for providers and their staff on evidence-based guidelines for depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
- **Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians,

One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common in women who deliver.
Who can call MCPAP for Moms?

- Obstetric providers/Midwives
- Family Medicine
- Pediatric providers
- Primary care providers
- Psychiatric providers
- SUD care providers
Mental health conditions are a leading cause of pregnancy-related deaths

Mental Health Conditions:
Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).

Opioid use disorders in pregnancy are treated pharmacologically with methadone and buprenorphine.

**Maternal Benefits:**
- 70% reduction in overdose related deaths
- Decrease in risk of HIV, HBV, HCV
- Increased engagement in prenatal care and recovery treatment

**Fetal Benefits:**
- Reduces fluctuations in maternal opioid levels; reducing fetal stress
- Decrease in intrauterine fetal demise
- Decrease in intrauterine growth restriction
- Decrease in preterm delivery
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- Decrease in preterm delivery

Maternal Benefits:

Fetal Benefits:
Opioid overdose is a leading cause of maternal mortality

Medication for opioid use disorder (MOUD) saves lives

Mortality is greatest after delivery
Mortality related to opioid overdose is increasing among women and men of color
Racial inequity in mental health screening among perinatal women of color is documented, but less known about SUD screening. Black non Hispanic, Hispanic and Asian Non Hispanic women have higher rates of postpartum/perinatal depression - 38% as compared to 13-19% in the general population. Screening for PMAD may require lower cutoffs. Do similar inequities in screening for Substance Use Disorder exist? Chaudron 2010; Tandon 2012.
Inequitable treatment for women of color may contribute to risk of death

Black nonhispanic, Hispanic women were less likely to receive medications for OUD compared to white women

Women of color were more likely to receive methadone than buprenorphine
Substance use during pregnancy opportunities and challenges

- Refractory Illness
- Stigma and Shame
- Legal issues
- Providers’ own emotional reactions
- Time elapsed before recognition of pregnancy
- Access

Massachusetts Child Psychiatry Access Program
MCPAP For Moms
2021 LEGISLATIVE PRIORITIES

**Medicaid extension**
- 12 months postpartum;
- Permanent, mandatory, and fully funded by the federal government

**Funding requests for existing programs**
- $5 million for HRSA grants to states to create MMH programs in 5 states (bringing total to 12 states)
- $2 million for MMH hotline to provide text services, culturally-appropriate support, public awareness

**Moms Matter Act (HR. 909/S. 484)**
- Expands access, treatment, and support for MMH conditions
- Grows and diversifies the MMH and behavioral health workforce
- Invests in programs to support pregnant/postpartum people with substance use challenges

**Momnibus sponsored by The Black Maternal Health Caucus**
- 12 bills that address the maternal health and maternal mortality crisis
  - Social determinants, racial and cultural bias, environmental stressors)